

## **Sawbones 357: The US Surgeon General**

Published 16<sup>th</sup> February 2021  
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**Intro (Clint McElroy):** Sawbones is a show about medical history, and nothing the hosts say should be taken as medical advice or opinion. It's for fun. Can't you just have fun for an hour and not try to diagnose your mystery boil? We think you've earned it. Just sit back, relax and enjoy a moment of distraction from that weird growth. You're worth it.

[theme music plays]

**Justin:** Hello everybody, and welcome to Sawbones: a marital tour of misguided medicine. I'm your cohost, Justin McElroy.

**Sydnee:** And I'm Sydnee McElroy.

**Justin:** And I'm Justin McElroy, and today we are going to talk about medicine and the way it impacts us. [laughs]

**Sydnee:** Is this a new thing you're doing? I don't... you didn't— no, you have to workshop this stuff with me ahead of this. You can't just—

**Justin:** Welcome to Health Watch. Welcome to Health Watch.

**Sydnee:** No. Mm-mm. No. we're not changing the name. And that would be a whole other podcast.

**Justin:** Welcome to Health Line.

**Sydnee:** No. No.

**Justin:** Sydnee, tell everybody what we're gonna talk about because I left my special blue-blocking sunglasses and I'm a flower that can't look at a screen for a half hour while we record this podcast without my special glasses.

**Sydnee:** Oh, yeah.

**Justin:** So, tell them what we're talking about.

**Sydnee:** For all us medical professionals out there who have to stare a screen to do an EMR all day, we are short on sympathy. So, Justin, the first thing I wanna get out of the way before we start this show—

**Justin:** I'm back. What did I miss?

**Sydnee:** Nothing.

**Justin:** Take it from the top.

**Sydnee:** Is Surgeons General.

**Justin:** Sturgeon general.

**Sydnee:** Not Surgeon Generals.

**Justin:** Surgeons General.

**Sydnee:** [laughs] I believe that is accurate.

**Justin:** What if we all just, as a society, got together and said Surgeon Generals sounds better and we should just do that?

**Sydnee:** Well, I think— I'm basing that off of— I don't hear that corrected as much as Attorneys General.

**Justin:** Yes.

**Sydnee:** That one I hear—

**Justin:** Which tells you something about the landscape we've been living in for the past few years, eh? [laughs]

**Sydnee:** [laughs] I also think— and this is, uh, this is me, a doctor, making a joke so please, before lawyers attack me, I also think it just speaks to the fact that doctors just go, "whatever, I don't know," and move on, and attorneys are much more likely to be, "I'm sorry. Excuse me." This was aimed at Raleigh, budding attorney Raleigh, who would definitely correct me and say, "I think you mean Attorneys General, not Attorney Generals, Sydnee."

**Justin:** This one started— I think I was probably at the root of this one, because I released that we had a new administration that actually made it

fun to look at politics again without having to shield your eyes or look at it through some sort of shadow creating box like you'd use in an eclipse.

**Sydnee:** I don't know. It's still, I wouldn't say fun, but at least I can engage with it to see what's happening, to take a critical eye to things and see, like, "I don't like this, I do like this, I need to call about this, okay this seems good," without just like, being completely horrified by the whole thing.

**Justin:** Yeah.

**Sydnee:** Right, you know? You can engage— it's something you can work with.

**Justin:** Yes.

**Sydnee:** [laughs] This is something I can work with.

**Justin:** This I can help— this, I can work with.

**Sydnee:** There's lots of room for improvement, don't get me wrong, but we can work with this.

**Justin:** We can work with this.

**Sydnee:** You wanted to know the history or Surgeons General.

**Justin:** Yeah!

**Sydnee:** Why we have one.

**Justin:** And—

**Sydnee:** What it is? Why do we have it?

**Justin:** And just like, about our current Surgeons General.

**Sydnee:** Well, I don't have a ton of info about the person in the position currently.

**Justin:** Okay.

**Sydnee:** I thought you wanted to know the history of the thing. The position.

**Justin:** Yeah, but like, do I know them? Is what—

**Sydnee:** Well, no, I mean, not personally. I don't think so.

**Justin:** Okay, well then it's less interesting.

**Sydnee:** I'll tell you her name by the end of the show.

**Justin:** I married you, so I thought there was a chance I might know them.

**Sydnee:** [laughs] Right now, there's an acting surgeon general, because the Biden administration has—

**Justin:** Like a—[laughs] Did they get the Good Doctor or Doctor House or one of those other acting doctors?

**Sydnee:** Mm hmm, mm hmm.

**Justin:** [laughs] George Clooney.

**Sydnee:** Where's your rim shot, there?

**Justin:** Anthony Edwards? Hold on... is it that button?

**Sydnee:** Nope. Oh no.

**Justin:** Which button's that?

**Sydnee:** No, no, don't do that button.

**Justin:** That one's the reggae horn. I gotta—

**Sydnee:** No, that one was "taint tanning".

**Justin:** My— is that? No, that's "my wife". Hold on. Um...

**Sydnee:** Okay, we have to move on.

**Justin:** Alright.

**Sydnee:** In the early days of the United States, it was hard to be a sailor.

**Justin:** [laughs]

**Sydnee:** It was tough to be a seaman.

**Justin:** It's tough to be a sailor out there.

**Sydnee:** Yeah, it was hard to be a sailor. Why, you may ask? Well, first of all, I mean, sea travel was rough back then for everybody, right? Like, long— you were out there a long time, we already know you didn't have vitamin C, we've talked exc— we've talked a lot about, uh, scurvy, so you already know that. You know that conditions were rough for sailors out there on the sea.

**Justin:** Right. It's tough out there.

**Sydnee:** And they were busy. The other thing is that sea travel was absolutely essential for the function of the newly minted United States of America. That was the whole basic backbone of commerce, the economy, it was all sea travel, essentially, right? To get stuff from first colony to colony and then state to state and the surrounding areas. So, the sailors were busy, their ability to do their job was vital not only to them as, you know, individual humans, but also to the whole country. Relied on sailors.

**Justin:** Sailors.

**Sydnee:** Yes.

**Justin:** The lifeblood of America.

**Sydnee:** So, getting sick was a big deal. If too many sailors, and especially if you think about like, infections diseases or nutritional deficiencies, that if one person on a boat might have, a lot of other people probably have too.

**Justin:** You may have seen this in cruise ships recently, this phenomenon play out.

**Sydnee:** Uh huh. Or if they're all eating the same thing, they're probably all deficient in the same thing. Because of that, they were at greater risk for illness, they went, you know, from port to port exposing themselves to different things, different diseases, you know, it was easy to transmit infectious diseases that way, and like I said, just the general inadequate nutrition, less than ideal living situations, it was hard. And when they would get sick and a whole ship of people would get sick, it was a big deal for the economy.

**Justin:** Right.

**Sydnee:** So, when a seaman or seawoman— although at the time, a lot of people were seamen. I guess we could say they were seapeople? Will that... is that acceptable?

**Justin:** [laughs] That sounds like—that's like right on the verge of merpeople. Like, you're right there.

**Sydnee:** A lot of these, when you read these histories, whether you're reading, like, the history of this on the health and human services website or whatever, like, official government histories, they're just called seamen over and over again. [laughs]

**Justin:** Sea— we get it.

**Sydnee:** I like sailors.

**Justin:** Sailors, sure.

**Sydnee:** So, the hospitals, when they would get sick, that they had access to were really dependent on where they were, right? I mean, if you're thinking about— what we're talking about right now is like, the end of the 1700s, beginning of the 1800s time period, okay?

**Justin:** Are we past limes? Do we know how good limes are for everybody at this point?

**Sydnee:** Uh, no. Not widely known.

**Justin:** That helps me track it.

**Sydnee:** And like, generally speaking, if you think about the situation with doctors, hospitals, medical care in general, the availability of that kinda help, I mean we are right after the United States has become a country, okay? Like, right post-revolution. This is where we are, and how good were the hospital systems probably?

**Justin:** Not good?

**Sydnee:** I mean, no. [laughs]

**Justin:** Bad.

**Sydnee:** A lot of them, no, not very—

**Justin:** You might even go so far as to say bad.

**Sydnee:** Not very good. And I mean, you might find some in some port cities that were better. That had more access to goods and services, that had more access to doctors, that had an actual doctor working there, maybe. Um, but then there were other places where the sailors might stop and be sick where the hospital was essentially a hotel and that was it.

So, as a result of this, you— this would harm the whole economy. This would harm the whole financial structure of the United States. So, congress decided this is a national issue. The health of these sailors is not just an issue for the sailors and their families and, you know, the people that care about them, it's an issue for all of us because if they fall apart, we all fall apart. And we're just barely— we barely know what we're doing. [laughs]

**Justin:** Yes.

**Sydnee:** Which I think is still true.

**Justin:** Yeah.

**Sydnee:** That we barely...

**Justin:** That's the US for ya.

**Sydnee:** Know what we're doing.

**Justin:** Barely know what we're doing.

**Sydnee:** So, they decided that we needed to establish a fund to build hospitals and, um, get doctors for hospitals, and other staff as well. First of all, it was really the focus was on like, a doctor, at all. And like, supplies and staff to care for these sailors throughout the United States. Wherever they were, whatever port they had landed in and were unfortunately ill.

So, in 1798, they established the marine hospital fund. This would create the marine hospital service, which was sort of like... it was a very loose idea, it was like a collection of hospitals. An association of hospitals.

**Justin:** Was it a government-run program, or was it just like a, um... I don't know what the word would be.

**Sydnee:** It was— you know what, actually, it was most akin to sort of a health insurance program. Basically, the way that it worked is that a sailor was taxed 20 cents a month, and in return for this 20 cents a month, they had access to this association of hospitals.

**Justin:** Okay, so it's— alright, that makes sense.

**Sydnee:** Does that make sense?

**Justin:** Yeah.

**Sydnee:** And the idea was that this money would then be put back into these hospitals to one, make sure that all the hospitals were hospitals, and two, get staff for them. [laughs]

**Justin:** [laughs] "Hey, wait a minute! Wait a minute. This is just a McDonalds with band-aids in it. This is not a hospital!"

**Sydnee:** [laughs] This might predate McDonalds. I'm fuzzy on the history of McDonalds, but I think 1798 is before McDonalds. The— you know what's interesting? Is, so this marine hospital service, do you know which department it was initially put under the purview? Of which department it was initially put under the purview?

**Justin:** What?

**Sydnee:** The treasury department.

**Justin:** Hmm.

**Sydnee:** Odd choice.

**Justin:** That is an odd choice.

**Sydnee:** Less odd when you consider that there were only three departments at the time. So, it was either treasury, war, or state.

**Justin:** Okay. Well, yeah. That's how like, the secret service ends up in the treasury department.



**Sydnee:** So, I— at the time, you gotta wonder, maybe it was just we got a lot on our plate, we can't deal with this right now, but like, why didn't anyone be like, "Maybe we should just create a new department, cause this is gonna be really weird."

**Justin:** [laughs]

**Sydnee:** But anyway, so it was put under the purview of the treasury department. You tax the sailors, and you let them use all these hospitals, and you take their money to make the hospitals, like, good, right? This all makes sense. This all follows. But it quickly became kind of a mess. So, the first thing is who got to hire or appoint or use the money to put a doctor in each hospital? Because at the time, like, you might just have a doctor running the entire hospital.

**Justin:** Hmm. Wow.

**Sydnee:** Yes. Um, and then, of course, you would hire a lot of other staff. I mean, you would have to have nurses and orderlies and all kinds of other people, but you may just have the one. And there weren't a lot of doctors at this point either, by the way, and there were also a lot of people who said they were doctors who were...

**Justin:** Just like the fake hospital.

**Sydnee:** [laughs] Just sort of something. Uh, I don't know, they saw a doctor once.

**Justin:** You need somebody to run your fake hospitals, though. You know what I mean?

**Sydnee:** [laughs] That's true. Well, and then you can get anybody.

**Justin:** [laughs] You don't wanna waste a real doctor on a fake hospital.  
[laughs]

**Sydnee:** [laughs] I'm sorry, we actually can't hire you here because you're an actual doctor, you need to apply to an actual hospital. We're looking for a fake doctor."

**Justin:** "We know this is confusing, but we do have standards at our fake hospital."

**Sydnee:** “Where’s the guy who just gives whisky to everybody? That’s who we’re looking for.”

**Justin:** “We need that guy.”

**Sydnee:** So anyway, the person responsible for this quickly became the customs officer at each port. So basically at each port, when the ship would land, the customs officer was the person responsible for collecting the 20 cent tax from each sailor. This person was also responsible for like, hiring the doctor to run their port city hospital, right?

**Justin:** Right.

**Sydnee:** You can imagine there are lots of places for money to get... we’ll say lost. In all of these exchanges. There’s lot of opportunity for graft, there’s lots of opportunity for some under the table arrangements and unsavory dealings.

**Justin:** Wink, wink. You know what I mean.

**Sydnee:** And so, there was a lot of room for this money that is supposed to come from the sailors through the government to the hospitals to not make it to the places it should be, right? So, the result of this is that in 1851 congress decided to like, send out a committee to investigate the system and see how it’s doing. Because they, I imagine, had an inkling that it doesn’t seem to be working great. And they looked into all these hospitals and found some issues, like, “This hospital seems like a hospital. There’s a doctor there. They do medical care. This is not a hospital, sir, this is a Wendys.”

**Justin:** [laughs]

**Sydnee:** It was really that extent of like, some of these places are really functional and seem to be doing well, others are absolutely not up to standards, we have to fix this. This is not taking care of our sailors the way we wanted it to, you know. This is not living up to the promise of what we created.

**Justin:** And if there’s one thing we care about in America, it’s taking care of our sailors.

**Sydnee:** [laughs] Well, you know how important, like, providing universal healthcare to all of our citizens has always been to us in this country.

**Justin:** Yeah, well, not all our citizens, but definitely our sailors.

**Sydnee:** [laughs] So, if we— so basically, they said okay, well, obviously we don't have enough money to care of these sailors. This was the first thought, "Well, there's not enough money. This 20 cent tax is not doing it. So, um, maybe we need to take care of fewer of them."

**Justin:** Of the sailors.

**Sydnee:** Of the sailors. So, at first, they decided, like, well let's just limit their hospital stays. So, you can't stay in a hospital for longer than four months. I know that sounds like a wild long amount of time now, like most people are not in the hospital that long now. Back then, recovering from things, that was not—

**Justin:** We didn't know how to do it, so it took longer. [laughs]

**Sydnee:** It took a long time. That was not wild. But they limited hospital stays to four months. And then they also said, also you can only seek treatment for acute illnesses, not chronic conditions. So, or maybe you would say, a pre-existing condition.

**Justin:** Oh.

**Sydnee:** Man, doesn't this sound like—[laughs]

**Justin:** Yeah.

**Sydnee:** Like all the problems with health insurance they just sort of de novo were creating into the system without anybody to go, "I feel like this will cause major problems down the road." So, they put these things in place thinking, like, well maybe this will solve the problem. By 1870, it was clear, okay, this has not fixed anything. This didn't address everything. Now, I mean, this is great. We love that we're not providing care for people with chronic medical conditions—

**Justin:** "That, can I just say, we all agree, that feels right. Doesn't it? We all agree about that. That feels right."

**Sydnee:** This feels very American to me.

**Justin:** [laughs]

**Sydnee:** “That’s definitely something we got right and we’re kicking people out of hospitals before they’re ready to go because we don’t wanna pay for them. This feels like something that America will value for a long time.”

**Justin:** “That’s good too. We’re loving that.”

**Sydnee:** But they decided instead, let’s control it more tightly. We need to make it like a tightly-controlled federal organization that is run from the top that we have somebody, like, setting standards, making sure the money goes where the money’s supposed to go, regulating the healthcare professionals at these facilities to make sure they’re up to a certain standard and all this kind of stuff. To pay for the whole thing they initially raised the taxes on sailors from 20 to 40 cents.

**Justin:** Psht.

**Sydnee:** I know.

**Justin:** God.

**Sydnee:** It’s your fault sailors, we’re gonna take more of your money. And then they said, well, that’s not enough, so then they started taxing the, like, the tonnage of the ship. Like, the load of the ship, they put a tax on that to help pay for it. And eventually they just started directly appropriating federal money. Like, congress just started appropriating money to put towards this system. And in addition to all this, they decided there needed to be a person appointed by the Secretary of the Treasury to run this thing.

**Justin:** This sailor care network.

**Sydnee:** Yes. This marine hospital system.

**Justin:** Okay.

**Sydnee:** And in order to do that, we need like a doctor in charge. Like a surgeon who could supervise. Supervising Surgeon is what they initially said in 1870, we’re going to have a Supervising Surgeon appointed by the

Secretary of the Treasury, who will run all this. That name would change to Supervising Surgeon General in 1875 and then finally, permanently by 1902, it was called Surgeon General.

**Justin:** Is surgeon— is the general part in this name, does it have a military connotation, or does it mean, like, the general— I don't know, what's a general word that would— what does general mean?

**Sydnee:** Like, surgeon in charge of everything.

**Justin:** Yeah.

**Sydnee:** Like, for all purposes.

**Justin:** Expansive, I guess, would be... all-encompassing. Maybe that's what I'm looking for.

**Sydnee:** There is— there is definitely. And I'm going to get into this, there is definitely a military connection that happens at this point. But the Surgeon General is not a General.

**Justin:** Got it.

**Sydnee:** Right?

**Justin:** But it is in ref— the word general in this context is used from a military perspective, and not a—

**Sydnee:** I don't— no, I don't believe so. Because it was very clear from the beginning that the Surgeon General was not a military, like, not a General as in the title. As in the office of General.

**Justin:** Got it, okay.

**Sydnee:** But they were the general surgeon for the entire marine hospital system, which would become other things that we're gonna get into.

**Justin:** Okay, got it. I guess Attorney General isn't like a military designation.

**Sydnee:** Right, no. It was not.

**Justin:** That kinda made me sound stupid.

**Sydnee:** No.

**Justin:** Now I'm looking back on it, I feel stupid for asking that.

**Sydnee:** But there is definitely—

**Justin:** Surgeons always have medals and bars and stuff.

**Sydnee:** There is a military component to this, and that is what I want to get into next. Even though they are not a general, there is a military part of it. But before I do that, let's go to billing department.

**Justin:** [sighs] Yeah... let's go to the billing department. I don't deserve money, I feel so stupid.

**Sydnee:** [laughs] Maybe 40 cents.

[ad break]

[Max Fun ad plays]

**Justin:** You're back on the line with Sydnee and the Bozo.

**Sydnee:** [laughs] So, what year— you're not the Bozo. It is not an off question, because as you pointed out, the Surgeon General is a member of the military. I mean, they are an officer, right? It is a uniformed service that they are in charge of. One of the seven uniformed services in the United States, I believe.

**Justin:** Space Force and the others.

**Sydnee:** [laughs]

**Justin:** That's how I think of it.

**Sydnee:** Are there eight now?

**Justin:** Just Space and Force and The Others.

**Sydnee:** Is Space Force included? The—

**Justin:** Okay, hold on, there's Army, Navy, Marines, Air Force, National Guard...

**Sydnee:** Uh huh.

**Justin:** Space Force?

**Sydnee:** There's this force. The US Public Health Service.

**Justin:** The US Public Health Service.

**Sydnee:** Which has the— which we're going to get into, but which has the Commission Corps under it.

**Justin:** And there's another one? You know what, you keep going. I'm gonna figure this out for everybody.

**Sydnee:** You figure this out. We're forgetting something.

Anyway, so what the sort of turn towards more of a, like, military operation comes from really, I think, the first person appointed to be Supervising Surgeon and then, you know, what we would later call Surgeon General and run the marine hospital service, which was someone called Dr John Maynard Woodward. He has served as a military surgeon in the Civil War and so I think because that was his background and that was just the way that he kind of saw that this should run, he took a very military fashion in the way that he, like, assumed office and created what would come from it.

He created— he really is credited with creating the Commission Corps, which not only in his mind, like, let's take all the people who work in these hospitals— and initially it was doctors, but then, as you'll see, this grows to include other healthcare professionals. But start with all these doctors who work in these hospitals, let's put them in the uniformed service. And now, now they're, like, this is a greater calling, right? We can demand a higher degree of uniformity from them, because that's kinda the whole thing with a branch of service.

We can hold them to certain standards, we can standardize their training, and we can also give them this kind of greater purpose that they're serving. They're taking care of an aspect of American life and commerce and society that needs to be guarded closely in order for us to survive.

**Justin:** By the way, the NOAA, the National, uh, Oceanic and Atmospheric Administration.

**Sydnee:** Oh.

**Justin:** The weather. The Weather Corps

**Sydnee:** Ah. Well I didn't know that.

**Justin:** That's the other one.

**Sydnee:** Thank you.

**Justin:** Yeah, well, you know, what can you do.

**Sydnee:** So, anyway, so he did that. But he also, he said, you know what? This is great that they serve sailors, but I actually think that this corps of healthcare professionals could be used to respond to other public health crises, not just to care for our sailors, but to do things like enforce quarantines.

**Justin:** Ah.

**Sydnee:** That was actually, as we move forward, that would become a big part of their initial job, would be there were so many infectious disease outbreaks all over the country in our early history and like, to kind of enforce quarantines in different places and go where there are public health crises to serve the public health interests of the nation is how this new branch of service was utilized, right? And so, he was the one that kind of transformed it from, "here are the doctors that take care of sailors," to, "here is a whole corps of healthcare professionals who can be used to promote and protect the public health," right?

**Justin:** Right.

**Sydnee:** The name would expand from that, because of these changes, to the Public Health and Marine Hospital Service, in recognition of all this, and then from there, it would be called the US Public Health Service with a Surgeon General at its head eventually, which is what we still call it today. US Public Health Service.

**Justin:** Ah, I have a treat. A treat that I just found in my Wikipedia-ing while I was trying to find that. If you pop your headphones on real quick, I have just a brief diversion into... the... Public Health Service march, if you'd like to hear that.



**Sydnee:** Oh!

**Justin:** Oh yes, it's got an official song.

[military march music plays]

**Sydnee:** I think that's nice. That's lovely. I'm gonna write some parody words to that probably at some point. So, anyway, so the name would expand to that and FDR is actually— so, it stays the US Public Health Service under the head of the Surgeon General and would stay with the treasury department all the way up until FDR. And he was the one who was like, "Look, we've got all these different people involved in public health and some of them are over here under the treasury and are being appointed by the treasury secretary, none of this is making sense. We need to sort of reorganize." And so there was a lot of restructuring, reorganizing of the government under FDR with the New Deal anyway.

**Justin:** Right.

**Sydnee:** It was initially moved to the department of health and human welfare— well, it was moved somewhere else and then to the department of health and human welfare and then eventually to the department of health and human services, where it exists today.

**Justin:** Right.

**Sydnee:** The Surgeon General would change from a position, like I said, initially appointed by the treasury secretary to a position that was appointed by the President and then approved by Congress, same as it is today. And while who the Surgeon General reports directly to has changed a ton throughout different presidential administrations and different, um, the government gets restructured a lot. I didn't realize this. Like, these—

**Justin:** That's why it works so well.

**Sydnee:** I mean, not like the major three branches, like, that stays pretty much the same, but a lot of these other pieces get restructured a ton.

**Justin:** Yeah, it seems like we closed a lot of them for a little bit. Just, like, didn't do them for a bit and now we're kinda doing them again.  
[laughs]

**Sydnee:** Oh yeah, there was that one guy who wanted to close a bunch of departments but then he couldn't name any of them. Who was that? Who ran for president?

**Justin:** Yeah, I don't remember...

**Sydnee:** I don't know. That's what happens when you lose. [laughs]

**Justin:** Yeah, that's what happens when you lose. Swept into the annals. Right into the dustbins.

**Sydnee:** Was his name Rick? Anyway.

**Justin:** Most of them are named Rick, I've found.

**Sydnee:** [laughs]

**Justin:** No offense to any Ricks listening. We have to have good Ricks also.

**Sydnee:** [laughs] So anyway—

**Justin:** It's how we find out— it's how we ferret out the bad Ricks.

**Sydnee:** Currently, unless it changes again, the Surgeon General reports to the Assistant Secretary for Health, who is like the chief advisor to the Secretary of Health and Human Services. So that makes sense, as to where they fit into all of this.

And like I said, this role evolved as the department did, and so they are now the Vice Admiral of the US Public Health Service Commission Corps and they oversee the US Public Health Service Commission Corps as a result, which is about 6000 uniformed officers working in all different parts throughout the federal government and they protect promote and advance the health of our nation.

And they're not just doctors anymore, of course, that changed over time. Initially the idea was like, they would just be doctors, but now it's people in all different areas of healthcare professionals can be part of the Commission Corps. What their role started to evolve into in addition to being in charge of this, being this Vice Admiral is also to sort of inform and educate the general public about health issues, right? That slowly became part of their job.

That wasn't initially the goal, but over time they thought, well this is— I think it's when they started probably using like. The nation's top, what is it they say, top doctor or whatever? When they started using that sort of phrasing, which isn't like an official title, it's just what they would call it. It also gave this sort of air of like, this is the person who you can all— this is all of your family doctors, right? This is all of your primary care physicians, this is the person you can listen to about everything and trust what they're saying, and their health messaging is the health messaging of the United States of America. Does that make sense?

**Justin:** Yes.

**Sydnee:** So, they kind of became that person, I think much more so than like, if you think in recent years, you don't necessarily see, like, the Secretary of Health and Human Services as the number one person who's coming out and telling you about stuff as much as you see the Surgeon General being the one who's coming out and telling you about stuff. Which is part of like, core to that role is that they are a healthcare professional. Usually a doctor, not always a doctor, but usually a doctor. So, you trust that they know something about—

**Justin:** I would argue that, I mean, this may just be a recency bias, but I would argue that even the role as sort of the public face of health in American has been greatly reduced. It just is not as much of a— at least, compared to when I was a kid, like, not as much of a public face as they used to be.

**Sydnee:** Uh, you know, I think what's interesting is we of course have done an episode on Dr. Joycelyn Elders, who, um...

**Justin:** Hero. Absolute champion.

**Sydnee:** Hero. Easy to say, my favorite Surgeon General. Gone—

**Justin:** Don't make me choose!

**Sydnee:** Gone from the position. Got fir— uh, let go. Demanded her resignation much too soon, and it's very shameful, but I would say that the most famous that people know— because I mean, like, if you had to name a Surgeon General other than Joycelyn Elders, could you?

**Justin:** Well, yes, because we had this conversation while I making chili yesterday.

**Sydnee:** Well, and you proved my point, cause who did you name?

**Justin:** C. Everett Koop.

**Sydnee:** That is really the only Surgeon General that a lot— I've asked this question to a lot of people and most people can only name that Surgeon General. A lot of people don't know who the Surgeon General is now, who— and I mean, again, that's kind of a tricky question because right now we have an acting Surgeon General who is Susan Orsega, who she is the third nurse to actually serve in this position and she is the acting SG until the official nomination from the Biden administration is approved by Congress. So, Dr. Vivek Murthy is who has been nominated.

**Justin:** Seems like an oversight to not have you.

**Sydnee:** [amused] Oh, to not have me? Um, he was also the Surgeon General under Obama, so I bet he has more experience.

**Justin:** Being Surgeon General? Well, that's cheating.

**Sydnee:** [laughs]

**Justin:** I mean, yes.

**Sydnee:** Well, and then, I mean you really want somebody who has experience in public health as well.

**Justin:** Yeah, but you're— this is a health show for the public.

**Sydnee:** Well, but I don't have a masters in public health. And I would— I'm not saying that, like, it's not that that is a qualification, but experience in public health is.

**Justin:** If you did not grow up in the 80s, you probably don't remember C. Everett Koop. C. Everett Koop was this... impossibly craggy-looking man who had this very distinct, just a beard? You know that look?

**Sydnee:** Yes, without moustache.

**Justin:** The just a beard, no moustache, moustache-less, just had the beard.

**Sydnee:** Known for that.

**Justin:** Yeah. Looked like a crag— like a caricature of a craggy— which is appropriate for what we're talking about, I guess— a caricature of like a craggy old sea captain. And he would just get on TV and be like, "Listen. Smoking is so bad." And he looked so old, impossibly old and mean, you're like, "Okay, I won't smoke, because C. Everett Koop will catch you."

**Sydnee:** [laughs] Do you remember the other distinct, like, distinctive thing about him? Other than the just a beard, there was one other fashion choice that became very— he was known for.

**Justin:** He didn't have a pipe, did he?

**Sydnee:** It was a bow tie.

**Justin:** Bow tie, that's right.

**Sydnee:** He would not have had a pipe.

**Justin:** That would be wild! [laughs loudly]

**Sydnee:** [laughs] He was quite anti-smoking.

**Justin:** Just Sydnee and the Dunce! Still coming on the air, still going strong.

**Sydnee:** He— and you know, it's interesting, because what I would love, because I do a podcast, is from a narrative perspective, I would love it if C. Everett Koop represented a transition to a more, like, popular figure for the Surgeon General, and I don't necessarily think that stuck, because I was looking through the Surgeon Generals— Surgeons General—

**Justin:** [laughs]

**Sydnee:** And while I might recognize some of the names here and there, they really— he was the only one that really sort of permeated the common public knowledge to that extent, I feel like. But anyway, he was Dr. Charles Everett Koop, or C. Everett Koop, or Chick, I guess, was the name a lot of people would call him. Not me, because I don't know him that well. He was Reagan's Surgeon General. And he was— did you know he was a very controversial figure? Like, smoking I think I'd the thing that most of us remember him for. He was very anti-smoking.

**Justin:** We were all on board with that.

**Sydnee:** Yes. And I support that entirely. I am also anti-smoking. Please, please don't smoke. But he was a pediatric surgeon of much renown. Performed, uh, like one of the first successful separation of conjoined twins.

**Justin:** Hmm. Oh.

**Sydnee:** Very well-known pediatric surgeon, very famous, but what made him so controversial was that when he was chosen he was also known to be a very devout evangelical Christian and a figure in the anti-choice movement. A strong advocate against abortion. And so, when he was appointed and approved there were a lot of people on the left who were very concerned about what this could mean, where now we have this person in the position as the nation's top doctor, so to speak, and they get to sort of tell us what they think about this.

**Justin:** Right.

**Sydnee:** And it's interesting, I was reading into it, prior to his appointment he had made— helped make a film series with someone named Francis Schaeffer, who if you study, if you're part of or if you study the evangelical movement, you know this name. Was a huge figure in the early evangelical movement and had helped make this film series called *Whatever Happened to the Human Race?* Which talked a lot about, like, kind of tied abortion and infanticide and euthanasia all together, and when you hear sort of these echoes of the culture of death and things, this is where that came from. This is part— not the only part, but this is a part of that. So, you can see why a lot of people who were pro-choice were very concerned about C. Everett Koop.

**Justin:** Yeah.

**Sydnee:** But what was interesting is that he was— as far as I can tell, he was very much about the science. I will speak out about the science because that is my role. I have my private beliefs, and he was, I mean, I think, privately he was very anti-abortion, but he would not publish reports that lied about— there was apparently a lot of pressure on him to come out with statements about how physically dangerous the procedure was to people who were pregnant and that we should ban the procedures because they're so dangerous.

And he said, well that's not true, and so he wouldn't say it. And he was pressured to come out with a report about how psychologically damaging it was, and he refused to do that because he didn't have the evidence to back up those claims. So, he was very much about the evidence and separated that from like, what his private beliefs on the issue were. Which I think, it sounds like, may have been a big disappointment to Reagan and the other conservatives who appointed him and kinda hoped, like, he'll do this for us and then we don't have to mess with it. And he never really fulfilled that for them.

He said later that when the HIV epidemic, you know, started and became something that people began to be aware of he was prohibited from speaking out about it for quite a while by the administration. And eventually, he would issue a report, he was allowed to issue a report about it, and what was notable about it is how explicitly he talked about how it could be transmitted, specific sexual behaviors that put you at risk, and how you could prevent that transmission by using things like condoms.

He advocated for sex ed, he advocated for safe sex education. Things that, again, a lot of the people that he worked with would really have preferred he not say out loud. And he did advocate for those things. He actually used to have really long talks with Fauci about it, because the two of them, I mean if you think about it, the same time period Fauci was over at the NIH. And the two of them would have big long talks about how do we get the messaging out there. And he was very clear in saying, like, we can't— this is about helping people with a disease, not about demonizing them or othering them. It's really interesting to read more about how, like, based on his background you would've assumed he would take different positions on these issues than he did.

**Justin:** Things used to work. I mean things used to— you used to be able to trust that people in certain positions in government would still have some sort of integrity, right? That would not bow to political pressure. And I'm not here to, like, not gonna throw a big C. Everett Koop parade, it sounds like there were some pretty dark stuff in there, but at least in the— they took the job seriously. Right?

**Sydnee:** Yes.

**Justin:** And when they were in that position, like, they're taking it seriously and they're treating it with some modicum of respect and that, I feel like I sound like an old man, but I feel like that's fairly diminished.

**Sydnee:** Well, and I think it's fair to say that his railing against big tobacco, well, against smoking which then harmed big tobacco, was probably not a popular position.

**Justin:** Affected the— I mean, I feel like he legit got the ball rolling. That was the first person I can remember as someone who was born in 1980 the first person I can remember telling me like, I mean, besides from my parents, but like one of the first really strong, like, "This guy will come get me if I smoke."

**Sydnee:** Yeah. He really— it's an interesting figure. I was aware of C. Everett Koop, of course, the thing I knew most about him was the smoking stuff. I didn't know all these other things that he was involved in. And its interesting to read about because he is— it's a— he's like, um, a mixed bag. Because I think when you start to think about the Reagan administration and everybody who was associated with it and their response to the HIV epidemic, I mean, it was abysmal. It was terrible. They did nothing. They stayed silent and a lot of people died, and there is no way to redeem that because it's irredeemable, but it does sound like eventually he was part of, along with, as we talked about with Dr. Anthony Fauci, he was part of the voices that eventually, later than they should—

**Justin:** Who had his own change of heart.

**Sydnee:** Yes.

**Justin:** I mean, who had his own change of heart. Which we covered, like...

**Sydnee:** But called for something to be done. Again, not a justification because it was too late for so many people, but eventually was part of that voice. But it's interesting to look at C. Everett Koop as like, that is a position that could wield so much power with the American public if it is used appropriately. And I don't know if that will happen but um— and I'm not necessarily saying... [sighs] it's tough.

I don't want politicians to be the ones making public health decisions, because they did not go to school to do it. I want professionals, who went



to school to make these big decisions to be the ones making it, and certainly that could be the Surgeon General, but they are also a political figure. They are appointed by a president and approved by a congress, they are not elected by us.

**Justin:** Did you say Vivek Murthy is the one who's being put back up?

**Sydnee:** Yes, he is the one— but I don't know that even if they were elected by us, that shouldn't be enough anyway. Because who knows what we'll do? We're wild. We're the American public. But it needs to be somebody with the credentials to know what they're doing before they speak out. And so, you always hope that's the Surgeon General, but you can't guarantee that either. So, it's tough, you know? It could be a really helpful, powerful figure in making good health choices and encouraging people to make good public health decisions, or it couldn't. Kinda interesting to see how that position has evolved and how... what it could do.

**Justin:** If Murthy gets confirmed, will you do another episode about Vivek Murthy, just to get his whole story? Just to get him.

**Sydnee:** Yeah? I mean, do you think... sure.

**Justin:** Let's throw it to the people.

**Sydnee:** [laughs]

**Justin:** Hey, people.

**Sydnee:** I don't know much about Dr. Murthy— I mean, I know he was under Obama also the Surgeon General but I don't, you know, I really don't, other than C. Everett Koop and because we did the episode, Joycelyn Elders, I don't know that much about the Surgeons General throughout history. I found myself googling like, "interesting Surgeons General" or "Surgeon General who did," like, famous, "who was famous," or, "was weird", or "funny" or anything, like give me something. And it's really hard, I think... I don't know. I'm sure there are books about each of these people somewhere, but as far as like, one big collection of like, here's what you need to know about everybody who ever held this position, I don't know.

**Justin:** It's also, especially like, once, just looking at like, pictures and imagery and stuff, especially once you get to like, uh, H.W. Bush, it's a pretty diverse group of—

**Sydnee:** Eventually, it does get very diverse, yes.

**Justin:** Especially in this kind of leadership position in the United States government, it's a pretty diverse list of people.

**Sydnee:** I will say, despite that, I think it is worth noting, because you probably in what I've said, if you listened to the episode on Dr. Joycelyn Elders, you have already come to this conclusion. Dr. C. Everett Koop advocated for safe sex and sex ed in very much the same way that Dr. Joycelyn Elders did. And I think it is notable that Clinton demanded Elders, Dr. Elder's resignation and Reagan never demanded Dr. Koop's resignation.

**Justin:** Yeah.

**Sydnee:** I think that that is definitely worth noting.

**Justin:** Just to kinda note it. I can't think of any differences between the two of them. [laughs]

**Sydnee:** Mm hmm. Which is why Dr. Joycelyn will forever be my favorite Surgeon General and a personal hero. And I have a painting of her hanging on the wall in my office now.

**Justin:** Thanks so much for listening to our podcast. We wanna remind you we've got a paperback book out. It's called the Sawbones book, illustrations by Sydnee's sibling Taylor, words by us and new content that deals with the pandemic and stuff. It's good and you can buy it in stores.

My brothers and I also wrote a book about how to podcast called Everybody has A Podcast (Except You). It's got a chapter by Sydnee and, uh, it's very good. It's a good chapter. Probably the best one in the whole book.

**Sydnee:** Thanks.

**Justin:** Um, let's see, what else is going on? We've got more merchandise in the store, if you wanna check it out go to [McElroyMerch.com](http://McElroyMerch.com) and that's gonna do it for this week. Oh, thanks to The

Taxpayers for the use of their song "Medicines" as the intro and outro of our program and thanks to you for listening. That's gonna do it for us for this week on Sawbones. Be sure to join us again next time. Until then, my name is Justin McElroy.

**Sydnee:** I'm Sydnee McElroy.

**Justin:** And as always, don't drill a hole in your head.

[theme music plays]

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