

ORIGINAL

7/10 "Basin"

BANQUET ADDRESS

BY

C. EVERETT KOOP, M.D.

SURGEON GENERAL

U.S. PUBLIC HEALTH SERVICE

AND

DEPUTY ASSISTANT SECRETARY FOR HEALTH

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES



PRESENTED TO THE HAWAII CONFERENCE ON

"HEALTH PROMOTION IN THE WORKPLACE"

HONOLULU, HAWAII

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(GREETINGS TO HOSTS, GUESTS, FRIENDS, ETC.)

IT IS ALWAYS A PLEASURE TO VISIT WITH MANY OLD FRIENDS IN PUBLIC HEALTH. BUT THIS IS AN ESPECIALLY PLEASANT OCCASION, FOR IT GIVES ME A CHANCE TO MEET MANY NEW LEADERS IN PUBLIC HEALTH FROM AMONG COUNTRIES THAT SHARE A DEEP AND ABIDING CONCERN FOR THE HEALTH AND WELFARE OF THEIR CITIZENS.

I WANT TO THANK EVERYONE OF YOU FOR TAKING TIME OUT FROM YOUR BUSY OFFICIAL SCHEDULES -- WHETHER IN GOVERNMENT, IN ACADEMIA, OR IN PRIVATE PRACTICE -- AND SPENDING SEVERAL DAYS HERE AMONG COLLEAGUES AND LIKE-MINDED PUBLIC HEALTH PROFESSIONALS.

BELIEVE ME, NO ONE KNOWS BETTER THAN I JUST HOW DIFFICULT IT IS TO GET AWAY FROM THE OFFICE TO DO SOME THINKING AND TO EXCHANGE IDEAS WITH MY PEERS. THOSE ARE VERY IMPORTANT THINGS TO DO...BUT THEY'RE NOT EASY TO DO BECAUSE THEY REQUIRE TIME, WHICH IS SUCH A RARE AND PRECIOUS RESOURCE.

OVER THE PAST 3 YEARS, I'VE LEARNED MANY THINGS ABOUT THE JOB OF BEING SURGEON GENERAL, BUT ONE THING I HAVEN'T YET LEARNED IS HOW TO FIT AN EXTRA 2 OR 3 HOURS INTO THE WORK-DAY OR AN EXTRA DAY OR TWO INTO THE WORK-WEEK.

LET ME ALSO CONGRATULATE THE MEMBERS OF THE PLANNING COMMITTEE FOR THIS CONFERENCE. THE AGENDA IS IMPORTANT AND STIMULATING AND THE ROSTER OF PERSONS YOU'VE INVITED IS CERTAINLY A CROSS-SECTION OF THE LEADING THINKERS AND DOERS IN PUBLIC HEALTH AMONG THE NATIONS BORDERING THE PACIFIC.

IN FACT, THE ROSTER IS A LITTLE HUMBLING. I CAN'T IMAGINE THAT I HAVE ANYTHING SPECIAL TO OFFER IN THE FIELD OF HEALTH PROMOTION IN THE WORKPLACE THAT SOMEONE -- WITH MORE EXPERIENCE AND MORE WISDOM -- HAS NOT ALREADY COVERED IN ONE OR ANOTHER SESSION OF THIS PAST WEEK.

I SUPPOSE I OUGHT TO BE COMPLETELY INTIMIDATED...BUT I'M NOT, WHICH IS AN ADVANTAGE OF HAVING BEEN A PRACTICING SURGEON FOR MORE THAN 35 YEARS. IN FACT, I WOULD ADVISE ANY OF YOU WHO, FOR EXAMPLE, MIGHT BE PLANNING A CAMERA SAFARI THROUGH THE JUNGLE NOT TO TAKE ALONG A SURGEON. SURGEONS TEND TO SCARE WILD ANIMALS AWAY.

THEREFORE, WITH THE HELP OF THAT KIND OF ASSURANCE, I INTEND TO BLUNDER RIGHT AHEAD FOR THE NEXT FEW MINUTES WITH SOME THOUGHTS I HOPE YOU FIND TO BE AT LEAST CONGENIAL, IF NOT COMPLETELY ENLIGHTENING.

LET ME BEGIN BY CONFESSING MY OWN MOMENTS OF UNCERTAINTY ABOUT THE UNIVERSE COVERED BY THIS TERM: "OCCUPATIONAL HEALTH." YES, I KNOW THE KINDS OF THINGS COVERED BY THAT TERM WITHIN OUR OWN UNITED STATES. I COULD EVEN MAKE SOMETHING OF A LIST OF SUCH THINGS.

BUT OURS IS A SOCIETY ASSISTED BY ADVANCED TECHNOLOGIES AND SUPPORTED BY A COMPLEX, INTER-RELATED ECONOMY. ONLY 3 PERCENT OF OUR WORKFORCE IS ENGAGED IN AGRICULTURE, WHILE THE LARGEST SEGMENT OF OUR TOTAL U.S. WORKFORCE -- 72 PERCENT -- PERFORMS A WIDE RANGE OF SOMETHING CALLED "SERVICES." THEY DON'T SPIN OR SOW OR REAP...THEY "SERVE."

AND LIKE MOST PUBLIC HEALTH PEOPLE IN THE UNITED STATES, I ALSO BELIEVE THAT OCCUPATIONAL HEALTH IS RELATED TO OTHER ASPECTS OF HEALTH, BUT IT IS NEVERTHELESS AN IMPORTANT AND SEPARATE DISCIPLINE OF ITS OWN.

CAN THIS BE THE SAME FOR MY COLLEAGUES FROM INDONESIA? IN THEIR COUNTRY, 2 OUT OF EVERY 3 PERSONS IN THE WORKFORCE IS IN AGRICULTURE. RAISING FOOD IS A DIFFICULT OCCUPATION IN INDONESIA, SINCE SO MUCH OF THAT BEAUTIFUL COUNTRY IS MOUNTAINOUS AND NOT ARABLE LAND. SOME REPORTS INDICATE THAT BARELY 11 PERCENT OF THE LAND IN INDONESIA CAN BE USED FOR FOOD PRODUCTION, WHETHER PLANT OR ANIMAL.

BUT INDONESIA IS NOT ALONE AS A COUNTRY WHOSE ECONOMY AND WHOSE SOCIAL FABRIC REFLECTS A MAJOR PREOCCUPATION WITH GROWING AND RAISING FOOD. IN NEPAL, 95 PERCENT OF THE WORKFORCE IS INVOLVED IN AGRICULTURE...IN PAPUA NEW GUINEA, 85 PERCENT...IN THAILAND, NEARLY 80 PERCENT...IN THE PEOPLE'S REPUBLIC OF CHINA, 75 PERCENT...IN INDIA, A COUNTRY STRICKEN BY FAMINE ONLY 20 YEARS AGO BUT NOW SELF-SUFFICIENT IN FOOD, 70 PERCENT OF ITS LABOR FORCE IS IN AGRICULTURE...IN WESTERN SAMOA, 50 PERCENT...AND SO ON.

I LOOK AROUND THIS ROOM AND I SEE SUCH DIVERSITY...MEN AND WOMEN REPRESENTING SUCH A GREAT VARIETY OF CULTURES THAT ENCIRCLE THE PACIFIC. WE ARE ALL SO DIFFERENT AS INDIVIDUALS, BUT IT WOULD NOT BE TOO FAR OFF THE MARK TO SAY THAT OUR RESPECTIVE COUNTRIES ARE EASIER TO CATEGORIZE ON THE BASIS OF THE MAJOR OCCUPATION OF THEIR WORKFORCE:

ON THE ONE HAND ARE THOSE COUNTRIES, LIKE THE UNITED STATES AND AUSTRALIA AND JAPAN, WHICH HAVE APPLIED NEW TECHNOLOGIES TO THEIR AGRICULTURE AND, HENCE, EMPLOY MOST OF THEIR PEOPLE IN MANUFACTURING OR SERVICES.

AND ON THE OTHER HAND THERE ARE THE COUNTRIES, LIKE INDONESIA AND SRI LANKA AND NEPAL, WHICH DEVOTE MOST OF THEIR HUMAN AND MATERIAL RESOURCES TO THE RAISING OF FOOD.

HOW CAN ONE GROUP OF HIGHLY INDUSTRIALIZED COUNTRIES HELP THE OTHER GROUP, THE ONES WHO ARE STILL IN THE PROCESS OF ACQUIRING INDUSTRY AND NEW TECHNOLOGIES? SPECIFICALLY, WHAT SORT OF KNOWLEDGE OF "OCCUPATIONAL HEALTH" CAN WE PROVIDE THAT WOULD REALLY BE APPROPRIATE?

I'M SURE YOU HAVE DISCUSSED THE PROBLEMS OF PESTICIDES AND INSECTICIDES...THE DANGERS THAT THESE CHEMICALS POSE TO THE SKIN AND TO THE RESPIRATORY SYSTEM, FOR EXAMPLE. AND I WOULD IMAGINE YOU'VE ALSO DISCUSSED MANY OF THE HEALTH RISKS PRESENTED BY AGRICULTURAL MACHINERY THAT CAN PLOW AND SOW AND CUT AND REAP AND BIND. THE PEOPLE OF THE UNITED STATES HAVE SPENT MOST OF THIS CENTURY SETTING STANDARDS FOR AGRICULTURAL CHEMICALS AND EQUIPMENT TO MAKE THEM MORE LIFE-PROTECTIVE AND LESS LIFE-THREATENING.

I WOULD THINK THAT THE GOVERNMENTS AND THE MAJOR PRIVATE COMPANIES AMONG THE INDUSTRIALIZED NATIONS CAN -- AND SHOULD -- OFFER THE FRUITS OF THIS KIND OF EXPERIENCE TO OUR FRIENDS WHOSE SOCIETIES REST ON A BROAD BASE OF SMALL FARMS AND HERDS. THAT, IT SEEMS TO ME, WOULD BE KNOWLEDGE THAT MIGHT BE UNIQUELY APPROPRIATE TO THE HEALTH NEEDS OF POSSIBLY THREE-QUARTERS OF THE PEOPLE REPRESENTED AT THIS MEETING.

BUT THAT IS ONLY A SMALL PART OF THE ANSWER.

I THINK ANOTHER PART -- AND POSSIBLY THE MOST IMPORTANT PART OF THE ANSWER -- WILL REFLECT HOW WELL WE, IN THE INDUSTRIALIZED COUNTRIES, UNDERSTAND JUST WHAT DAILY LIVING CAN BE LIKE FOR THE MEN, WOMEN, AND CHILDREN WHO GROW AND RAISE FOOD IN COUNTRIES JUST BEGINNING THE LONG JOURNEY TOWARD FULL INDUSTRIALIZATION. FOR THE PEOPLE IN THOSE COUNTRIES, THEIR MAJOR "OCCUPATION" -- FARMING -- IS, IN FACT, THEIR WHOLE LIFE.

THE LAND IS STUBBORN. MACHINERY IS SCARCE. FERTILIZERS AND PESTICIDES ARE EXPENSIVE OR DANGEROUS OR SIMPLY UNAVAILABLE. THE LIFE OF THE FAMILY IS TOTALLY ABSORBED BY THIS OCCUPATION...THIS BACK-BREAKING, DAY-LONG, YEAR-ROUND TASK OF GROWING FOOD.

FOR THESE MILLIONS UPON MILLIONS OF PEOPLE, "OCCUPATIONAL HEALTH" IS NOTHING LESS THAN THEIR TOTAL HEALTH. WHILE I ONLY SUSPECT THAT THIS MAY BE TRUE FOR SOME PEOPLE IN INDUSTRIALIZED NATIONS SUCH AS THE UNITED STATES AND AUSTRALIA, I FEEL QUITE SURE THAT THIS IS THE CASE FOR MILLIONS OF PEOPLE IN MOST OF THE OTHER COUNTRIES REPRESENTED HERE THIS WEEK.

IF THAT IS SO, THEN I WOULD SUGGEST THAT THE KNOWLEDGE-TRANSFER TASK FOR GOVERNMENT, BUSINESS, AND THE ACADEMIC COMMUNITY IS MUCH MORE COMPLEX THAN WE MIGHT AT FIRST ASSUME.

FOR EXAMPLE, WE MUST OFFER ASSISTANCE IN COMBATTING THE BASIC, HISTORIC ENEMIES OF THE FARMER AND THE HERDSMAN:

WEATHER...INSECTS...INFECTIOUS DISEASE AND FEVERS...DEHYDRATION...
SKIN CANCERS...LOSS OF TEETH...SKELETAL DEFORMITIES...PARTIAL AND
TOTAL LOSS OF VISION...AND THE RISKS OF PREGNANCY AND CHILDBIRTH.

AND HOW QUICKLY WE COME BACK TO THE FUNDAMENTALS OF PUBLIC HEALTH...
THAT IS, SAFE HOUSING, CLEAN WATER, PROPER SANITATION, PROTECTIVE
CLOTHING, ESSENTIAL IMMUNIZATIONS, AND BASIC NUTRITION.

IN MANY OF THE NON-INDUSTRIALIZED COUNTRIES REPRESENTED AT THIS
MEETING, BETWEEN 40 AND 50 PERCENT OF THE POPULATION IS UNDER THE AGE
OF 14. THESE CHILDREN ARE VITAL TO THEIR FAMILIES. THEY BEGIN EARLY
TO SHARE IN THE CHORES OF GROWING FOOD OR HERDING ANIMALS. AS A
RESULT, THEIR OPPORTUNITIES FOR EDUCATION AND TRAINING ARE LIMITED AND
THIS IS REFLECTED IN THE LITERACY LEVELS OF EACH COUNTRY.

A FEW COUNTRIES REPRESENTED HERE ENJOY LITERACY LEVELS OF BETTER THAN 90 PERCENT AND SEVERAL HAVE LEVELS BETWEEN 70 AND 90 PERCENT. BUT OTHERS CARRY A LITERACY BURDEN AS LOW AS 40 PERCENT...15 PERCENT ...AND EVEN LESS.

IS A NATION'S RISE IN LITERACY THE PRECURSOR OF MODERNIZATION OR THE RESULT OF MODERNIZATION? I DON'T THINK ANYONE REALLY KNOWS THE ANSWER. BUT CLEARLY THEY GO TOGETHER. HENCE, IT WOULD SEEM TO ME THAT EVERYONE ENGAGED IN OCCUPATIONAL HEALTH MUST DEVOTE AS MUCH TIME AND ENERGY AS POSSIBLE TO THE ISSUE OF LITERACY, BECAUSE WITHOUT LITERACY THERE IS SIMPLY NO WAY FOR PEOPLE THEMSELVES TO ASK FOR -- AND TO TAKE ADVANTAGE OF -- BETTER HEALTH SERVICES FROM GOVERNMENT, FROM THE UNIVERSITIES, AND FROM THE PRIVATE SECTOR.

AS WE HEARD FROM SENATOR HATCH AND FROM DENNIS TOLSMA, EDUCATION IS A KEYSTONE IN HEALTH PROMOTION AND DISEASE PREVENTION -- AND LITERACY IS ESSENTIAL TO EDUCATION.

AS I INDICATED AT THE BEGINNING OF THESE REMARKS, I WILL NOT PRETEND TO BE AS WELL VERSED IN MATTERS OF OCCUPATIONAL HEALTH AS MOST OF YOU ARE. BUT THAT DOESN'T MEAN THAT I'VE COME HERE WITHOUT SOME BIASES OF MY OWN ABOUT THE SUBJECT. AND THOSE BIASES TELL ME THAT LITERACY...A BETTER DIET...CLEAN WATER...PRENATAL CARE...THESE THINGS ARE, TO MY WAY OF THINKING, THE FUNDAMENTAL COMPONENTS OF OCCUPATIONAL HEALTH IN THE COUNTRIES REPRESENTED HERE TODAY. AND I WOULD DEFINITELY INCLUDE MY OWN COUNTRY, THE UNITED STATES, IN THAT GROUP.

I MAY NOT BE AS WELL-VERSED IN OCCUPATIONAL HEALTH AS MANY OF MY COLLEAGUES, BUT IN MY CAPACITY AS SURGEON GENERAL, I KNOW A LITTLE SOMETHING ABOUT SMOKING, AND I WOULD BE VERY REMISS, IF I DID NOT AT THIS TIME BRING TO YOUR ATTENTION A RELEVANT POINT CONCERNING SMOKING AND HEALTH.

I WILL BE SPEAKING OF THIS IN MORE DETAIL, WHEN I ADDRESS THE HAWAII CHAPTER OF THE AMERICAN CANCER SOCIETY IN THIS HOTEL ON SATURDAY. BUT LET ME SAY A FEW WORDS ON THIS SUBJECT NOW BECAUSE IT IS IMPORTANT FOR ALL OF US AND FOR THE MILLIONS OF PEOPLE WE REPRESENT.

I'M SURE YOU ARE ALL AWARE OF THE EXTENSIVE BIOMEDICAL RESEARCH THE UNITED STATES GOVERNMENT HAS CONDUCTED FOR THE PAST 20 YEARS THAT CAUSALLY LINKS CIGARETTE SMOKING TO A NUMBER OF CATASTROPHIC DISEASES, SUCH AS LUNG CANCER, STROKE, AND HEART DISEASE. I STRONGLY URGE EACH OF YOU TO DO EVERYTHING POSSIBLE TO SPREAD THAT INFORMATION AMONG THE CITIZENS OF YOUR OWN COUNTRIES.

BUT THERE IS YET ANOTHER SIDE TO THIS ISSUE. WE ALSO KNOW THAT AN INCREASING NUMBER OF DEVELOPING COUNTRIES ARE BEGINNING TO CONSIDER UNMANUFACTURED LEAF TOBACCO AS A POSSIBLE NEW AND LUCRATIVE CASH CROP FOR EXPORT. AND CERTAINLY THE ECONOMIC HISTORY OF TOBACCO IS OFTEN EXPRESSED IN A NUMBER OF STRAIGHT-LINE GRAPHS GOING UPWARD.

THOSE GRAPHS, HOWEVER, ARE BASED ON PAST CIRCUMSTANCES, SO LET ME SOUND THIS NOTE OF WARNING REGARDING THE PRESENT AND THE FUTURE:

FIRST, IT IS QUITE CLEAR TO ME THAT A NUMBER OF COUNTRIES -- IN ADDITION TO THE UNITED STATES -- ARE LAUNCHING ALL-OUT PUBLIC HEALTH CAMPAIGNS AGAINST SMOKING. IN FACT, I HAVE HAD THE PLEASURE OF PLAYING A ROLE IN THE PLANNING AND LAUNCHING OF SUCH CAMPAIGNS. IN OTHER WORDS, THE SAME IMPORTING COUNTRIES THAT HAVE BEEN SUCH GOOD TOBACCO MARKETS IN THE PAST ARE NOT GOING TO BE THE SAME GOOD MARKETS IN THE FUTURE.

AND SECOND, WE ARE GETTING REPORTS FROM SEVERAL TOBACCO-GROWING COUNTRIES -- MANY OF THEM, BY THE WAY, IN AFRICA AND SOUTH AMERICA -- OF A DISTURBING INCIDENCE OF SKIN AND LUNG DISEASES CAUSED BY EXPOSURE TO TOBACCO-PROTECTIVE INSECTICIDES AND PESTICIDES. IN OTHER WORDS, THE GROWING OF TOBACCO IS A PUBLIC HEALTH HAZARD NOT ONLY TO THOSE WHO SMOKE AND IMPORT BUT ALSO TO THOSE WHO GROW AND EXPORT.

I FEEL I MUST BRING THIS POINT TO YOUR ATTENTION, SINCE YOU ARE NOT ONLY LEADERS IN YOUR RESPECTIVE COUNTRIES AS FAR AS PUBLIC HEALTH AND MEDICINE ARE CONCERNED, BUT YOU CAN ALSO BE INFLUENTIAL VOICES IN THE COUNCILS OF GOVERNMENT DURING DISCUSSIONS OF LARGER ISSUES OF ECONOMIC AND SOCIAL POLICY AFFECTING YOUR HOMELANDS.

I GUESS BY NOW YOU HAVE DISCERNED MY MESSAGE FOR THIS IMPORTANT MEETING. IT HAS SEVERAL PARTS TO IT:

* THE FIRST PART IS A SINCERE EXPRESSION OF GRATITUDE TO EACH ONE OF YOU FOR TAKING THE TIME TO COME TO THIS MEETING AND TO FOCUS ON THIS IMPORTANT MATTER OF OCCUPATIONAL HEALTH.

* THE SECOND PART IS A WORD OF ENCOURAGEMENT TO REPRESENTATIVES OF GOVERNMENT, ACADEMIA, AND PRIVATE INDUSTRY TO STRENGTHEN THE COOPERATIVE TIES THAT HAVE BEEN DISCUSSED AND DESCRIBED HERE THIS WEEK.

* AND THE THIRD PART OF MY MESSAGE IS A SERIOUS PLEA TO EACH OF YOU TO SEE OCCUPATIONAL HEALTH IN ITS BROADEST, RATHER THAN ITS MOST NARROW, DIMENSIONS...TO SEE IT AS INTEGRAL TO THE HEALTH STATUS OF THE PEOPLES OF OUR RESPECTIVE COUNTRIES...TO SEE IT AS A PRIMARY CONCERN FOR THE TOTAL HEALTH OF INDIVIDUALS AND FAMILIES, AND NOT TO SEE IT MERELY AS ANOTHER IRRITANT TO THIS OR THAT PARTICULAR INDUSTRY OR OCCUPATION.

WE'VE BEEN SLOW TO LEARN THIS LESSON EVEN IN MY OWN COUNTRY, THE UNITED STATES. BUT I THINK WE'RE CATCHING ON. FOR EXAMPLE, I HAVE HAD THE OCCASION TO REMIND MANY LEADERS IN U.S. INDUSTRY THAT OUR LABOR FORCE NOW HAS 50 MILLION WOMEN WORKERS. THAT'S 44 PERCENT OF OUR TOTAL CIVILIAN LABOR FORCE. BUT MORE IMPORTANT IS THE FACT THAT OVER HALF THE NUMBER OF WOMEN IN OUR COUNTRY WHO ARE AGE 16 AND OVER ARE NOW IN THE LABOR FORCE.

SOME 40 MILLION OR MORE OF THESE WORKING WOMEN ARE OF CHILD-BEARING AGE. IN FACT, A MILLION BABIES WERE BORN LAST YEAR TO WORKING WOMEN, NEARLY 1 OF EVERY 3 BABIES THAT ARRIVED. AND THAT, I BELIEVE, PLACES A SPECIAL RESPONSIBILITY UPON BUSINESS AND GOVERNMENT. THE WORK ENVIRONMENT THUS HAS A DIRECT EFFECT UPON THE NEXT GENERATION. IF THE WORK ENVIRONMENT IS IN ANY WAY A HEALTH THREAT TO A WOMAN OF CHILD-BEARING AGE, IT IS BY THAT VERY FACT A THREAT TO THE HEALTH STATUS OF OUR SOCIETY IN GENERAL.

BUT OUR CONCERNS MUST NOT BE LIMITED JUST TO THE RISKS TO CHILD-BEARING. WE NEED TO ADDRESS THE HEALTH NEEDS -- THE PHYSICAL, EMOTIONAL, AND MENTAL HEALTH AND, YES, THE SPIRITUAL HEALTH NEEDS -- OF WORKING WOMEN AND THEIR PRE-SCHOOL-AGE CHILDREN. HENCE, THE STRONG DRIVE THROUGHOUT THE UNITED STATES FOR MORE AND BETTER DAY-CARE SERVICES IN OR CLOSE TO OFFICES, FARMS, AND FACTORIES.

THESE ARE CHALLENGES THAT WE ARE NOW BEGINNING TO ADDRESS IN THE UNITED STATES. BUT I WOULD SUBMIT TO YOU THAT THEY ARE NOT CHALLENGES UNIQUE TO THE UNITED STATES. THEY ARE, RATHER, CHALLENGES UNIQUE TO THE HUMAN CONDITION.

ALL OF US IN PUBLIC HEALTH -- REGARDLESS OF NATION OR CULTURE -- MUST BE CONCERNED ABOUT THE PERINATAL CARE AVAILABLE TO WOMEN, ESPECIALLY WOMEN WHO WORK BESIDE MEN IN THE FIELDS AND FACTORIES. AND WE MUST BE CONCERNED ABOUT THE QUALITY OF FAMILY LIFE EXPERIENCED BY INFANTS AND YOUNG CHILDREN WHOSE PARENTS BOTH WORK FULL-TIME.

IF WE FAIL IN MEETING THESE VERY SPECIAL CHALLENGES OF "OCCUPATIONAL HEALTH," WE DO SO AT THE PERIL OF OUR ENTIRE SOCIETY.

I AM NOT TELLING YOU ANYTHING NEW, OF COURSE. IN FACT, THESE PRINCIPLES OF TOTAL HUMAN AND SOCIAL HEALTH ARE SECURELY PLANTED WITHIN THE WORLDWIDE PROGRAM OF "HEALTH FOR ALL BY THE YEAR 2000," TO WHICH ALL OF US, AS MEMBERS OF THE WORLD HEALTH ORGANIZATION, SUBSCRIBED BACK IN MAY OF 1977.

I WOULD VENTURE TO SAY, THEREFORE, THAT THE CONCERNS WE ALL SHARE AT THIS MEETING FOR IMPROVING HEALTH CONDITIONS AT THE WORKPLACE ARE ESSENTIALLY THE SAME AS THE CONCERNS FIRST EXPRESSED NEARLY 8 YEARS AGO, WHEN THAT INTERNATIONAL "HEALTH FOR ALL" PROGRAM WAS LAUNCHED. IN THAT SENSE, OCCUPATIONAL HEALTH IS TRULY INTEGRAL TO TOTAL INDIVIDUAL AND FAMILY HEALTH.

HAVING BEEN A SURGEON, A PEDIATRICIAN, AND A PUBLIC HEALTH OFFICER, I CAN TELL YOU THAT WE IN PUBLIC HEALTH COMMUNICATE MORE EFFECTIVELY WITH EACH OTHER THAN DO OTHER HEALTH PROFESSIONALS. WE HAVE A SINGLENESSE OF PURPOSE...UNFETTERED BY THE EMBARRASSMENT SOME FEEL IN EXPRESSING HIGH IDEALS...AND THIS AUGURS WELL FOR THE FUTURE.

I SUSPECT I HAVE USED THIS PLEASANT BANQUET HOUR TO PLUNGE INTO SOME DIFFICULT AREAS, BUT I REALLY CAN'T APOLOGIZE FOR DOING SO. MY DEFENSE IS THAT I AM HEAVILY UNDER THE INFLUENCE OF THE PACIFIC, WHICH TENDS TO DRAW OUT THE MOST SURPRISING AND UNSETTLING IDEAS FROM THE INNOCENT VISITOR.

I AM REMINDED OF ONE OF PAUL GAUGIN'S PAINTINGS, WHICH HE COMPLETED IN TAHITI, VERY FAR FROM HIS HOME IN PARIS. AT THE BOTTOM OF THE CANVAS HE CAREFULLY PAINTED IN THESE QUESTIONS, WHICH HAUNTED HIM THEN IN THAT LOVELY ISLAND AND WHICH HAUNT US STILL TODAY:

"WHERE DO I COME FROM?" HE WROTE.

"WHO AM I?"

"WHERE AM I GOING?"

I THINK I CAN PUT TOGETHER SOME ANSWERS TO THOSE QUESTIONS FOR MYSELF...PERSONALLY. BUT I KNOW THAT, FROM TIME TO TIME, MANY OF MY FELLOW CITIZENS IN THE UNITED STATES -- THE PEOPLE WHOM I WAS APPOINTED TO SERVE -- LOOK TO ME TO BE OF HELP AS THEY SORT OUT THE ANSWERS THAT ARE BEST FOR THEM. AND I'M SURE THAT MOST OF YOU, TOO, HAVE BEEN...NOW AND THEN...THE OBJECTS OF THIS SAME PROFOUND EXPECTATION OF PUBLIC SERVICE FOR THE PUBLIC HEALTH.

MAYBE, TOGETHER IN MEETINGS SUCH AS THIS, WE CAN TRY TO PUZZLE OUT THE ANSWERS THAT MIGHT SERVE US IN OUR LIFETIMES.

MY BEST WISHES TO ALL OF YOU, COLLEAGUES IN A TRULY NOBLE CALLING.

THANK YOU.

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