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Director, PAHO*
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**HEALTH IN OUR TIME **
(Washington, D.C.)**

Mr. President, Dr. Nakajima, Dr. Macedo, Your Excellencies Ambassadors and Representatives of International Organizations, colleagues of PAHO, my wife and relatives who have come from places far and near to be here, ladies and gentlemen.

Let me thank you most sincerely for your presence this evening at this ceremony to mark my inauguration as Director of the Pan American Sanitary Bureau.

I thank Dr. Kumate for administering the oath I just took. His presence has a particular significance for me, as in some strange way he has been linked to many of my activities in this Organization. Sixteen years ago he proposed me as the President of the PAHO Advisory Committee for Medical Research; last September he was President of the Sanitary Conference that elected me; and as President of the Executive Board of WHO he saw me take my oath as Regional Director of that Organization one week ago.

My first and very pleasant task is to present to you two persons who will join me in the direction of the Bureau, Dr. David Brandling-Bennett, my Deputy Director, and Dr. Mirta Roses, my Assistant Director. I have total and absolute confidence that they possess the personal characteristics and professional stature that make them eminently suitable for their offices.

Next, I must ask you to join with me in thanking Dr. Robert Knouss, the outgoing Deputy Director and Dr. Carlyle Guerra de Macedo who demits office as Director today.

Dr. Knouss has truly been a pillar of this Organization over the last ten years. I can truly say that I have never met a public servant who has felt and shown more constant and unswerving loyalty, and contributed more to an institution than Robert Knouss. He wears openly his love for and commitment to the ideals and principles for which the Organization stands, and has never lacked the courage to stand up for those ideals and principles if he thought they were being challenged or in any way compromised. Bob, we all thank you.

I have spoken in many other places of Dr. Macedo and most of you are very well aware of the talents, energy and innovative ideas he brought to PAHO. He was never afraid to take the risks

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** **Speech Given at his Installation as Director of PAHO.**

that every good leader must assume if his organization is to break new ground and explore new ways of attending to the needs of the people it should serve. He can leave with the satisfaction of a job well done, and I can pay him no better tribute than saying of him what Henry Sigerist, that doyen of medical historians, wrote about the world's great doctors

They were great because, animated by the sacred force of their mission, self sacrificing in their daily doings, they helped numberless suffering fellow creatures in bitter need. They dried many tears, brought much happiness, rendered bountiful achievements possible, by breaking the chains of illness.

Carlyle, I, the Pan American Health Organization and the people of the Americas we represent, thank you for your bountiful achievements.

Mr. President, when I was elected I spoke primarily about myself and what could be expected of me as Director of PAHO and as the Regional Director of the World Health Organization. When I took my oath before the Executive Board of WHO, I spoke briefly about the interests of that Organization and how they might best be served. This evening I will share with you some of my ideas of what the Pan American Health Organization will be like and will do in the years to come.

It is true that the past is the prologue and not the play, but knowing the prologue gives some indication of how the scenes will unfold. Thus, in order to give you a frame of reference for the future, I will examine selected parts of our history, searching for the truths that begot and sustain us, since I believe that no organization can survive and flourish if it does not from time to time reexamine the value system by which it is guided.

My point of departure will be the year of the most significant event of our history apart from our founding. That year was 1924 when the Sanitary Code was signed at the seventh Pan American Sanitary Conference as the legal instrument that justifies and ratifies the existence of the Pan American Health Organization and the Pan American Sanitary Bureau. This was the year in which the Governments of the American States, no doubt mindful of the Great War that had wiped out a generation of young men, ratified the Gondra Treaty in which they affirmed their desire

to strengthen progressively the principles of justice and mutual respect which inspire the policy observed by them in their reciprocal relations, and to quicken in their peoples sentiments of concord and loyal friendship which may contribute toward the consolidation of such relations.

This was the year that man discovered how to use chemicals systematically in the battle against insects, opening a new vista of disease control.

The nations of the Americas had come to appreciate that maritime commerce among them was essential if they were going to grow economically, and it became obvious that the health of their people and ports was important if such commerce was to flourish.

And so it was in the city of Havana that the 18 independent countries signed the famous Sanitary Code,

being desirous of entering a Sanitary Convention for the purpose of better promoting and protecting the public health of their respective nations and particularly to the end that effective cooperative international measures may be applied for prevention of the international spread of the communicable infectious diseases of human beings, and to facilitate international commerce and communication.

The aspirations at that meeting were high and there seemed little doubt about the need for a great cooperative effort - and as the opening speaker said:

One of the fundamental statements of Pan-Americanism is that referring to sanitary cooperation, and we shall find that this topic forms one of the principal columns upon which rest the harmony, progress and the peace of America.

This Code was an agreement among equals - the Pan American Sanitary Bureau was designed to facilitate the working of this joint venture of equals who were seeking to do together what each could not do alone.

This is the first great principle that underlies the work of this Organization - we represent a hemispheric cooperative health enterprise - we have undertaken to work together to improve the health of all the people of the Americas. We must be marked and motivated by mutual self interest.

But even when delegates spoke as Americans with equal stake in this enterprise, they did not hide the great variations among and within their countries. A child born at that time, in my own island of Barbados, had approximately one chance in three of living to see a first birthday. There were large numbers of our people in the Americas who in a sense were like Tennyson's Six Hundred.

*Their's not to reason why,
Their's but to do and die.*

Report after report chronicled the health problems of our people and the consequent discontent that often erupted into open social unrest. Slowly but surely the Bureau saw its role not only as a recorder and distributor of information but as the Code enjoined us, "taking necessary steps for the purpose of mutual aid and advancement in the protection of the public health of the signatory governments."

How have we kept faith with those who had such high hopes for us as protectors of the public's health?

Over the past 70 years we have seen the Bureau grow to having a presence in all the nations and among all the people of the Hemisphere - we can be proud of vigorous and involved Governing Bodies - we can point to programs that have successfully touched the lives of all the citizens of the Americas. The Bureau is respected and sought after for its technical excellence and we have been successful in helping countries shorten the time between the discovery and application of those technologies that are of proven benefit. The Organization as a whole has weathered the upheavals that accompanied a second Great War - it has survived and grown through periods of economic

boom and recession and the member countries point with pride to the fact that there is a steady improvement in their health indicators.

But any tendency to hubris is quickly snuffed by one stark fact that haunts us - the number of the poor and dispossessed increases - the gap widens between those who never had it so good and those who wonder if they will ever have it at all. The appreciation of this gap that is a worldwide phenomenon, led the nations of the world in 1978 under the banner of the World Health Organization to raise the cry of Health for All as the expression of a desire for social justice and distributive equity.

This is the second great value principle that must forever underlie the work of this Organization. We have to be champions of the search for that equity and social justice that finds expression in Health for All.

It is to making this principle operational that our Organization must address itself. This is the work - this is the task - to hear and heed the call of all who say give us health in our time. There has been a tendency in some quarters to view this principle and this call as outmoded and passé - some seek new shibboleths. But this is one course we must stay.

When we hear the call for health in our time we do not dream of some impossible holy grail - some utopian concept of an ideal world in which there will be no more pain or illness. We know that man and the environment change and there will always be new risks and threats to the public's health. But we believe that there can be improvement in social equity and that health, as one of its expressions, will be as Dubos says "that condition best suited to reach the goals that each individual formulates for himself", or as I have said before, it is the critical resource for living, it is what allows men and women to exercise fully their life options. And we must seek this improvement in the spirit that marked our beginnings - in the spirit of a hemispheric venture.

How will we as an Organization - Member Countries and Bureau, work to make these values and principles operational?

Our first task is to make it clear to all that if we concern ourselves peculiarly and exclusively with a narrow vision of health, and see only the determinants of disease, we will do our people an injustice. We must forswear forever the mechanistic view of health that smacks of the reductionism that served Descartes and Newton well but is now no longer apt. We have to say repeatedly that the quest for health is but another aspect of the eternal struggle for human development. Parenthetically, let me plead *mea culpa* for the errors I have committed when I have used the word development without qualification. But I will stray no more. Henceforth, my colleagues and I will be specific and emphasize that it is human development that concerns us. We will seek allies in the struggle. That human development for which we reach has as its principle components: health, education, a safe environment, the ability to grow economically and the enjoyment of a set of basic rights and freedoms that are enshrined in our true democracies. Our allies will come from among the many agencies and institutions that concern themselves with these issues.

I warmed to the declaration that the Organization of American States sees its mandate and sphere of action as the defense of the practices and ideals that flourish only in a democratic state, and

vigilance for the preservation and protection of human rights. I hope to count that Organization as an ally. The Inter-American Development Bank and other major multilateral financial institutions set their sights on measures that will ensure the economic well-being of our countries. We wish to count them as allies.

We will continue to argue that these various facets of human development are all intertwined and we separate them at our peril. We cannot rewrite Adam Smith, but we can work towards recapturing the pristine meaning of the wealth of nations - wealth that is measured by the status of those aspects of human development that I have described.

These concepts of the relationships of health must be brought down to practical means of promoting intersectoral action for health. We know this can be done - it has been done! Towards the end of the last century there were countless examples of the appreciation that there were many factors outside the traditional medical sector that affected health. With the advent of the focus on the individual rather than the group, the correction of many public health problems through efficient sanitary interventions and the dominance of the so-called scientific medicine this all waned, and societies proceeded to strive harder and harder to acquire and provide the most sophisticated technologies to address the problems of the me and not of the us. We now see the cresting of another wave of concern for addressing the health of the public through measures that are wide ranging and essentially social. Our task is to seek ways of so institutionalizing this concern that the wave does not just break and spend itself uselessly.

We will do this in several ways. I have mentioned alliances with institutions that traditionally concern themselves with sectors putatively outside our own. But in addition, we must arm the ministries of health that are the national guardians as it were of the people's health, so that they can address the issue of health at the highest fora. I have embarked on a systematic effort to persuade ministers to encourage Presidents and Prime Ministers to devote a specific and structured session or sessions of their cabinets to examine the nation's health - showing the practical meaning of healthy public policy and that health does not come to the table as a mendicant.

This insistence on connectedness for PAHO, on actively and positively trying to involve other sectors in dealing with the major inequities that damage our health is not just paying lip service to the principle of intersectoral activity, particularly at the local level, that was proposed as one of the essential conditions for primary health care. I am convinced that this is an imperative that derives from the major paradigm of our time. Experience has taught me that man does not consciously construct or shift paradigms - we detect and hopefully take advantage of and build upon them. The dominant new paradigm of our age on which we build is one that sees the world in terms of its many systems that are interrelated and integrated. Our approach to health and equity has to fit into that mode.

But alliances with agencies and sensitization of cabinets will not be enough. The public must be persuaded of the importance of the public's health and what can be done to preserve and promote it. And as the WHO constitution says, we must assist in developing an informed public opinion among all peoples on matters of health. We will continue to pursue vigorously various partnerships in an effort to focus the national discourse and debate on health and less on health care.

I have learnt that debates on health care may lead to the perception that health is a zero sum game and the possibility of health of the people being a win win scenario gets lost in adversarial rhetoric.

This approach to giving health its proper place and space nationally will not depend solely on the level of the technical skills of our highly qualified health professionals. We will seek from outside our ranks the additional talents and resources needed for this task, and true to our original mandate, this is work that we must all address together. The rapidity of the communication between the Organization's parts and the possibility of learning quickly from successful or unsuccessful experiments in our various countries, make it essential that we seek to address the placing of health in its proper perspective as something of hemispheric importance.

I have spoken often and to many of you of the power of information in addressing the tasks I have set out above. This song can not be sung too often, and its relevance to PAHO must be clear to all during my administration. I will begin again by citing T.S. Eliot who, as he invoked the endless cycle of idea and action, wrote

*Where is the life we have lost in living?
Where is the wisdom we have lost in knowledge?
Where is the knowledge we have lost in information?
And Harland Cleveland adds, "where is the information we have lost in data"?*

PAHO will be concerned with this hierarchy of data, information, knowledge and wisdom. Data for us represent facts derived from observations. Information is produced when these data are arranged, given relevance and some semblance of form and organization. It is information that is our stock in trade - it is that transportable and indestructible resource that is transmitted to individuals who internalize it and integrate it with other information, thus acquiring knowledge of the senses and of the mind. It is the wisdom derived from knowledge refined that forms the basis for most human action. For, as his minister said to the Yellow Emperor in the Nei Ching as they spoke of unity - "when the minds of the people are closed and wisdom is locked out, they remain tied to disease." PAHO will traffic in information for many purposes - but perhaps the most important will be our efforts at assisting countries to monitor the human condition. It is crucial that our countries have the information that allows clear demonstration of where the inequities lie, which groups and areas are disadvantaged, indeed demonstrating the basic and fundamental function of epidemiology - giving evidence of what is upon our people.

If we are to be heard, if the Organization is to continue to be credible, our only forte cannot be advocacy and promotion of equity in health. These cannot be our only response to the call for health in our time. We will demonstrate that we can not only monitor the human condition, but we can also exert leadership in changing that condition. For that purpose I will pay special attention to certain thematic areas and certain groups. I will mention only a few examples taken from the Strategic and Programmatic Orientations that our Governing Bodies approved to direct the work of the Organization for the next four years.

Vaccines will be one area that will receive special attention. Our hemisphere has been in the forefront of the efforts to apply these most cost-effective technologies and the proof of our countries' efforts is patent. These efforts must be strengthened and we will continue to demonstrate that if

there is a credible plan, our countries will mobilize their human, institutional and financial resources for its execution.

The reform of the health system is an area of almost universal concern. Our work here will be sharply focussed on those two issues that I see as critical at this juncture - these are financing of the system and the organization of the services it offers.

I will mark the group of adolescents for special attention. Madison Avenue knows the importance of targeting the youth in order to change societal behaviors. We will listen to the young people, hear them, touch them and hopefully channel the probing and experimentation that is normal for that age and time towards healthy life practices.

As concerned citizens we must all be alert to the threat to our environment and the great movements in train to halt man's injustices to nature. But as a health organization our activities are fixed on the relationship between human health and our environment. Our technical cooperation with countries will embrace local action but also address those issues that we can tackle together. I hope some of you will participate in the Regional Conference on Health, the Environment and Sustainable Human Development that we plan to hold later this year.

Mr. President, I spoke earlier of waves or cycles in approaches to human health. I described our Sanitary Code as promoting a hemispheric adventure in health which facilitated trade and commerce for the greater economic good of the American people.

The American Heads of State gathered in Miami two months ago and committed themselves to advancing the prosperity, democratic values and institutions and security of the hemisphere. The issue of commerce was never far from their thoughts, but they also set out specifically the health concerns that must be addressed. As I listened to them, I could not help remembering 1924 and our Code and feeling pleased to see the beginning of a new wave and the turning of a new cycle that will accelerate our progress.

In this new era or wave of hemispheric solidarity, the Pan American Sanitary Bureau is willing and able to play its role as it has done before. Its presence in our countries, the capacity of its human and organizational resources, the nature of its basic principles give it a unique capability to contribute to a new America. And we will do so with your help.

Ladies and gentlemen, fifty one years ago Aristides Moll, one of the stalwarts of this Organization wrote as the last sentence in his book "Aesculapius in Latin America" what might be a message for us:

Pan-Americanism in medicine and public health is a reality not an ideal, and it has a past, is waxing in the present and its future should be rosy indeed, if common sense and judgment govern its devotees

The number of devotees is growing and during the next four years I will endeavor to direct those in this Secretariat in such a manner that their common sense and judgement should assure its future. It is through Pan-Americanism in health that more and more of our people will see health in

their time. Pan-Americanism in health can be another force for the creation of a wider Pan-Americanism that has been the dream of those who have gone before me.

I leave you with a favorite salutation of mine from Jamaica that says much in few words.

Walk good my friends - walk good!

And I wish this not only for your sake, but also for mine.

I thank you.