Commencement Address
U. of California - San Diego

The Path and the Lion

May 28, 1988

San Diego

I am honored to have the opportunity to participate today in your Commencement exercises and to welcome you as qualified professional colleagues into one of the most rapidly changing and exciting fields which exists today. Happily for peoples throughout the globe, the potential of public health is being rediscovered. Symptomatic of its rebirth is the creation of new schools of public health in Beijing, Barcelona and Lausanne - recommendations for new schools in the United Kingdom - and the strengthening of long-established schools in Mexico City, Rio de Janeiro and other countries. Your own school, although comparatively recent, has already established itself as one of America's excellent schools and promises much more. However, it now becomes your responsibility, through distinction in your own careers, to fulfill its promise and to further heighten its stature.

This is not the most propitious of times to absorb what are intended to be words of wisdom. Many of you, I am sure, are far more concerned about getting a diploma in hand, in packing up families and piles of notes and papers - to which you will undoubtedly never again refer. Many of you must have pangs of apprehension as to how you will measure

up to the challenges of a new job - and real concerns as to how you will survive until that first paycheck finally arrives.

In life, however, there aren't all that many occasions at which we pause to celebrate a rite of passage - a moment of transition - a commencement of new directions. But at such times, it is appropriate to assess perspectives.

My chief regret today is, quite simply, that I am not seated with you, preparing to embark upon a career in public health. When I received my degree in public health some 25 years ago, most envisaged the challenges of public health for this country to be primarily those of good custodians - to maintain existing water, sewerage and pasteurization systems - to investigate the occasional epidemic - and, on occasion, to promote a new vaccine. In the early 1960s, the Surgeon-General of the United States in dedicating a new building at Hopkins, took the occasion to point out that we had learned essentially all that needed to be known about the infectious diseases and that perhaps we should turn our attention elsewhere.

In public health, we have endured a deplorable era of lethargy and disinterest. Curative medicine held the glamor and center stage. Biomedical science offered all manner of new drugs, new diagnostic and surgical techniques, prospects for organ transplantation and all manner of new gadgets for rehabilitation.

Hill-Burton legislation brought us new hospitals - indeed, more than we needed. Capitation payments to medical schools resulted in numerous new schools, a tidal wave of new physicians - but now a growing shortage of paying patients for them to treat. Medicare and Medicaid extended access and assured the well-being of hospitals and physicians alike. Spending on health rose from 5% of our gross national product to 12% and will reach 15% within a decade - in more concrete terms, $1 in every $7 will be spent on health. No country now spends more on health care nor has any country succeeded in building an infrastructure of facilities which guarantees with certainty that we will spend a very great deal more.

Only recently have politicians and corporate executives alike seriously begun to look at measures of the end product - and what do they find? - a health care non-system producing results which are inferior to some countries spending as little as one-fourth to one-eighth the amount per capita which we do. Some saw better management as the panacea and turned to the business schools and to economists for the "solution" - never mind whether they understood the real issues in health care. This brought another set of problems best exemplified by a management critic's review of Schubert's Unfinished Symphony - an analysis attributed to the Chairman of the *London Observer*:

> "It appears that for a considerable period of time the four oboe players had nothing to do. The number should be reduced and their work spread over the whole orchestra, thus eliminating peaks of

activity. All 12 violins were playing identical notes. This seems unnecessary duplication and the staff of the section should be drastically cut. If a larger volume of sound is required, this can be obtained through electrical amplification. No useful purpose is served by repeating with horns the passage that has already been handled by the strings. If all such redundant passages were eliminated, the concert could be reduced from 2 hours to 20 minutes. If Schubert had attended to these matters, he would probably have finished his symphony."

Our cost control responses in health care have not been much better founded and, as you know, none are working very well. Another approach has been the still tentative but growing interest in something called "health promotion" and "disease prevention." Hope is expressed by some that by providing compensation through insurance for preventive measures that this will be the answer to our problems. This ignores the fact that most who enter our health-care system do so because they are already sick, that prevention is the subject least adequately covered in the medical school curriculum and that those most in need are the ones least likely to encounter the health system. It is all too apparent that this solution will do little in providing safer automobiles or assuming that air bags are installed; in dealing with teenage pregnancy; in preventing individuals from becoming substance abusers; and in preventing toxic exposures to the proliferating array of new synthetic chemicals or even the old and well-identified ones of lead and asbestos and pesticides.

It is increasingly evident that our health care non-system has little to do with health and a lot to do with curative care. Only through public health will we succeed in making measurable progress in educating the public, changing policies and reaching the population of the community as a whole to affect behavior. It is all too apparent that we must have something more substantive than the injunction: "Just say No." Happily, this is beginning to be realized and some resources are even being allocated. To use them well will require that best of all of us and a great deal more in the way of innovation and imagination than we have exhibited to date.

But even this challenge is dwarfed by the problems related to the denominator of the equation - continuing increases in population and the growing interrelationship of people through vastly expanded networks of transport and communication. Some worry openly about these problems but most rest comfortably in the comfortable opulence of suburban America. Indeed, when I returned in 1977 from 11 years absence with the World Health Organization, I was surprised to find both my colleagues and the press less interested in the world beyond our shores than when we left the United States. During this same period, our dependency as a nation on other countries for <u>their</u> natural resources and as markets for <u>our</u> exports had grown exponentially. Indeed what happens today in Iran or Argentina, for example, has immediate and profound repercussions on <u>our</u> costs for energy and to the stability of <u>our</u> banking system. This represents profound change. Let us not forget that little more than a generation ago, such countries were primarily of interest to tourists,

readers of the *National Geographic* and to a prescient few who, like those long ago, looked beyond the boundaries of a comfortable Roman Empire and wondered and worried about other peoples and their concerns and their aspirations.

The world of man has grown more interdependent than ever in history; but can we much longer live so comfortably and apart from other nation-states and other peoples less well endowed than we? Lewis Thomas trenchantly noted in a paper in *Foreign Affairs* that man is genetically programmed for social living - a solitary, lone human, being as much of an anachronism as a lone termite or a hermit honey bee. As he points out, we succeeded in surviving for long periods as tribal units. However, with the historically recent invention of nation-states, we have begun to endanger our place in nature, splitting off into colonies of adversarial groups. Some, by luck or geography or perseverance, have become rich and powerful, others dirt-poor and weak. If there is not a moral obligation to provide assistance to them on the grounds that we are, after all, members of the same social species, more powerful arguments intrude, relating to our own self-interest in having a more stable, predictable world.

Many focus today on the dangers of nuclear proliferation - and what some have called "the final epidemic." There is no question but that this is an issue of overriding concern. But, consonant with good public health training, we must look beyond symptoms to the cause of illness. The genesis of the hostilities we fear, originate in a lack of common

understanding and shared goals between nation-states. It breeds in a milieu of disease and ignorance. It can be translated more specifically into an equation of too many people and too few resources.

Perhaps most important to our own well-being is the well-being of our neighbors. It doesn't take a genius to comprehend the futility of periodically sending in the militia to restore order amongst hungry, illiterate masses of people. It's comparable to applying a band-aid to a broken leg. Genius and foresight, however, have hardly been hallmarks of U.S. foreign policy.

In our egocentric way, we overlook the importance of the sheer numbers of people - for example, in Central America and Mexico. In just one generation, the population of those countries alone will exceed that of the entire United States today. In less than 20 years, Mexico City alone is forecast to have a population of more than 27 million people. Can their hopes and aspirations be so ignored as they have been over past centuries?

These countries and others require our help and participation if their own economies are to grow, if they are to realize the objective of healthy, wanted children. Regrettably, the response of this administration and its recent predecessors has been to steadily diminish such support. Where once we contributed 2.7% of our gross national product, we now contribute one-tenth that amount. As a former AID

administrator has observed, we spend more money on dog food than we do on the 600 million people in the world who are malnourished.

Unrestrained population growth is the most important underlying problem of every developing country. In the less developed countries, 40% are now unemployed or underemployed. In the next 20 years, 700 million new jobs will need to be created to employ them and the children already born who will be entering the work force. This is more jobs than exist today in the whole of the entire western world. Yet, contraception is available and used by only one in five married couples in the developing world - in major part because such contraceptives are unavailable to them. At the same time, a host of parasitic diseases imposes on entire populations a burden of unprecedented magnitude, important enough in terms of death, even more important because most are chronic, debilitating, often incapacitating in character. How effectively do you function with a temperature of 40°C. or with protracted diarrhea? Because most of the diseases are of little consequence to the industrialized countries, little support is given for research on what numerically are the world's most serious illnesses.

The problems are forbidding - indeed so overwhelming that you must wonder what possible contribution you as an individual, or even a group of you could make. I would submit, a very great deal.

To illustrate for you the difference which a few people can make, I cite the smallpox eradication program. It was a program begun in doubt and

criticized by many as an unattainable objective. Yet, in just over 10 years, a disease which afflicted 10 to 15 million persons each year and killed more than two million was eradicated. A prevalent belief is that this was achieved with all but unlimited resources and thousands, if not tens of thousands, of international staff. Not at all. Our headquarters staff, at its peak, numbered four physicians, two administrators and three secretaries. In the field, at any given time, we never had more than 100 international staff. The total cost was $100 million. Place this in perspective by recalling that this was the figure once proposed by President Reagan for a single year's support to the Nicaraguan contras - defined as a "holding action." It is substantially less than the annual budget of the Johns Hopkins Hospital.

Charles Schultz, in his inimitable cartoon strip, illustrated our problems today when Lucy in her role as psychiatrist pointed out to Charlie Brown that life is like a great ocean liner. Some passengers place their deck chairs so as to look ahead to see where they are going and some so that they can view where they have been. She asked Charlie which type he was. He said that he hadn't managed to get his chair untangled yet. At this point, I sense <u>we</u> are still getting <u>our</u> chairs untangled and your help is needed. As the smallpox eradication program so aptly illustrated, the availability of resources is <u>really</u> not the issue. It is vision - articulate voices - and leadership.

To paraphrase George Bernard Shaw:

> The problems of the world cannot possibly be solved by skeptics or cynics whose horizons are limited by the obvious realities. We

need men and women who can dream of things that never were ... and ask, why not?

DAH/dm