* Send papers to Bruce -

MISC PAPERS

LAH: Date was May 17 2010

DAH Presentation at the WHO dedication of the smallpox statue – June 17, 2010

Thirty years ago, delegates and staff gathered in a Special Plenary meeting of the 33rd Assembly. Dr. Frank Fenner of Australia, Chairman of the WHO Global Commission, announced that the Commission had concluded that the global eradication of smallpox had been achieved. The Assembly concurred. It was a memorable moment in particular for the hundreds of thousands of health workers from around the world whose dedicated work over the previous 14 years had made this possible. . Many, with their families, had sacrificed holidays, careers and some – even their lives. I salute them all with pride and respect and count myself fortunate to have been a member of the team. Providing perspective to the achievement is the Lasker Foundation's statement on presenting to WHO the prestigious 1976 Lasker Award: "We salute this historic milestone as one of the most brilliant accomplishments in medical history."

But smallpox eradication was not an end in itself. In 1974, the Assembly ~~aged~~ agreed to set in motion an Expanded Program on Immunization whose goal was to assure that the world's children would also be protected against measles, polio, diphtheria, pertussis and tetanus. The goal was to reach at least 80%. UNICEF, Rotary International, governments and foundations joined in making this a priority. That 80% mark was reached in 1990 and a new era emerged for public health achievement through vaccination.

I've often been asked whether I thought that the eradication of smallpox could have been accomplished in today's world what with so much armed conflict in so many areas and with large populations afflicted by natural disasters such as in Chile, Haiti, Indonesia, and China. How soon we forget! In the 1960s and 1970s, the program was beset by major floods, famines, civil wars and hundreds of thousands of refugees in various parts of Africa and Asia. What we did <u>not</u> have during the eradication program were cell phones or email or Fax machines or Facebook or Twitter. In fact, telephone service was sparse in most endemic countries and often inoperative. Telex was possible in some countries but too expensive for our meager budget. It is moot testimony to the skill and creativity of international advisers from more than 70 countries, as well as ministers and national health program staff who achieved what many had deemed impossible. Deserving special mention was the staunch support of Director-General

Halfdan Mahler and the diligent work of Dr. Isao Arita who served as my deputy for 11 years and assumed direction of the program in 1977 and carried it through the challenging years of certification.

Having said all this, I would be less confident today of our ability to tackle a comparably major global program within a targeted 10 year time frame. Additional layers of stifling bureaucracy and poorly coordinated special initiatives seem to be growing at all levels –national and international -- voluminous tomes of data and reports have all but replaced the informed, interpreted, and insightful two to three-page monthly summaries of vital information which were so helpful to us. At the same time, I sense a greater reluctance by program administrators to challenge traditional barriers to reach key objectives.

I believe there is a need today, as never before, for courageous public health staff who clearly see the goals and know that to reach the goals, new paths and new directions are more critical than ever – that traditions of established practice and bureaucracy must be regularly questioned.

These are key as we visualize through science a revolutionary new era for better health. My personal regret is that I am not 50 years younger. Ahead are truly great opportunities of which we can scarcely dream today. WHO is vital to the achievement of such goals.

Congratulations to all and thanks for this magnificent commemorative statue that that is being unveiled today.