

REMARKS
NATIONAL ASSOCIATION OF HEALTH
EDUCATION CENTERS
PHILADELPHIA
SEPTEMBER 3, 2003

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I AM DEEPLY TOUCHED BY THE HONOR YOU HAVE BESTOWED UPON ME, AND I AM TRULY DELIGHTED TO BE WITH YOU TODAY, AND TO HAVE THE OPPORTUNITY TO SHARE IN YOUR JOY AND SENSE OF ACCOMPLISHMENT IN YOUR DEDICATION TO ADVANCING THE ROLE OF HEALTH EDUCATION CENTERS IN OUR SOCIETY.

THE ISSUES YOU DISCUSS AMONG YOURSELVES AT THIS CONFERENCE WILL ENVIGORATE YOUR OWN EFFORTS AND WILL ALSO SERVE AS A TEMPLATE FOR OTHERS.

I AM ESPECIALLY IMPRESSED BY THE WAY IN WHICH YOU ARE DEDICATED TO STARTING WHERE WE NEED TO START, AT THE BEGINNING.

IN EVERY ENDEAVOR IT IS MOST IMPORTANT TO START AT THE BEGINNING, AND YOUR PRIMARY GOAL OF INSURING AS WELL AS YOU CAN THAT EVERY CHILD IN YOUR AREAS OF SERVICE GETS THE BEST POSSIBLE START IS THE BEST POSSIBLE CONTRIBUTION ANYONE CAN MAKE TO A COMMUNITY AND TO EACH HUMAN LIFE.

BUT YOU HAVE ACKNOWLEDGED THAT EDUCATION NEVER STOPS AND HAVE INCLUDED EXTENSIONS INTO THE FIELD OF ADULT EDUCATION AS WELL.

AS HEALTH EDUCATORS I KNOW YOU TAKE SERIOUSLY THE CHALLENGE OF CREDENTIALING.

WE NEED TO MAINTAIN A FOCUSED SENSITIVITY TO THIS ISSUE, IF WE ARE TO BE WORTH OUR SALT.

BUT MORE THAN JUST BEING CONCERNED HEALTH EDUCATION PROFESSIONALS DOING YOUR PART TO COMPENSATE FOR A GLARING WEAKNESS IN OUR SO-OFTEN-EXCELLENT HEALTH CARE SYSTEM, YOU ARE ALSO SETTING AN EXAMPLE FOR OTHER CONCERNED AMERICAN CITIZENS ENCOURAGING THEM TO DO THEIR PART TO RESPOND TO THIS GAP IN AMERICAN SOLUTIONS TO OVER-ARCHING ISSUES.

THE BIGGEST PROBLEM OF OUR FREE-WHEELING, WIDE-OPEN SOCIETY IS THE LARGE NUMBER OF CRACKS THROUGH WHICH CHILDREN ESPECIALLY CAN FALL. THANK YOU FOR INCLUDING THE ABUSED CHILD IN YOUR CONCERNS.

BUT AT LEAST HERE IN THIS CONFERENCE THERE ARE THOSE WHO ARE READY AND ABLE TO PROPOSE A VARIETY OF PROGRAMS AND STEPS TO CATCH THOSE WHO FALL THROUGH THE CRACKS, ESPECIALLY IF THEY ALREADY ENDURE POVERTY AND ILLNESS.

SO, I SALUTE YOU.

I ALSO AM PLEASED THAT YOU INCLUDE NUTRITION IN YOUR HEALTH EDUCATION CENTER STRATEGIES INDICATING A NUANCED UNDERSTANDING OF THE HUGE PROBLEM (NO PUN INTENDED) FACING US IN OBESITY ACROSS THE BOARD IN OUR SOCIETY.

HAVING SPENT MY PRE-WASHINGTON LIFE IN THE CARE OF CHILDREN – ESPECIALLY THOSE WITH SPECIAL NEEDS – I AM DELIGHTED THAT YOU HAVE INCLUDED “BULLYING” ON YOUR PROGRAM. CHILDREN CAN BE MONSTERS AND INFLICT – UNKNOWINGLY – SIGNIFICANT PSYCHOLOGICAL DAMAGE ON OTHER KIDS. PEOPLE DON’T LIKE TO FACE THIS ISSUE; I’M GLAD YOU’RE NOT AFRAID TO.

YOUR ASSOCIATION WITH THE NEMOURS FOUNDATION IS COMMENDABLE. I HAVE WORKED WITH THESE FOLKS BOTH IN WILMINGTON AND FLORIDA AND I HAVE GREAT ADMIRATION FOR THEIR GOALS AND SENSE OF VALUES.

AS YOU MAY KNOW, AT THE TENDER AGE OF ALMOST 87 I FIND MYSELF IN A RELATIVELY NEW CAREER. I’VE ALREADY BEEN BLESSED WITH TWO VERY REWARDING CAREERS. I IMAGINE MOST OF YOU KNOW ME AS YOUR FORMER SURGEON GENERAL, A CAREER THAT I LOVED THROUGHOUT THE 1980S AND EVEN INTO THE 1990S, AS HAD THE PRIVILEGE OF SERVING FIRST UNDER PRESIDENT REAGAN AND THEN UNDER THE FIRST PRESIDENT BUSH.

YEARS BEFORE I BECAME YOUR SURGEON GENERAL, I FOUND MYSELF COMING ALONG AT JUST THE RIGHT TIME IN THE HISTORY OF MEDICINE, SO THAT I WAS ABLE TO JOIN A HANDFUL OF OTHER SURGEONS IN DEVOTING MY CAREER TO THE ESTABLISHMENT OF A NEW MEDICAL SPECIALTY, THE NOW-FIRMLY ESTABLISHED FIELD OF PEDIATRIC SURGERY.

AND, IT WAS MY DELIGHT TO DO THIS RIGHT HERE IN PHILADELPHIA.

WHEN WE STARTED THIS WAS SUCH A PIONEERING VENTURE THAT I WAS ASKED TO BECOME THE SURGEON-IN-CHIEF OF THE CHILDREN’S HOSPITAL OF PHILADELPHIA WHEN ONLY 29 YEARS OLD.

LOOKING BACK ON IT, IT SORTA SCARES ME NOW!

I’M CONSIDERED TO BE THE FIRST SURGEON IN AMERICA TO DEVOTE HIS SURGICAL PRACTICE EXCLUSIVELY TO THE SURGERY OF CHILDREN, MANY OF THEM NEWBORNS.

AND I OPERATED IN A HOSPITAL LOCATED IN THE MIDDLE OF A POVERTY-RIDDEN AFRICAN-AMERICAN NEIGHBORHOOD IN PHILADELPHIA. THE CHILDREN'S HOSPITAL, NOW NEXT TO THE UNIVERSITY OF PENNSYLVANIA...WAS FIRST LOCATED AT 18TH AND BAINBRIDGE. WHERE CENTER CITY MERGED INTO SOUTH PHILADELPHIA...

THERE I QUICKLY SAW THE SPECIAL PROBLEMS OUR TINY PATIENTS SUFFERED WHEN THEY CAME INTO THIS WORLD UNDERWEIGHT, WHEN THEIR FIRST TENDER DAYS AND YEARS WERE IN THE HANDS OF MOTHERS WHO HAD NO PRENATAL CARE OR INSTRUCTION.

AND WHERE THERE WERE BARRIERS TO ACCEPTANCE, TO HEALTH, AND TO OPPORTUNITY AT EVERY TURN OF THE ROAD.

THAT'S WHY IT IS SO IMPORTANT TO BEGIN WITH CHILDREN AND YOU CAN SEE THAT THEY GET A FAIR SHAKE IN HEALTH EDUCATION FROM THE EARLIEST TIMES ON.

SO NOW, ALMOST 60 YEARS LATER I AM TEMPTED TO STAND UP AND CHEER ANY EFFORT TO GIVE KIDS A FAIR SHAKE AT THE START OF THEIR LIVES. BRAVO TO YOU FOR TAKING THIS ON!

I COUNT IT MY GREATEST SURGICAL PLEASURE TO HAVE BEEN ABLE TO DEVOTE MANY YEARS TO WHAT WE CALLED "CONGENITAL ANOMALIES INCOMPATIBLE WITH LIFE BUT AMENABLE TO SURGICAL CORRECTION".

IN THE 4 DECADES IN WHICH I WAS INVOLVED IN PEDIATRIC SURGERY WE SAW THE MORTALITY RATE FOR MANY CONDITIONS OF, SAY, 95%, BE TRANSFORMED INTO A SURVIVAL RATE OF 95%.

THAT'S A LOT OF LIVES SAVED!

BUT, WHEN I MOVED FROM PHILADELPHIA TO WASHINGTON, I MOVED FROM THE FIELD OF MEDICINE TO THE FIELD OF PUBLIC HEALTH... MORE ABOUT THE RELATIONSHIP OF THOSE TWO FIELDS HERE IN THE UNITED STATES AND HERE IN PHILADLEPHIA IN A FEW MINUTES.....

I FOUND ONCE I MOVED TO WASHINGTON AS YOUR SURGEON GENERAL, ONCE I MOVED FROM SURGERY INTO THE FIELD OF PUBLIC HEALTH, THAT FAR MORE LIVES COULD BE SAVED, NOT BY SURGERY, BUT BY AVOIDING SURGERY, BY AVOIDING ILLNESS.

I LEARNED THE POWER OF HEALTH EDUCATION, THE POWER OF HEALTH WORDS. I LEARNED THAT FAR MORE LIVES COULD BE SAVED BY WORDS, ...REALLY BY ONE WORD: NO!

NO ONE KNOWS MORE THAN YOU WHO SERVE ON THE FRONT-LINES OF AMERICAN PUBLIC HEALTH AND MEDICINE THAT WE LIVE IN A NEW AGE OF CHOICE.

OR, AS I SOMETIMES EXPRESS IT, WE LIVE AT A REVOLUTIONARY MOMENT OF TIME AT THE INTERSECTION OF VOLITION, MORBIDITY AND MORTALITY.

NOW, IT'S OBVIOUS THAT IN THE LONG RELATIONSHIP BETWEEN VOLITION, MORBIDITY, AND MORTALITY, THROUGHOUT MOST OF HISTORY IT WAS MOST PEOPLES' VOLITION TO AVOID MORBIDITY AND MORTALITY. OR, IN OTHER WORDS, MOST PEOPLE WANTED TO AVOID GETTING SICK, MOST PEOPLE WANTED TO AVOID DYING. BUT, PEOPLE GOT SICK, AND PEOPLE DIED.

AND THEY GOT SICK AND DIED FROM THINGS THEY DIDN'T WANT TO DO: BEING SUBJECTED TO FAMINE OR PESTILENCE, OR GETTING INJURED OR KILLED IN AN UNSAFE WORK ENVIRONMENT, OR GETTING INJURED OR KILLED IN WAR.

MOST PEOPLE SUFFERED MORBIDITY AND MORTALITY, MOST PEOPLE GOT SICK AND DIED FROM INFECTIOUS DISEASE, WORK-RELATED ILLNESS INJURY, OR WAR-RELATED ILLNESS OR INJURY. MOST PEOPLE GOT SICK AND DIED FROM DOING THINGS THEY DIDN'T CHOOSE TO DO.

BUT NOW, IN REALLY JUST THE LAST TWO GENERATIONS, IN THE INDUSTRIALIZED WORLD, MOST PEOPLE GET SICK AND DIE FROM DOING THINGS THEY WANT TO DO, FROM DOING THINGS THEY CHOOSE TO DO: SUCH AS DRIVING IN AUTOMOBILES, RECREATIONAL ACCIDENTS, AND, MOST OF ALL, USING TOBACCO, ABUSING ALCOHOL, HARMFUL PATTERNS OF DIET AND EXERCISE, AND UNSAFE SEXUAL BEHAVIOR.

THE TWO LEADING FACTORS LEADING TO DISEASE AND DEATH IN THE UNITED STATES TODAY ARE (1) TOBACCO USE AND (2) UNHEALTHFUL DIET AND EXERCISE PATTERNS.

MOST PEOPLE TODAY IN THE UNITED STATES GET SICK AND DIE FROM THINGS THEY WANT TO DO, NOT FROM THINGS THEY DON'T WANT TO DO. IN OTHER WORDS, FOR AMERICANS, VOLITION LEADS TOWARD MORBIDITY AND MORTALITY, NOT AWAY FROM IT.

AND THAT'S WHY I SAID WE ARE AT THE DAWN OF A NEW AGE IN THE RELATIONSHIP BETWEEN VOLITION, MORBIDITY, AND MORTALITY.

AND THAT'S WHY I SAY THAT THE MOST EFFECTIVE PUBLIC HEALTH MEASURES TODAY ARE WORDS; ESPECIALLY THE SIMPLE WORDS "DO!" AND "DON'T!"

DO THOSE LIFESTYLE ACTIVITIES THAT PROMOTE HEALTH; DON'T DO THOSE LIFESTYLE ACTIVITIES THAT LEAD TO DISEASE, DISABILITY AND DEATH.

THE SIMPLE WORDS "DO AND "DON'T" ...OR REALLY "YES" AND "NO" OR, REALLY, MOSTLY JUST "NO!"

FOR MOST OF US, THAT'S NOT THE FIRST TIME.

AFTER ALL, FOR MOST OF US, THE FIRST WORD WE HEARD MOST OFTEN WAS, TO OUR TODDLER EARS, "NO!"

AND WE HAVEN'T LIKED IT EVER SINCE.

BUT JUST AS IT SAVED OUR LIVES BACK THEN, IT'LL SAVE OUR LIVES NOW.

ESPECIALLY IF WE COULD GET AMERICANS TO SAY "NO!" TO SMOKING.

YOU KNOW I'LL ALWAYS MAKE THAT LIFE-SAVING PLEA WHENEVER SOMEONE GIVES ME A PLATFORM!

AND THEN, FOLLOWING MY CAREERS AS PEDIATRIC SURGEON AND SURGEON GENERAL, I'VE ASSUMED THIS NEW CAREER AS A NATIONAL SPOKESMAN ON ISSUES OF HEALTH POLICY.

IN THE FIRST YEARS OF THAT CHALLENGE I WAS ASKED ONCE AGAIN, TO SERVE ANOTHER PRESIDENT, THIS TIME PRESIDENT CLINTON, AS I WAS ONE OF MANY WHO PROVIDED A WORD OF ADVICE (THAT WASN'T REALLY HEDED) DURING THAT NOW-ALMOST-FORGOTTEN YEAR BETWEEN SEPTEMBER 1993 AND SEPTEMBER 1994 WHEN AMERICANS WRESTLED WITH THE NOTION OF LEGISLATING LARGE-SCALE REFORMS IN OUR HEALTH CARE SYSTEM....

AND, HAVING SAID "NO" TO LEGISLATED HEALTH CARE REFORM, WHAT WE GOT INSTEAD WAS PIECEMEAL REFORM OR CHAOS, AS ALL THE PLAYERS IN HEALTH CARE VYING WITH EACH OTHER: DOCTORS, NURSES. OTHER HEALTH CARE PROFESSIONALS, INSURANCE COMPANIES, NON-PROFIT HMO'S, FOR-PROFIT HMO'S, HICFA, STATE LEGISLATURES, CONGRESS, WELL, JUST ABOUT EVERYBODY PUSHING HIS OR HER OWN HEALTH CARE AGENDA.

SO I'VE FOUND THE REAL ISSUES ARE TO BE DECIDED, NOT IN THE OVAL OFFICE, NOT IN THE HALLS OF CONGRESS, NOT IN THE FEDERAL DEPARTMENT OF HEALTH AND HUMAN SERVICES, BUT IN THE HOSPITALS AND DOCTORS OFFICES, AND ESPECIALLY IN HEALTH EDUCATION CENTERS, WHERE THE ISSUES OF PREVENTION OF DISEASE AND THE PROMOTION OF HEALTH ARE REALY THE STUFF OF EVERYDAY LIVING.

I MENTIONED THAT I'VE ENJOYED CAREERS IN BOTH MEDICINE AND PUBLIC HEALTH, AND I REALIZE THAT IS THE EXCEPTION RATHER THAN THE RULE. AND WHILE COMMON SENSE MANDATES THAT THERE SHOULD BE A SEAMLESS CONNECTION BETWEEN MEDICINE AND PUBLIC HEALTH.....

MUCH THAT HAPPENS IN AMERICAN HISTORY DOESN'T FLOW FROM COMMON SENSE, AND AS I'M SURE YOU KNOW BY KNOW BY NOW, MUCH THAT HAPPENS IN HEALTH CARE DEFIES COMMON SENSE.

SO PUT THE TWO TOGETHER, IN THE AMERICAN HEALTH CARE SYSTEM, RATHER THAN HAVING A COMMON SENSE COMMON PURPOSE LINKING PUBLIC HEALTH AND MEDICINE....AVOIDING AND CURING DISEASE, ALLEVIATING SUFFERING AND PROLONGING LIFE... ALL TOO OFTEN THE RELATIONSHIP BETWEEN MEDICINE AND PUBLIC HEALTH IN THE UNITED STATES HAD BEEN LESS THAT OF ALLIES AND MORE THAT OF ADVERSARIES.

AND AT CERTAIN TIMES IN OUR HISTORY HEALTH CLINICS AND HEALTH EDUCATION INSTITUTIONS AND ORGANIZATIONS HAVE TOTTERED PRECARIOUSLY ON THE FAULT LINE BETWEEN THESE POWERFUL TECTONIC PLATES OF MEDICINE AND PUBLIC HEALTH.

OR PERHAPS BATTLEFRONT MAY UNFORTUNATELY BE A BETTER METAPHOR.

AMERICAN MEDICINE HAS ALWAYS BEEN TORN BETWEEN FORCES AND PEOPLE WHO HAVE SEEN IT AS AN ALTRUISTIC PROFESSION AND FORCES AND PEOPLE WHO VIEW IT AS A BUSINESS VENTURE.

AND AMERICANS, WHILE RECOGNIZING, FROM TIME TO TIME, THE OPPORTUNITY OR RESPONSIBILITY OR IMPERATIVE OF CARING FOR THOSE IN OUR SOCIETY LESS FORTUNATE,AMERICANS HAVE BEEN DIVIDED BETWEEN THOSE WHO SEE CHARITY AND WELFARE AS PART OF THE COMMONWEAL AND THOSE WHO SEE IT AS A PRIVATE MATTER.

HEALTH CLINICS AND HEALTH EDUCATION CENTERS HAVE BEEN CAUGHT IN THIS THESE TENSIONS AND CROSS-FIRES.

THE ORIGINAL AMERICAN HEALTH CENTERS WERE THE DISPENSARIES SET UP BY URBAN HOSPITALS AS EARLY AS THE 1780S, DISPENSING, AS THEIR NAME IMPLIES, MEDICINES AND CHARITY MEDICAL CARE TO THE URBAN POOR. THEY ALSO SERVED AS TEACHING SITES FOR THE EARLY AMERICAN MEDICAL SCHOOLS, MANY OF THEM VERY SHAKY ENTERPRISES.

TRUE HEALTH EDUCATION CENTERS ARE REALLY NEW – AT LEAST BY THAT NAME.

AS A CHILD I REMEMBER MY MOTHER AND GRANDMOTHER WORKING IN WHAT WERE THEN CALLED “SETTLEMENT HOUSES” THEIR CLIENTS WERE ALL IMMIGRANTS, MOST OF THEM UNFAMILIAR WITH ENGLISH. THEY HAD TWO QUESTIONS. HOW DO I GET MY CHILDREN SCHOOL EDUCATION? AND HOW DO I HELP MY CHILD FROM GETTING SICK?

ARE YOU SURPRISED THAT THEIR EFFORTS WERE VALUED BY THE RECIPIENTS OF THE ADVICE THEY PROVIDED, BUT NOT BY PHYSICIANS. THEY WERE BITTERLY ATTACKED BY PRACTICING PHYSICIANS JUST BARELY SCRAPING BY IN THE ROUGH AND TUMBLE LATE 19TH CENTURY AND EARLY 20TH CENTURY AMERICAN ECONOMY.

MANY LOCAL PHYSICIANS VIEWED THE EARLY PRECURSORS OF HEALTH EDUCATION CENTERS AS INSTITUTIONS THAT PICKED THE POCKETS OF PHYSICIANS, AND DID NOTHING TO THE POOR EXCEPT TURN THEM INTO VAGRANTS.

ONE 19TH CENTURY DOCTOR WROTE IN A MEDICAL PUBLICATION, THE FORUM, “THE POOR OBTAIN VASTLY MORE MEDICAL ATTENDANCE THAN THEY HAVE A RIGHT TO EXPECT....VAST SUMS OF MONEY ARE WASTED YEARLY ON WORTHLESS AND UNDESERVING PERSONS.”

CAUGHT BETWEEN THE SPECIALISTS AND THE STRUGGLING GENERAL PRACTITIONERS, THE DISPENSARIES GRADUALLY FADED AWAY, ESPECIALLY WHEN THE MEDICAL SCHOOL REFORMS OF THE EARLY 20TH CENTURY DRAMATICALLY REDUCED THE NUMBER OF AMERICAN MEDICAL SCHOOLS, THEREBY DRYING UP THEIR POOL OF UNPAID LABOR.

THEIR SUCCESSOR INSTITUTIONS, THE HEALTH CENTER MOVEMENT THAT GREW OUT OF THE PROGRESSIVE MOVEMENT IN THE EARLY 20TH CENTURY, MET A SIMILAR FATE.

THESE HEALTH CLINICS WERE TO BE PUBLICLY FUNDED,

AND WHILE THE REAL ISSUES WERE THE SAME AS BEDEVILED THE DISPENSARIES, THIS TIME THE STRUGGLE BETWEEN PUBLIC HEALTH AND

MEDICINE WAS COUCHED IN TERMS OF THE THEN WIDELY ACCEPTED AXIOM THAT NO GOVERNMENT PROGRAM SHOULD COMPETE WITH PRIVATE ENTERPRISE, AND SO THE 1920S MUNICIPAL HEALTH CENTERS MOVEMENT NEVER REALLY GOT OFF THE GROUND.

AND THEN IN THE LATTER YEARS OF THE 20TH CENTURY, VARIOUS NATIONAL CAMPAIGNS FOR PUBLICLY FUNDED HEALTH CENTERS USUALLY SAW BRIEF YEARS OF SUCCESS FOLLOWED BY YEARS OF CONTRACTION AND THEN CLOSURE STEMMING FROM SHIFTS OF LOCAL, STATE, AND FEDERAL BUDGETARY PRIORITIES.

BUT, THE IDEA OF MEDICINE AND PUBLIC HEALTH COOPERATING INSTEAD OF COMPETING IS JUST TOO RIGHT AN IDEA, AND WE NEED TO DO ALL WE CAN DO TO UNITE THEM FOR THE HEALTH AND WELFARE OF THE AMERICAN PEOPLE. I AM HAPPY I GOT THE CHANCE TO DO IT IN MY OWN MIND AND LIFE.

AND I LOOK FORWARD TO THE DAY WHEN THIS CONFERENCE WILL NEED A CONVENTION CENTER TO HANDLE THE CROWD.

I ADMIT, AS A SPECIALIST'S SPECIALIST IN AN ACADEMIC MEDICAL CENTER, A PEDIATRIC SURGEON, A PROFESSOR OF SURGERY AND PROFESSOR OF PEDIATRICS, THE PROFESSIONAL CULTURE OF THOSE WITH WHOM I RUBBED ELBOWS...IN STERILE GOWNS, OF COURSE.... WAS TO LOOK DOWN UPON THE PUBLIC HEALTH TYPES.

AND THAT – EARLY ON – INCLUDED GOOD FOLKS LIKE YOU.

BUT THEN, AS SURGEON GENERAL I HAD MY EYES OPENED, AS I SAW THE DEDICATION, EXPERTISE, AND REAL EXCELLENCE OF THOSE WHO HAD MADE THEIR CAREER IN THE PUBLIC HEALTH SERVICE, ITS COMMISSIONED CORPS, THE INDIAN HEALTH SERVICE, AND SCORES OF STATE AND LOCAL PUBLIC HEALTH ENDEAVORS THAT IT WAS MY SURGEON GENERAL'S PRIVILEGE TO VISIT ALL OVER THIS NATION, FROM PT BARROW ALASKA TO KEY WEST FLORIDA,

AND IN YOUR DEDICATION TO HEALTH EDUCATION CENTERS, YOU HAVE BLAZED YOUR OWN TRAIL.

AND AS I'VE LEARNED ABOUT YOU, READ YOUR MATERIAL, SPOKEN WITH SOME OF YOU, I CAN APPLAUD YOUR TAKING HEALTH CENTERS TO A NEW LEVEL, A NEW DIMENSION.

LET ME TELL YOU A NEW STORY ABOUT AN OLD CITY – PHILADELPHIA

PHILADELPHIA WAS THE BIRTHPLACE OF AMERICAN MEDICINE, THE UNIVERSITY OF PENNSYLVANIA WAS THE FIRST MEDICAL SCHOOL IN THIS COUNTRY. I DID MY SURGICAL RESIDENCY THERE.

THE PENNSYLVANIA AT 8TH AND SPRUCE STREETS WAS THE FIRST HOSPITAL IN THIS COUNTRY AND I DID MY INTERNSHIP THERE.

THE COLLEGE OF PHYSICIANS OF PHILADELPHIA IS THE OLDEST MEDICAL SOCIETY IN THIS COUNTRY. IT HAS THE FIRST MEDICAL MUSEUM IN THIS COUNTRY AND I HAVE BEEN A FELLOW OF THE PHILADELPHIA COLLEGE OF PHYSICIANS FOR MORE THAN 50 YEARS AND IT IS TO THAT INSTITUTION AND ITS MUTTER MUSEUM THAT I HAVE GIVEN ALL OF THE MEMORABILIA THAT BECAME MINE DURING TWO-TERMS AS SURGEON GENERAL OF THE UNITED STATES.

WELL THREE YEARS AGO, THE HEALTH CARE CENTER HAD A SIGNIFICANT ROLE IN THIS CITY AND THE PHILADELPHIA COLLEGE OF PHYSICIANS CHOSE TO OPEN A HEALTH CARE CENTER RIGHT IN ITS ANCIENT BUILDING, JUST A FEW BLOCKS FROM HERE.

THE COLLEGE KINDLY NAMED THE NEW CENTER FOR ME. THEY CALLED IT A COMMUNITY HEALTH INFORMATION CENTER OR A C.H.I.C. IT IS A LARGE ROOM WITH MULTIPLE BOOKS GEARED TO A LAY AUDIENCE. THERE ARE MULTIPLE COMPUTERS.

AND THERE IS A GENIAL STAFF KNOWING HOW ANXIOUS NON-MEDICAL PEOPLE CAN BE ABOUT A NEW DIAGNOSIS AND THEY ARE THERE TO HELP GUIDE FOLKS TO THE INFORMATION THAT WILL BRING THEM NOT ONLY UNDERSTANDING, BUT ALSO ASSURANCE.

BECAUSE OF THE ACRONYM, C.H.I.C. THE CENTER BECAME KNOWN AS A CHIC. THOSE OF YOU WHO KNOW ME, KNOW THAT MY NICKNAME IS CHICK FOR CHICKEN KOOP AND SO THE CENTER I'M REFERRING TO IS KNOWN AS CHICK KOOP'S CHIC.

IT FLOURISHED. SO FAR, THAT IS NOT AN UNUSUAL STORY, BUT HERE IS WHERE THE STORY CHANGES EVEN FOR THE BETTER.

THE CENTERS FOR DISEASE CONTROL SAW WHAT WAS GOING ON AND LIKED IT SO MUCH THAT THEY SET UP SATELLITE CENTERS WITHIN A TWENTY-MILE RADIUS OF THE CITY OF PHILADELPHIA.

THIS MEANT THAT ONE OF MY GREATEST CONCERNS IN HI-TECH COMMUNICATION IN HEALTH – THE DISADVANTAGE OF THE HAVE-NOTS AS COMPARED TO THE HAVES—WAS BEING BRIDGED. NOW A MOTHER WHOSE CHILD WAS JUST DIAGNOSED WITH EPILEPSY AND HAS FEAR

CLUTCHING HER HEART CAN COME TO THE CHIC AND LEARN THAT EPILEPSY IS NOT THE THING IT WAS FEARED WHEN SHE WAS A CHILD, AND THAT HER CHILD INDEED CAN BE HELPED AND PERHAPS LEAD AN ALMOST NORMAL LIFE. THAT'S PROGRESS.

NOW THE NEXT STEP IS THAT DR. LANGFITT, WHO IS THE PRESIDENT OF THE PHILADELPHIA COLLEGE OF PHYSICIANS, HAD THE NEAT IDEA OF PUTTING A CHIC INTO EVERY PHILADELPHIA PUBLIC LIBRARY BRANCH. I MIGHT SAY IN PASSING THAT PHILADELPHIA ALSO ESTABLISHED THE FIRST LIBRARY SYSTEM IN AMERICA.

SO, THIS MEANS THAT EVERY LIBRARY IN EVERY COMMUNITY IN THIS GREAT CITY WILL HAVE A CENTER WITH HEALTH INFORMATION BOOKS, COMPUTERS, AND A STAFF.

I'VE SAID NOW SEVERAL TIMES, MAYBE TOO OFTEN, THAT HEALTH CARE IN THE UNITED STATES HAS BEEN A MATTER OF TWO ENTITIES, PUBLIC HEALTH AND MEDICINE, SOMETIMES AT ODDS, MORE OFTEN MORE RECENTLY AT LEAST HEADING IN THE SAME DIRECTION.

BUT NOW THERE IS A THIRD COMPONENT, PERHAPS A BLEND IN EACH PERSON, IN EACH PATIENT, OF THE OTHER TWO.

HEALTH CARE IN AMERICA IS PUBLIC HEALTH PROGRAMS IN THE LIFE OF THE COMMUNITY AND MEDICAL INTERVENTIONS IN THE LIFE OF THE PATIENT.

BUT THESE COME TOGETHER IN WHAT WE USUALLY CALL "LIFESTYLE CHOICES"...THOSE THINGS AMERICANS DO OR DON'T THAT WILL DO MORE THAN ANYTHING TO DETERMINE HEALTH OR ILLNESS.

AND YOU'VE HAD A PART IN THAT.

TODAY, IN A BLEND OF OLDER PRACTICES, MUCH PUBLIC HEALTH INFORMATION IS DISPENSED BY PHYSICIANS, AND MANY PUBLIC HEALTH PROFESSIONALS PROVIDE SUBSTANTIVE MEDICAL INTERVENTION OF ONE SORT OR ANOTHER.

BUT JUST WHO DOES WHAT TO WHOM IS DETERMINED BY THAT SACROSANCT AMERICAN RIGHT: LIFESTYLE CHOICE.

AND THIS IS WHAT ELEVATES HEALTH EDUCATION, A MODERNIZED BLEND OF PUBLIC HEALTH, MEDICINE, AND LIFESTYLE CHOICE.

SO, HARKING BACK TO WHAT I SAID A LITTLE WHILE AGO, PEOPLE NO LONGER DIE OF THINGS THEY DIDN'T WANT TO DO; THEY ARE DYING OF

THINGS THEY CHOOSE TO DO IN THEIR LIFESTYLE CHOICES. DRIVING A CAR WITHOUT A SEATBELT, SMOKING, DRINKING TOO MUCH ALCOHOL, MAKING POOR CHOICES IN DIET, AND EXERCISE COMBINATIONS, AND SO ON.

WHAT YOU ARE DOING IN HEALTH EDUCATION IS THE ONLY WAY TO REACH THESE FOLKS AND POINT OUT THAT THEY CAN BE PART OF A GROWING GROUP OF THE ELDERLY WELL. INDEED, THE GOLDEN YEARS MIGHT JUST BECOME THAT FOR THEM (INSTEAD, AS THEY WILL OTHERWISE FIND OUT JUST GOLD PLATED.)

GODSPEED!

THANK YOU.