

RELEASE: P.M. Wednesday

EXCERPTS OF ADDRESS PREPARED FOR DELIVERY
BY HON. HUBERT H. HUMPHREY (D., MINN.)
BEFORE THE FIRST CANADIAN NATIONAL HEALTH FORUM
SPONSORED BY THE HEALTH LEAGUE OF CANADA
TORONTO, CANADA, MARCH 14, 1962, 12:00 NOON

AN INTERNATIONAL CITIZENS' CRUSADE FOR HEALTH

A Program For A World-Wide Effort By Citizens' Organizations
Including an "International Citizens Congress of Health"
Together with a Proposal for Efforts to Expand the
Use of Television for Health Education and
Professional Communication

It is customary in an address such as this to pay tribute to one's host, the sponsoring organization, as well as to the audience. I am going to pay that tribute, but I want to assure you that it is not offered in a spirit of mere formality.

I regard the observance of the 18th Canadian National Health Week - and this, the first Canadian Health Forum - both commendable and heart-warming.

It was a particular pleasure to read in the most recent issue of "Health," published for the Canadian family by the Health League of Canada, that the League:

"acknowledges with gratitude the initiative of the National Health Council of the United States in promoting the idea of such an annual National Health Forum in the United States."

AN INTERNATIONAL "CHAIN REACTION"

Here we see an international "Chain Reaction" of the finest kind. Citizen inspires citizen; American inspires Canadian, and Canadian sets a high standard for American.

The fact is that you, of Canada, and, in particular, of the Health League of Canada, have been first and foremost in pioneering in many phases of voluntary activity.

THE HEALTH OF ONE COUNTRY AND OF ALL COUNTRIES

It is a happy fact, for example, that the Health League of Canada is also the Canadian Citizens Committee for the World Health Organization. This fact has enabled Canada, in my judgment, to be in the vanguard. It has demonstrated to the world - the integral relationship between the improvement of the health of one's own people and of the health of other peoples.

In the same spirit, President Kennedy, in his February 27th Message to the Congress, concluded his recommendations for U. S. Health with a ringing appeal for overseas health assistance.

This afternoon, I, in turn, would like to submit one Senator's views - as to the next decade in International Health.

A PLAN FOR A 1964-1974 DECADE AGAINST DISEASE AND DISABILITY

Yesterday, in Ottawa, it was my privilege to submit to the distinguished Membership of the Canadian Senate and House of Commons a plan to make 1964-1974 a "Decade Against Disease and Disability."

I proposed that:

- each nation devise a 10-Year Plan to raise its own health standards in its own way

- that each nation, acting through the World Health Organization - join in a common plan of the next decade for assistance to the Emerging Areas

- that the Free World and the Sino-Soviet World join in effect in a common "war" against disease

- that Canada and the United States spearhead the effort by a possible "Ottawa Pact" - an Agreement for joint efforts in medical research and for joint experiments in curative medicine

- that there be established North American Regional Research Centers which would be Centers of Excellence, setting high standards for both countries and for the world.

I pointed out that these efforts would require that more financial resources be assigned for health. But few, if any, objectives save the preservation of national security, is entitled to more resources than the well-being of mankind, itself.

A CITIZEN CRUSADE AND CONGRESS FOR HEALTH

Much of the effort to bring a 10-Year Plan into reality will depend upon Government.

But far more of the effort will and should depend upon private citizens - the private medical and other professions in the healing arts as well as public-spirited laymen.

There should be nothing less than a Citizen Crusade Against Disease and Disability throughout the world. I use the word, "crusade" in its highest sense. Nothing is more sacred than human life. And it is a sin to have the means to save human life and yet to fail to use those means.

I propose that there be an International Citizens Congress for World Health. This Congress should be convened in conjunction with an early World Health Assembly. To this Congress should come duly designated representatives from the world's citizen organizations. These should include not merely those groups which are already in official relationship with W.H.O. - but those many others which have previously had little or no contact with that great inter-governmental organization.

The "base" of cooperation should be broadened - the base for citizen action and citizen participation. Everyone should be made to feel that he or she is a genuine part of W.H.O. - and not just a passive onlooker.

At this Congress there should be established a series of action programs whereby the citizens of the world might join as team-mates in devising ways and means for two goals:

a) helping medical and biological science solve the mysteries of those diseases whose cause or cure is unknown;

b) applying knowledge which is already available. This means preventing, minimizing, delaying, or curing those diseases to which we already know some or all of the answers - I refer to chronic, infectious or any other type of malady - in the developed and the developing areas of the world.

GROUNDWORK FOR CITIZEN CONGRESS WOULD SERVE TWO GOALS

The very prospect of such a Congress would help us to achieve two other objectives: -

First, it would serve to strengthen the organization and teamwork in each country among citizens groups interested in health.

Second, it would bring more citizen groups into active official partnership with W.H.O.

THE FIRST GOAL - EXTENDING AND IMPROVING CITIZENS' NATIONAL HEALTH GROUPS

On the first goal, I should note that Canada, the U.S. and the United Kingdom probably have the most extensive network of citizen health groups of any land.

From what I have seen of the Health League of Canada, it is functioning with outstanding success.

I am more familiar, of course, with the situation in my own land.

I should like to note a few of the facts about the many fine non-governmental organizations in the U.S., active in health matters.

These observations may provide background to our Canadian friends on the problem of communication and cooperation between private groups.

You are all, of course, familiar with the splendid activities of the U. S. National Citizens Committee for W.H.O. which is concerned with America's overseas bilateral and multi-lateral health programs.

You know of the great job, too, performed by the National Health Council. It is concerned primarily with the health needs of our citizens. It comprises most of the leading voluntary health agencies of the U.S. Fortunately, the Council is a Member of N.C.C.W.H.O.

In addition, there are a series of other "Federated-type" non-governmental organizations, with some health interests overseas. These include:

- the National Social Welfare Assembly - primarily concerned with welfare programs in the United States, but also having some health-related interests abroad, and

- the American Council of Voluntary Agencies for Foreign Service which represents religious, ethnic, non-sectarian and other groups, rendering outstanding aid of all types - not merely in health - abroad.

BRINGING CITIZEN GROUPS INTO HEALTH FOLD

To this list could be added still other groups. I mention them, because I feel that there are a great many voluntary organizations in the U.S., in Canada, and in other countries which approach the problem of international health from varying, specialized backgrounds and interests.

Some groups are directly interested in world health, others are only indirectly interested. But even those with a relatively minor interest can be stimulated to make a contribution to international health if a serious effort is made to bring them "within the fold," so to speak.

In my judgment - and here I address my own countrymen - the U. S. National Citizens Committee for W.H.O. urgently needs increased participation on the part of both Federated and non-Federated-type American groups. Many professional and lay groups which logically should be in the U. S. Committee or which should have active liaison with it - unfortunately are not members and have little or no contact.

The U. S. Committee has been laboring valiantly with only modest resources. I hope my countrymen will give it the necessary resources.

I'm sure that your own Health League could likewise benefit from more wherewithal to do all the things you would like.

FEW NATIONAL CITIZENS' COMMITTEES ABROAD

But what of the situation in W.H.O.'s other 107 Member Nations? The regrettable fact is, as most of you are aware, that only seven others - adding up to nine out of the 109 member states of W.H.O. have a National Citizens Committee for W.H.O.

This circumstance deprives W.H.O. of what could be a far greater asset than it now possesses - in the form of non-governmental participation. This fact is becoming increasingly recognized.

Probably no individual anywhere has more earnestly or fruitfully dedicated himself to the goal of expanding the number of National Citizens Committees and strengthening existing Committees than the distinguished Executive Secretary of the Health League of Canada, Dr. Gordon Bates. It is he who has pointed out this fact: - if W.H.O. is to fulfill its universal mission successfully, it must have more citizen organizations working with it and for it, and on a more active basis.

I support his concept unreservedly. I wish him and like-minded others, God-speed in their efforts toward this objective.

Government-to-Government cooperation is essential. But we who believe in the Western tradition, we who prize the individual - who believe in the individual, respect him and heed him - wish to see him and his voluntary organization serve as team-mates with W.H.O.

THE SECOND GOAL - VITALIZING N.G.O.'S
RELATIONSHIPS WITH W.H.O.

2. The prospect of an International Citizens' Congress would, I believe, help achieve a second goal - reappraising and revitalizing the role of non-governmental organizations, affiliated with W.H.O.

As we are all aware, the founders of the United Nations at San Francisco Conference in 1945, wisely wrote into the Charter in Article 71, a provision for the Economic and Social Council to make arrangements for consultation with non-governmental organizations (sometimes identified as "N.G.O.'s").

A corresponding article, bearing the same number, reproduces this clause in the Constitution of W.H.O. It goes a step further in that it authorizes arrangements for cooperation, as well as consultation with non-governmental organizations.

Fortunately, many of the non-governmental organizations have made Article 71 a living reality.

Some of these organizations are directly engaged in medical science, others have a more general interest. The World Medical Association, represented here today by its able Secretary, Dr. H. S. Gear, is an outstanding example of a professional body working actively in conjunction with W.H.O.; the World Federation of United Nations Associations is a fine example of a more general type of interest on the part of an international organization.

But I believe that it would be both W.M.A.'s and the W.F.U.N.A.'s sentiments that W.H.O. has only "scratched the surface" so to speak, in its relations with non-governmental organizations.

ENCOURAGING VOLUNTARY ACTIVITY IN EMERGING AREAS

The results have been two: -

(1) W.H.O. has not benefitted as it should have in its official program, and

(2) W.H.O. has tended to act largely through official, governmental channels in the developed and, particularly, the less developed countries.

But if freedom is to thrive, non-governmental channels should be used and stimulated to the greatest possible extent.

We of the West are well aware of the attitude of authoritarian states in their insistence upon government-to-government contact.

But we of the West generally believe in a healthy balance between government and private roles. We believe in strong, independent medical and allied professions - with strong ties to their private, opposite numbers overseas.

In our assistance to the developed areas, we want to strengthen voluntary groups. We of the West do not want-intentionally or inadvertently-to foster State medicine - state-controlled, state-manned, state-paid, if it can be possibly avoided.

MANY UN-AFFILIATED AND INACTIVE N.G.O.'S

During the course of the International Health Study, by the Senate Subcommittee of which I am privileged to be Chairman, we have been in close contact with many of the international N.G.O.'s. We have been gratified with their fine work under Article 71 on the part of many of them.

In all frankness, however, we have also found that many private international organizations, active in health, have had no relationship with W.H.O. The lack of contact may perhaps be the fault of the private group, or of W.H.O. or of both.

But there are also some groups which are nominally in "official relationship" with W.H.O. but which have allowed their affiliation to become a "dead letter."

Both types of shortcomings are regrettable. World health can ill afford the loss of potential strong partners or the inactivity of groups which enjoy important privileges which they do not use.

The need is acute. W.H.O.'s services have grown, thanks in large part to the dedication and skill of Dr. M. G. Candau and his staff. But W.H.O. must still exist on a relatively low plateau of financial resources. If it is to be helped to soar to higher ground, it will require citizen action to urge governments to make this possible.

W.H.O. feels that it cannot and should not "lobby" among citizens to urge their governments to do more for W.H.O.

But certainly, dedicated private citizens are free - on their own initiative - to get in touch with their own governments and with their opposite numbers overseas.

STRENGTHENING BILATERAL AID PROGRAMS

Bilateral assistance also needs a helpful push forward.

In my own country, expanded citizen action is necessary in order to help make certain that the Agency for International Development (the former International Cooperation Administration) strengthens, rather than weakens, its programs of health assistance abroad.

HEALTH AND ECONOMIC DEVELOPMENT

Thinking Americans, like thinking Canadians, want bilateral and multilateral agencies to make the fullest contribution to health in the Emerging Countries. We feel that good health should be the birthright of every man. We want to improve mankind's health because we know that sick people cannot feed themselves or house or educate themselves, much less, serve others. Health provides the indispensable basis for economic and social development.

Probably no single official has more ably proved the case for health in economic and social development than has the distinguished Director of the Pan American Health Organization, Dr. Abraham Horwitz, who will be addressing this Forum. Thanks in large part to his efforts and those of his colleagues, the Alliance For Progress among the 21 American Republics is forging ahead in public health programs.

What is being achieved in Latin America must likewise be attained in Africa, in the Middle East and in South Asia.

But there is a job to be done in the developed nations as well.

STRENGTHENING INTERNATIONAL MEDICAL RESEARCH

An International Citizens Congress for World Health could spearhead the drive for strengthened world partnership in medical research.

Fortunately, there is now incorporated directly within W.H.O.'s budget at least a modest sum for medical research. Collaborative research projects, under W.H.O.'s auspices, are now underway throughout the world.

In addition, there is a global program of U.S.-sponsored support of medical research - here in Canada and in other countries. The United States is utilizing increased sums of dollars and of foreign currencies which it owns or controls in developing countries, in order to support medical research.

But international research teamwork is still under-nourished. At present and at foreseeable levels of support, decades will go by before teamwork reaches the levels which many of us seek right now or in the near future.

Here again, if aroused citizens insist on greater research efforts in their own country as well as on more resources for collaboration with foreign researchers, the desired goals will be achieved more promptly.

THE IMPORTANCE OF MEDICAL COMMUNICATION

Meanwhile, Citizen Action should spur governments and the professions to use the backlog of research knowledge which is already available.

This will require improved techniques in communication of knowledge.

As you will note, I have a particular warm spot in my heart for your meeting on Friday on the subject of communications. We in the United States have been struck by the same paradox that has concerned you: - the fact that medical knowledge has accumulated far faster than it has been communicated and put into practice.

Our Senate Subcommittee plans as its very next report, a publication entitled, "The Crisis and Opportunity in Scientific and Technical Information."

This report points out the 4 essential avenues of medical communications:

- between researcher and researcher
- researcher and medical educator
- researcher and practitioner
- medical scientist and layman.

THE PARADOX OF UNUSED KNOWLEDGE

Communications to the public is a particular priority.

The participants in this Forum are well aware that millions of Canadians and Americans are today needless

victims of avoidable disease. Part of the reason is that we are still using relatively antiquated ways of getting across health messages to the public.

About everyone is familiar with the paradoxical facts: - The genius of medical science has now produced effective vaccines against polio; yet, in my own country, tens of millions of youngsters and adults are not vaccinated against polio. The genius of medical science has produced a simple painless, virtually sure-proof method of detecting uterine cancer - the world-famous "Pap Smear" test. Yet, a national survey by the Gallup organization showed that 23,000,000 women - about 40 percent of the U.S. adult population - had never heard about the "Pap" smear; 16,000,000 adult women who knew about the "Pap" smear, had never had it done; nine or ten million had had the examination over a year ago. (The test should be taken at least once a year in adult women.) And only about seven or eight million had the smear in the last year. And most of the women who had never had the test at all were in the age group in which 41 percent of all uterine cancer deaths occur.

And this unhappy situation prevails in my country as regards a disease which is being combatted by one of the finest, most active of all voluntary health agencies - the American Cancer Society.

Similar situations exist in other disease areas - both in your country and in mine.

COMMUNICATION AND TELEVISION

I should like now to offer a series of specific proposals for improved communication. I shall refer to the use of what is undoubtedly the most powerful single ^{communication} medium available to society today. I refer, of course, to television.

I know that Canada has its separate pattern of television operations, differing considerably from that in the U.S. The outstanding work of the Canadian Broadcasting Corporation is familiar to many of us in the U.S. who are interested in educational programming. Issues involving U.S.-originated network shows have, I know, been the subject of much debate here.

My remarks on television are, therefore, submitted from a U.S. background and will not apply in some respects in your country. I submit these thoughts merely as one type of approach to a problem. It is an approach which will have to be sifted and, perhaps, revised to conform to Canada's own concepts and patterns. Certainly, no one wishes to foist one Nation's patterns on others; we do wish, however, to share the best that can be made available with our friends and to get their best T.V. products as well.

FOUR RECOMMENDATIONS ON MEDICAL TELEVISION

I submit four suggestions for: -

- 1) expansion and upgrading of medical TV programming by, ~~what are in the U.S.~~, our commercial stations, including the staging of "Health Spectaculars" on national and international networks
- 2) in the U. S. (where educational television exists as a separate entity, or, in Canada, under C.B.C.) greater use of adult education and school-directed programs. This should, include in cooperation with Public Health authorities, the testing of the effects of films
- 3) expanded use of closed circuit television for professional communications
- 4) increased international cooperation in medical television.

First, I want to pay tribute to the television stations in the U.S. which have generously afforded countless hours for original medical programs and for telecasting prints of the many films produced by voluntary health agencies and by other sources.

In my own country, the Advertising Council has offered invaluable cooperation in public service campaigns for health objectives. Networks and individual stations have generously donated time. They have, moreover, spent considerable sums in preparing new Documentaries, in providing Panel-type discussions, in featuring health interviews and in other types of telecasts.

Yet, there is vast room for further service. For one thing, audience ratings of most health programs are anemic; a variety of reasons is probably responsible. There seems to be lacking, at present, in most public service medical programs the drama, the excitement that fictionalized TV programs - like "Dr. Kildare" and "Ben Casey" possess. But surely truth is stranger and can be more exciting than fiction.

Here, I submit this thought to the U.S. networks:

Surely, with the support of public-spirited sponsors - the best talents of television could produce top-rated "Health Spectaculars." Surely, prime time could be reserved for a series of health programs which would feature the greatest dramatic, yes, and humorous talent, as well. Such

programs could catch the eye and the ear of the Nation and its neighbors - and could be entertaining as well as informative.

Second, the fullest resources of educational television, whether it exists as a separate entity, as in the U.S., or as a part of C.B.C. operations, should be capitalized upon. Already ETV, as it is known, has made great contributions to health and other objectives. But here again, the future is still brighter with opportunity. If given the necessary resources, the 52 ETV stations in the U. S. could render tremendously improved service, particularly for purposes of health education in my country's schools, including for physical fitness.

In addition, ETV can serve ideally for research and demonstration purposes to a much greater extent than heretofore. The U. S. Public Health Service should be supporting with E.T.V. stations a broad-gauged series of community, regional and national experiments designed to test and improve television's role in health education of adult or youngster.

Expanded research is essential; we cannot assume that "just any medical film" is good enough in the U.S. or in Canada.

We know that some medical films only bore the average citizen; some shock him into inaction; some are far over his head; some offer a message too difficult to recall; some are ideal, but are not tied in to readily available diagnostic services, with the result that the citizen cannot easily follow up.

Third, the present beginnings in closed circuit television (and closed circuit FM broadcasting) between professionals must be expanded upon. In the U. S. the Council on Medical Television has done much good work. Much remains to be done, however, to link - through color television, especially - researchers in their respective laboratories, as well as medical educators and practitioners.

Finally - and here my focus is exclusively international - we need to exploit as rapidly as possible the miracles made possible by international television. In Western Europe, "Eurovision" is already a reality. In a few years, orbiting communication satellites will make live international television economical and practical. The greatest opportunity in history will confront medical science and health-interested laymen. It will be a three-fold opportunity.

- to join researchers in laboratories throughout the world;
- to provide international health education to both the developed and the less developed countries;
- to inform the industrialized countries of the medical problems of the Emerging Areas.

International medical television could show medical assistance at work in the heart of Africa, the Middle East or South Asia. We could see - live - the type of humanitarian work performed by Dr. Albert Schweitzer at Lambarene, or by MEDICO's physicians or by Canadian physicians; under the Colombo Plan.

CONCLUSION

These, then, comprise my respectful suggestions. Most important, I hope and believe that you will go forth from this marvelous assembly, reinforced in your drive to build a healthier Canada and a healthier world.

A Citizen's Crusade for Health should be launched. It is our world - our lives - and our consciences which are at stake.

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That U.S. & Canada take the lead on an International Health Year. - *James G. Peck*

- that the Free World and the Sino-Soviet World join in effect, in a common "war" against disease;

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RELATIONSHIPS WITH W.H.O.

2. The prospect of an International Citizens' Congress would, I believe, help achieve a second goal - reappraising and revitalizing the role of non-governmental organizations, affiliated with W.H.O.

As we are all aware, the founders of the United Nations at San Francisco Conference in 1945, wisely wrote into the Charter in Article 71, a provision for the Economic and Social Council to make arrangements for consultation with non-governmental organizations (sometimes identified as "N.G.O.'s").

A corresponding article, bearing the same number, reproduces this clause in the Constitution of W.H.O. It goes a step further in that it authorizes arrangements for cooperation, as well as consultation with non-governmental organizations.

Fortunately, many of the non-governmental organizations have made Article 71 a living reality.

Some of these organizations are directly engaged in medical science, others have a more general interest. The World Medical Association, represented here today by its able Secretary, Dr. H. S. Gear, is an outstanding example of a professional body working actively in conjunction with W.H.O., the World Federation of United Nations Associations is a fine example of a more general type of interest on the part of an international organization.

World Medical Associations

Here
But I believe that it would be both W.M.A.'s and the W.F.U.N.A.'s sentiments that W.H.O. has only "scratched the surface" so to speak, in its relations with non-governmental organizations.

ENCOURAGING VOLUNTARY ACTIVITY IN EMERGING AREAS

The results have been two: -

(1) W.H.O. has not benefitted as it should have in its official program, and

(2) W.H.O. has tended to act largely through official, governmental channels in the developed and, particularly, the less developed countries.

But if freedom is to thrive, non-governmental channels should be used and stimulated to the greatest possible extent.

15
We of the West are well aware of the attitude of authoritarian states in their insistence upon government-to-government contact.

But we of the West generally believe in a healthy balance between government and private roles. We believe in strong, independent medical and allied professions - with strong ties to their private, opposite numbers overseas.

In our assistance to the developed areas, we want to strengthen voluntary groups. We ~~of the West~~ do not want - intentionally or inadvertently - to foster State medicine - state-controlled, state-manned, state-paid, if it can be possibly avoided. 7

MANY UN-AFFILIATED AND

INACTIVE N.G.O.'S

During the course of the International Health Study, by the Senate Subcommittee of which I am privileged to be Chairman, we have been in close contact with many of the international N.G.O.'s. We have been gratified with their fine work under Article 71 on the part of many of them.

In all frankness, however, we have also found that many private international organizations, active in health, have had no relationship with W.H.O. The lack of contact may perhaps be the fault of the private group, or of W.H.O. or of both.

But there are also some groups which are nominally in "official relationship" with W.H.O. but which have allowed their affiliation to become a "dead letter."

~~Both types of shortcomings are regrettable.~~ World health can ill afford the loss of potential strong partners or the inactivity of groups which enjoy important privileges which they do not use.

The need is acute. W.H.O.'s services have grown, thanks in large part to the dedication and skill of Dr. M. G. Candau and his staff. But W.H.O. must still exist on a relatively low plateau of financial resources. If it is to be helped to ~~soar~~ to higher ground, it will require citizen action to urge governments to make this possible.

~~W.H.O. feels that it cannot and should~~

17
not "lobby" among citizens to urge their governments to do more for W.H.O.

But certainly, dedicated private citizens are free - on their own initiative - to get in touch with their own governments and with their opposite numbers overseas.

STRENGTHENING BILATERAL AID PROGRAMS

Bilateral assistance also needs a helpful push forward.

In my own country, expanded citizen action is necessary in order to help make certain that the Agency for International Development (the former International Cooperation Administration) strengthens, rather than weakens, its programs of health assistance abroad.

HEALTH AND ECONOMIC DEVELOPMENT

Thinking Americans, like thinking Canadians, want bilateral and multi-lateral agencies to make the fullest contribution to health in the Emerging Countries. We feel that good health should be the birthright of every man. We want

to improve mankind's health because we know that sick people cannot feed themselves or house or educate themselves, much less, serve others. Health provides the indispensable basis for economic and social development.

Probably no single official has more ably proved the case for health in economic and social development than has the distinguished Director of the Pan American Health Organization, Dr. Abraham Horwitz, who will be addressing this Forum. Thanks in large part to his efforts and those of his colleagues, the Alliance For Progress among the 21 American Republics is forging ahead in public health programs.

What is being achieved in Latin America must likewise be attained in Africa, in the Middle East and in South Asia.

But there is a job to be done in the developed nations as well.

STRENGTHENING INTERNATIONAL MEDICAL RESEARCH

An International Citizens Congress for World Health could spearhead the drive for strengthened world partnership in medical research.

Fortunately, there is now incorporated directly within W.H.O.'s budget at least a modest sum for medical research. Collaborative research projects, under W.H.O.'s auspices, are now underway throughout the world.

In addition, there is a global program of U.S.-sponsored support of medical research - here in Canada and in other countries. The United States is utilizing increased sums of dollars and of foreign currencies which it owns or controls in developing countries, in order to support medical research.

Keep | But international research teamwork is still undernourished. At
But Research teamwork
still undernourished.

20
present and at foreseeable levels of support, decades will go by before teamwork reaches the levels which many of us seek right now or in the near future.

Here again, if aroused citizens insist on greater research efforts in their own country as well as on more resources for collaboration with foreign researchers, the desired goals will be achieved more promptly.

THE IMPORTANCE OF MEDICAL COMMUNICATION

Meanwhile, Citizen Action should spur governments and the professions to use the backlog of research knowledge which is already available.

This will require improved techniques in communication of knowledge.

As you will note, I have a particular warm spot in my heart for your meeting on Friday on the subject of communications. We in the

United States have been struck by the same paradox that has concerned you: - the fact that medical knowledge has accumulated far faster than it has been communicated and put into practice.

Our Senate Subcommittee plans as its very next report, a publication entitled, "The Crisis and Opportunity in Scientific and Technical Information."

This report points out the 4 essential avenues of medical communications:

- between researcher and researcher
- researcher and medical educator
- researcher and practitioner
- medical scientist and layman.

THE PARADOX OF UNUSED KNOWLEDGE

Communications to the public is a particular priority.

The participants in this Forum are well aware that millions of Canadians and Americans are today needless victims of avoidable disease. Part of the reason is that we are still using relatively antiquated ways of getting across our health messages to the public.

About everyone is familiar with the paradoxical facts: - The genius of medical science has now produced effective vaccines against polio; yet, in my own country, tens of millions of youngsters and adults are not vaccinated against polio. The genius of medical science has produced a simple painless, virtually sure-proof method of detecting uterine cancer - the world-famous "Pap Smear" test. Yet, a national survey by the Gallup organization showed that 23,000,000 women - about 40 percent of the U. S. adult population - had never heard about the "Pap" smear; 16,000,000 adult women who knew about the "Pap" smear, had never had it done; nine or ten million had

Polio Vaccine

Pap Smear

had the examination over a year ago.
(The test should be taken at least
once a year in adult women.) And
only about seven or eight million
had the smear in the last year.

✓ And most of the women who had never
had the test at all were in the
age group in which 41 percent of all
uterine cancer deaths occur.

And this unhappy situation pre-
vails in my country as regards a
disease which is being combatted
by one of the finest, most active
of all voluntary health agencies -
the American Cancer Society.

Similar situations exist in other
disease areas - both in your
country and in mine.

COMMUNICATION AND TELEVISION

✓ I should like now to offer a
series of specific proposals for
improved communication. I shall
refer to the use of what is un-
doubtedly the most powerful single
communication medium available to

24

society today. I refer, of course,
to television.

I know that Canada has its separate pattern of television operations, differing considerably from that in the U.S. The outstanding work of the Canadian Broadcasting Corporation is familiar to many of us in the U.S. who are interested in educational programming. Issues involving U.S.-originated network shows have, I know, been the subject of much debate here.

My remarks on television are, therefore, submitted from a U.S. background and will not apply in some respects in your country. I submit these thoughts merely as one type of approach to a problem. It is an approach which will have to be sifted and, perhaps, revised to conform to Canada's own concepts and patterns. Certainly, no one wishes to foist one Nation's patterns on others; we do wish, however, to share the best that can

be made available with our friends
and to get their best T.V. products
as well.

FOUR RECOMMENDATIONS ON MEDICAL
TELEVISION

I submit four suggestions for: -

1) expansion and upgrading of
medical TV programming by, what
are in the U.S., our commercial
stations, including the staging
of "Health Spectaculars" on national
and international networks.

2) in the U.S. (where educational
television exists as a separate
entity, or, in Canada, under C.B.C.)
greater use of adult education and
school-directed programs. This
should include, in cooperation with
Public Health authorities, the
testing of the effects of films

3) expanded use of closed
circuit television for professional
communications

4) increased international

international cooperation in medical tele-
vision.

First, I want to pay tribute to the television stations in the U which have generously afforded countless hours for original medical programs and for telecasting prints of the many films produced by voluntary health agencies and by other sources.

In my own country, the Advertising Council has offered invaluable cooperation in public service campaigns for health objectives. Networks and individual stations have generously donated time. They have, moreover, spent considerable sums in preparing new Documentaries, in providing Panel-type discussions, in featuring health interviews and in other types of telecasts.

Yet, there is vast room for further service. For one thing, audience ratings of most health programs are anemic; a variety of reasons is probably responsible. There seems to be lacking, at present, in most public service medical programs the drama, the excitement that fictionalized TV programs - like "Dr. Kildare" and "Ben Casey" possess. But surely truth is stranger and can be more exciting than fiction.

Here, I submit this thought to the U.S. networks:

Surely, with the support of public-spirited sponsors - the best talents of television could produce top-rated "Health Spectaculars." Surely, prime time could be reserved for a series of health programs which would feature the greatest dramatic, yes, and humorous talent, as well. Such

programs could catch the eye and the ear of the Nation and its neighbors - and could be entertaining as well as informative.

2 Second, the fullest resources of educational television, whether it exists as a separate entity, as in the U.S., or as a part of C.B.C. operations, should be capitalized upon. Already ETV, as it is known, has made great contributions to health and other objectives. But here again, the future is still brighter with opportunity. If given the necessary resources, the 52 ETV stations in the U. S. could render tremendously improved service, particularly for purposes of health education in my country's schools, including for physical fitness.

In addition, ETV can serve ideally for research and demonstration purposes to a much greater extent than heretofore. The U. S. Public Health Service should be supporting with E.T.V. stations a broad-guaged series of community, regional and national experiments designed to test and improve television's role in health education of adult or youngster.

★ Expanded research is essential; we cannot assume that "just any medical film" is good enough in the U.S. or in Canada.

We know that some medical films only bore the average citizen; some shock him into inaction; some are far over his head; some offer a message too difficult to recall; some are ideal, but are not tied in to readily available diagnostic services, with the result that the citizen cannot easily follow up.

3
Third, the present beginnings in closed circuit television (and closed circuit FM broadcasting) between professionals must be expanded upon. In the U. S., the Council on Medical Television has done much good work. Much remains to be done, however, to link - through color television, especially - researchers in their respective laboratories, as well as medical educators and practitioners.

Finally - and here my focus is exclusively international - we need to exploit as rapidly as possible the miracles made possible by international television. In Western Europe, "Eurovision" is already a reality. In a few years, orbiting communication satellites will make live international television economical and practical. The greatest opportunity in history will confront medical science and health-interested laymen. It will be a three-fold opportunity.

- to join researchers in laboratories throughout the world;
- to provide international health education to both the developed and the less developed countries;
- to inform the industrialized countries of the medical problems of the Emerging Areas.

International medical television could show medical assistance at work in the heart of Africa, the Middle East or South Asia. We could see - live - the type of humanitarian work performed by Dr. Albert Schweitzer at Lambaréne, or by MEDICO's physicians or by Canadian physicians, under the Colombo Plan.

CONCLUSION

These, then, comprise my respectful suggestions. Most important, I hope and believe that you will go forth from this marvelous assembly, reinforced in your drive to build a healthier Canada and a healthier world.

A Citizen's Crusade for Health should be launched. It is our world - our lives - and our consciences which are at stake.

~~Release:~~

*file
speech*

Excerpts of Address Prepared For Delivery
By Senator Hubert H. Humphrey (D., Minn.)
Before the Health Committees of the
Canadian House of Commons and Senate,
Ottawa, Canada
March 13, 1962

A TEN-YEAR PLAN FOR HEALTH: -

A Proposal For "NORDIC" - "North American Disease Intelligence Command
With Medical 'Anti-Missile Missiles' Tested
Against Killer Viruses and Bacteria on
Canadian-U.S. Proving Grounds"

I am grateful for the privilege which you have generously afforded me - the opportunity to submit observations before so distinguished an assembly.

APPRECIATION TO CANADIAN CONTRIBUTORS

In a certain sense, I feel I am "repaying a debt." It is a debt owed to the many Canadian leaders - officials and laymen, researchers and practitioners - who graciously responded to the invitation of our Senate Subcommittee. Over the past 3½ years, innumerable Canadians have shared with us their suggestions for international health action.

Canada, on both the domestic and foreign scenes, has more than proven its high credentials for making such recommendations.

Now, may I, as one U.S. Senator - not attempting to speak for my Government - submit a few reactions in return.

VARIETY OF HEALTH ISSUES

As we are all aware, the subject of health embraces many areas of common interest to our two nations. It is therefore somewhat difficult to single out those phases that may be of special significance for all of those present here tonight.

How each nation chooses to meet its own problems of health is naturally its own concern.

But there are certain common responsibilities, common needs and opportunities.

PRESIDENT KENNEDY'S HEALTH MESSAGE

In my own country, as you know, on February 27th, President Kennedy, sent to the Congress a comprehensive message on health.

The President noted that health is essentially the responsibility of individuals and families, of communities and voluntary agencies, of local and State governments. But he also noted that the United States Government carries the responsibility of providing "leadership, guidance and support in areas of national concern."

I may paraphrase his comments by stating that my focus at this time is on Canadian-U.S.

"leadership, guidance and support in areas of international concern."

Domestically, President Kennedy recommended programs of health insurance for the aged, for an increase in the number of personnel in the health professions, for immunization of children and adults, for expanded health research, for coping with mental health and mental retardation, for improvement of environmental health, for loans for construction and equipment of group practice facilities, and for other goals.

Most - if not all these subjects have been of deep interest in your own great land.

Here, your Government and people approach these - or other problems - in your own way, as do other nations.

But, when viewed from an international standpoint, each of the nations is, in my personal judgment confronted with certain mutual obligations.

What are these obligations?

FIVE CHARACTERISTICS OF THE PRESENT AGE

As I see them, they arise out of certain fundamental needs, certain characteristics, of the Age in which we live.

1) First, this is an Age of Science. It is a Nuclear-Space Age - an Age of unprecedented advances in the physical sciences. But every Nation does have an obligation to its citizens to help them realize the fullest health which the genius of modern medical science can provide and which national capabilities may permit.

2) Second, this is an Age of Communications. Every society must, therefore, make sure that the new health knowledge generated by its own or by other scientists does not become buried on library shelves. Knowledge must be communicated, as promptly as appropriate, to scientists, to medical educators, to medical practitioners

and to laymen. Above all, new research knowledge, as promptly as it is validated, must be put into clinical practice - must be made available to patients.

Each of our countries owes to itself and to its sister nations the obligation to help overcome any barriers which may impede communications between our respective scientists. Here, I salute Canada for the wisdom it has long displayed in its visa policies toward foreign scientists. When my own country barred the door to distinguished foreign scientists, because of irrelevant ideological differences, Canada continued to hold its doors open, and all of science benefitted.

But there are other international barriers to science - shortages of travel funds, the language barrier - and others - to which each nation should continue to address itself.

3) Third, this is an Age of Ideological Competition Between the Free World and the Sino-Soviet Bloc. Every one of the Free Powers does therefore, have an obligation to show that a Free Society can achieve - democratically - ever higher health standards for its people.

The whole world is watching us and our health standards - our life expectancy rates, infant and maternal mortality rates, etc. Observers in Allied nations, in neutral Powers and the Sino-Soviet bloc will inevitably draw comparisons. They will compare the results which Free Societies achieve and those attained by authoritarian, State-controlled, State-manned medical systems, where there is no freedom of choice for physicians.

Canada and the United States stand up very well in the comparison with the Soviet system, but we could each do a lot better.

And we could each do better in telling the facts about our system - about the respective roles of our Governments and of our private professions.

Right now, I am glad to note that a U.S. exhibit, "Medicine U.S.A.," is on display in Moscow.

It is, however, but one small part of what should be a dynamic Free World effort to tell the real facts about our health system to the peoples beyond the Iron and Bamboo Curtains and the peoples of the Emerging Areas.

What of those latter areas?

4) This is an Age of Revolution in the Emerging Areas of the World. A billion people since World War II - preponderantly within the Commonwealth and the French Community - have gained nationhood. A "revolution of rising expectations" is sweeping these people, as Professor Arnold Toynbee has stated.

We, of the industrialized nations should - through a variety of programs - bilateral and multilateral, official and private, continue to help these emerging peoples to help themselves toward better health.

An old Arab proverb reads, "He who has health has hope; he who has hope, has everything."

We must give them hope - hope for a world of tomorrow in which the age old cycle of disease, illiteracy and poverty - will be replaced with health, education and the wherewithal to live in dignity.

5) Fifth, this is an Age of Nuclear Peril. A sword of Damocles hangs over the world - the threat of a nuclear holocaust. International medical cooperation between the Free World and the Sino-Soviet Bloc can help to ease tensions, to expand understanding, to improve the atmosphere for discussion of non-health issues between the great adversary Powers.

DISARMING DISEASE IN THE NEXT DECADE

Tomorrow, there will assemble in Geneva the Foreign Ministers Conference on Disarmament. Your distinguished Secretary of State for External Affairs, Howard C. Green, will be present, as will our Secretary of State Dean Rusk and other Foreign Ministers (with the exception of France's representative).

It is on "disarmament" that I should like to submit much of the comments in the remainder of my remarks. I refer to disarmament of a different type than is conventionally implied. I propose that we of the West take the initiative in

"disarming disease"; that we deprive the scourges which have afflicted mankind of their power to kill, to cripple, to inflict pain.

A TEN YEAR PLAN

I propose that: - the decade 1963 to 1973 be made a Decade Against Disease and Disability,

- that each nation in its own way prepare its own 10 Year Program for the raising of health standards

- that each nation, acting through the World Health Organization - join in a common plan for the next decade for assistance to the Emerging Areas

- that the Free World and the Sino-Soviet World join in effect in a common "war" against disease.

THE COST OF HEALTH AND OF DISEASE

- Will this cost more money? Of course, it will.

But can anyone here point to a single goal other than national security itself which is more important than health to the people who have elected us?

Can we as nations afford to spend more for health? That, in my judgment, is the wrong question. The real question should be: "Can we - Canada or the U.S. afford - to pay the staggering price - which disease and disabilities - continue to exact on our citizens?" I, for one, feel, "NO."

You who devote so much of your energy to health affairs know that preventive medicine is, in the final analysis - far less expensive - than curative medicine, and it is far more humanitarian. *work on rehabilitation*
unavoid. society accident

THE TOLL OF THE SMALLPOX EPIDEMIC IN ENGLAND

Consider the fearful price that Great Britain recently paid in the smallpox epidemic which ~~was~~ accidentally "imported" by plane from Pakistan.

It would be far cheaper to wipe out smallpox once and for all - as we are wiping out malaria - than to continue to live with these scourges and with half-way measures of "control" in areas of lingering pestilence.

IMPORTANCE OF LONG-RANGE PLANNING

Can we make a 10 Year Plan? And can we bring it into reality? I believe the answer is, "yes."

To be sure, each nation has its own constitutional, political, financial and procedural problems in planning.

But I remind my friends that we of the West have been lecturing the Emerging Countries to draw up 5 or 10 Year Development Plans rather than proceed on a hit or miss, year-by-year basis.

It is time that the West "swallowed" its own planning "medicine;" it will do us good.

But first, some of us must rid ourselves of the notion that planning is somehow incompatible with freedom. Far from it, planning, democratic, voluntary planning, based on a real consensus of a free society - is essential for the survival of freedom.

The whole structure of NATO and of related efforts has been built by successful planning.

all plans coord. with WHO - call on WHO to channel spec with nations without

THE 10 YEAR SPACE PROGRAM

In my own country, officials of the United States National Aeronautics and Space Administration have given to the Congress an almost month-by-month, year-by-year 10 Year plan and timetable for Project Apollo, Project Gemini, etc. The climax will come in 1968 or 1969 when three men are scheduled to land on the moon and then return.

Ambitious as this is, I do not believe that this is all that my country can and should plan for.

I know that it is not the only plan that my countrymen want.

The fact is that U.S. public opinion polls have confirmed that the American people would far rather learn that mankind has conquered cancer than that we had landed on the moon. I have no reason to believe that the attitude of your people is any different.

*WORLD
HEALTH
YEAR
UNION
plan
of med.
surgical*

*Hearts
mother
presidential
to
permatric
motoring
phys
health
to
this help
us for up
to world
phys-7-
society
available
society*

100 BILLIONS FOR OUTER SPACE

None of us can prophesy whether the first visitors to the moon will be Soviet or American citizens. But if the present state of affairs continues, one thing can be certain: if there are three men in the first moon capsule, two of their three families will, statistically speaking, be struck by heart disease, or by cancer within their lifetimes if present rates continue.

It will be a grim commentary on mankind that two Powers - the U.S. and the U.S.S.R. - may spend upwards of a hundred billion dollars to get to the moon, and perhaps find new forms of life there.

Yet some officials of the two countries may contend that they "cannot afford" to solve the mysteries which will ultimately take the lives of the three billion people on this planet. *or to protect the lives of those who'll land on moon.*

We can afford to solve these mysteries.

By 1969, around six and one-half million Americans - now living - will be dead of diseases of the heart and circulation. They will not be around to cheer the first successful expedition to another planet.

Time - for them - for all of us is "ticking away."

SCIENCE'S FINDINGS CANNOT BE PREDICTED

Of course, science, unlike technology, cannot proceed on a rigid plan or timetable. The essence of research is that it is an adventure into the unknown.

No one knows whether the answer to the riddles of cancer is a year, five years, ten years, or fifty years away.

Forecasts on possible unraveling of this or of other mysteries are impossible to make. But there is firm reason to believe that if we increase our investment in pure and applied research; if we stimulate the creativity of scientists throughout the world; if we give them the resources to do the job - then as certain as is man's conquest of space, is man's conquest of these and other threats.

THE CANADIAN AND U.S. ROLES

But what of Canada's and the United States' roles?

Our two nations represent, as we know, the largest continuous land mass of allied, democratic nations on the face of the earth. We have, therefore, a special responsibility to all the world's peoples. We should, in the words of the "Good" book: "Let our light so shine before men that they may see our good works."

Let a light - not of atomic fire-bombs - but a Canadian-U.S. light of healing shine before the nations everywhere.

I am reminded of the heart-warming action of the people of Perth in another Commonwealth country, Australia. When Colonel John Glenn's "Friendship 7" capsule circled above them, all of the inhabitants of Perth turned on their lights so that the orbiting ship might be reminded of a friendly land below.

Let us turn on our "health" lights for all the world to see. Let this continent become a great "proving ground" for the greatest health effort in the world.

At this very moment, 1,200 miles south of Hawaii, on a 30-miles long coral atoll, owned by the United Kingdom, in the South Pacific, known as Christmas Island, U.S. Task Force 8 is preparing a series of atomic tests.

Let us prepare a series of joint tests of a different kind on the North American Continent - tests of the latest Canadian and American concepts in preventive, therapeutic and restorative medicine.

ANTI-MISSILE MISSILES AGAINST KILLER MICROORGANISMS

Against the onslaught of bacteria and viruses, let us test medical "ANTI-MISSILE-MISSILES;" let us stop the killer micro-organisms in their tracks.

We have "B_{MEWS}" - Ballistic Missiles - of Early warning System. Let us make a different kind of "B_{MEWS}" - Bacteria - Microbe Early Warning System.

We have "N.O.R.A.D." - the North American Air Defense Command. Let us have a "NORDIC" - a North American Disease Intelligence Command. Let the highest health authorities of Canada and the United States work together, not separately, not spasmodically as at present, not once a year, or every two years, but on the same continuous basis that the Canadian and U.S. Joint Chiefs of Staff work together in common military defense.

Western Europe has a Common Market; let us have a "C.A.H." - a Common Area of Health.

AN OTTAWA PACT

The Soviet Bloc has a military Warsaw Pact, dictated by the U.S.S.R. to the satellite states. Let us, by contrast, have an "Ottawa Pact" - written freely, voluntarily, equally for joint health efforts by Canada and the United States.

This Continent is ideal for across-the-board and across-the-border medical collaboration. Our two peoples are alike enough, and yet some of our patterns of health are different enough to make for an ideal system of "controls," in the experimental sense.

Let us seize the medical offensive.

The fact that we will contribute different proportions to the common effort is not significant. *It is indiv. men who count*

sep-
I am proud of my own country's medical progress, as you are of yours. But I am not overly impressed by the relative financial or medical resources of my country in relation to those of Canada or of any other free nation.

I am proud of my own country's medical progress, as you are of yours. But I am not over-impressed by the relative financial or medical resources of my land in relation to those of Canada or any other Free Nation. It is individual men who really count - men and ideas, men and will, men and skill.

CANADA'S SCIENTIFIC ACHIEVEMENTS

Canadian scientific talent has put the proud imprint of the Maple Leaf on some of the greatest scientific pages in the last century. Nowhere in the world is the epic story of Doctors Best, Banting, insulin and diabetes unknown.

Among the many Canadian scientists who have opened new vistas for mankind, I should like to mention but one other - your famous Dr. Wilder Penfield, of the Montreal Neurological Institute, now retired. I have heard it said by scientists and laymen that Dr. Penfield's work in neurosurgery, in mapping the human brain, may, in the long run, prove of greater benefit to mankind than the discovery of atomic energy.

For the brain - the mind - is our highest organ system; it is what we will and must use to make of this earth a Paradise rather than atomic rubble.

THE HEALTH LEAGUE OF CANADA

It is Canadian brains and Canadian hearts which have brought the remarkable Health League of Canada into fruition. Tomorrow, when I have the pleasure of addressing the First Canadian Health Forum, I shall express in detail my sincerest tribute to that organization - to what it has achieved for your people and what it is striving for, on behalf of peoples everywhere.

I know of no similar voluntary group in the world which has been more devoted to the cause of the World Health Organization. No group has worked harder to activate citizen responsibility in nations everywhere, so that there might be more than the present mere ⁹/National Citizen Committees for W.H.O. out of the 109 member countries.

Meanwhile, under the Colombo Plan and through other means, Canadian physicians nurses and other members of the healing arts professions have played their vital role in the developing areas.

HEALTH AND THE FAMILY OF MAN

The beginning of the Decade Against Disease and Disability are present.

Let us so act so that future generations may, say of us, as they shall say, in Winston Churchill's words, of the United Kingdom, in World War II: -

"This was their finest hour."

Let this be the hour - the day - the month - the year that the finest program of history was devised for the benefit of the Family of Man.

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