

Lecture Vol. 17 # 6 November 1, 1988 cover

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Presented to the Annual Meeting of the  
NASA Occupational Health Program  
San Antonio, TX  
November 1, 1988

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I had been given carte blanche in speaking about any aspects of occupational health that concerned me. It was a pleasure not to be confined to AIDS or smoking or both and I staked out my plans as attacking a couple of issues that confronted us in occupational health. I wasn't speaking of a laundry list, but of the underlying challenges that confronted us.

Part one of my presentation was that the prevention of disease and disability and the promotion of good health would produce far and away the greatest improvements in the health status of Americans. Part two was that these two approaches to health, disease prevention and health promotion – were the primary responsibilities of each individual.

I then went on to under-gird these two principles with stories of historic intervention, and mentioned extraordinary successes, good fortune, and disappointments as well. Wherever possible, I backed up my statements with statistics, leaning heavily on the Public Health Service's publication, "Healthy People". Wherever possible, I included personal experience and personal anecdotes on public health issues.

Eventually, I brought my remarks down to a focus on NASA itself, and took a look at the real world of on-site occupational health in that regard. This included, women's health issues, generational changes and their effect on health issues for both men and women, and attention to stress on the work environment. I even walked into sticky areas, such as overweight personnel, employees who leave the building for a smoke outside two or three times a day, and folks who have tested sero-positive for AIDS. I didn't think it was wise to leave the subject without pointing out that the more data that we collected the stronger our case would be to the person we serve. But, it still boiled down to independent responsibility to make the correct judgment. Employees may not do this and we must remain true to our data and our ethical commitment to serve despite the contrariness of our clients and patients.