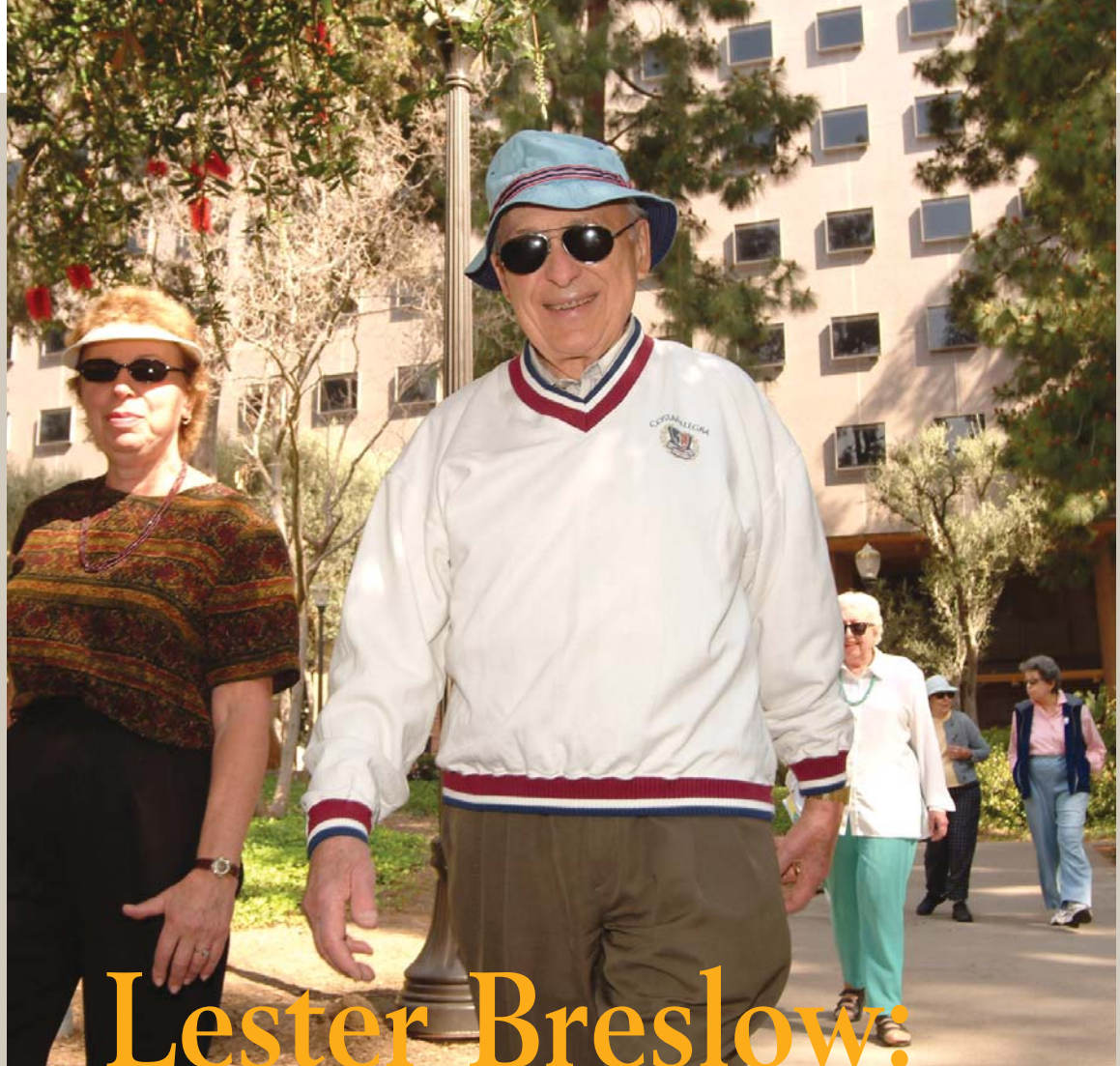


WITH A
TRACK RECORD
FOR PRESCIENCE
DATING BACK TO
THE SECOND
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THE DEAN
EMERITUS AND
PUBLIC HEALTH
PIONEER
CONTINUES TO
COMMAND
ATTENTION.



Lester Breslow: Still Setting the Pace

Lester Breslow has been explaining why he believes we are at the dawn of the third revolution in health, and any time this leading public health figure of the last half-century articulates his vision in his distinctly clear, authoritative manner, you pay close attention.

It's not just Breslow's knack for thoughtful discourse that compels you to listen; it's also his long track record for being ahead of his time, dating at least as far back as the 1940s, when he linked tobacco use to disease in three studies that were later cited in the U.S. Surgeon General's landmark 1964 report.

His record of public health leadership at the local, state, national and international levels is unparalleled. Breslow has served as president of the International Epidemiological Association (1967-68), president of the American Public Health Association (1968-69), and president of the American Schools of Public Health (1973-75). He was a member of the Tobacco Education Oversight Committee for the State of California (1990-96) and has served since 1995 as a commissioner on the Los Angeles County Public Health Commission. He was founding editor of the *Annual Review of Public Health* (1978-1990) and editor-in-chief of the first-ever *Encyclopedia of Public Health*, a four-volume set, published in 2001, that has found worldwide use. He was California's director of public health (1965-68) and dean of the UCLA School of Public Health (1972-80).

In April, a month after turning 89, Breslow for the first time was the featured speaker at the annual lecture and dinner established in his name at the school 30 years ago, when he was dean. His characteristically forward-looking topic: "The Third Revolution in Health: Implications for Public Health."

The first revolution, Breslow says, was marked by the successful fight against communicable diseases. "It began in the 19th century and is continuing, by no means complete," he notes. "We haven't wiped out tuberculosis and a lot of other important communicable diseases in this country and around the world, and new ones are arising. But we've made substantial progress."

By the middle of the 20th century, with the reduction in communicable diseases resulting in longer life expectancies, the focus began to shift to chronic conditions – from arthritis and hypertension to cancer and heart disease. “At the time, some people thought these were simply manifestations of senescence – ‘If you reach 70 or 80, what do you expect?’ ” Breslow recalls. But some epidemiologists, Breslow among them, sought to learn more about the causes. As risk factors and prevention strategies have been identified, developed nations have made remarkable headway against the leading killers. “Heart disease has come down dramatically and, since 1990, so has cancer, though many people don’t realize it,” Breslow says.

Which brings us to what Breslow calls the third revolution. “We’ve covered communicable and non-communicable diseases, so what’s left?” he asks, smiling. “I would say *health* is what’s left.” The third era is not just about combating disease, he contends; it’s about achieving health. Breslow’s preferred definition of health is the one advanced by the oft-cited Ottawa Charter, a World Health Organization document resulting from the First International Conference on Health Promotion in Ottawa, Canada in 1986. “It said health is a resource for everyday life,” Breslow explains. “It’s the capacity for doing what you want to do – to climb a mountain, to go to the opera, to play bridge...” These and other activities of daily living require different types of competence, he notes – anatomical, physiological, chemical, sensory, and mental, all part of good health.

“People are now living into their 70s, 80s, 90s... we even have centenarians,” Breslow says. “Increasingly, they’re concerned not as much with avoiding particular diseases as with preserving the capacity to do the things they want to do.” Public health, while continuing to fight communicable and chronic diseases, must recognize the importance of this third era and its role in promoting health as it is now being defined. “We’re already doing some of these things,” Breslow says. “The third revolution will simply make them more comprehensive and coherent.”

That he continues to command a rapt audience while spelling out his vision for the profession he’s helped steer for more than six decades attests to the role public health has played in Breslow’s own life. At 89, his mental acuity remains the envy of people half his age. Near the end of his ninth decade, he shows up for work each day, avidly maintains his fruit and vegetable garden and walks 12-15 miles a week with his wife, Devra.

“I was fortunate to be born in this country, and to be raised by parents who had the means to pro-

vide me with good nutrition,” Breslow says. “And then, having in my early 20s gotten an orientation to public health, I’ve been aware of things and have tried to incorporate them into my own life.”

Several years ago, Breslow suffered a severe heart attack. “People always ask me, ‘Why, if you’re so smart, did you have a heart attack?’ ” Breslow says. “My answer is that when I was growing up, we didn’t know much about how to prevent them. So my mother gave me a lot of butter and cream and whole milk, as well as plenty of meat. I was probably, for most of my life, carrying a pretty good lipid level. I’ve also had a sedentary situation. I never had to work hard, physically. And we didn’t appreciate the importance of exercise until recent years.”

The newfound appreciation owes much to Breslow’s own research, most notably the Alameda County studies he launched in the early 1960s as a member of the California Department of Health Services, which he would later direct. He found, among other things, that a 45-year-old male who followed six of seven healthy habits identified in the study – getting regular exercise and sleep; not smoking, excessively drinking, or snacking between meals; eating breakfast; and maintaining a normal weight – had a life expectancy 11 years longer than a peer who followed three or fewer, and had better-quality years to boot.

Such a result might be dismissed as obvious today, but at the time, making a connection between lifestyle and health was seen as “bizarre,” says Breslow, who remembers that the initial response to his study proposal by a panel of National Institutes of Health scientists had been “unanimous rejection.”

It wasn’t the first time Breslow was ahead of the curve. After completing his service in World War II, he approached California’s director of public health with a proposal to start a chronic disease program in the state. Breslow, who had previously worked as a local health officer for the Minnesota Health Department, now saw that while communicable diseases were declining, heart disease, cancer and stroke had emerged as leading causes of death and should become the focus of public health attention. Breslow recalls that the California state health officer told him to “go back to Minnesota and try those ideas out there.”

Ultimately, others in the department viewed it differently and Breslow was appointed to head a new chronic disease bureau in the state. And so he helped to usher public health into the “second revolution.” Today, mindful of the prescience that has marked his career, anyone on the receiving end of Breslow’s description of the third does well to listen.

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—Dr. Lester Breslow