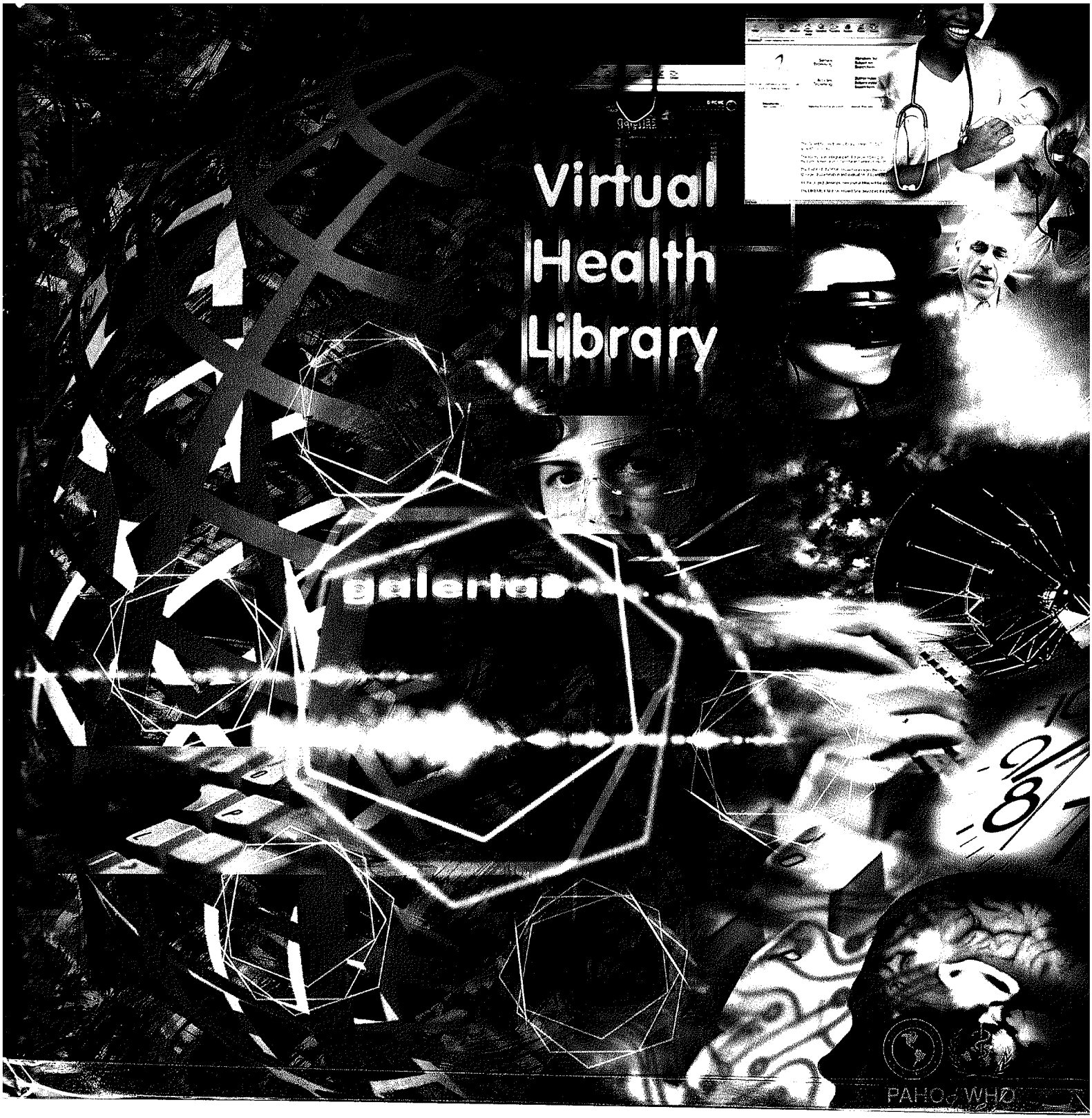

Virtual
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Virtual
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PAHO/WHO

The Virtual Health Library represents an expansion of the current model of technical cooperation in health sciences information by promoting the production of multimedia information sources, connected in network with direct and universal access with no geographical or time barriers. Its decentralized operation will allow the institutions participating in the Latin American and Caribbean System on Health Sciences Information to master strategic technologies and increasing equal access to health information

During the IV Pan American Congress of Information in Health Sciences, held in Costa Rica in March of 1998, the participants of the Latin American and Caribbean System approved the *San José Declaration towards the Health Virtual Library*. In it, they recognize the importance of the Health Virtual Library to improve the health conditions of the people of the Region and commit themselves to making joint efforts for their construction.

It is with great satisfaction that the Pan American Health Organization joins these efforts and publishes a selection of papers presented at the IV Congress. As a whole, this book establishes a framework of the Health Virtual Library.

George A. O. Alleyne
Director
Pan American Health Organization

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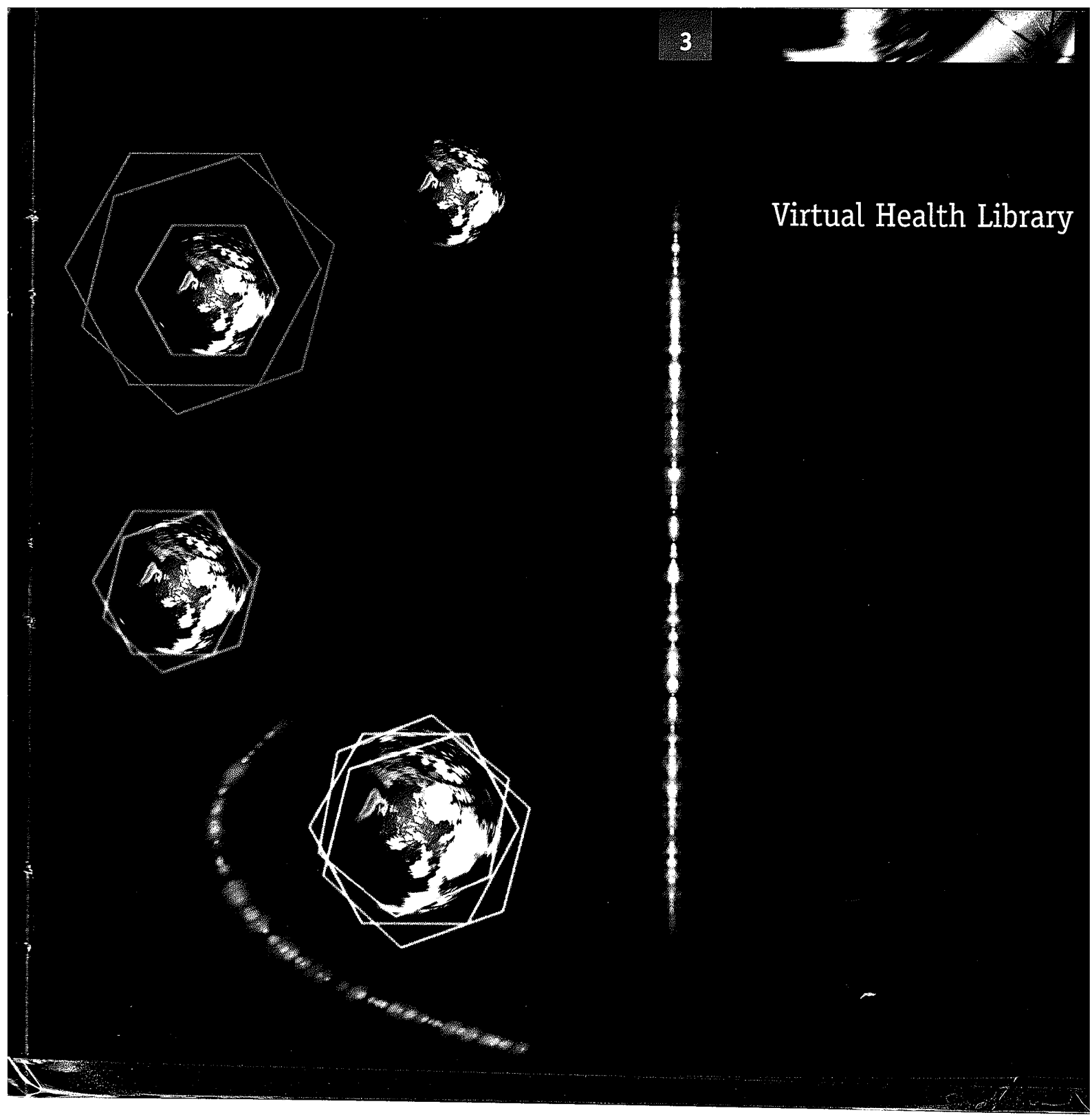
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Virtual Health Library

5

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Preface

The meanings, as well as the challenges that emanate from the decision to build the Virtual Health Library for Latin America and the Caribbean are extraordinary.

This decision was reached by the members of the Latin American and Caribbean Health Sciences Information System on occasion of its Sixth Meeting held at the end of March 1998, in San José, Costa Rica. The System is being coordinated in the regional area by PAHO, through its center BIREME– Latin American and Caribbean Center on Health Sciences Information. It is formed by national systems that operate networks of libraries and documentation centers in health sciences.

All the representatives of the Latin American and Caribbean countries

attending the meeting discussed and approved the Declaration of San José, by which they assumed individually and jointly the commitment to build the Virtual Health Library, in accordance to the proposal submitted by BIREME. At the same time, they urged the national authorities as well as the technical cooperation and development agencies to reorient their programs, actions, and resource application in the same direction. Building the Virtual Health Library represents the articulated and organized response of the libraries and documentation centers in health of the Latin American and the Caribbean countries to the challenge of moving the traditional operation of information products and services to the new paradigm established by Internet.

This act, in itself, reveals once more the effort that, continuously, recurrently, and jointly, hundreds of libraries and documentation centers in health of Latin America and the Caribbean have been devoting, the last three decades, to the processes of renewal and adaptation to new organizational and information treatment paradigms. All these efforts are made with a view to enhancing the fulfillment of its social mission of promoting and implementing the collection, organization, and dissemination of scientific and technical information. This persistence, that characterizes the position of its leaders, and professionals, expresses their awareness of how crucial this task is for the improvement of health. No other meaning seems to precede this one, taking into consideration the enormous difficulties and restrictions of resources, both material and informational, suffered by public institutions in the

area of scientific and technical information.

The proposal of the Virtual Health Library also represents the full reaffirmation of the principle and commitment to operate in network as the central mechanism of technical cooperation in the scientific and technical information process. This cooperation means research, development, and operation of information products and services at national and international levels. The principle of networking is the common denominator characterizing the 30 years of cooperation among libraries and documentation centers in health notwithstanding the successive substitution of several models of operation of products and information services. The emergence of the Internet comes to consecrate this principle.

Another meaning, not less important, is the encouraging panorama that the construction of the Virtual Library presents for the community of health professionals with respect to the fast and efficient access to relevant and up-to-date information. Operating in the Internet, the Library will progressively become a virtual space with a broad collection of the most varied sources of scientific and technical health information of Latin America and the Caribbean. It will provide universal access, regardless location of the users and the servers, and totally compatible with the main international systems. The great expectation for the coming years is a notable progress in the number and quality of available sources of information to the public and, thus, a progress in the degree of satisfaction of information demands.

The Virtual Health Library collection is distinguished from the set of information resources on the Internet because of its quality controls and previously established common methodologies, a condition that has characterized operations of the Latin American and Caribbean System on Health Sciences Information.

The Virtual Health Library will operate comprehensively under the Internet model, particularly, the World Wide Web (WWW) hypermedia service, which means the adoption of a context in which a broad and continuous communication predominates. This context will break gradually the barriers of space and time inherent to the operating environment of information products and services related to hard copy collections. Another determining factor in the communication context promoted by Internet is the predominance of the user initiative that interacts with distributed information sources and/or with other users in an *ad hoc* process to satisfy their information needs.

Certainly, the members of the Regional System, in their decision, visualized the enormous challenge that construction and operation of the Virtual Health Library represents. The challenge begins closely and immediately with the organizational developments that should be implemented in their own information units, and be extended to the reformulation of the *modus operandi* of the networks and national systems of libraries and documentation centers. These organizational developments are necessary so that the libraries and documentation centers adjust and respond locally to the conditions imposed by the model of information treatment that governs operations of the Internet and particularly of the Virtual Health Library.

A fundamental element in the national systems renewal is the expansion of its network of alliances with scientific and technical health information producers and intermediary agents so that all the initiatives and actions converge towards the Virtual Health Library. These alliances will not be limited to health issues since inter-sectoral societies, involving public and private entities and initiatives will certainly contribute with positive results, mainly, in strengthening the information technology infrastructure that serves the institutions and users of the area of health.

It is important to recognize that not all users of scientific and technical health information, current and potential, as well as not all the sources of information will be connected in the Internet in an immediate future. Hence, over a good period of time, the libraries and documentation centers will operate simultaneously products and information services in the traditional, as well as, in the Virtual Health Library. Meanwhile, the priority in infrastructure and/or new sources of information investment should concentrate on the Virtual Health Library. This situation is certainly complex and challenging and it is not easy to anticipate and prepare simple solutions. Hence it is important to be aware that this is a process impregnated with research, experimentation, learning, evaluation, and search for auto-reference, at least in the early years. Intensive communication among the leader and professionals involved, internally in the countries, and among the countries, will be essential to disseminate experiences and achievements.

The Virtual Health Library, in its conception, is not a rupture of the system that currently operates at the regional level and in the

countries. On the contrary, it represents an expansion of the current model in several senses, such as the transfer of the initiative to the user in the process of communication, the expansion of the arch of alliances of producers and intermediary agents, the operation of multimedia information sources, etc.

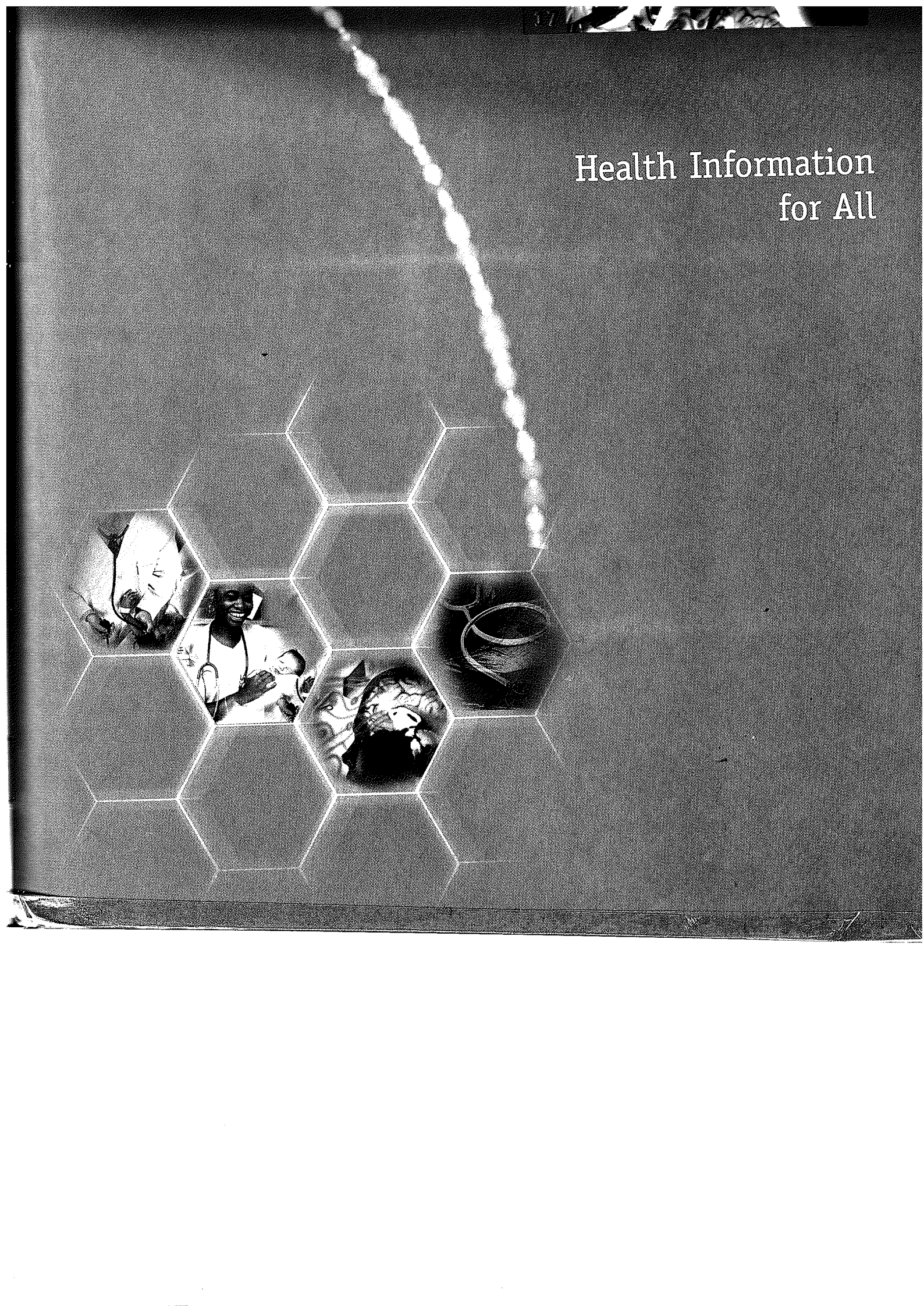
The promise of an extraordinary expansion for the decentralized operation of information sources is, probably, the meaning of more strategic political character emanating from the proposal of the Virtual Health Library. Its acceptance by the professional community in health will place the VHL as the confluence of the sources of health information generated in all the areas of the health sector of each country. Regionally, this confluence will mold continually and dynamically the virtual space of the Library.

The Virtual Health Library should not become panacea. The debate aimed at criticizing and enriching its formulation, based on the local conditions and under the principle of equity in the access to sources of information and the process of construction and operation of the Virtual Health Library is fundamental. In this regard, two are the objectives that motivated BIREME to publish this book. The first one is to disseminate the proposal of construction of the Virtual Health Library. The second objective is to point out and promote the discussion on the multitude of meanings and challenges that the construction of the Virtual Health Library represents.

Thus, in addition to the *Declaration of San José,* and the basic document formulating the proposal of the Virtual Health Library - *BIREME and the Latin American and Caribbean System on Health Sciences Information: Towards the Virtual Health Library,* this book publishes a selection of conferences presented in the IV Pan American Congress on Health Sciences Information (CRICS IV), carried out jointly with the VI Meeting of the System. These conferences make it possible for us to expand the debate about the construction of the Library considering, not only the intrinsic issues to its formulation, but also the context formed by the complex subjects and challenges facing the Latin American and Caribbean countries, and the inter national agencies, such as, the process of globalization, the promotion of the socioeconomic development particularly in health, the progress in science and technology, and the promotion of technical cooperation.

Abel Laerte Packer
Latin American and Caribbean Center on Health Sciences Information - BIREME, Pan American Health Organization, PAHO/WHO

Health Information for All



George A. O. Alleyne

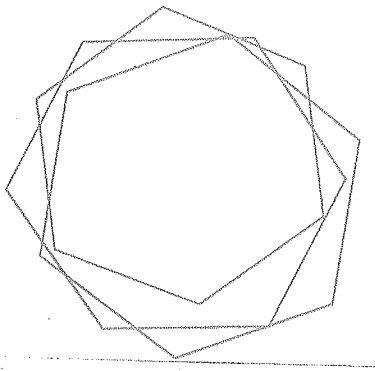
Director, PAHO - Pan American Health Organization,
Pan American Sanitary Bureau, Regional Office for the
Americas of the World Health Organization

Health Information for All

Opening Conference to
IV Pan American Congress on Health Sciences Information
San José, Costa Rica, March 24th - 27th 1998

Mr. President, distinguished participants, ladies and gentlemen. First let me repeat the warm welcome given by his Excellency President Figueres. There could be no better person to inaugurate over this Congress. We know the interest displayed by President Figueres in health and having read the presentation he made in the World Bank-Canadian Conference on Global Knowledge that took place in Canada about one year ago, we know his commitment to the use of information for health. That conference was one of the more successful ones that explored the role of knowledge and information in sustainable development: I interpreted much of the discussion as being geared to the possibilities of the use and usefulness of knowledge for economic growth, with much emphasis being placed also on the social aspects of what was defined as development.

This evening I propose to address the relevance of information to another aspect to the well-being of individuals and societies –their health. I wish to examine the role information will play in the achievement of Health for All and not only the possibility of information about health —personal or collective-being made widely available and, in some measure, available for all.

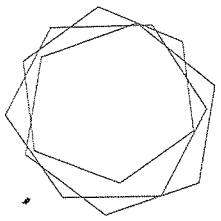


There is now a high comfort level with the concept of Health for All. Twenty years ago the World Health Organization challenged the various parts of the world's body politic to find mechanisms for reducing the intolerable burden of illness that afflicted large numbers of people. There were of course loud cries from cynics and Cassandras, who pointed out that the utopian state would never be reached and much time was spent and wasted in debate over the possibility of achieving the goal and the

relevance of its Primary Health Care Strategy. This strategy that was indeed beautifully crafted, was perhaps questioned because of its simplicity which sometimes hid the difficulties that lay behind its implementation.

Now twenty years on, we are putting it to the world that there should be a renewal of our commitment to the noble goal. The position is being articulated much more clearly and I hope more eloquently that Health for All represents a call for more social justice. It represents the notion that there are health situations that still should not exist, that there are health inequities that are within our power to correct, and that we have the means to do so.

This call for renewal of Health for All recognizes the great advances that have been made in spite of the many difficulties that have had to be overcome. In the Region of the Americas we have seen an improvement in many if not most of our health indicators. Our citizens live longer, fewer children die, and fewer mothers die as they give birth. Many of the infectious diseases are on the wane and all—repeat all—are concerned about providing health care for their citizens. Potable water is more widely available.

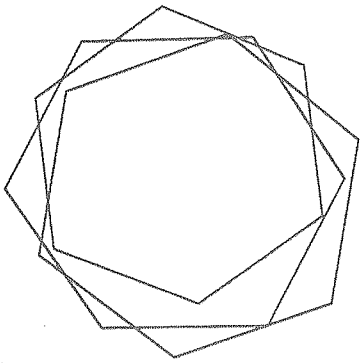


But this record of progress is tempered by the realization that there is so much more to be done. The fact that some sections of our populations are marginalized and have health indicators that shame us shows what must be done. The reappearance of cholera in some of our countries in epidemic form as a result of El Niño's ravages, shows the fragility of our systems and their inability to respond when they are stressed. The problems of violence, sex or gender determined ill health in women, mental health and

the health damaging behaviour of adolescents are just few of the areas in which we need to advance with the tools we have.

Much of the current economic dogma enshrines the notion of inequality. Charles Handy in his bestseller The Age of Paradox, points out one of the paradoxes of our political and economic system. "Capitalism depends on the fundamental principal of inequality; some may do better than others, but it will only be acceptable in the long term in a democracy if most people have an equal chance to aspire to that inequality." He adds, "This is a no-win world, and unintended." I would propose that there are some areas of our life in which this view may be tempered, and health is one of them.

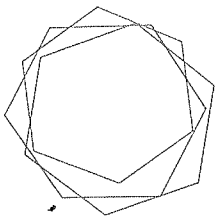
While it appears that gradients of health status or rather health outcomes seem to be omnipresent, health as a whole is one area in which we do not have to accept a zero sum or no win world. Improving the health status of others does not detract from ourselves and perhaps allows us to act as Adam Smith argues in his less well-known work on a Theory of Moral Sentiments. He begins that work with the following: "How selfish soever man may be supposed, there are evidently some principles in his nature, which interest him in the fortune of others, and render their happiness necessary to him." He argues that stability in a society must be based on "sympathy", and I would extrapolate to say that to be our brother's keeper in health satisfies that sympathy and in addition is in our self-interest.



In May of this year the World Health Assembly will, I hope, accept the declaration that we should renew our commitment to that goal and en-

dorse the proposal that is being put by the Secretariat after wide consultation with many countries, groups, organizations, and individuals.

The proposal examines the origins of Health for All and emphasizes that as originally conceived it was a "process leading to progressive improvement in the health of people and not as a single finite target." The renewal of the Health for All goal takes us into the 21st Century and acknowledges the gains of the past on which we should build. The major obstacles to more rapid progress have been identified through a series of evaluations and high among these obstacles are a perceived lack of political commitment and the low status of women. The slow economic growth in some parts of the world has hampered the process, and difficulty in achieving intersectoral action remains a problem to be solved. There has been inadequacy of health promotion activities and weak health information systems. The evaluations also pointed out the inappropriate use of, and allocation of resources for high cost technology.



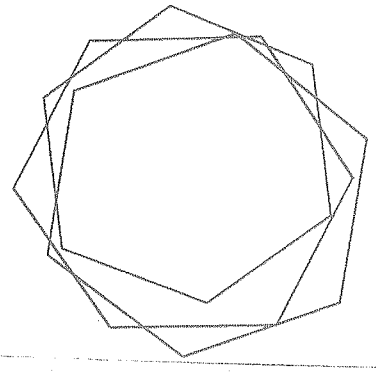
Any renewal of Health for All must take account of the major trends that will influence health such as globalization, environmental and industrial changes and the changing role of the modern State. In this latter context we note that there is increasing clamour to reduce the size of the State and permit the participation of other parts of society in the governance that was formerly the unique province of the State and its apparatus.

The proposal identifies the new bases for action and emphasizes support for some key values such as human rights, equity, ethics and gender sensitivity. Goals and targets are established as benchmarks against which progress will be measured. The role of the World Health Organization in

supporting the renewal is clearly delineated. Among the policy bases for action, special attention is given to the actions needed to make health central to human development. This last point is critical as it in essence enjoins the health sector and us who have some responsibility for policy action in it to be much more aggressive, vocally and programmatically in our relationship with those other sectors that have been in the past seen as more important for enhancing the well-being of our citizens.

I know that this view finds a ready echo here in Costa Rica, where you have shown to the world how the genesis of ideas for human improvement is not determined by the size of the country. Your clear and firm manifestation of the political will necessary to insure that health finds its rightful place in the political arena has always, and I trust, always will merit special recognition and appreciation.

The proposal for renewal of Health for All is a positive and optimistic one and many of the tools to implement the primary Health Care strategy are indeed available. But I wish to emphasize here the critical role of information in the process and show how gatherings like these of information specialists must see their work in that context.



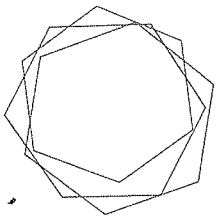
I continue to hold firm to my perception of the value and power of information to effect many of the changes we wish to see. If I may quote myself, I spoke once of, "that most powerful of modern instruments -information- perhaps the only instrument that can close the gap between the world that is and the world that might be—the only instrument that can relieve the ignorance in the coin of ill health and suffering".

I am obviously not alone in this appreciation. George Will, a columnist, wrote in the Washington Post some years ago:

> *Life is increasingly regressive because the benefits of information are distributed disproportionately to those already favoured by many advantages. The more certain kinds of information matter, the more unequal society –life– becomes.*

I will argue that in the area of health it may be possible to change this by deliberate action and perhaps make life progressive.

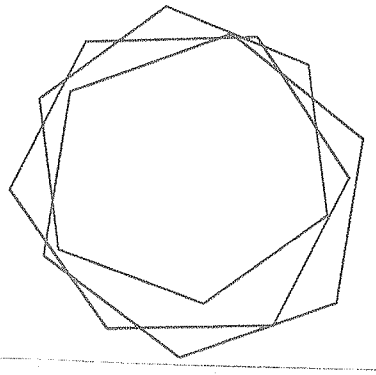
Before I go further in elaborating the actual uses of information I should speak briefly about information as a resource –something that is important for our daily living and being. Our primitive forefathers observed the world around them and internalized those facts which they digested and used the knowledge thus acquired for taking decisions. It is evident that they found means of communicating the information by word or other forms. I take this communication to reflect the pristine meaning of the word – to share with others. This basic process has not changed. The technology and skill available for data gathering has changed, there are now more sophisticated methods for analyzing these data, and the means by which this information is shared or communicated is more unrecognizable by the minute. Every one of you here is old enough to appreciate this change in the technology available to us for analysis of data and for communication over the globe. This technology allows us to collect, analyze, store, and retrieve information at speeds and costs that were unthinkable a few short years ago, and the convergence of computer and communica-



tion technological advances and the plummeting costs have revolutionized the way we behave. But the essential element of the process, the internalizing of information such that knowledge is created, is a human action that has been the same since mankind became sentient beings. It will remain so. I am not afraid of the intelligent robots that will be able to store and act on the basis of millions of bits of data. Computers may win chess games, but they do not and will never have the knowledge of having done so.

In his book on the Internet, Telematics and Health, Marcelo Sosa writes of information as the cornerstone of medical sciences and pays tribute to that information giant Dr. Héctor Sosa Padilla, who was a pioneer in assisting PAHO in development of information systems. Dr. Sosa Padilla is quoted thus:

> *The systematic aggregations and structuring of data in space, time, subjects and objects... in the context of decisions that should be taken is what constitutes the true information for the planner, the legislative body, the managerial level or the technician.*



I will constantly stress the fundamental difference between information and knowledge. The creation of knowledge is a highly personal matter and I am to be convinced that we ever transmit knowledge as such. Thus, our Organization cannot be a knowledge organization, to use a popular expression. It is our staff that carry out their tasks on the basis of the knowledge gained from information that has been processed over a lifetime and that knowledge is indeed their most treasured asset. The distinction is not epistemological; it is real in terms of how we function and the tools with

which we work. You are information specialists and it is your knowledge of how to use that information appropriately that makes you valuable.

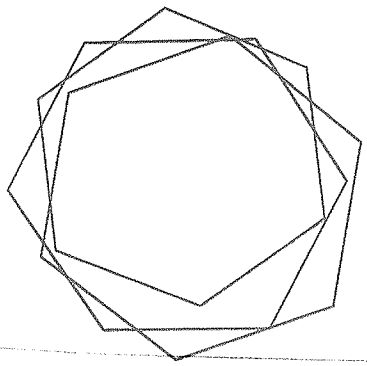
Information thus conceived is crucial to the attainment of Health for All. First there is the basic need for information about the health situation. It is a sad fact that in many instances our capacity for transmission of information far outstrips our ability to collect basic health data. Fascination with computers has perhaps deviated us from the mundane but important task of collecting vital statistics. The unreliability of data from death certificates is notorious although this has been one of the time-honored sources of information on health conditions.

It is not enough to decry the lack of basic data that can be analyzed. It is an old truism that if data are not useful or used they will not be gathered and therefore not be analyzed to produce information. It is a fundamental tenet of Health for All that there be more equity -less unjustified inequality. Even if we leave aside for a moment the subjectivity implied in the concept of "unjustified", it is clear that there must be a system for determining the existence of such inequality. We are all familiar with the false comfort given by averages for countries. Our thrust is to have data collected from ever smaller geographical units such that there can be appreciation of the inequality that exists not only among but also within countries. My annual Report for 1996 stressed this and highlighted those methodological approaches needed for this discriminatory approach, and the technical cooperation directed towards strengthening the capacity of countries to collect and analyze basic health data. That report analyzed the health situation in the Americas from the perspective of the health of geographically defined spaces. This type of approach gives a picture of the

situation, but also allows countries to measure the effectiveness or otherwise of the interventions they put in place to reduce the inequities.

But in addition to the information about the state of health itself, it is necessary to have information about the determinants of that status, and the health sector itself is increasingly collecting or gaining access to information that may appear to be in the province of another sector. It is important to know of economic and social trends if we wish to interpret health data. It is important to have information on the educational attainment of our populations, and no analysis of a health situation is complete without information on environmental conditions. Information on the mega tendencies such as climate change are important for the long-term view, but the more urgent need is for information on the micro environment that has a direct and immediate bearing on health.

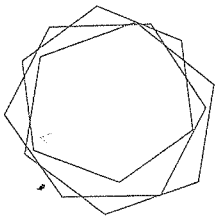
Information must be provided to those who make decisions and often we think only of the truly political actors and not of the other publics. It is in this area that the information needs of Health for All are most acute. If we take the matter of health promotion which is an important aspect of Health for All, the impression is often given that the creation of healthy public policy, which is a cornerstone of that movement, rests primarily with generating knowledge through information conveyed to policy makers. But it is obvious that public policy will be made healthy or healthier if there is sufficient clamour from the general public as a whole or in organized groups. The shift of attention and resources from curative care to promotion and prevention will not take place solely by the actions of well-intentioned disinterested policymakers. Similarly, the dampening of the seemingly limitless demand for individual care will not be possible without



the involvement of an informed public. Unless there is an informed and involved public, we will always be slaves to the old adage - "an ounce of prevention is better than a pound of cure as long as there is nothing to cure."

As I pointed out initially, I have deliberately not addressed the issue of having health information available to all, as I spoke briefly about that at the last Congress. It is becoming more of a reality that persons are seeking information about health in general from others beside the traditional health workers, and the various means of communication are replete with information about numerous aspects of health.

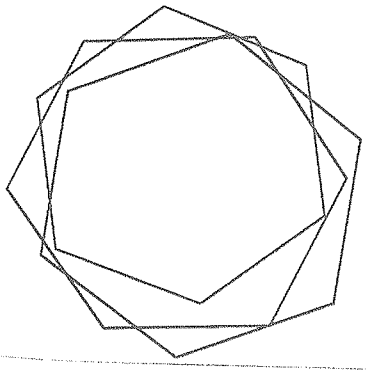
It is in this context that I posed the question earlier whether the access to information that would facilitate a healthy state or avoid an unhealthy one would lead to some persons or groups being disadvantaged. This is a complex issue as it is not only access to the information, but the means of acting after that information is internalized to knowledge that poses difficulties. The willingness to pay the true cost of taking one or other decision is influenced by other factors beside the wisdom gained from knowledge. There are also exciting new developments in patient monitoring, automation of records, and space-age technology for data capture that will enhance information use. The world of telematics with its emphasis on data transfer is bringing new possibilities such as telemedicine to countries that have the infrastructure in place to take advantage of them.



What can I expect from you as information specialists? Three years ago I said to a similar gathering:

> I look for the day when you will be judged not by the information you have stored but by the numbers who share that treasure with you.

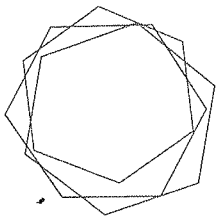
That sentiment is equally true today and I repeat this with particular reference to Health for All and the networking that allows easy access to material related to Health for All. First the deliberations and the proposals of the World Health Assembly must be widely disseminated. The health sector and non-health sector personnel must know that the countries have agreed to recommit themselves to that goal. Next, health sector professionals must have access to the information to make them more competent in their work. Researchers, practitioners, students must have access to the databases on health situations in their and other countries. You must not only know of the location of the information and wait to be asked -you must be advocates for the use of the information to which you are privy. It is not only information on population groups that forms the basis for public health enquiry and action. There will always be need for information about the problems or illnesses of individuals. You as information workers cannot and must not make judgement about the need to collect and store information for individual or population health. Both are important.



You must be among the leaders in your countries in educating the health and non-health sectors of the availability of information that hopefully will engender the formation of knowledge and guide decisions. I stress the universality of access, because it is no longer permissible for you to restrict the use of information to those whom we traditionally refer to as specialists in their field. You have a responsibility to see that information

that should be in the public domain is not guarded by one special group and forms the mechanism by which that group maintains some measure of superiority.

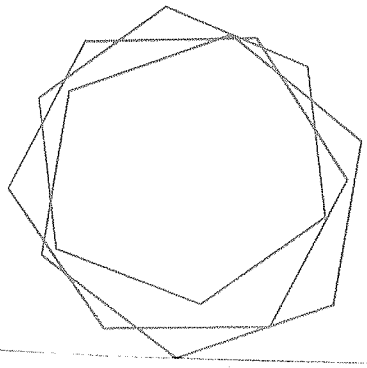
I urge you to give particular attention to providing information for the research that must provide answers to many of the questions that still remain to be answered. A great deal has been written about the research needs of Health for All, but a recurrent theme is to make relevant information available as widely and as rapidly as possible. I recall an old paper by Eugene Garfield in which he likened the spread of scientific information to an epidemic. There was a definitive host – the researcher and the publication is the intermediate host for the infectious material which is information. Part of your responsibility is to facilitate the spread of this infection although I would not go so far as to call you vectors. Of course there is the concomitant responsibility to see that your clients are not so surfeited that they become mentally obese and paralyzed through information over nutrition which would be just as bad as having them waste away through information starvation.



You are privileged to be in this field when there are numerous efforts to liberate information from shackles that are more mental or conceptual than physical or technological. I participated recently in a panel convened by the National Library of Medicine of the United States to plan its international programs. As progressive as that institution has been, it recognizes that it is in the midst of a rapidly changing environment. The panel emphasized the need to "expand efforts in global health information networking." Networks represent the key, and although there may be economic, physical or political barriers at present, these are all being eroded

and the vision is of a confederation of international centers of medical information. The quantum of global health information is increasing at an amazing rate and the only way to deal with it in any rational way is through networking that employs the ever-increasing capabilities of the Internet and the World Wide Web.

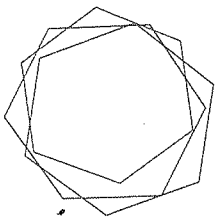
You will have the support of PAHO in your efforts. You and the institutions you represent belong to the Latin American and Caribbean System and over the years you have made significant progress in harmonizing practices and procedures. I am always concerned that our support to countries be appropriate to their needs, so last year I appointed a committee to advise me on our technical cooperation in the area of dissemination of scientific technical information in health, with emphasis on the Latin American and Caribbean Center on Health Sciences Information, BIREME, and the Regional System. This committee visited BIREME, institution in Brazil, and other countries of the Region and met with me and my colleagues in Washington. In summary the recommendations of the Committee were that there should be consolidation and strengthening of BIREME in its role as the coordinating center for the Latin American and Caribbean System on Health Sciences Information. The Center should be in a position to attend to the new demands and new users that arise from the scientific and technical developments that are taking place. They also recommended that BIREME work towards the creation of a virtual library and you will hear more of that proposal during the Congress.



I have accepted the recommendations of the Committee and look forward to your reactions to the proposal for the creation of a virtual library. I am convinced that this is the way of the future and my participation in the

NLM panel has shown me that this type of advance is absolutely necessary if scientific and technical information in health is to be the resource that you all wish. This is the proper move to the democratization of information that is needed for Health for All.

In PAHO we will continue to emphasize the need to make information available to our various publics. We will continue our tradition of making scientific publications of the highest quality available to the health workers in the Americas and a program of sustained marketing has made them known in places that they had not previously penetrated. You will have no doubt noticed the publication of our new Journal of Public Health that represents the condensation and replacement of several other periodicals and I believe that the new product has combined all of the good points of its predecessors. Our new news magazine Perspectives combines words and images in a creative and attractive manner to bring key messages about health to a wide readership.



Information and its use or misuse has been a major underpinning of many of the great movements of history. The circulation of information has been crucial to the development of the health sciences and the improvement of the health throughout the ages. It has always been so; it is part of your responsibility to see that it continues to be so. But I can promise you that although your responsibility is a constant, none of us have any real idea of the future in which that responsibility will be discharged. The hope I have is that joined with the responsibility is a willingness to learn and adapt to the inevitable changes in concepts, procedures and practices that will occur. You owe this especially to those for whom Health for All

means a vision that can be transformed into reality and not a pretty slogan coined by the more fortunate.

Let me end by quoting Halfdan Mahler as he challenged the World Health Assembly 10 years ago. He said:

> *To steer the movement of Health for All towards the year 2000 and beyond requires dedicated leadership. That leadership is required not only at central levels of government; it is needed at all levels of organized society, and in all walks of life. To provide that leadership people are required whose ennobling ideas and words, and personal example fire the imagination of others and give rise to inspired actions.*

I hope I can count on you to exercise that leadership in your respective places of work.

I thank you.

