



**CLARENCE PEARSON** is a global health leadership and management consultant and specialist in public health education. Currently, he serves as an AARP Volunteer Representative to the United Nations and the Council on Foreign Relations. He is a member of the Board of Directors of the International Federation on Ageing and the American Federation on Ageing Research. In a career spanning more than 60 years, he has served as Vice President for Health and Safety Education of the Metropolitan Life Insurance Company and was Senior Advisor to the World Health Organization Office at the UN. Clarence and his wife, Laurie Norris, are Executive Editor and Managing Editor, respectively, of a series of books on global health that he conceived: Critical Issue in Global Health, Global Health Leadership and Management, Global Health and Global Aging, and Urban Health: Global Perspectives.

**He tells Marika Sboros about the power of “teachable moments”.**

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**What was your earliest ambition, growing up in Chicago in the 1930s?**

I had no idea, but my Uncle George probably had a bigger influence than I realized until after I completed my service in the US Army Medical Corps during World War II.

**What was his line of work?**

A physician – a pediatrician-cardiologist-gynecologist-obstetrician-ENT-surgeon and internist all rolled into one. He spent most of his time seeing patients in their homes – a lost healing art. He only spent one or two days a week in his office. He often invited me to sit with him when he saw patients there.

**How did that influence you?**

The questions he asked people. He called them precious opportunities for influencing patients by giving them advice when they are most vulnerable and they listened to every word. We now call it the “teachable moment”. His comments stuck with me ever since.

**Did you ever consider following in his footsteps and becoming a doctor?**

No. I went to a vocational high school in Chicago – all boys, 90% of us first-generation immigrants. (My father was from Sweden and my mother from an island in the Baltic Sea between Sweden and Finland.) There were plenty of vocational schools in my day, very few today. That’s a big mistake,

because not everyone wants to or can go on to college. I trained to work in a foundry.

**That’s a very different life path. Did you ever work in industry?**

No. I was 16 and in high school when Pearl Harbor was bombed in 1941 and the US entered World War II. I wanted to join the navy when I turned 17, but my mother wouldn’t sign for me. The next year, 1943, when I turned 18, I was drafted into the US Army Medical Corps.

**Was that your uncle’s influence?**

No. After basic training they assigned us different units, seemingly haphazardly: you go here, you go there. I was assigned to the Medical Corps. That changed my life.

**How so?**

Well, suddenly it was all about health. I was sent to a US Army surgical technicians school for four months of training to work in an operating room. I was then assigned to work in the operating room of a station hospital of a Japanese POW camp. After you’ve helped with a few appendix or hernia operations as a scrub nurse, you can just about do them yourself. I was discharged as a Staff Sargent in 1946.

**Did you enjoy your time in the army?**

It was exciting. I wasn’t in combat. I missed that, unfortunately, but I learned so much.

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### **What made you go into teaching then?**

The great thing, once you were discharged, was the GI Bill of Rights. The US government paid for all of your tuition, your books, and gave you money to live on. A friend told me about the number of teaching jobs there were, so I went into teaching.

### **What did you teach?**

After graduation, I was offered a teaching position and taught mathematics, science, health education, social studies and art to 7th and 8th graders. I'm still in touch with some of my students who say they still remember many things I told them about health and other subjects.

### **You went on to graduate study in public health education. What prompted that?**

I was president of the Biology Club in my senior year at the Northern Illinois State Teachers College (NISTC). Those were the days, just post World War II, when public health in the US was of great interest to both the government and many nonprofit foundations. The Kellogg Foundation supported Kellogg Teaching Fellows in most of the teachers colleges who promoted teachers in training to go into the field of public health education. The Kellogg Fellow at NISTC told me about a US Public Health Service Fellowship opportunity and I received one.

### **Which school did you attend?**

At the time, there were only seven or eight schools of public health. I didn't know much about the field or a school's reputations, and was given three choices: the University of Minnesota, the University of Michigan, and the University of North Carolina (UNC) at Chapel Hill. My first wife, June, and I chose UNC.

### **Why?**

The weather! Today there are more than 100 schools offering the Master in Public Health degree, and UNC has been designated the best public supported school of public health in the US.

### **What was your program's focus?**

Community organization for health education. A condition of the fellowship was

that recipients had to work for three years in their state, which I did.

### **What did you achieve in your first position as Director for Health Education for the DuPage County Health Department in Illinois?**

It was at the start of a major population shift from cities to suburbs. There was heavy emphasis on school health education, communicable disease control, and sanitation. In the US in 1953, a record number of poliomyelitis cases were reported: the final figure was 57,879. DuPage was one of the counties designated for the trials to be conducted. I was responsible for all health education and health promotion activities connected with the Salk Vaccine Field Trials. That was my first real taste of a truly public health education activity. I was hooked.

### **Where next?**

Chief of Health Education for the St Louis Health and Hospitals Department where I dealt with sanitation issues, communicable diseases, including high rates of tuberculosis, and lead poisoning.

### **Lead poisoning – from what?**

People burning old batteries for fuel in the slums of the city and leaded paint – all which required huge public education efforts. I moved on as Director of Health and Hospitals Planning for the St Louis Metropolitan area, and was responsible for expansion and shaping of the hospital system.

### **What made you move into the corporate world in 1961, to Metropolitan Life for 25 years?**

Many of my liberal colleagues criticized me for going into a business organization, but if you want to make changes, you have to be where the action is. Most people don't realize the insurance industry started health promotion in this country back in the late 1800s, not the government. I was the first person Met Life ever had who was trained in public health education and promotion. They gave me much freedom to develop new and creative programs.

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### Such as?

Patient education and worksite wellness programs when they were in their infancy. I became Met Life’s Director of Community Health, and later Director of Health and Safety Education. In the beginning, we had staff who did nothing but answer letters asking for health advice – 25,000 to 30,000 a month—from policyholders and the general public. We answered every one.

### You became a Met Life Vice President before retiring from the company 26 years ago, but haven’t slowed down since. Will you ever retire?

I don’t think we should use that word because it has become a pejorative term. Instead, I have “rewired”. After my career at MetLife, I left early to become an entrepreneur. Most of my work now is voluntary. My avocation and vocation are now the same.

### What was it like going solo for a while after Met Life, and starting your own business?

I missed the companionship of working with colleagues with common interests. I went back to joining organizations and boards—never more than three. Currently, I serve on the boards of International Federation on Ageing and the American Federation of Ageing Research, and on a paid retainer for the National Restaurant Association.

### How did that last one come about?

The New York Times published a letter I wrote on the Affordable Care Act and the importance of early childhood health education, because it affects smoking, drugs, and childhood obesity. The National Restaurant Association, which represents over 950,000 restaurants, called, asking me to work with them to organize programs related to children’s restaurant menus, and on the association’s work with Mrs (Michelle) Obama’s initiative related to combatting childhood obesity.

### Why are so many American children obese?

Education for health must come early in life — either through parent teaching or through education. There is too little early childhood health education, and too little comprehensive K-12 school health education. When I went to school in Chicago in the 1930s and 40s, each school had a full-time nurse, a physician and dentist who visited once a month, and a gymnasium. That’s all gone. Things are changing somewhat – but still there’s still a long way to go.

### You have accomplished so much in your career and won many awards in your career as a global leadership and management consultant and public health educator. What do you see as your greatest accomplishment?

The development of a network of friends and colleagues, and being able to interact, partner and work with them on a one-on-one basis or as a part of an organization. Most of my friends I have met through my work experiences.

### A major focus of your voluntary work is ageing well. What is the biggest challenge facing older people?

Ageism is one. Discrimination based on age undercuts older people’s health, employment and financial wellbeing, and their social engagement in their communities. It’s an attitude that all four sectors — government, business, nonprofit, and academia — have not faced directly. On the world stage, 80% of our ageing population does not have any social security or other form of social pension.

### What’s your recipe for a healthy, happy and long life?

Staying active, involved, positive, and doing things for other people. I think the best thing older people can do is share their life experience. It gives meaning, and meaning is vital for health and wellbeing.