

1-2010

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Publication Info

Published in *Journal of Physical Activity and Health*, Volume 7, Issue 10, 2010, pages 1-2.

Kohl, III, H. W., & Blair, S. N. (2010). Lessons from a life well-lived. *Journal of Physical Activity and Health*, 7(1), 1-2.

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Lessons From a Life Well-Lived

Harold W. Kohl, III and Steven N. Blair

The field of physical activity and health lost its grandfather in the autumn of last year. Dr. Jeremy N. Morris, who was one of the earliest scientists to bring observational epidemiologic methods to the study of physical activity and health, died on October 28, 2009, at the age of 99. Much has been written on his passing and of his scientific contributions.^{1,2}

Dr. Morris first advanced the exercise and heart hypothesis by marrying the pubescent methods of chronic disease epidemiology with cardiac physiology in studying the risk of heart attack among drivers employed by the London Transport Authority. The mortality and morbidity experience of these men, sedentary for most of their day, was compared with that of their conductor counterparts who were more active due to the need to collect tickets from passengers riding on the iconic Routemaster double-decker buses. The sedentary drivers were found to be at a significantly elevated risk of heart attacks.³ Thus began the next 50-plus years of research in the field. All who have been part of this emergence will surely agree that we have made monumental steps forward since that first publication in 1953. In fact, the very existence of this journal can be traced to the influence and leadership of Dr. Morris, who co-authored the inaugural editorial for Volume 1, Number 1.⁴

For those of us who were privileged to know Dr. Morris, many lessons were offered and most were learned over the years. In this time of lists, five lessons appear appropriate to take away from Dr. Morris' life. We believe these lessons should be used as continuing influences on the field of physical activity and health.

1. *Be precise.* Dr. Morris was an incredibly precise man. He was always prepared. As the field of physical activity and public health matures, our science needs to be precise and we must be prepared to advance knowledge accordingly. We predict that if he were currently working on physical activity and health projects, Dr. Morris would be an enthusiastic adopter of modern technology, such as accelerometers, to obtain more precise physical activity exposure data.
2. *Have a social conscience.* Much of Dr. Morris' work focused on social justice and social inequities

rooted in poverty and lack of education. An example of this commitment regarding physical activity was recently published.⁵ As he told one of us recently, "I have gone back to my roots, social medicine." One main pillar of public health relies on an emphasis on health disparities and working to erase them. This lesson should strongly influence and guide us as we work to promote physical activity throughout the world and reduce disparities that help to keep people inactive.

3. *Teach.* Dr. Morris was a consummate teacher—always emphasizing a lesson or a construct. We must be now training the next generation of professionals and leaders in the field of physical activity and health. Infrastructure development and academic training programs must be created to handle the burgeoning research and practice needs in physical activity and health—not only in developing countries but in developed ones as well. Dr. Morris would not have settled for less.
4. *Continue.* Dr. Morris' incredible longevity and productivity (well into his 10th decade) was an inspiration for all who witnessed it.⁶ In this period of unprecedented growth in the field, the best way to honor Dr. Morris' contribution is to zealously continue to advance the field through science and public health practice of physical activity.
5. *Be active.* In his later years, Dr. Morris needed a cane to provide stability following a hip fracture sustained a few years ago. This injury, however, did not keep him from being as active as he could be. As he mentioned at a lunch in 2008, (wagging his finger) "I had to give up swimming, but I still walk 30 minutes every day in my neighborhood." What finer role model regarding the importance of physical activity to health could there be?

The *Journal of Physical Activity and Health*, and indeed the entire field of physical activity and public health, owes a debt of gratitude to Dr. Morris. We believe this debt can be addressed by learning from and adopting at least five lessons from a life well-lived.

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