

No use in closing the barn doors now

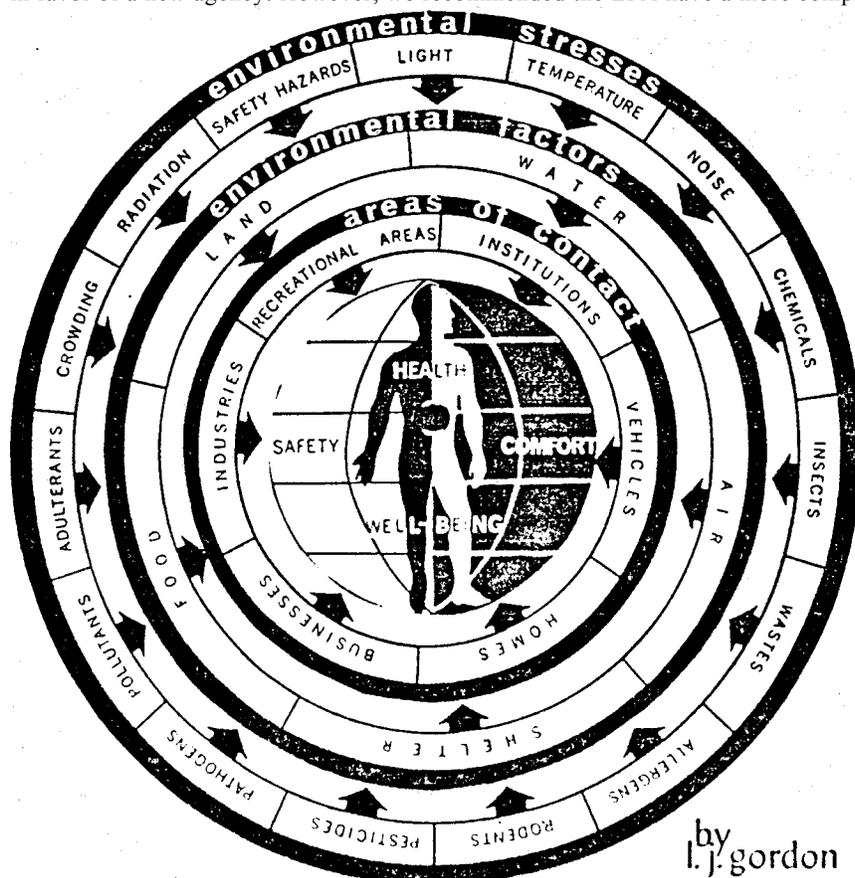
Larry Gordon

There is no standard organizational model to be followed for the delivery of high quality environmental health services. While "health departments" once were the primary home for environmental health programs, the picture has changed radically within the past 20 years.

Change began at the federal level when hearings were held by the Muskie Committee that set the stage for President Nixon to create the Environmental Protection Agency. Both Congress and the Presidential Committee on Executive Reorganization (the Ashe Committee) had determined that a new organization, new legislation and vastly increased resources were necessary in the face of citizen demands and a rapidly deteriorating environment.

EPA was created primarily by combining the Consumer Protection & Environmental Health Service of the U.S. Public Health Service with the Water Pollution Control Administration of the Interior Department. Congress was critical of the Public Health Service for wanting more and more studies instead of taking action.

I was one of a number of American Public Health Association representatives testifying before the Ashe Committee in favor of a new agency. However, we recommended the EPA have a more comprehensive scope than that which



environmental health services program components

eventually resulted. We recommended that it also include the U.S. Food & Drug Administration and occupational health and safety programs.

Many states followed the federal model and created state environmental agencies, frequently of rather narrow programmatic scope, focusing on a single issue such as air, water or wastes. During this era of rapid organizational

change, public health leaders were imbued with a high titer of traditional territorial defense and a low titer of organizational and public policy skills.

Health departments lost environmental health programs through default and overt actions. One traditional state health officer told me, "Larry, I got rid of those air and water programs. They weren't public health; they were just regulatory."

Many public health professionals still are engaging in wishful thinking about the return of their horses (environmental health programs) after the barn doors were left open many years ago. The "barns" have long since decayed and new institutional arrangements have been developed. It is improbable that environmental health programs ever will be returned to traditional "health departments."

While new environmental agencies were not termed health agencies, they are health agencies just the same. Programs such as air quality, water supply, water pollution control, solid waste management, hazardous waste management, radiation control and occupational health and safety are public health programs having public health goals and would not be authorized were it not for their public health necessity.

Many schools of public health and other environmental health programs have taken the attitude, however, that they are not educating persons to work in the new environmental agencies - which, after all, are not called "health departments." In their zeal to pursue the almighty research dollar, they also have tended to de-emphasize the education of practitioners.

These attitudes and actions are responsible, at least in part, for many environmental agencies being managed and staffed by persons with no education or experience in the basic public and environmental health sciences.

During this period of time (since the early '70s), health departments have shifted their focus from public health (prevention and promotion) to health care (treatment). Public health programs no longer receive a reasonable portion of the health services dollar, as health care always seems more demanding at the moment. Public health is more difficult to sell politically because it requires the ability to look into the future to see results - far beyond the terms of elected officials.



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A good case can be made that having one agency responsible for a spectrum of services ranging from environmental health, health promotion and disease prevention to health care and Medicaid may be a disservice to those programs having the greatest potential for positive impact on the health of our citizens. It can be shown that funding levels for public health and environmental health suffer through competition with health care, particularly when these programs co-exist in the same Department.

Understanding where we are now and how we got where we are, what can be done?

- Realize that the movement of environmental health programs from health departments has been a part of our ever-changing American system, and it is unlikely they will return. Industry has learned that products must be redesigned and repackaged in order to compete and survive. Environmental health personnel might take a page from industry's experience and consider improved marketing of their organizations and products (programs) as necessary to better serve the public.
- Communicate with and join forces with all the various environmental groups and agencies. Attend their meetings and conferences and continue to involve them in yours, to the end that it will not "we" and "they" but rather just "us."
- Be willing to believe that the environment and the public may be served as well or better by agencies and groups separate from health care organizations. There is little, if any, programmatic relationship between solid waste management and developmental disabilities or mental health treatment.
- Ensure that schools of public health and graduate environmental health programs produce qualified graduates to serve in environmental health agencies - no matter what the agencies are called. These graduates should be knowledgeable not only in the basic public and environmental health sciences, but also in such areas as public policy development, economics, land use and resource utilization.
- Participate in and positively affect public policy development regarding environmental health. Get involved in such global issues as ozone depletion, the greenhouse effect and acid rain. Vie for top executive positions not only in "health departments" but in other environmental organizations as well.
- Ensure that lead environmental health agencies are comprehensive in programmatic coverage and staffed by appropriate professionals, that they have programs scientifically prioritized on the basis of sound epidemiological, toxicological and risk-assessment data, and have adequate legal and fiscal resources to be effective.

He who ignores history is destined to repeat it. History provides no excuse, but should provide some understanding. Having knowledge of the past, we must face the future objectively and creatively to provide leadership in ensuring an environment that will confer optimal health and wellbeing on future generations.

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