

# Reaching the Environmental Health Objectives

LARRY J. GORDON

GUEST EDITORIAL

## JOURNAL OF PUBLIC HEALTH POLICY

INTEREST in the health aspects of our environment has never been more intense. Political, civic, and private sector leaders profess leadership in a wide variety of environmental health issues. Surveys indicate that more than y out of to Americans identify as "environmentalists," and that the quality of our environment is among the public's leading concerns.

Environmental health is basic to enhancing the status of the nation's health. It is an essential component of the health services continuum which also includes disease prevention, health promotion, and health care. Issues of the environment are among the objectives of the American Public Health Association (APHA) and are written into the APHA constitution. Historically, APHA has been a leading proponent of environmental health, as reflected in scores of policy statements.

Currently, however, there is a serious deficit in interest and support for environmental health objectives among public health professionals. There is an urgent need for a reorientation of public health, priorities, concepts, attitudes, actions, personnel, education, and official organizations.

Financial support, given the high level of public concern about the environment, is possible through various types of fees for service, effluent and emission taxes, special assessment districts, and special taxes on such products as solid and hazardous waste, autos and other transportation equipment, and disposables. These suggestions may, however, be moot because they will not benefit public health without a basic restructuring of attitudes in the public health community. Serious questions persist regarding widespread public health interest, support, titles of official health agencies, internal priorities, data-gathering tools, organizational issues, and professional personnel shortages. Answers to these issues are essential to reach the environmental health objectives.

Let me illustrate this neglect by citing the environmental health component of the first draft of the Year 2000 document. It was not only dismal, it was counterproductive to the cause of environmental health. There were inadequacies in the professional education, air quality, and hazardous waste components. A list of the areas overlooked in the draft is, at the same time, a list of the priority issues of environmental health. They include: solid wastes, water supply, water pollution, noise pollution, food protection, radiation protection, vector control, occupational health and safety, institutional and recreational environmental health, as well as the environmental health aspects of energy production, transportation systems, land use, resource consumption, and overpopulation. Finally, they include such global environmental health issues as possible global warming, ozone depletion, desertification, deforestation, and planetary toxification.

On behalf of the APHA Section on Environment, I was one of many who transmitted criticisms and concerns to the Public Health Service Office of Disease Prevention and Health Promotion. I was extremely pleased with their timely and positive reaction. The environmental health chapter was entirely revised and changes were made that address many of our concerns. For this, I give credit to Michael McGinnis and Ashley Pond. Certainly the environmental health objectives in the final document are not perfect and do not please all of us, but they are acceptable and reasonably comprehensive.

In the 60s, Senator Edmund Muskie's committee (Senate Committee" on Environment and Public Works) held lengthy hearings which culminated in the creation of the Environmental Protection Agency (EPA) by Presidential executive order. The Muskie hearings found that the U.S. Public Health Service was not taking aggressive action to deal with the nation's mounting environmental health ills, and was more oriented to research than action. Because of this, I testified on behalf of APHA supporting

creation of the U.S. EPA. The EPA and its state counterparts are public health agencies and would not exist but for health problems and health goals pertaining to air, water, food, land, wastes, etc.

A well-known State Health Officer told me in the early 70s that he "had gotten rid of those air and water programs - they weren't public health, they were just regulation." Many public health officials give only lip service to environmental health, while failing to understand and embrace comprehensive environmental health programs as basic components of public health.

As a further example of my thesis of neglect I cite the September 6-7, 1990 conference sponsored by the PHS in Washington and titled "Healthy People 2000." This was a most laudable effort, designed to discuss the national health promotion and disease prevention objectives. The conference, however, provided a useful case-study regarding attitudes toward public health and environmental health. Specifically:

- There was no workshop on environmental health. There was no program participant charged with discussing environmental health.
- I did not identify any participant from EPA, the nation's leading environmental health agency.
- Few of the speakers even mentioned public health or environmental health, but chose to talk about "health care." You certainly won't find anyone in environmental health identifying with health care - the one-on-one treatment or rehabilitation of a patient.
- A Year 2000 film was shown depicting health status in the Year 2000, but not a frame or word thereof was devoted to air, water, wastes, food protection, or any other environmental health issues.
- I had personally called four major program participants prior to the conference and requested that they give some balance, some indication of support, interest, or even recognition of the environmental health objectives. None of them even mentioned the words.

Perhaps the most significant environmental health experience at the conference was the invited EPA band. It reminded me of the book titled "And the Band Played On."

As a 35-year APHA member and former President, I seriously suggest that even APHA has altered its emphasis and might more properly be called the "American Health Care Association."

To play the devil's advocate, wouldn't it be interesting if the Year 2000 document had one chapter on personal health- and 20 chapters on the major concerns of environmental health, instead of the document being structured around some 20 chapters on personal health and one on environmental health? I do not make this as a serious suggestion, but do recommend reasonable balance such as that in the 1974 APHA policy statement, "The Role of Official Local Health Agencies," which provides balance by having sections on community health, environmental health, mental health, and health care.

What will it cost public health to attain the environmental health objectives? The price will include:

- Making a decision-Does the public health community really want (and deserve) leadership in environmental health?
- -Determining if the field of public health is willing to place a high priority on comprehensive environmental health; or should public health continue drifting toward and being subsumed by health care?
- Recognizing that all environmental health efforts are public health efforts no matter *where* organized.
- Becoming fully involved in the scientific controversies and struggles for environmental health, including developing and implementing public policy and priorities.
- Ensuring 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 laboratory, legal and fiscal resources to be effective.
- Ensuring that schools of public health and other 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, resource utilization, and energy alternatives.

- Moving environmental health programs toward primary prevention through effective environmental health planning to prevent future problems caused by energy production, transportation, land use, overpopulation, and resource consumption.
- "Thinking globally and acting locally" regarding global environmental health, and remembering that "everything is connected to everything else."
- Embracing and building bridges with other official, industry, citizen, and voluntary groups.
- Following the lead of a number of states by including "environment" ' in the official health agency title.
- Insuring that public health data are obtained from all major health agencies, not just "health departments."
- Recognizing that top leadership positions must be open to all qualified public health professionals.
- Basing programs and priorities on good epidemiology and risk assessment, and learning and practicing the art of risk communication.
- Ceasing to talk to ourselves and learning to communicate, involve, network, and develop an effective constituency.

If we accomplish the foregoing, the funding will be made available; we will reestablish public health leadership; we will have recognized that our environment is a treasure, not a dumping ground; and we will have fulfilled our public health obligation to protect our environment - the place where we are all going to spend the rest of our lives.

*Acknowledgment:* These comments were presented at an APHA special session titled "Forging the Future, Preparing for Change: Paying for Attainment of the Year 2000 Objectives," New York City, October 3, 1990.