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Comments on the role of environmental health practitioners

By Larry Gordon, adjunct professor, University of New Mexico/Albuquerque, N. M., USA

(Note: These remarks were made on Sept. 10, 2002, at the Association of Schools of Public Health Environmental and Occupational Health Council Conference on Bioterrorism, in Pittsburgh, Pa., USA.)

I'd like to offer a few brief comments to fill some gaps or re-emphasize some of the points made in the past two days of this conference.

Most environmental health practitioners do not have the technical and scientific competencies for effective involvement in bioterrorism prevention and response. Vastly improved formal and continuing education must be provided at an early date. Those who are responsible for training, education and/or action must understand the comprehensive field of environmental health practice, and should not limit discussions and actions solely to health departments. Since the 1970s, the public health field has largely traveled on two uncoordinated tracks: personal public health and environmental health. The fact is that 90 to 95 percent of environmental health services at the state level are administered by agencies other than health departments, and a similar trend has been occurring at the local level in many areas.

Actions to prevent or react to bioterrorism will require the involvement of numerous environmental health agencies that have the competencies and equipment to deal with potential threats such as radiation, hazardous waste, indoor and outdoor community air pollution, and water supply and food contamination. Environmental health organizational responsibilities have little in common, particularly at the state level. Even at the local level, bioterrorism prevention and response capabilities vary widely from community to community.

Practitioners must be able to coordinate with the vast number of agencies involved, and understand that environmental health practice is profoundly multidisciplinary and interdisciplinary. Environmental health is not a profession; it is a field in which to practice one's profession.

Agencies and institutions having responsibilities for bioterrorism prevention and response must offer services 24 hours a day.

Academicians and practitioners must market their competencies in bioterrorism prevention and response to enhance the awareness -- and confidence -- of other agencies, political leaders, media and the public.

Practitioners must be able to effectively communicate risk to the public.

Practitioners must develop appropriate public policy and participate in the political process.

Making tough decisions is difficult, and making decisions by committee is more than difficult.

Responders cannot wait for every shred of evidence before they make decisions based on their best professional judgment.

To a significant degree, the requisite technical and scientific competencies for environmental health bioterrorism response are not new. Most competencies were recommended in the "Report of the Committee on the Future of Environmental Health," as well as the U.S. Health Resources and Services Administration's (HRSA) report "Educating Environmental Health Science and Protection Professionals."

To date, there is no well-defined bioterrorism prevention and response role for environmental health practitioners as a group.

And finally, the gap between town and gown continues.

About the author:

Before he joined the University of New Mexico faculty, Larry Gordon retired as the New Mexico Cabinet Secretary for Health and Environment. Prior to that position, he served as the director of the New Mexico Environmental Improvement Agency, the New Mexico Scientific Laboratory System and the Albuquerque Environmental Health Department, and as a sanitarian. He also served as president of the American Public Health Association. Gordon is currently a member of the Underwriters Laboratories Inc. Environmental and Public Health Council, an advisory group that has input into creation and revision of EPH-related UL Standards for Safety. He is also a member of the editorial advisory board for EPH Insights Online.

