THE RISE AND CONTINUING DEMISE OF PUBLIC HEALTH LEADERSHIP FOR ENVIRONMENTAL HEALTH AND PROTECTION: A FABLE?

by
Larry Gordon, Visiting Professor
School of Public Administration
University of New Mexico

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(Background cheerful music from "Camelot")

Once upon a time, public health personnel understood, believed in and practiced primarily in the realm of disease prevention, health promotion, and environmental health.

In this almost forgotten land, public health physicians, sanitary engineers, sanitarians, and public health nurses were the heroes, wore the white hats, and reigned supreme.

Our early day heroes were soon joined by other professionals such as laboratory scientists, epidemiologists, statisticians, nutritionists, health educators, and family planners.

In this long-ago land, these visionary public health leaders were the center of all wisdom relating to public health, including environmental health, and their vision, leadership, accomplishments and pronouncements became legend.

Our public health heroes achieved great victories and reputations by understanding, envisioning, leading, promoting and practicing disease prevention, health promotion, and environmental health which resulted in improved quality of life and environment, as well as dramatic reductions in morbidity and mortality. They understood and practiced public health in the absence of any blurred vision of public health, including the essential environmental health component.

Public health accomplishments and improvements in environmental health included milk pasteurization, sewage treatment, water pollution control, air pollution control, radiation protection, solid waste management, noise control, insect and rodent control, water supply safety, housing conservation and rehabilitation, toxic chemicals, food protection, unintentional injuries, tobacco use reduction, water fluoridation, and reductions in environmental lead exposure.

Public health accepted new challenges, thus greatly enlarging its programmatic scope without

doing harm to the nature and primacy of the field of public health.

Public health, so goes the fable, was an end unto itself, and sanitation was a way of life.

Thar war giants in them thar days of Camelot!

To a large extent, our heroes achieved their goals and coasted comfortably on their laurels.

Time went by.

(End of lively music from "Camelot" --- switch to background dirge music)

Environmental health became increasingly complex, demanding, and important to society. Many political leaders felt that the U.S. Public Health Service and state health departments were not providing the essential leadership, priority, support, regulation, ecological emphasis, and comprehensiveness for environmental health. Therefore, most environmental health was organizationally diversified from most public health **departments** into new public health **agencies** such as EPA's at the state and federal levels.

As environmental health became more complex, became a more important public policy issue, and developed its own advocacy groups and constituencies, health departments largely ignored building and constantly traveling two-way bridges among the various major public and private interests involved in the cause of environmental health.

Our heroes were complacent and politically naive, so they chose to believe that such diversification was only temporary, and that the environmental health horses that had escaped or even been driven through the public health departments' open barn doors would undoubtedly return to their rightful and traditional public health masters. And some public healthers were openly relieved to be released from the controversies and complexities associated with the burgeoning environmental health ills. One state health officer even told me that, "I got rid of those air and water programs because they were just regulatory, not public health."

Health department personnel rationalized the transfer of environmental health responsibilities by simply **re-defining** environmental health narrowly on the basis of those responsibilities remaining within health departments, rather than the comprehensive field of environmental health. Health departments chose to rationalize that it wasn't environmental health if it wasn't a health department responsibility.

State governments were soon spending as much on environmental health as on all other aspects of public health combined, and some **85 to 90%** of such activities were not administered by health **departments.**

Like war being too important to be entrusted solely to the generals, other public health activities became too important to be entrusted solely to public health **departments,** and many other public health activities were also diversified to other public health **agencies.**

Many public health personnel and organizations accepted or even grasped for health **care** responsibilities, in addition to **public health.** Many such personnel had their disciplinary roots in health **care** rather than in public health, and they did not perceive the basic differences and the fact that **public health** and **health care** are in eternal competition for the limited budget dollar.

Different leaders, lacking a **public and environmental health** philosophy, continued to enter the scene.

These newcomers did not understand and promote the primacy of disease prevention, health promotion, and environmental health and protection.

Official agencies and schools of public health found the new health **care** challenges, funding and responsibilities to be seductive, and ignored the long established nature, importance, and primacy of **public health, including environmental health.**

Pogo's declaration that, "There go my people, and I am their leader", became a public health truism as more and more environmental health responsibilities were transferred from health **departments** to other types of public health **agencies.**

Many public health leaders were politically naive, and thought they could simultaneously ride the horses of health **care** and **public health, including environmental health.**

Public health personnel believed that **talking to each other** was impacting public policy.

The god of health **care** became an obsession for many agencies, organizations, and schools, thereby resulting in inadequate health department leadership and emphasis for disease prevention, health promotion, and environmental health.

Many health departments eagerly accepted responsibility for the role of health **care** as providers of last resort.

The lack of programmatic relationships between environmental health and health **care** served to further the organizational diversification of environmental health from health departments. And health departments did not choose to deal with the essential **ecological and planetary** ramifications of environmental health.

Financial support for public health programs within health departments suffered as public health

personnel became increasingly unable to define and market public health.

Public health became a **cause in search of an identity,** a confused and blurred endeavor lacking in common definition, understanding, vision, and marketing.

The lack of identity and lack of marketing for public health led to fragmentation, confusion, diversification, inappropriate priorities, lack of essential data, skewed funding and effort for education for public health, lack of understanding and focus, program gaps, and unidentified effort and expenditures.

Public health leaders, organizations, and schools of public health were slow to grasp the changes that had occurred, and did not understand that they should educate personnel for leadership in the entire **field** of public health practice and **all** public health **agencies, including the federal, state and local EPA's.**

Increasingly, many public health leadership roles in official agencies and in schools of public health were filled by personnel lacking basic public health competencies, and lacking a vision and philosophy of public health practice.

The composition of most school of public health faculty changed from public health professionals to other disciplinary specialists. Few had experience in the field of public health practice.

These disciplinary specialists did not understand or inculcate students with a philosophy and vision of the comprehensive field of public health practice, including environmental health, and students had few if any practitioner role models as faculty and mentors.

Concurrent with changes in composition of school of public health faculty, curricula were changed to the end that many graduates were disciplinary specialists rather than visionary public health leaders.

School of public health research and teaching interests also shifted from emphasizing **public health** to emphasizing **health care.** They followed the health **care** money trail.

While intent on following the money trail, some individuals fantasized and proclaimed that there is "a new public health." Time will show that the so called "new public health", which stretches in an attempt to subsume health care, is as appropriate as was the new Coca Cola. Coca Cola is still Coca Cola, and public health is still public health rather than health care.

School of public health graduates were inculcated with knowledge of health **care** administration, health **care** finance, health **care** policy, and health **care** law; rather than **public health** administration, **public health** finance, **public health** policy, and **public health** law. And

courses in environmental health finance, policy, law, and administration were almost unheard of.

The public health personnel market absorbed many of these graduates, thus further blurring the nature of the field of public health and obscuring the important differences between public health and health care, and this seriously confused and damaged the cause of public health in the health **care** debates.

Many leaders in the field of public health did not understand that public health is in eternal competition with health **care** for the limited budget dollar, and they eagerly jumped on the "Health Care for All" bandwagon, thus further diluting leadership and harming the cause of public health, including environmental health as the major component of public health.

Many public health personnel and organizations repeatedly embraced and kissed the frog of health **care** reform, believing it would become the adorable and desirable public health prince. However, the kisses were misplaced, self-defeating adulation. The frog remained a frog.

Powerful health **care** interests and astute political leaders still knew that **health care is not public health,** and concentrated on changes in the health **care** system rather than improving **public health services** delivered primarily through **state and local public health agencies.**

Many in the field of public health expressed astonishment and dismay at the damage they had wrought upon themselves as they had shot themselves in their collective foot.

(End of dirge music -- time for silent, thoughtful reflection)

Could it be that the foregoing is not a fable, but a real life public health tragedy?

What does the future hold for environmental health as the largest component of the field of public health?

Will schools of public health recognize their environmental health educational deficiencies and responsibilities and change accordingly?

Will public health leaders accept the fact that every community and state has numerous environmental health agencies in addition to a health department?

Will public health personnel vie for leadership roles in the entire **field** of environmental health?

Will public health leaders attempt to assure that lead environmental health agencies are comprehensive in programmatic scope, staffed by personnel possessing essential public

health competencies, have activities prioritized on the basis of sound epidemiology and risk assessment data, and assure that such agencies have adequate legal, fiscal, laboratory and other resources to be effective?

(Country western music for following three paragraphs: "I Don't Know What It Is, But I Sure Miss It When It's Gone," or "I'm Going Someplace I Hope I Find.")

Will public health leaders reach consensus on a definition for the field of public health to the end that public health firmly embraces environmental health, puts an end to its identity crisis and blurred vision, and can be widely understood and effectively marketed?

Will public health leaders acknowledge and utilize the definition of the field of environmental health utilized in the "Report on the Future of Environmental Health", rather than continuing to confuse the issue by developing a new definition for every meeting, every report, and every purpose?

Will public health leaders understand that environmental health cannot be marketed without a common definition, as they don't know whether they are marketing a buggy whip or a rocket ship?

Will public health leaders undertake an organized effort to understand and market the **values** of environmental health --- which includes enhanced environmental quality, as well as improved health status and quality of life?

Will public health leaders demonstrate the ability to develop and constantly travel **two-way** bridges among all the various public and private interests involved in the cause of environmental health?

Will public health leaders assure that these bridges reach community planning, public works, transportation planning, chambers of commerce, housing agencies, agriculture, energy planning and development, architects, land use and development, engineering, education and research, conservation groups, economic development, labor and trade groups, the news media, citizen groups, resource development, elected officials, business and industry, **as well as** the traditional medical community?

Will public health leaders learn that we must consistently define, promote and market comprehensive environmental health if it is to successfully compete with other needs such as defense, law enforcement, corrections, education, welfare **and** health care?

Will public health leaders attach a high priority and visibility to the goal of enhanced environmental quality, quality of life, and health status through population based environmental health activities? Or will environmental health be viewed as just a minor, aggravating and frequently controversial responsibility?

Will public health leaders understand that environmental health efforts require an effective and often difficult regulatory component in addition to surveillance, environmental epidemiology, risk assessment, risk communication, risk management, and public information?

Will public health leaders recognize that environmental health activities must include ecological and global ramifications as well as public health goals?

Will public health leaders understand that **environmental health is not health care?**

Will future public health leaders look back and wonder if the movement of environmental health from health departments might have been desirable in order to dissociate from health care issues?

Will public health leaders successfully embrace the issues and market their ability to aid in conquering current and continuing environmental health problems such as toxic chemicals, desertification, unintentional injuries, air and water pollution, radiation, noise pollution, delicate ecological relationships, food protection, land-use, species extinction, hazardous wastes, deforestation, solid wastes, over-population, global toxification, resource utilization and depletion, and childhood lead poisoning?

Will public health leaders become knowledgeable, active, and effective in the political process for the enhancement of environmental quality?

Will health departments be prepared to tackle such issues as environmental quality advocacy coalitions; the Water Pollution Control Act; the National Pollutant Discharge Elimination System; non-point water pollution sources; the Clean Air Act; National Ambient Air Quality Standards; stationary pollution sources; new source performance standards; automobile emissions; coal-fired utilities; prevention of significant deterioration; the Resource Conservation and Recovery Act; the Hazardous and Solid Waste Amendments; the Comprehensive Environmental Response, Compensation, and Liability Act; acid depositions; stratospheric ozone depletion; global warming; the Superfund Amendments and Reauthorization Act; transportation planning; resource development and utilization; energy alternatives and planning; land use; environmental health and protection planning; the Federal Insecticide, Fungicide, and Rodenticide Act; the Safe Drinking Water Act; the Toxic Substances Control Act; risk based regulation; radioactive waste siting and management; economic incentives; pollution prevention; environmental dispute resolution; the Occupational Health and Safety Act; radiation protection; community noise pollution management; and pure food control?

Lacking affirmative answers to the foregoing will ensure that environmental health personnel within most health **departments** continue to be an endangered species eking out an existence

performing perfunctory roles dealing with constantly shrinking responsibilities. Such personnel will continue to be bit players in the larger environmental health arena.

The field of public health practice has evolved into at least two systems for the delivery of comprehensive public health services at the state and federal levels, the major areas being personal public health and environmental health. Each area has its own galaxy of essential linkages. Despite these organizational differences, public health leadership is as crucial to the proper delivery of environmental health services, however organized, as it is to the delivery of personal public health services, however organized.

Public health leadership on the road to improved environmental quality is not an easy journey. There are many potholes in the way of providing effective, priority environmental health services. The journey requires vision and steadfastness of purpose, as it is beset by emotional pressures, tempting comfortable detours, political surprises, and usually offers no short-term gratification. There are few if any rest stops along the way. Unlike cold fusion, we will not get something wonderful with little or no effort.

Without the necessary environmental health leadership, vision, definition, priority, understanding, competencies, steadfastness, desire, political effectiveness, **and** linkages will we continue to be reminded of the words of that famous statesman Pogo? Is it possible that "we have met the enemy and he is us?"

(Closing country western music: Environmental health seems to be "Sleeping Single in a Double Bed", or, "Our Marriage Was A Failure, But Our Divorce Ain't Working Either.")