



Guest Commentary

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Public Health and the Environment: Floundering Partners

Walter Lippman said, "When everyone is thinking the same thing, no one is thinking." My comments may challenge rather than conform to conventional public health wisdom.

"Few Americans have any real idea of what the words 'public health' mean." That is a direct quotation from a January 1997 Harris poll. Almost half of the respondents mistakenly identified public health as health care.

We may all think we know what public health is, but our definitions vary widely. And if we can't agree on the nature of the field, we shouldn't be surprised if the public and our political leaders do not understand and adequately support public health. Few definitions of public health adequately embrace environmental health and protection.

Important differences between public health and health care have been blurred or obliterated with the unfortunate oozing of interest and emphasis from public health to health care. Public health has become a cause in search of an identity because of paucity of vision, leadership, clear definition, and marketing. Let's not blame complacency and misunderstanding among others in the absence of a healthy dose of introspection.

The Environmental Health and Protection Component of Public Health

Historically, public health and its environmental component were inseparably interwoven, and environmental health was a full partner if not the senior partner. Many early public health victories were those of environmental health.

New problems associated with increased urbanization, population pressures, resource consumption, wastes, and ecological impacts continue to create additional complex environmental health challenges. The crucial importance of environmental health and protection ranked among the many valid reasons for organizational diversification. In the late 1960s and early 1970s, the public and political leaders perceived that the scope, importance, and complexity of environmental health and protection demanded new organizational visibility, additional powers, and vastly increased resources.

Environmental health and protection is the largest component of the public health field and accounts for approximately half of its personnel and expenditures. At the federal and state levels, at least 90 percent of environmental health and protection services are delivered by agencies other than health departments.

In the mid-1960s, many of us were already predicting that health department emphasis on health care (then more commonly called medical care) would lead to the dissociation of environmental health from health departments.

In 1966, Professor Emil Chanlett of the University of North Carolina School of Public Health wrote, that in the U.S. Public Health Service, environmental health was being relegated to a place somewhere between leprosy and the quarantine station. More recently, some have suggested that organized public health groups have engaged in "rocking chair environmental health"- that is, considerable noise and motion but little progress.

For some 30 years, organized public health groups have floundered and failed to adequately emphasize and understand the scope, the societal importance, and the complexity of modern environmental problems. Organized public health groups wax effervescent about the nomination of a Surgeon General, but are amazingly quiescent about the qualifications and appointment of an EPA or OSHA administrator. Is it any wonder that an environmental scientist has never been appointed to administer the U.S. EPA and that very few state environmental agency directors are environmental scientists?

Environmental health and protection advocates do not identify their work with health care. Pollution prevention and control, for example, has little programmatic relationship with treatment or rehabilitation of a patient under care.

Many health departments suffer blurred vision syndrome, have lost sight of the meaning and primacy of public health, and have followed the money trail that leads away from disease prevention, health promotion, and environmental health toward the field of health care. Those health departments have become causes in search of an identity.

When we consider the shoot-ourselves-in-the-foot syndrome that has taken place in health departments in the past few years, we must conclude that the organizational separation of most environmental health and protection services from state health departments has sometimes been necessary. Health departments have found it difficult to deal with the regulatory, global, and ecological aspects of environmental health and protection. Other environmental agencies have no such qualms. Also, the field of environmental health and protection has developed its own constituents and advocates who have demanded separate environmental health and protection agencies.

The Organizational Divorce

Public health has largely evolved into two major service delivery systems: one for personal public health and the other for environmental health and protection services. Most environmental health and protection horses escaped the health department barn door years ago. Only the naive believe they will return. I have frequently used the analogy that health departments and separate environmental health agencies have been sleeping single in a double bed. Experience indicates that their historical institutional marriage has failed. The organizational divorce is not really working properly either. Many public health personnel are willing to admit that they don't know what environmental health and protection is, but that they sure miss it when it's gone. The separate EPAs flounder because they frequently do not understand that they are administering public health programs. Their key personnel do not possess adequate environmental health competencies such as epidemiology, toxicology, and public health assessment. These negatives have led to priorities and expenditures that are not sound from a public health science perspective.

The public health basis of environmental health and protection also has floundered, because of a single-media approach that does not appropriately address the problems. A disproportionate amount of money is spent on environmental remediation instead of primary prevention.

I could list many other examples of floundering on the part of the public health establishment, all of which helped lead to the current state of affairs, but space limitations require turning now to the more important issues of the future.

Considerations for the Future

Organized public health should understand the following:

- The separation of environmental health -services from health departments is symptomatic of how the ever-changing U.S. governmental system works. It is most improbable that those services will return to health departments.
- Environmental health and protection is the largest single component of the field of public health and accounts for approximately half of expenditures and personnel in the field.
- We should have a crisp, marketable definition of public health that specifically embraces environmental health and protection. We can't market our product if we don't know whether we're selling a buggy whip or a rocket ship. It will be difficult to improve the image of public health without having a common definition for public health.
- We should be more concerned with the field of public health than with the specific organizations delivering services, and we should recognize that environmental health and protection remains a basic component of the field of public health no matter what agencies organize and deliver services.

- We should ensure that basic environmental health competencies are inculcated into present and future environmental health and protection work forces. Such competencies include epidemiology, toxicology, and public health assessment. This goal must be accomplished through formal education, continuing education, and distance learning.
- Accreditation requirements should be improved, so that environmental health graduates of schools of public health possess the competencies necessary for the field of practice. Whatever disciplines and professions are involved, these graduates should be trained to do a public health job. Schools of public health should be encouraged to recruit academically qualified environmental health faculty who have been practitioners and will serve as practitioner role models and mentors. This approach should replace the current overemphasis on research and the use of disciplinary specialists as faculty.
- Qualified environmental health professionals must seek leadership roles in environmental health and protection agencies where they will be fully involved in determining policy.
- We should identify and support nominees with environmental health and protection competencies for leadership positions in the various federal, state, and local environmental agencies. We should be as concerned about these positions as we have been about positions such as Surgeon General or director of the Centers for Disease Control and Prevention (CDC).
- We should recognize that the environment and the public can be served as well or better by public health agencies and groups separate from health care organizations. There is little programmatic relationship between water pollution control and health care.
- We should affirmatively acknowledge key state and federal environmental health and protection officials by having them participate in our meetings, appointing them to public health committees, listening to them, attending and participating in their meetings and committees, and recognizing them as full public health partners.
- We should build and constantly travel two-way bridges (instead of building turf walls) among all the interests involved in environmental health and protection issues. These interests include engineers, architects, land use and transportation planners, public works organizers, conservationists, economic development officials, agricultural interests, resource developers, the medical community, housing interests, and environmental advocacy groups.
- We should understand that the field of environmental health and protection includes ecological and global considerations because those considerations affect the future of public health.
- We should remember that talking to each other is not the same thing as influencing public policy. We must do more than attend meetings, visit old friends, utter platitudes, adopt a few resolutions, and return to our agencies confident that something important has occurred. Many public health practitioners are politically naive purist professionals who abhor rubbing shoulders with those political rascals down at city hall, those political rascals over at the state house, and those political rascals up on the hill.

As a social movement, environmental health is demanded by the public and is widely considered to be an entitlement. The environment will be managed. The question is how and by whom. Success in the quest for leadership in this movement will be the result of individual abilities and initiatives. Many of our great leaders were dedicated individuals who achieved eminence not because they wore the right labels, but because they had the right ideas, the right information, and right abilities at the right time. Shattuck was a publisher, Chadwick was a lawyer, Snow was an anesthetist, Winslow was a sanitarian, Pasteur was a chemist, and Lasker was an advertising man. Whoever leads the social movement for environmental quality, the job belongs to no group by divine right or professional genetic proclivity. The mantle of leadership falls to those who work for it and earn it. The opportunity remains for public health professionals to take the lead in determining the nature of education in environmental health as well as in service delivery patterns. Or, we can be left behind, shackled by petrified opinion or inaction.

If we do not consider actions such as those listed above, we will continue to prove that Pogo was correct when he said, "We have met the enemy and they are us!"

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