



**The University of New Mexico**

Department of Political Science  
Albuquerque, NM 87131-1121  
Telephone (505) 277-5104  
FAX (505) 277-2821

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Healthy People 2010  
Office of Disease Prevention and Health Promotion  
Room 738G, Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

I am commenting on the proposed structure and components of the draft of Healthy People 2010. While I am equally interested in all public health programs, I am commenting on environmental health because this is an important public health area that is typically ignored by many public health professionals.

Environmental health comprises approximately half of the field of public health in terms of expenditures and numbers of personnel involved. It is by far the largest component of the field of public health. The field of personal public health in the draft would appear to have fourteen chapters. Environmental health should likewise have chapters (some related programs could be grouped together) for such environmental health programs as:

safe drinking water,  
water pollution control,  
community air pollution control,  
solid waste management,  
pesticide control,  
radiation protection,  
childhood lead poisoning,  
hazardous waste management,  
institutional environmental health,  
recreational area environmental health,  
occupational health and safety,  
noise pollution control,  
food protection,  
insect and rodent control,  
liquid waste disposal,  
poultry inspection,  
healthful housing,

unintentional injuries,  
indoor air pollution,  
milk sanitation,  
toxic chemicals,  
meat inspection,  
emergency response, and  
global environmental health issues such as:  
    global warming,  
    desertification,  
    stratospheric ozone depletion,  
    planetary toxification, and  
    deforestation.

Many of the foregoing individual environmental health programs are as large and important as the various individual personal public health programs listed in the draft.

Environmental health should comprise approximately half of the 2010 document if there is to be a reasonable and rational balance among public health programs. In the absence of such recognition and balance, environmental health will not be recognized as a full partner and environmental health programs will continue to be diversified from health departments and assigned to other agencies willing to provide the necessary emphasis and visibility.

The Public Health Infrastructure component of the document must also emphasize environmental health surveillance, data systems, training and education needs, and research. Such issues as public health assessment, risk assessment, risk communication, and risk management should also be covered.

I notice that "Staff of the Public Health Foundation provided preliminary results on the ability of the States and localities to measure their own objectives." Regrettably, the PHF does not collect data on 90 to 95% of environmental health activities at the state level inasmuch as the PHF only deals with a designated state health official in each state and does not collect data from the various state environmental health agencies — 90 to 95% of which are not in state health departments. But they are public health programs just the same.

The 2010 document, like its predecessor documents, will be viewed as a program guide and should deal with the field of public health rather than just those programs that happen to be institutionally lodged in the Public Health Service. Many important public health programs are administered by EPA, HUD, DOL, DOT, DOE, Geological Survey, Dept. of Agriculture, Nuclear Regulatory Commission, Coast Guard, and the Corps of Engineers. Any definition of public health subsumes certain activities in all these agencies.

While it is appropriate and desirable that the PHS take the lead in developing the 2010 document, it must not ignore the field of public health and merely deal with the turf of the Public Health Service.

Respectfully submitted,



Larry Gordon  
Professor, and  
former President, American Public Health Association