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Dear Bob:

You may remember me from your Missouri days when I was New Mexico Cabinet Secretary for Health and Environment. You may recall that I am also a former President of the American Public Health Association.

I was gratified to note the creation of the Council on Linkages Between Academia and Public Health Practice. I was fortunate to have been a participant in the Public Faculty/Agency Forum, and I understand the importance of implementing recommendations developed by the Forum.

I do, however, wish to express some concerns regarding the new Council on Linkages.

The Council membership does not currently include environmental health and protection representation. There is no voice from EPA or OSHA, the nation's largest health agencies delivering environmental health and protection services. And there is no representation from a professional group such as the National Environmental Health Association. Regrettably, many public health leaders do not fully understand the scope,

complexity, changing dimensions, or the political, public health, ecological and economic importance of environmental health and protection.

Our nation's environmental protection programs are public health programs and would not exist but for the public health bases and goals of the various environmental protection programs. However, despite egocentric public health conventional wisdom, attitudes and rhetoric, organized public health includes and perhaps understands only a relatively small portion of our nation's environmental health and protection activities. The barn doors have either been left open, or intentionally opened by various forces in our society. However, the results are the same, as most of the environmental health and protection horses are gone.

Many public health leaders are apparently unaware that the public health establishment has lost organizational ownership of most environmental health and protection activities at the federal and state levels, and continues to lose ownership at the local level. To a significant degree, these changes have occurred due to lack of understanding and priority; default in, or lack of leadership; and, sometimes, overt actions by public health leaders and organizations.

As an example, I cite the Institute of Medicine (IOM) report, The Future of Public Health. The otherwise blue ribbon committee did not include a balance of environmental health and protection membership. There is no indication that the committee or staff contacted environmental health and protection agencies outside the purview of official public health departments. The contents of the report do not adequately emphasize the priority, scope and complexity of environmental health and protection. The report consistently emphasizes the importance of relationships with the medical community, but is silent on essential environmental relationships with public works, housing, engineering, architecture, planning, development, agriculture, industrial, real estate, energy, transportation, land use, and resource development and utilization interests.

Early drafts of the Healthy People 2000 report neglected environmental health and protection to such an extent that it promised to be counterproductive to the

understanding and cause of environmental health and protection. There were inadequacies in the professional education, air quality and hazardous waste components. A list of the areas overlooked in the draft was, at the same time, a list of priority issues in environmental health and protection. They include solid wastes, water supply, water pollution, noise pollution, radiation protection, vector control, institutional and recreational environmental health, as well as the environmental health and protection aspects of energy production, transportation systems, land use, resource development and consumption, and overpopulation. And finally, they excluded such global environmental health and protection issues as possible global warming and stratospheric ozone depletion, desertification, deforestation and planetary toxification. The U.S. Public Health Service Office of Disease Prevention and Health Promotion, however, did respond to many of these criticisms and the final document was an improvement.

Subsequently, the PHS Center for Health Statistics (NCHS) developed Health Status Indicators for the Year 2000. Despite external criticism, the indicators developed by the NCHS almost entirely exclude environmental health and protection. The indicator on air pollution is so general as to be useless.

Then there is the "Assessment Protocol for Excellence in Public Health" (APEX-PH) which by all accounts does not adequately include environmental health and protection. It is a product of the American Public Health Association, the Association of Schools of Public Health, the Association of State and Territorial Health Officials, the Centers for Disease Control, the National Association of County Health Officials, and the U.S Conference of Local Health Officers--- the very backbones of the public health establishment. The environmental health directors in the State of Washington were so concerned with the lack of meaningful assessment measures for environmental health and protection problems in their communities that they developed an environmental health addendum to the APEX-PH protocol.

The annual inventory of programs and expenditures published by the Public Health Foundation (PHF) significantly under-reports the nation's

environmental health and protection activities. The PHF data are only gathered from the agencies headed by state or territorial health officials. Therefore, the environmental health and protection data are grossly incomplete and misleading. Comprehensive reporting of environmental health and protection activities would increase such data manifold.

Despite the foregoing examples, environmental health and protection remains a public health issue. There may still be some opportunity for the public health establishment to retain or even regain some involvement. There should be public health leadership in environmental health and protection education and training, research, epidemiology, risk assessment, problem identification and prioritization, policy development, development of standards, program design, surveillance, and data collection and interpretation.

Regaining environmental health and protection leadership will require knowledge, understanding, high priority, and affirmatively embracing and constructively building bridges rather than relying on out-dated concepts, actions and even terminology.

The health of the public and the quality of the environment will benefit by the effective involvement of professionals having expertise in environmental epidemiology, toxicology and risk assessment, as well as the technical components of environmental health and protection.

The foregoing has been detailed in order to emphasize that it is imperative that the Council on Linkages include a balance of representation for environmental health and protection agencies and associations in order to effectively serve public health, the environment and the public.

Additionally, it must be understood that many essential environmental health and protection educational competencies are specific to the field, not universal to the field of public health. For example, economics offered in most schools of public health is health care economics, rather than environmental

economics. Administration offered in most schools of public health is health care administration, not environmental administration. Health Law offered in most schools of public health is health care law, not environmental law.

And finally, I note that at the next meeting of the Council, the ASPH will present the status and findings of ----"an analysis of staffing needs of local health departments." It must be understood that by referring to "health departments" rather than to the full spectrum of health agencies, most environmental health and protection activities and personnel are effectively excluded inasmuch as most environmental health and protection programs are not located in "health departments." I also note this same issue with regard to the Council's September 11th letter to Secretary Sullivan emphasizing disease prevention and health promotion.

I hope you will use your significant influence to redirect the composition and direction of the Council on Linkages.

Best regards,

A handwritten signature in cursive script, appearing to read "Larry".

Larry Gordon

Visiting Professor of Public Administration