

**A Separate Federal Department of Health: Environmental Health and Other Prevention  
Issues**

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The subject of Governmental reorganization seems to be a matter of continuing interest, but is always of greater significance in an election year. During the 1976 presidential campaign the issue of governmental inefficiencies, program duplication, program fragmentation, and proposed reorganization became standard ingredients of proposals by both major political parties. It was noted that health programs were being administered by more than 300 federal agencies, boards, and commissions, to the end that the typical citizen was often confused, frustrated, and even defrauded of rightful health services. It was stressed then, and repeatedly since then, that the "sickness treatment" system of health care in the United States has become a runaway financial monstrosity with insufficient impact on the overall health status of our citizens. Political aspirants avowed that the pendulum of health services has swung too far toward "sickness treatment" in the absence of appropriate balance for disease prevention and health promotion services, including both personal health and environmental health. It has been repeatedly emphasized that there are preventable environmental causes for many of the major chronic diseases.

Until the late 1960s and early 1970s, environmental health had always been considered a proper and essential component of overall public health programming in comprehensive public health departments. I think it is only reasonable to note that the Public Health Service seemed more intent on continuing to study and do research than to implement major environmental health programs based on information already available. During this period of time public and political clamor and concern over the rapidly deteriorating environment caused a widespread reevaluation of environmental problems, environmental health goals, program scope and design, program effectiveness, program support, and environmental health legislation, as well as organizational and institutional settings.

**Environmental health programs were sometimes shifted to new and /or different agencies for a variety of reasons, some valid and some certainly questionable. Eager citizen environmentalists and citizen action groups tended to confuse change with progress. Public and environmental health officials frequently exhibited a high degree of territorial defense and a relatively low titer of organizational and program management knowledge. Powerful polluter lobbyists delighted in the opportunity to retard and confuse environmental health management through repeated reorganizations and by placing environmental health personnel and agencies in positions of greater "political responsiveness." The federal Environmental Protection Agency was touted as a model for state environmental health agencies, and this in turn led to further undesirable program fragmentation in many jurisdictions imbued with the questionable desire to follow the federal "model."**

**Actually, the federal EPA is not as broad in its program scope as its predecessor agency, the Consumer Protection and Environmental Health Service component of the U.S. Public Health Service. I was privileged to represent the APHA at that time to present testimony before the President's Committee on Executive Reorganization. At that time, I recommended the creation of what later became the Environmental Protection Agency, but also recommended a considerably broader program scope than ultimately was legislated. For example: the food, milk, and radiation protection activities of the Food and Drug Administration support environmental health, and the programs of the Occupational Safety and Health Administration are basically no different from other environmental health programs. All these environmental health activities require the same general types of person-power, are based on similar control concepts, utilize the same type of environmental management techniques, and need quality laboratory support services.**

**In the past ten years we have witnessed many varieties of environmental health program fragmentation and confusion in numerous jurisdictions throughout the nation. There is certainly no standard "model" to be followed, but I feel that there are some basic organizational and programmatic principles to be considered when organizing and administering environmental health agencies on the state or local level. These include:**

- Having an agency and program mission of consumer protection and public service rather than a mission of protecting or promoting the interests of any given class of industries, businesses, or polluters
- Having an agency and program goal of "insuring an environment that will confer optimum health and safety on this and future generations" - Having necessary organizational visibility to deal effectively with peer official agencies such as public works, transportation, agriculture, natural resources, etc., at the local, state, and federal levels
- Having responsibility for a broad spectrum of environmental health problems such as food protection, vector control, housing, air pollution, noise, radiation protection, occupational health and safety, water pollution control, safe drinking water, hazardous wastes, solid wastes, toxic chemicals, etc.

It is basic that all environmental health programs must as a minimum ensure the pursuit and attainment of health goals. Environmental health programs are basic preventive measures essential to the public health. Some jurisdictions have inappropriately attempted to couple environmental health with various environmental utilization and development (natural resources) programs, resulting in a classic conflict of interest or "fox-in-the-henhouse" syndrome. There must be continuing coordination and communication between environmental health personnel and other public health personnel involved in other disease prevention and health promotion programs. This is particularly essential for coordination of environmental health and personal health functions relating to epidemiology, biostatistics, and health education. Particularly at the field, local, or operational level (depending on one's terminology), there are frequently instances where it is essential to insure a "team approach" to investigations and problem solution.

If personal health and environmental health programs are to be coupled in an overall Department of Health and Environment (I think it important that both have emphasis in the title of the department), they must both have equal status, organizational visibility, and support within the overall organizational setting.

Because the organizational status of federal health programs has been discussed and re-discussed for many years, many recommendations have evolved. One proposal

would create a federal Department of Health - or, as I would prefer, a Department of Health and Environment - to combine all of the currently separate and fragmented health programs into one department. This approach has obvious merit but also involves potential significant liabilities for those interested in environmental health and other disease-prevention and health-promotion activities. Regrettably, society, through its elected officials, still seems more willing to support sickness treatment programs than to support the various preventive programs adequately. We find in our own department that our legislators seem much more willing to continue to pour millions of dollars into our sickness treatment programs (mental health, developmental disabilities, alcoholism, and drug abuse) than into our preventive programs of environmental health and personal health. It becomes very difficult, if not impossible, to prioritize prevention against treatment in the same department adequately and dispassionately. Sickness treatment always seems to win.

A federal Department of Health, however, really should include all the various disease-prevention, health-promotion, and environmental health programs, including occupational safety and health - all those having a specific goal of enhancing the public's health. It should include programs designed to respond to all the major environmental health problems, including air pollution, water pollution, radiation protection, noise pollution, toxic chemicals, hazardous wastes, occupational safety and health, environmental injuries, food, solid waste, water supplies, and accident prevention. Further fragmentation of efforts to solve such administratively and ecologically interrelated environmental health problems would be a further disservice to our citizens. Additionally, we must continue to recognize and emphasize that while environmental health programs must meet health standards and goals as an absolute minimum, they must also satisfy the demands of aesthetics and ecology in order to be effective.

A further re-organizational consideration must include the question of "conflict of interest." Some reorganization experts feel that environmental programs should be assigned to a super agency dealing with natural resources and the environment. This type of organizational structure poses a dangerous conflict-of-interest situation and confuses the mission of protecting human health and the environment with the mission of utilizing and developing the environment. The latter mission may be appropriate for agencies

dealing with natural resources, agriculture, mining, forestry, and game and fish, but not for environmental health.

Whatever type of governmental health reorganization evolves, a much greater emphasis must be placed on prevention if health programs are to be effective, economical, and further improve the health status of Americans.

Organization and reorganization of services designed for our citizens is not a game for novices, and is not simply a matter of moving blocks around on organization charts. It is serious business and must include identification of common goals, proper prioritizing of related problems, and precluding the development of even more conflicts of interest than already exist.

The voices of prevention, including personal and environmental health, have too frequently been defensive and viewed as negative obstructionists rather than as creative leaders in the quest for improved health status of Americans. We must be willing to be creative and innovative, and objectively address the organizational and programmatic principles involved without being defensive and/or archaic in our views.

I should note in closing that my own state created a Department of Health and Environment two years ago, to include the type and scope of programs I have referred to. For the most part, I think it is fairly well designed and working well. The major unresolved issue that I see in our own state is, as I stated before, that it is still impossible to gain necessary minimal funding for prevention programs in comparison to the millions being poured into the sickness treatment system for mental health, substance abuse, and developmental disabilities.