

***Blessed Are Those Who Expect Little, For They Shall Not Be
Disappointed***

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I commenced my career as a sanitarian and am proud of my various sanitarian positions including county sanitarian, district sanitarian, state food sanitarian, and chief sanitarian in a metropolitan health department. These roles were important, stimulating steps in a continuing professional journey. Experience as an environmental health practitioner is an excellent route to pursue a variety of leadership and policy roles in the broad and complex field of environmental health, as well as in the broader field of public health. Environmental health practitioners not only deal with a wide variety of environmental problems, but are also involved in epidemiology, risk assessment, risk communication, risk management, public relations, community planning, regulation, inter-personal relations, technical reports, sampling and surveillance, analyses and interpretation of analyses, developing priorities, and program evaluation.

Some of my statements today may not please everyone. I have frequently been correctly accused of “being out of step with my peers.” But this only serves to remind me of the lyrics of the Rickie Nelson song that “You can’t please everyone, so you’ve got to please yourself.” Many environmental health practitioners need to lift themselves out of their conventional mindsets. Many have what has been termed the “Rockefeller Syndrome” --- they are available, they want to serve, but do not have a clear vision. They have not developed internal gyroscopes and don’t know who they are or where they are headed. By expecting little, they are not disappointed.

I hear “Woe is Me” from many environmental health practitioners who perceive that their glasses are half-empty rather than half-full. Some proclaim they “get no respect,” moan their negativism in publications and at various conferences, engage in the blame game, and ignore their **individual** responsibilities for problem solving. Some believe that their perceived woes can be solved by some “magic bullet” such as artificial recognition through certification, registration, or licensure; or by an infusion of federal funding granted without regard for merit. They believe that talking to each other is doing something, and that someone else is going to remedy their problems. As in the title of a popular country-western song, this syndrome is “Looking for Love in All the Wrong Places.”

The “defeatist and blame someone else” attitude appears to have increased during this era in which environmental health is a high priority issue demanded by the public and political leaders, and widely considered to be an entitlement. Thankfully, numerous outstanding environmental health practitioners have not fallen into the trap of defeatism and victimization, and continue to excel and gain recognition.

I’ll mention a few reasons that many environmental health practitioners excel and gain support while others simply complain.

- They pursue a coherent vision that provides a platform upon which to base and market their mission, goals, objectives, programs and recommendations.
- They possess necessary competencies and are confident in applying their knowledge, skills, and abilities.
- They have the commitment to change the status quo.
- They have the passion to be all they can be.
- They do not dwell on what has been accomplished, and are more concerned about what remains to be done.
- They stand up for their beliefs.
- They practice resilience under disappointment, i.e., the persistence of drive and hard work when their goals have not been fully realized.
- They engage in controversial issues as appropriate.
- They don't rely on someone else to solve their problems.
- **They** are the change agents they want to see.
- They recognize that while talking to **each other** may be satisfying, is not a solution to inadequate achievement and recognition.
- They understand and utilize the political process, rather than viewing it with disdain.
- They lead in developing public policy, rather than simply reacting.
- They consistently market the **benefits** of environmental health including:
 - reduced disease and disability,
 - lower health care costs,
 - enhanced community economic vitality,
 - enhanced productivity,
 - enhanced community educational achievement,
 - fewer social problems, and

- enhanced quality of life in a more livable environment.
- They routinely utilize the complex array of public information and networking possibilities essential for marketing their services and ensuring support.
- They do not blame someone else for their perceived problems. They look inward for solutions!
- They know that professionalism must be derived from **achievement and resultant recognition** by peers, subordinates, the public and public policy leaders.
- They take the “The Road Less Traveled” by **thinking outside the box** and being willing to be out of step with their peers.
- They understand that support must be developed the old fashioned way. **They Earn It!**

When I use the term environmental health, I use it in the broad sense to embrace **environmental health and protection**. Most environmental protection programs were originally administered by health departments and were termed environmental health. The content and public health goal of those programs commonly termed environmental protection did not change with their assignment to other agencies. For more than thirty years, many public health leaders have been shooting themselves in their collective foot by proclaiming environmental protection as something different, instead of fully embracing and leading environmental health **and** protection efforts. This has resulted in creating organizational barriers rather than bridges of understanding and cooperation.

To set the stage for later discussion, a few facts about your field of practice are worth emphasizing.

- First, environmental health is a high priority issue in our society. It is demanded by the public, the media and political leaders, and is widely considered to be an entitlement. Practitioners must take advantage of the magnitude and societal importance of their field of practice.
- Secondly, environmental health is profoundly complex, multifaceted, multidisciplinary and interdisciplinary field of practice **engaged in by a wide spectrum of disciplines and professions** within a wide array of public and private organizations.
- Thirdly, nationally, 90 to 95% of **state** level environmental health activities are assigned to agencies other than health departments, and there is a similar trend at the local level.
- And finally, at the state levels, environmental health expenditures and numbers of personnel account for roughly 50% of the field of public health practice and is, therefore, the largest single component of the field of public health.

The foregoing facts signify manifold opportunities for those practitioners able and willing to address current and future challenges. The opportunities are particularly outstanding for individuals willing to vie for policy and top management roles in the varied and complex spectrum of public and private agencies having environmental health responsibilities. However, it is probably safe to say that most practitioners are more comfortable and competent in technical issues than they are in managerial and policy responsibilities.

The theme of this Conference is "Challenges and Consequences." Practitioners face a wide-ranging array of challenges in order to properly design, market, and deliver environmental health services; as well as achieving support and recognition. Among the many current challenges, I will briefly discuss the Gift of Vision, Leadership, Bioterrorism Prevention and Response, Planning for Environmental Health, Remembering the Basics, Embracing Ecological Issues, Understanding and Communicating Risk, Bridge Building, the Future of Environmental Health, and finally, Understanding Correlation. Time constraints permit me to discuss each only briefly.

Perhaps the most important challenge is

THAT SPECIAL ATTRIBUTE, THE GIFT OF VISION.

The articulated vision statements I have seen for community environmental health vary widely from no concept, through a meaningless short sentence such as "Healthy People in Healthy Communities," to well developed statements. Some acknowledge only a fragment or the amazing rainbow-like spectrum of a vision. This remarkable variation is due to lack of a common understanding of the field of practice, as well as a paucity of imagination on the part of many individuals involved in leadership and policy roles.

The following quote from Alice in Wonderland is instructive for all of us regarding the need for a vision:

"Would you tell me, please, which way I ought to go from here?" asked Alice.

"That depends a good deal on where you want to get to," said the cat.

"I don't much care where," said Alice.

"Then it doesn't matter which way you go," said the cat.

As we consider elements of a vision for environmental health, it may be that, like Alice, many practitioners either don't know or don't care where they want to go. For them, it certainly doesn't matter whether they have a vision or not.

Each of you is an important participant in developing and pursuing a vision for community environmental health that should be more than blurred imagination.

- We should envision communities in which environmental health measures contribute substantially to preventing disease and disability, as well as reducing health care costs.

- We should envision communities in which environmental health is considered an important entitlement for the common good.
- We should envision communities in which environmental health problems are measured and defined **prior** to designing and implementing control measures.
- We should envision communities in which environmental health efforts are based on sound risk assessment and epidemiology, as well as the primacy of prevention.
- We should envision communities in which ecological considerations are understood to be components of environmental health because, in the long run, a deteriorating environment is a threat to public health and the economy.
- We should envision communities in which citizens understand that a quality environment is an important factor in economic vitality and productivity.
- We should envision communities in which environmental health outcomes contribute to minimizing social problems.
- We should envision communities in which the quality of the environment contributes positively to educational achievement.
- We should envision communities in which the quality of life is enhanced by effective environmental health services.
- We should envision communities in which environmental health practitioners possess the broad array of competencies necessary to lead in addressing community environmental health problems.
- We should envision communities in which the public, the media, and policy makers constantly travel broad two-way environmental health communication bridges.
- We should envision communities in which public and private sector leaders seek the input of environmental health practitioners **prior** to developing policy impacting environmental health.

If environmental health practitioners and community leaders embrace the foregoing as components of a vision for environmental health, then environmental health goals, objectives, program design and priorities should be designed to confront and overcome such challenges.

Developing and pursuing a vision is a continuing journey rather than a destination.

CHALLENGE: CONVERTING VISION INTO REALITY (LEADERSHIP)

Many outstanding environmental health leaders **earn** continuing recognition from their peers, the public and public policy leaders. However, many other do not receive adequate recognition or visibility. So, each should consider the following questions.

- Do you lead rather than simply respond to environmental health organizational changes?
- Do you compete for leadership roles in the complex spectrum of public and private agencies delivering environmental health services?
- Do you lead in designing, gaining approval, and implementing public policy that will improve the quality of environmental health, rather than assuming that someone else or some group will do the job for you?
- Do you correct misleading and erroneous media reports?
- Do you lead by engaging in controversial environmental health issues where appropriate? For example, do you actively promote food irradiation as an important public health measure?
- Do you ensure that environmental health personnel are competent to lead in the field of practice, regardless of agency titles?

Effective environmental health leadership is profoundly complex and controversial, and is invariably the result of individual abilities and initiatives. Many of our great leaders have been dedicated individuals who achieved eminence not because they wore the right labels or belonged to the right organization, but because they had the right ideas, the right information and the right abilities at the right time. Shattuck was a publisher, Chadwick was a lawyer, Winslow was a sanitarian, and Lasker was an advertising man. The mantle of leadership falls to those who earn it, and belongs to no group by divine right.

The issue of leadership continues to be a prominent challenge. Environmental health leaders must take the lead in making it all happen! Otherwise, we are simply talking to each other, and believing that talking to each other is accomplishing something. Do not assume that others will address the challenges of your field of practice. Leadership depends on individual environmental health leaders fulfilling their responsibilities.

Many environmental health practitioners appear reluctant to incur the controversies and risks inherent in top policy and leadership roles. The important leadership positions do not offer career protection beyond the ability of an individual to earn the respect and support of peers, subordinates, the public, and the media and elected officials.

Environmental health practitioners have a solid record of achievement in a wide spectrum of roles. The mantle of leadership will continue to fall to those who have a strong desire to address the continuing challenges.

Leadership on the road to improved environmental health is not an easy route. Leadership requires vision, competence, time, commitment, and energy.

CHALLENGE: WHAT IN THE HELL IS ENVIRONMENTAL HEALTH?

The problem of identification continues to plague environmental health practitioners. There are accepted definitions and parameters for the fields of law, engineering, nursing, pharmacy, medicine and architecture, but not so for environmental health.

Many environmental health practitioners believe that opportunities begin and end with the scope of their own organizations, and definitions of environmental health vary accordingly. Instead of defining broadly and embracing the comprehensive nature of the field and associated opportunities, they mistakenly define narrowly and erect organizational and mental barriers by believing that practice is limited to specific agencies rather than the amazing spectrum of public and private entities involved. Opportunities for leadership abound in scores of organizations at the local, state and federal levels.

I commenced participating in national workshops and seminars almost 50 years ago. Participants in most such meetings have evinced the desire to define and redefine environmental health, sometimes defining broadly, but more often defining narrowly. Various federal, state and local environmental health organizations continue to define and redefine to the detriment of a clear, consistent and comprehensive understanding of environmental health. Some have chosen to delimit the field by utilizing the term “environmental public health,” which has the effect of limiting activities to those in health departments. The “*Committee on the Future of Environmental Health*” recommended a much more comprehensive approach. This group, following widespread peer review and input from such groups as NEHA, CDC, NCEH, HRSA, EPA ATSDR, ASPH, CLEHA, various state and local health departments, ASTHO, NACCHO ----, defined the field as Environmental Health and Protection. This term recognizes the fact that, with rare exceptions, environmental health and environmental protection activities are the same, varying only by titles of agencies responsible for the programs. Health departments spawned most of the activities of state and federal environmental protection agencies, but magically, terminology was changed with the transfer of responsibilities from health departments.

Utilizing the widely peer reviewed definition of environmental health developed by the “*Committee on the Future of Environmental Health*” is essential to marketing your product. In the absence of this widely referenced definition, practitioners do not know if they are marketing a buggy whip or a rocket ship. Environmental health must be consistently marketed in an organized fashion to ensure the understanding and support of the public, including the media, civic leaders and elected officials. Environmental health is **valuable**, environmental health is **essential**, and environmental health is **marketable**.

CHALLENGE: AN APPROPRIATE BIOTERRORISM ROLE

Our Nation's environmental health workforce varies tremendously in competencies to effectively address bioterrorism issues. There is little documentation that specifies clearly defined roles and necessary competencies for the tens of thousands of environmental health practitioners in federal, state and local agencies. This large and important public health workforce **should** be in a position to play a key role in preventing and responding to bioterrorism events. Currently, many disaster preparedness plans suggest limited roles for environmental health and place practitioners in support roles for other public health functions and even for health care.

Environmental health practitioners have skills, competencies and legal responsibilities to routinely address vital health and safety problems related to water supply, toxic chemicals, hazardous wastes, water pollution, disease vectors, food safety, community air pollution, indoor air quality, industrial health and safety, and ionizing radiation. However, with few exceptions, these professionals would be in disarray in the event of a bioterrorism episode within their jurisdictions. This lack of role definition, defined competencies and training for bioterrorism preparedness constitutes a disservice to our nation's public health efforts and citizens.

Strong bridges of cooperation linking health departments with the scores of other agencies delivering most environmental health programs at the local, state and federal levels should be developed to ensure a comprehensive approach to bioterrorism prevention and response.

Many individuals in the public health establishment tend to view environmental health as a minor single program, instead of a major spectrum of programs of community and indoor air quality, food protection, water supply, solid and hazardous wastes, toxic chemicals, water pollution, industrial health and safety, ionizing radiation, and vector control.

Most environmental health practitioners are disciplinary specialists in one of foregoing programs.

The foregoing has not been recognized. Appropriate bioterrorism prevention and response competency needs and training for our nation's huge environmental health workforce have not been developed.

Competencies should be specified as the basis for an Environmental Health Prevention and Response Guide instructive in the areas of major potential routes of exposure, including:

WATER SUPPLY

WATER POLLUTION

FOOD SAFETY

COMMUNITY AIR POLLUTION

INDOOR AIR POLLUTION

ANIMAL AND VECTOR BORNE DISEASES

INDUSTRIAL HEALTH AND SAFETY

Each of the foregoing areas of potential exposure should have subsections specifying competency needs for:

Biological,
Chemical, and
Radiological episodes.

This would provide a basis for the necessary training of the environmental health workforce, as well as graduate and undergraduate curriculum development.

CHALLENGE: PLANNING FOR ENVIRONMENTAL HEALTH

Planning for environmental health requires competencies and approaches that have not been widely understood, developed or utilized. Too frequently, planning for environmental health is misconstrued to be the same as program planning. The absence of organized legally mandated planning for environmental health ranks high among important environmental health challenges. Ensuring the competency and authority to work effectively in planning for environmental health is necessary for environmental health practitioners if they are to function in a primary prevention mode, rather than secondary prevention or environmental remediation after the contamination or pollution has been produced and emitted. While the field of environmental health is viewed as being based on prevention concepts, a preponderance of funds are devoted to remediating problems created as a result of prior actions taken in the public and private sectors. Planning for environmental health is a basic prevention measure to ensure effective involvement during the planning, design and implementation stages of such activities as:

- Energy production and utilization
- Land use
- Transportation systems
- Resource development and consumption, and
- Product and facility design

Environmental health policy must be based on prevention if there is to be any hope of preventing further environmental degradation.

CHALLENGE: REMEMBER THE BASICS

I have already noted that 90 to 95% of state level environmental activities are administered by agencies other than state health departments, and that the same trend has been occurring at the local level in many areas. There are numerous reasons for these changes, but I wish to emphasize two of them. One has been a failure to judiciously **regulate** in accordance with legal requirements and public demands. Another has been the inability of many public health personnel to deal with **ecological** issues as vital components of environmental health.

Numerous activities are essential to effective efforts, including:

- Data collection and surveillance
- Consultation
- Networking and community involvement
- Pollution prevention
- Plan review
- Inspection
- Economic and social incentives
- Public information
- Public policy development
- Program marketing
- Strategic planning

The various aspects of regulation, such as:

- Warnings
- Administrative hearings
- Permits
- Grading
- Compliance schedules
- Injunctions
- Embargoes, and
- Court actions

All the foregoing activities are important, but the regulatory efforts remain basic to ensuring public confidence and support. Most environmental health efforts are based on legal requirements that the public and elected officials expect to be judiciously administered.

CHALLENGE: EMBRACING ECOLOGICAL ISSUES

Environmental health programs have traditionally been justified, designed, and administered based on a public health rationale. As environmental problems, priorities, public perception, public involvement, goals, and public policy have evolved, ecological considerations have become increasingly important. Whatever long-term health threats exist, the public and public policy leaders know that pollution kills fish, limits visibility,

creates foul stench, ruins lakes and rivers, degrades recreational areas, and endangers plant and animal life. Environmental practitioners must develop the competencies to embrace ecological issues as precursors to health problems. They must understand that **ecological changes are previews of incipient public health problems. Failure to embrace ecological components has been among the reasons many environmental health responsibilities have been assigned to agencies other than health departments.**

CHALLENGE: UNDERSTANDING AND COMMUNICATING RISK

Everything in the practice of environmental health is based on risk ---- risk assessment, risk communication, and/or risk management applied to one or more environmental problems. The issue of how risk is assessed, communicated and managed is among the most critical environmental health problems faced by society. Public perception drives the actions of elected officials. However, public perception of environmental health priorities and problems frequently differs from that of environmental health scientists.

Risk communication ranks among the more significant challenges in your field of practice. Risk assessment is merely academic in the absence of continuing effective risk communication with the general public, various interest groups, public and private organizations, and public policy officials. Many practitioners continue to view risk communication as a one-way process composed of official pronouncements, advisories, letters, leaflets, booklets, and other such materials. As a group, environmental health practitioners have been particularly inept as risk communicators.

Effective risk communication requires complete openness throughout the process, and the involvement of the public as actions are being planned rather than after the fact. Failures in risk communication are frequently linked to failures to involve the public early and to openly discuss the assumptions and data on which risk has been assessed. But in so doing, recognize that the professional activists represent special interests and do not represent the general public. Therefore, you must be diligent and creative in developing methods of communication with the public. Risk communication skills will aid you in overcoming some of the enemies of environmental health. :

CHALLENGE: BUILDING AND TRAVELING BRIDGES

Environmental health practitioners must develop and constantly travel communication bridges connecting a wide variety of groups and agencies involved in the struggle for a quality environment and enhanced public health. A few such interests include land use, energy production, transportation, resource development, the medical community, public works officials, agriculture, conservation, engineering, architecture, colleges and universities, economic development, chambers of commerce, environmental groups, trade and industry groups, and elected officials. Organizational policy, rather than chance or personalities should mandate these bridges.

CHALLENGE: MEETING THE FUTURE OF ENVIRONMENTAL HEALTH

Environmental health will continue to increase in complexity, and the public will increasingly expect and demand appropriate services. Demographic changes, resource development and consumption, product and materials manufacturing and utilization, wastes, global environmental deterioration, technological development, changing patterns of land use, transportation methodologies, energy development and utilization, and continuing organizational diversification of environmental health will create additional and unanticipated challenges.

Practitioners must build castles rather than merely lay bricks. They must manage the environment utilizing a plethora of tools, rather than merely inspecting and reacting. Environmental health practitioners must have a vision, a philosophy, a comprehensive view of the field of practice, and understand and market the values and benefits of environmental health.

The future of environmental health is bright for those who have the necessary competencies. There are many potholes in the course of providing services. The journey requires vision and steadfastness of purpose, as it is beset by difficult pressures, tempting comfortable detours, political surprises, and frequently offers no short-term gratification or pay-off. There are no rest stops along the way if you wish to survive and thrive.

Environmental health will continue to be basic to health of the public and the quality of our environment. Environmental problems, programs, organizations and requisite practitioner competencies will evolve in ways that are as yet unforeseen. Anticipating and meeting the challenges of the future will insure a bright future for those practitioners who are able to deal with such challenges as I have outlined.

For those effectively addressing such challenges as I have discussed, the **Consequences** (in line with the theme of this conference) will be:

Blessed are those who have great expectations, for they shall lead, achieve and be honored!

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Environmental health and protection is the art and science of protecting against environmental factors that may adversely impact human health or the ecological balances essential to long-term human health and environmental quality. Such factors include, but are not limited to: air, food and water contaminants; radiation; toxic chemicals; disease vectors; safety hazards; and habitat alterations.

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Larry Gordon is an Adjunct Professor at the University of New Mexico. He has also served as:

- New Mexico Cabinet Secretary for Health and Environment,

- Deputy Cabinet Secretary for Health and Environment,
- New Mexico Administrator for Health and Environmental Programs (State Health Officer),
- Founding Director , New Mexico Scientific Laboratory System,
- Founding Director , New Mexico Environmental Improvement Agency,
- Founding Director, Albuquerque-Bernalillo County Environmental Health Department,
- Director, Albuquerque Health Department,
- County Sanitarian,
- State Food Sanitarian
- Chief Sanitarian, Albuquerque Health Department, and continues as a
- Commissioned Officer (Captain), U.S. Public Health Service Inactive Reserve, and is a
- Consultant to numerous national public and private agencies and groups.

Gordon also served as:

- President, American Public Health Association,
- Chair and Founding Member, National Conference of Local Environmental Health Administrators,
- Founding Member and Diplomate, American Academy of Sanitarians,
- President of the New Mexico Public Health Association,
- President and Founder, New Mexico Environmental Health Association,
- Chair, APHA Section on Environment,
- Co-Chair, APHA Action Board,
- Member, APHA Science Board,
- Founding Member, Council on Education for Public Health (the national accrediting agency for schools of public health and public health programs), and
- Member, National Environmental Health Science and Protection Accreditation Council (the national accrediting agency for environmental health and protection academic programs.)

He has over 230 professional and technical publications.

Gordon is a recipient of the:

- National Society for Public Administration (New Mexico Chapter) Distinguished Public Administrator Award - 1996
- Univ. of Michigan School of Public Health Alumni Society Distinguished Alumnus Award - 1995
- Distinguished Leadership in Environmental Management Award, American Society for Public Administration - 1994
- County of Los Angeles Lester Breslow Award for Distinguished Service in Public Health - 1994
- University of New Mexico Alumni Association Zimmerman Award for bringing credit to UNM- 1993
- New Mexico Governors Distinguished Public Service Award - 1988
- American Public Health Association Sedgwick Award (the oldest and highest honor bestowed by the APHA)- 1987
- American Lung Association Clinton P. Anderson Award for Outstanding Efforts to Improve the Health and Environment of New Mexicans - 1987
- New Mexico Public Health Association Larrazola Award - 1987
- American Academy of Sanitarians Wagner Award for Leadership Ability and Professional Commitment - 1984

- New Mex. Hospital Assoc. Commendation for Leadership in Health Care - 1981
- Honorary Fellow Royal Society of Health For Distinguished Work in Connection With The Promotion Of Health, London, - 1981
- National Environmental Health Association Snyder Award - 1978
- New Mexico Public Health Association Award for Distinguished Service - 1970
- National Secretaries Association International, Boss of the Year Award - 1970
- New Mexico Sanitarians Association Award for Outstanding Contributions to Sanitation - 1967
- Sanitarians Distinguished Service Award, International Sanitarians Assoc. - 1962
- Western Branch, American Public Health Association Sippy Award for Meritorious Service to Western Public Health - 1962
- National Environmental Health Association Mangold Award for Outstanding Contributions to Professional Advancement - 1961
- Samuel J. Crumbine Award for Outstanding Development of an Environmental Sanitation Program - 1959

Gordon planned and gained legislative authorization for the:

- Albuquerque-Bernalillo County Environmental Health Department,
- New Mexico Scientific Laboratory System,
- New Mexico Environmental Improvement Agency, and
- New Mexico State Health Agency (now the Public Health Division.)

He also developed and gained enactment of numerous state and local public health and environmental health statutes and ordinances, in addition to testifying before Congressional and other national committees on various public and environmental health measures, including the creation of EPA, Clean Air Act and Superfund.

Gordon earned his MS degree in Biology from the University of New Mexico and his MPH degree in Environmental Health from the University Of Michigan School Of Public Health.

Gordon is listed in:

- Who's Who in America, 1988 - current
- Who's Who in the West, 1970 - current