

STATE OF NEW MEXICO

ENVIRONMENTAL SERVICES DIVISION

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Richard F. Clapp, Chief
Community Services Training Section
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Decatur, Georgia 30033

Dear Dick:

Responding to your letter:

I have no concern that individuals **competently** filling roles as public health sanitarians will disappear and be replaced by someone else, but there may be changes in titles. There is such a shortage of environmental health manpower that such personnel must be utilized, but changes in organizational patterns and programs dictate the need for re-orientation and re-training of many individuals currently identifying as sanitarians. My thinking in this regard is not in reaction to the recently announced federal reorganization patterns, but rather a response to what I see as our nation's environmental health needs. One reason that health agencies and sanitarians have not been more successful, and health departments are being phased out and replaced by new agencies, is that health departments and sanitarians have long had tunnel vision in relation to the total environmental health needs of society. Specifically, sanitarians have been hung up on this health business from time immemorial, so that they have been the ones to create program fragmentation and loss to other agencies. Sanitarians continue to only voice concern about the health aspects of food protection, the health aspects of housing, the health aspects of air quality, the health aspects of water pollution control, etc., ad nauseam. Other personnel and agencies have expressed the desire and willingness to handle these environmental health problems on a total management basis, i.e. **health, safety, comfort, and well-being** of man and his environment. Some sanitarians and a few health agencies have adjusted to these societal needs by appropriately altering their programs and goals. Others are being plowed under.

There is no reversing the trend toward separate "departments of environment" at the federal level and state level, and the next few years will see more of this at the local level. Public health input is still essential, but sanitarians cannot be successful and should not be content to supply only the health components of the programs. The challenge is to re-orient public health environmentalists to **comprehensive environmental needs and multiple goals**. I do not see this as being an overwhelming problem, but is a matter of laying out the facts of life to individuals as we meet and work with them.

Coupled with the need to re-orient sanitarians to comprehensive environmental programs and multiple goals is the need to establish environmental problem and program priorities based on something other than tradition or the manner in which effort is currently being expended. It would be interesting to determine what percentage sanitarians in this country are actually devoting significant effort to problems of air quality, water pollution, environmental injuries, environmental chemicals, and solid wastes. Additionally, it might prove interesting to determine how many of these personnel are **utilizing management program techniques and methods other than the inspectional method**. We must devote effort to re-orienting sanitarians to think and act in terms of total management techniques rather than traditional inspectional techniques only. I am firmly convinced that this can also be done and that most sanitarians will be eager to make the changes if they understand the need and the methods.

Sanitarians and health agencies (if they are to survive) must change from current narrow sanitation programs utilizing inspectional techniques with a health goal only, to comprehensive programs utilizing a spectrum of management techniques and multiple program goals.

Best personal regards,

Larry Gordon