

KEYNOTE ADDRESS

ENVIRONMENTAL HEALTH: EVERYONE'S RESPONSIBILITY

by

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My current responsibilities as Deputy Secretary for Health and Environment for the State of New Mexico include all the public health, behavioral health, health planning, laboratory, and environmental health activities of our Department. For many years I was more specifically associated with environmental health, therefore I feel comfortable in addressing the issue of environmental health as an integral portion of this "Strategy Session on Directions for Environmental, Public, and Occupational Health Programs."

Many of us old-time public healthers have never lost sight of the need for prevention, the value of prevention, and the cost-benefit superiority of prevention over treatment. We have watched with frustration and dismay while staggering billions have been poured into the sickness treatment systems of our communities, states, and Nation with unsatisfactory (though expensive) attendant impact on the health status of our citizens. It was erroneously concluded that treating health problems was sufficient to improve the health status of our citizens. Our political and health leaders are now seeing that the sickness treatment methodology and expenses have not been a panacea.

During the same years, sickness treatment costs have escalated and skyrocketed to the end that such costs have become a serious economic problem which is a priority issue for our political leaders and our health planning organizations.

With that limited background statement, it may be desirable to discuss the terminology "environmental health," Many of us remember the "olden" days when the vast majority of environmental health programs were organized within the framework of the then traditional state public health departments. But with emphasis on consumer protection, comprehensive programming, organizational visibility, importance of citizen

input and participation and effective regulatory actions, the organizational picture has changed radically within the past decade.

Some states have chosen to reorganize and place emphasis on something called "pollution control". Such states have usually confined such "pollution control" programs to the air-water-wastes syndrome. Others have retained the terminology "environmental sanitation" or "environmental health", and consigned such programs to state health departments. Still others have used terminology such as "environmental protection," "environmental improvement," "ecology," or "environmental quality." A few have intertwined programs of environmental health with programs of environmental utilization and development in departments of "conservation" or "natural resources." The latter are inherently dangerous programmatically in that the obvious mixture of missions and goals poses a classic conflict of interest with environmental health the most likely to be the victim of the "fox in the henhouse."

However, regardless of the varied terminology or institutional arrangements, environmental health programs are simply organized methods of solving environmental problems having a significant health component through means of managing the environment. Such problems as air pollution, water pollution, solid wastes, environmental injuries, biological insults, environmental chemicals, food safety, radiation, noise pollution, and shelter are addressed through such programs as air quality, food quality, radiation protection, solid waste management, occupational health and safety, insect and rodent control, safe water supply, noise control, environmental control of recreational areas, institutional environmental control, subdivision control, hazardous wastes, product safety, water quality, and housing conservation and rehabilitation.

Many of the foregoing programs address an almost identical group of environmental health problems, thus emphasizing the economic, ecological, and administrative need to have major environmental health regulatory efforts centralized rather than fragmented among a variety of overlapping and competing agencies, thereby resulting in skewed priorities, program duplication and gaps, ineffectiveness, and citizen confusion.

It must be noted in passing that other societal problems such as over-population,

transportation, land-use, and resource development and consumption are even more basic and important than the environmental health problems I have listed. Environmental health problems are frequently the by-products of these more basic issues and will not be solved without understanding and addressing the more basic issues.

The organizational location of state environmental health programs is another matter. Public and political clamor and concern over the rapidly deteriorating environment in the late 1960's caused a widespread re-evaluation of environmental health problems, program goals, program support, program effectiveness as well as organizational settings. Programs were shifted to new and/or different agencies for a variety of reasons -- some valid and some questionable. Eager citizen environmentalists and citizen action groups sometimes confused change with progress. Public health and environmental health officials generally 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 measures through repeated reorganizations and by placing environmental health personnel and programs in positions of greater "political responsiveness." The federal government must share responsibility for imposition on states of narrowly oriented, single-program laws conceived through tunnel vision. The federal codes and regulations relating to such programs as food, milk, occupational health and safety, air pollution, water pollution and radiation, provide examples of the administrative problem of single-problem-oriented codes that result in a greater array of bureaucracies and a greater burden on our taxpayers.

Regardless of the organizational placement of environmental health, the goal should be to insure an environment that will confer optimal health and safety on this and future generations. The mission should be one of citizen and environmental protection rather than environmental utilization and development. Some environmental health agencies have not fully developed the concept of mission and have been ready prey for those polluters and others they are charged with regulating.

This has often resulted in the environmental health agencies protecting or promoting the interests of those they are charged with regulating.

And a few words about environmental health manpower. When one grasps the magnitude, variety and scope of environmental problems, understands their vital importance to this and future generations, scans the maze of organizational arrangements for delivering programs, and views the variety of useful program methods, it is obvious that the variety of manpower required is diverse. Such manpower necessitates a spectrum from the lowest assistant or inspector through a wide variety of doctoral level environmentalists. The effort and the programs demand an alliance of physical scientists, life-scientists, social scientists, physicians, engineers, planners, technicians, laboratory scientists, lawyers, veterinarians; the list is endless, and all types are necessary. The mantle of environmental program leadership falls to those who earn it, be they "doctors, lawyers, or Indian Chiefs."

Within recent months and years, our leaders have become increasingly aware of the staggering costs of environmentally-related disease such as cancer, heart disease, and lung disease. They are aware of reports that an estimated 60% to 90% of many of these chronic and fatal diseases are environmentally induced and preventable. They have been forcefully reminded of the unacceptable annual burden of 100 billion for cancer, heart, and lung disease, much of which is preventable through known environmental health measures. They have increasingly realized that improving the quality of life depends on keeping people healthy. They have recognized that we must build a conscience for prevention. They have been advised that we are going to be spending increasing amounts for health care with little overall impact on health status unless we improve our environmental quality. They are increasingly recognizing that any National Health Insurance program will be doomed to failure and spiraling costs without more effective environmental health and other preventive measures as a prerequisite, and that National Health Insurance without such measures will be another expensive experiment in the matter of misplaced priorities and improper timing. Our leaders are increasingly recognizing that we must stop expecting medicine to bail us out from the consequences of our own foolishness, and that we must stop waiting for tragedy before taking action. And

they are increasingly realizing that the concern of environmentalists with wildlife and the natural environment is a sound manifestation of interest in the entire natural system of which the human animal is a part, and the environmental effects on wildlife serve as an "early warning" or preview of coming attractions in accordance with the known and proven ecological maxim that "everything is connected to everything else." And they are learning that sound environmental health measures must be for today and tomorrow -- not just tomorrow.

I cannot conscientiously address the matter of environmental problem priorities without again noting the impact of other societal issues on environmental problems. Over-population and the resulting consumption and/or destruction of non-renewable resources is the single highest priority affecting the environment. Population stabilization is the only real preventive endeavor, as curative programs to control the resulting secondary problems of environmental degradation, energy shortages, transportation, land-use, congestion, crime, and famine have not and will not be effective without resolving the basic issue of over-population.

Environmental health professionals should support specific national and global actions and agreements to stabilize human population levels through such mechanisms as education, racial justice, sexual equality, technology sharing, birth control, reorientation of social values and attitudes, demographic research and planning, and economic and fiscal policies and incentives.

Inappropriate land-use is another factor that society, through our elected officials, has not seen fit to address except in limited areas and situations. However, improper land-use continues to contribute to or even create many of the environmental health problems with which we must deal on a curative basis.

Power for homes, industries, and transportation from non-polluting, renewable energy sources is the final major issue having an impact on environmental health problems. For a number of reasons including industry monopolies, union agreements, and governmental conflicts-of-interest, the nation has not made even a good token commitment to solar energy.

As for specific environmental health problem priorities, I include:

1) those which are irreversible in nature and will damage the environment and/or human health over a long period of time, and 2) those having acute and/or chronic health effects.

Under these guidelines for priorities, I list air pollution, water pollution, hazardous wastes, radioactive wastes, environmental chemicals, accidents, safe drinking water, and the problems of our inner-city urban environments.

Underlying all the previously mentioned societal issues and environmental health problems are ignorance and poverty that must be addressed and solved for there to be substantial, permanent, long-range progress toward our goal of "an environment that will confer optimal health and safety on this and future generations," or for people to die young as late in life as possible.

It is a matter of serious concern that the human animal sometimes seems more willing to suffer the health, social, and economic consequences of disease and pollution than to pay for environmental health for this and future generations. Perhaps the human animal can slightly adapt to some degree of environmental degradation, but it is indeed alarming that the human animal might attempt to merely survive through disease-ridden adaptations rather than thrive through environmental quality.

It is most gratifying to observe the continued interest of the American Medical Association in environmental health as evidenced by this Conference. Physicians have always numbered among those dedicated to solving environmental health problems. Hopefully, discussion at this meeting will lead to recommended strategies for the AMA,

State Medical Societies, and individual physicians to become more knowledgeable, more involved, and more effective in the struggle for a healthful environment.