Environmental Health Without Borders

We can no longer pretend that what happens outside the borders of the U.S. will not directly impact the residents of our country.

Environmental health is global by its very nature. Pollutants carried by air or water move readily across national boundaries. International trade puts products manufactured in many other nations in the hands of every U.S. consumer. A trip to your local grocery store’s produce or seafood department reveals foods harvested in dozens of different countries. Dining out in many cities now presents the opportunity to enjoy the unique cuisines and food products of many cultures.

Our global interconnectedness brings environmental health risks with it. To cite just a few examples:

• Accidental import of a vector species—In 1985, the Asian tiger mosquito (Aedes albopictus) was accidentally introduced into the U.S., probably in a cargo of used tires shipped to Houston from Asia. Since then the Asian tiger mosquito has become endemic in 26 southeastern, mid-Atlantic, Mississippi valley, and Missouri valley states. It has developed into a significant nuisance species and a potential disease vector for LaCrosse encephalitis, dengue fever, and chikungunya.

• Introduction of diseases previously not endemic in the U.S.—In 1999, West Nile virus appeared in the U.S. The epidemiologic evidence suggests that the virus most likely was introduced via infected humans arriving in New York from Israel, where there was an epidemic of West Nile virus infection at the time. By 2004, West Nile virus was found in all 48 of the contiguous states in the U.S.

• Import of contaminated pet food ingredients—In 2007, pet food companies recalled numerous products because the wheat gluten or rice protein they contained was contaminated with melamine. The ingredients in question were thought to have originated in China.

• Import of toys containing toxic materials—Also in 2007, thousands of Curious George plush dolls from Marvel Toys and Barbie accessories from Mattel were recalled after it was discovered that the toys contained an excessive amount of lead in their surface paint. The products were manufactured in China.

• Humanitarian crises—In January 2010, a major earthquake devastated Haiti, internally displacing many people and badly damaging the already inadequate water and sanitation infrastructure. Within months a major cholera epidemic broke out, which still has not been entirely controlled. A number of persons entering the U.S. from Haiti have brought the disease to the U.S. with them.

• Travel of persons infected with rare infectious diseases to the U.S.—In 2014, a Liberian national visiting Dallas, Texas, was diagnosed with Ebola virus and subsequently died. Two of the nurses who helped treat the man subsequently contracted Ebola virus. The incident caused nationwide alarm and sparked renewed emphasis on hospital sanitation and infection control measures.

• Import of food products contaminated with pathogens—This year, cucumbers imported from Mexico appear to be responsible for an outbreak of Salmonella Poona that CDC says has sickened at least 558 persons in 53 states as of this writing (www.cdc.gov/salmonella/poona-09-15/).

We can no longer pretend that what happens outside the borders of the U.S. will not directly impact the residents of our country. As chikungunya, dengue fever, and Ebola have recently shown us, few environmental health issues are geographically limited. It is increasingly important that NEHA be globally engaged on issues of international importance.

How Is NEHA Becoming More Globally Engaged?

NEHA has begun a conscious effort to become more engaged internationally. Our strategic directions include a commitment to become both more active and more effective in the international arena. Some of NEHA’s initiatives include the following:

• Several years ago NEHA created a new class of membership: international members.
Today NEHA has about 60 international members. Approximately half of NEHA’s international members live in Canada. It is expected that the number of international members will grow steadily over time. NEHA’s goal is for 10% of our membership to be international members within 10 years.

• In 2011, NEHA donated over 100 books to the Environmental Health Support Association—Uganda (EHSA-U) to start an environmental health library there (see photo above left). About 30 bimetal bayonet thermometers were also donated to EHSA-U members. In 2012, NEHA arranged the donation of three laptops to EHSA-U through Global Environmental Health Partnerships (GEHP). In 2014, Virginia Environmental Health Association Past President Eric Myers delivered another shipment of books to EHSA-U on behalf of NEHA and GEHP. Many of the books were donated by NEHA member Denise Sockwell, the Arizona Environmental Health Association (AEHA), and AEHA President Tom Dominick.

• In 2012, NEHA worked with GEHP to donate a number of books to the Zambian Institute of Environmental Health (ZIHE). In 2014, Virginia Environmental Health Association Past President Eric Myers delivered another shipment of books to ZIHE. Many of the books were donated by NEHA member Denise Sockwell, the Arizona Environmental Health Association (AEHA), and AEHA President Tom Dominick.

• In 2012, NEHA’s Regional Vice President Tim Hatch has partnered with IFEH members from other countries to begin offering the Environmental Health Training in Emergency Response (EHTER) course outside the U.S. The course was recently presented in both Australia and Portugal.

• NEHA members from academia are becoming increasingly engaged in training our environmental health colleagues in foreign countries. Dr. D. Gary Brown (Eastern Kentucky University) has been a frequent lecturer at the University of the West Indies. Dr. Bryan Brooks (Baylor University) has also been very involved in working with our environmental health colleagues overseas.

• As your president, I recently attended the Canadian Institute of Public Health Inspectors’ (CIPHI’s) Annual Educational Conference in Ottawa. I met with the CIPHI Governing Council and began discussing possible opportunities for increased collaboration.

• In September, NEHA Executive Director Dr. David Dyjack, NEHA Past President Dr. Carolyn Harvey, Mel Knight, and Tim Hatch attended the First World Environmental Health Academic Conference in Coimbra, Portugal. We expect this conference will open up further opportunities for international collaboration on training and education.

• In October, Dr. Dyjack, Mel Knight, and Dr. D. Gary Brown traveled to the Jamaica Association of Public Health Inspectors (JAPHI) Annual Educational Conference in Lucea, Jamaica. In an effort to assist JAPHI, they took three laptops and 36 environmental health books donated to JAPHI by GEHP (see photo above right).

• NEHA has created a new organizational structure called an International Partner Organization (IPO). IPOs will function as NEHA’s international affiliates. NEHA is currently discussing possible IPO status with environmental health associations from two countries.

• This year the NEHA board of directors created a new volunteer position within NEHA titled NEHA Ambassador. In September the first three ambassadors were named: Ron deBurger, ambassador to Canada; Rachel Stradling, ambassador to Europe; and Dr. D. Gary Brown, ambassador to the Caribbean. Their role will be to build relationships within the international environmental health community.

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What Can NEHA Affiliates and Individual Members Do to Support NEHA’s International Work?

There is an increasing number of international opportunities for NEHA members and affiliates. Here are a few:

- Volunteer to be a NEHA Ambassador. NEHA is looking for ambassadors to the Middle East, Asia, Mexico and Central America, and South America. For more information e-mail me at NEHA.Prez@comcast.net.
- If you have gently used environmental health books, equipment, or laptops that are not too outdated, you can donate these to GEHP. You can contact them at GEHP@comcast.net.

Promises to bring dividends to our member-centered organization. None of us is as smart as all of us, and we are creating the internal conditions where the best ideas float, independent of who offered up the gem. Our aim over time is for you to trust our capabilities, and more importantly, to trust our organizational character. If we can achieve that, then nothing else matters. If we can’t, then nothing else matters. I mean it.

Relationships and trust are built on four basic factors: the proximity of the key players, the frequency of their interaction, the duration of their time together, and finally, the intensity of the processes. As we travel our professional journey together I will keep these factors in mind as we recognize that our success as an organization is primarily predicated on your success as individual practitioners, as we strengthen the systems that ensure a safe and healthy environment.

I am struck that we have many battles ahead of us. Dr. Katherine Kirkland, executive director of the Association of Occupational and Environmental Clinics, spoke to our staff a couple of months ago in Denver. She reflected on the impending budget battle on Capitol Hill, with increasingly common terms “sequester,” “continuing resolution,” and other evidence of political gridlock in full evidence. Sadly, it is becoming increasingly evident that these battles will be with us for the duration of our working lifetimes. We will need to consider the four trust factors I mentioned earlier to cultivate relationships with the influencers on Capitol Hill. This will not be an inexpensive or easy proposition in our journey to success. It is nonetheless necessary.

Speaking of journey, the conductor just announced our impending arrival into Coimbra. With that, I bid you a blessed holiday season. Carpe diem. ☕️

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Privileged to partner in 2016 for our annual conference! *(HUD), Office of Lead Hazard Control and Healthy Homes under the U.S. Department of Housing and Urban Development)*

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