I’m outraged. And you should be too. Lead, Liberia, and *Listeria*—in the news. What do they have in common? Unnecessary loss of life, squandered human potential, and expensive fixes. Each represents a basic environmental health challenge that suggests those of us in the risk reduction and health promotion business failed miserably. This is no time for finger pointing, though I am sorely tempted. Conversely, I do want to harness my disappointment and frustration and direct it toward solutions. Let’s start with the tragic story of Freddie Gray.

Mr. Gray’s arrest and death recently gave rise to civil disturbance in Baltimore, Maryland. Over 200 adults and 30 juveniles were arrested while 20 police officers were injured during just one night’s violence. The Baltimore mayor’s office reported the city’s fire department responded to fires in 144 vehicles and 15 buildings. If this chaos and human tragedy were not enough, an article in the *Washington Post* reported that during his youth Mr. Gray suffered from residential environmental lead exposures leading to blood lead levels of 37 µg/dL. As a point of reference, blood lead levels above 5 µg/dL are believed to lead to diminished cognitive function, among other poor life outcomes. We may never know if this elevated dose at a young age predisposed him to behavior that led to his incarceration. Nonetheless the deck was stacked against him. Why wasn’t this well-known environmental hazard abated long ago?

Liberia’s Ebola epidemic was as predictable as it was tragic. Since its discovery in the 1970s, this zoonotic disease has been waiting for an opportunity to surge in countries such as Liberia, which had roughly 50 medical doctors for its population of 4.3 million people at the time of the outbreak. In December 2014 the World Bank estimated that the cost of the current Ebola response was approximately $32 billion. Almost 5,000 Liberian lives were lost while we in public health tried to figure it out. Surveillance, monitoring, and preventive services could have been implemented to detect and respond to this long before the most recent epidemic exploded.

*Listeria* is in the news. Really? Sadly yes, with multiple deaths and illnesses in the U.S. associated with the consumption of contaminated ice cream. While the human health calamity is awful, to make matters worse approximately 1,450 full-time and part-time employees have been laid off, and about 1,400 others will be furloughed while the issue is remediated. How did environmental surveillance, detection, and mitigation systems in the greatest country on earth fail the victims and their families?

I’m outraged at needless suffering and squandered resources.

I’m obligated to speak out. And you should too.

Each of us needs to take a long look in the mirror and ask ourselves how on our watch these avoidable and painful environmentally mediated conditions led to such horrific end points. The environmental health profession wrt large possesses the intellectual resources and tactical skills to have called out and reduced the risks before they got ugly. The truth is, efforts have been made. Baltimore has made significant progress to reduce lead exposure in its high-risk communities, though these efforts failed Freddie Gray. The U.S. Agency for International Development invests significant sums of money into developing country health systems, though a public health failure was evident in West Africa. The Food Safety Modernization Act demonstrates our federal government is serious about food safety. The system failed to protect the consumers of everyone’s (including me) perennial favorite, ice cream.

I’m a supporter of the Patient Protection and Affordable Care Act (i.e., ACA), and its three main objectives of better care, reduced cost, and improved access to services. Regrettably, the law is obsessed with care while largely ignoring the social, economic, and environmental conditions that give rise to the vast majority of poor health. While I recognize many in the Federal Centers for Medicare and Medicaid Services and others will bristle at my contention, I’m right. An integrated systems

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approach to population health, both domestically and abroad, is necessary in an era where millions of people move across porous borders each day, driven in some cases by poor or changing environmental quality at home. Regrettfully, some of these migrants (human, animal, and insect) will carry and transmit organisms with antibiotic-resistant properties, adding to the existing soup of superbugs we already have inside our borders.

Assertive and influential environmental health leadership is essential if Ebola, Listeria, and lead issues are to be responsibly managed. Our association is obligated to advocate for a public health system and workforce that is maintained and supported to provide an effective baseline of environmental health services for all Americans. To that end, the simplest and most cost-effective approach is to ensure environmental health is treated as a foundational public health service, aligned with the goal of optimal population health.

I’m optimistic. And I think you should be too.

The bedrock of life as we know it is anchored in a safe and healthy environment. The public inherently knows this—a glance at your favorite newsfeed proves my point. Today’s youth are active and supportive. In illustration, the de Beaumont Foundation recently reported that the ninth most popular degree in the U.S. is public health. NEHA conducted its first-ever Reddit “Ask Me Anything” session in May and received over 160 questions from a primarily very young audience. Many of the inquiries were thoughtful and thought provoking.

I recognize and thank the Nixon-era environmental health professionals for the many contributions they made to our quality of life. The Clean Water Act, Clean Air Act, the Occupational Safety and Health Administration Act, and the regulatory functions associated with them help make this a great country in which to live. These modern pioneers created the conditions that make today’s innovations possible, giving rise to endless possibilities.

I am also optimistic that you and the thousands of environmental health professionals in local/state/federal government, military service, and private industry are either leaders or are prepared to ascend to leadership. Approximately 20% of all local health officials in the U.S. possess Registered Environmental Health Specialist/Registered Sanitarian (REHS/RS) designations. Who is more familiar with local businesses, recreational communities, and local cultures/practices than us? We are the fulcrum around which the public health enterprise hinges.

Environmental health is profoundly local and profoundly personal. Just ask anyone who lives in Liberia or has suffered from lead or Listeria exposure. I’m convinced that as long as we are technically competent and forward thinking, collaborate, and execute our work as people first, and scientists second, our finest moments are just ahead.

P.S. I recognize you may have been expecting an “I’m the New Executive Director” introduction. I’m privileged to work with, and for, you and hope our time together is rewarding for you, your career, and the health of people, no matter where they live. I commit to making every moment count, and ask that you join me in advancing the state of our profession. 🙏

NEHA NEWS
Achievements in Sustainability Webinar
The Security & Sustainability Forum (www.securityandsustainabilityforum.org), in cooperation with NEHA, held a webinar on June 3, “Achievements in Sustainability: A Look at Local Environmental Health Program Success.” The webinar was an opportunity to learn how local environmental health programs achieved integration between sustainability and environmental health.

Participants heard from two past winners of NEHA’s Excellence in Sustainability Award. The award was created in 2007 to recognize organizations, businesses, associations, and individuals who are using innovative and environmentally sustainable practices. More information about NEHA’s Excellence in Sustainability Award can be found at www.neha.org/sustainability.

First to present were the representatives from the Johnson County Wastewater Department (Kansas), winners of the 2013 Excellence in Sustainability Award. Their wastewater cogeneration project is one of the largest wastewater cogeneration projects in the state’s history and has been recognized for demonstrating sustainability and energy efficiency in wastewater treatment. The benefits of the project included expanding the capacity of a local wastewater treatment plant, local power generation, carbon footprint reduction, and reduced travel from waste and sludge haulers.

The 2014 Excellence in Sustainability Award winners, Energy Smart Colorado, also presented. Energy Smart Colorado is a multi-jurisdictional, comprehensive, energy-efficiency retrofit program that provides health, safety, and energy efficiency services to rural mountain communities in Colorado. From 2010 to 2013, the program completed 3,085 energy assessments and 2,099 energy retrofits and has now transitioned as its own nonprofit entity, providing energy efficiency services to utilities, residents, and businesses in 30 counties across Colorado.

The webinar concluded with a preview of some of the sustainability sessions that are being offered at NEHA’s 2015 Annual Educational Conference & Exhibition in Orlando, Florida, taking place this July, and with a question and answer session. NEHA’s technical advisors in sustainability, Tom Gonzales and Dr. Timothy Murphy, assisted in facilitating the webinar.

NEHA was pleased to participate in the webinar and is excited to offer future webinars like this to its membership. The webinar is available online for viewing. Please visit www.neha.org for the link. ☑️