

▶ PRESIDENT'S MESSAGE



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Staying on the Right Side of History

I am surely not the only one who is tired of the political and social polarization that has swept over our nation. I believe that this “if you’re not with me, you must be against me” sort of binary thinking is unproductive and damaging to civil society. Far too many people have bought the narrative that people who think differently are dangerous and deserve to be insulted, humiliated, and attacked. This kind of thinking is tribal in nature and more concerned with political allegiance than with true problem solving. To be clear, this criticism applies to both liberals and conservatives, and it also applies to virtually all their preferred sources of news and information. The lack of willingness to afford thoughtful consideration to other points of view and data compromises our ability to move forward together.

Our communities, consisting of a great diversity of people, should trust that we are grounded in science and not the tools of political worldviews. As environmental health professionals, we need to carefully avoid the temptation to march in step with the war songs of the political tribes. This action is especially difficult because it seems there are any number of environmental health issues polarizing enough to send people into their tribal foxholes. We need to have the courage to wander the no-man’s land of scientific curiosity and intellectual honesty. Climate change is one of the most obvious of these challenging issues, but others such as recreational and edible cannabis are going to put our profession in uncomfortable situations if we do not proactively seek to understand the issues and options moving forward.

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I find it helpful to reflect on the history of our profession to identify strategies and examples that could be helpful in the present. As you may recall from your public health history 101 course, social reformer Edwin Chadwick published *The Sanitary Condition of the Labouring Population* in 1842. This landmark study profiled living conditions in socioeconomically stressed parts of London. His findings that this population was less healthy and lived in less sanitary environments influenced the formation of sanitation policy. His study also demonstrates that environmental health practitioners have been talking about social determinants of health long before other public health disciplines.

Chadwick’s strict adherence to the miasma theory of disease transmission, however, prevented him from fully understanding how

waterborne illnesses (e.g., cholera) were being spread. While Chadwick’s work did so much to advance public health, his rigid and incomplete understanding of disease causation made him vulnerable to errant ideas and policy. Twelve years later, Chadwick was a key member of London’s General Board of Health, which was struggling to address a cholera outbreak that was devastating the city. Chadwick’s belief system was challenged by an upstart physician who insisted that it was not noxious airborne gases but something causative in the drinking water—maybe invisible small animals—responsible for spreading this disease.

That physician was John Snow and he was suggesting a new theory of disease causation that would be confirmed over three decades later. Even though Snow’s ideas sounded ridiculous to the Victorian mind, he was eventually able to convince desperate parish authorities to remove the handle of the suspected well’s pump. The outbreak subsided shortly after as people obtained drinking water from other sources. It’s often said that modern epidemiology was born when Snow used tools of qualitative and quantitative analysis to identify the responsible exposure.

I believe that modern environmental health was born the moment the pump’s handle was removed. Chadwick is a giant of our profession’s history and he deserves to be applauded for his many contributions, but he was clearly on the wrong side of history regarding disease causation. His reluctance to consider new information prolonged human suffering during the London cholera outbreaks in the 1850s. We would all do well to remember this lesson.

My challenge to you this month is to set aside personal feelings, at least temporarily, and reexamine the evidence of a controversial environmental health issue. As laws regarding the medical and recreational use of cannabis evolve, our profession is being called upon to enter the conversation. In some instances, we are also being called upon for involvement from a regulatory perspective. While I do not believe that expanding the use of substances such as cannabis is a good idea, I am willing

to admit that I am not fully informed of the pros, cons, and possible environmental hazards presented by this issue.

I hope this issue of the *Journal* can help us on this journey of learning. The National Environmental Health Association is committed to providing you with the latest and best information about emerging issues in the pages of the *Journal*, at our conferences, and through all the resources offered to members. Please take advantage of these resources and

encourage your colleagues to do likewise. Let's agree, in the spirit of Chadwick and Snow, that we need to be continuous learners and followers of the science if we are going to stay on the right side of history. 🐼



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Did You Know?

NEHA has several blogs!

One of our blogs, The Day in the Life of an Environmental Health Professional, consists of stories about the work of environmental health professionals, and we are adding to this blog all the time. Please stop by to read our series of interviews with presenters from the 2018 AEC at www.neha.org/membership-communities/get-involved/day-in-life.

The other blog, The Voice of NEHA, consists of columns written by our president and executive director. You can read the columns online, leave your comments, and start a conversation. Check out these blogs at www.neha.org/membership-communities/get-involved/blog.

SUPPORT THE NEHA ENDOWMENT FOUNDATION

The NEHA Endowment Foundation was established to enable NEHA to do more for the environmental health profession than its annual budget might allow. Special projects and programs supported by the foundation will be carried out for the sole purpose of advancing the profession and its practitioners.

Individuals who have contributed to the foundation are listed below by club category. These listings are based on what people have actually donated to the foundation—not what they have pledged. Names will be published under the appropriate category for one year; additional contributions will move individuals to a different category in the following year(s). For each of the categories, there are a number of ways NEHA recognizes and thanks contributors to the foundation. If you are interested in contributing to the Endowment Foundation, please call NEHA at 303.756.9090. You can also donate online at www.neha.org/about-neha/donate.

Thank you.

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