

► **DirecTalk** MUSINGS FROM THE 10TH FLOOR

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Tears to Motivate Us

Kigali is a study in contrasts. The city streets are clean and virtually free of abandoned and randomly discarded trash. For those of you interested in microplastics, Rwanda began regulating plastics in 2008, a law that applies to the production and importation of most plastics, including shopping bags. The country takes this environmental practice seriously. In fact, as I transited through their border in 2010, customs officials rifled through my luggage aiming to unearth plastic bags. They succeeded in identifying and confiscating a plastic hotel laundry sack I thoughtlessly used to separate soiled from clean clothing. I was favorably impressed by this African country's environmental policy as I have chaffed at carelessly tossed shopping bags and other plastic litter in the streets of urban environments worldwide. While this policy is a beacon of hope on a polluted planet, Kigali is also home of the Genocide Memorial, a grim reminder of humanity's most despicable and abhorrent behavior.

I visited the memorial one Saturday afternoon after spending a couple weeks ensconced in nearby Goma. While the experience of working in the Democratic Republic of the Congo was sobering, the memorial left me a changed person. The facility faithfully attempted to portray the events that led to the death of an estimated 800,000 people during the 1994 genocide. It is also a place of learning and remembrance that documents the worst of human predispositions centered on the politics of conspiracy, revenge, and retribution. I sat in silence for the better part of one hour in the memorial's garden reflecting

*Now is the time to
plan a path forward.*

on the horrors of East Timor, Srebrenica, and Darfur, all of which occurred in my lifetime.

I have thought about my experience in Rwanda and sought to identify what we can learn from it and its recovery from the 1994 genocide. Are there lessons we might apply to the healing necessary for us in the postpandemic U.S.? Before you rush to judgement, think for a moment. The U.S. is home to approximately 4% of the global population and yet we represented roughly 25% of the global COVID-19 case load. Our mortality experience is equally depressing. An estimated 18–20% of global COVID-19 deaths occurred in the U.S. For us to meander into the future in the absence of reflection would be unconscionable. Where do we as a nation go from here and what is our role as environmental health professionals in our nation's journey into recovery?

I offer four principles that might frame out our next steps.

1. Social Capital: I have spoken at affiliate meetings on how our profession offers three unique characteristics that make us exceptionally valuable to the public health enterprise. Those are access, axis, and affect. In aggregate, we know and understand our communities and their various subcultures, commercial enterprises, and

attendant risks. We should sustainably and permanently scale-up our professional relationships with the clinical and social service professions over time and share with them the valuable intelligence we possess on how our communities function. With few exceptions, health officials who have dominated the news over the last year have scarcely acknowledged our profession's essential role in contact tracing, policy development, and other support functions. Let's cultivate our relational trust because it is the lubricant that allows the public health machinery to drive with greatest efficiency.

2. Cultural Capital: Let us be honest, there is no United (Public Health) States at the moment. There are 50 states and five major U.S. territories, each making pandemic decisions in-line with the political identities, values, and beliefs of their elected officials. I'm not judging the federated model of governance. I am calling it what it is. Through a public health lens, it is fragmented and ineffective in a global infectious disease outbreak. At the same time, I admire how our profession is largely a local construct. That is where the action is. We understand and operate under local political norms. Consider the three core functions of public health—assessment, assurance, and policy development. We are players in each or should be. As we move forward in time, let's assert ourselves within the local social environment in which we operate and reassure the public and elected officials that we “got this.”

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3. Human Capital: We, along with public health nurses, are the backbone of public health. The reason we were called upon to work on the opioid epidemic and COVID-19 pandemic in such large numbers is because we are highly trained professionals who are grounded in the sciences and accompanied by a high degree of relational trust throughout our communities. To be clear, on most days, when people think of public health, it is environmental health with which they identify. The postpandemic universe should emphasize a renewed alignment between us and public health nurses.

4. Physical Assets: The visible symbols of public health are generally environmental health. The Prop 65 signage in California, warnings against swimming in unhealthy surface waters, and restaurant grades are among the visible manifestations of the profession. Is there an opportunity to reframe how the public perceives us through our highly visible, and often emotionally activating, regulatory functions?

On January 16, 2020, Jesse Bliss, our Program and Partnership Development director, and I recorded a video on the implications of the novel coronavirus. The video was posted on January 30, 2020. You can



Public health at low tide. Photo courtesy of David Dyjack.

find it at www.neha.org/news-events/latest-news/neha-actively-monitoring-coronavirus-disease-2019-outbreak. Regretfully, it took 2–3 months after that video was posted for some elements of our society to begin to take the virus seriously. Like the curse of Cassandra in Greek mythology, our warnings were ignored. But what can we learn

from this? What role do we have in the postpandemic healing processes? I respectfully recommend we not brush aside the deaths of hundreds of thousands of Americans lost because of the pandemic. Now is the time to plan a path forward.

We should honor the deceased by revitalizing our professional enterprise. Environmental health should conduct local after-action assessments, alone, and with the larger communities that we serve. Leo Tolstoy once quipped, “Everyone thinks of changing the world, but no one thinks of changing himself.” If we desire a better outcome during the next pandemic, let’s ask ourselves some tough questions and offer solutions that reflect our best thinking and insight.

History is replete with stories anchored in conspiracy, revenge, and retribution. The pandemic tide left many public health boats aground and subject to pilfering and looting. These conditions will not fix themselves. We should insert ourselves into conversations centered on rebuilding. Above all, the pain and loss of the pandemic can lead to distorted thinking. Let us not fall prey to that default condition. 🐞

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