Eww, yuck, awful!" This moment was not my finest as the principal producer of safe drinking water. We were deep in the Río Plátano Biosphere Reserve in Honduras, surrounded by magnificent and ancient cedars, mahogany, and laurel. I was the self-appointed leader of the water committee and while a village standpipe produced clear water, I was uncertain of the quality. With the health and well-being of two dozen students and faculty to consider, option A seemed logical: treat each gallon of water with 8 drops of unscented 5.25% sodium hypochlorite regular strength bleach, mix vigorously, wait 20 minutes, and open the container lid to aerate. I prayed no one would notice the residual chlorine. Fat chance. This infamous concoction would go on to gain notoriety as the Dyjack Cocktail.

While this tale of aqueous woe occurred almost 30 years ago, I can recall much of it with clarity. We chartered a Mission Aviation Fellowship flight from San Pedro Sula on the Honduran coast to visit the inland Clínica Evangélica Morava, aka the Ahuas Clinic. This missionary hospital serves the La Mosquitia region of Honduras, which at that time was accessible only by plane. The two primary physicians in residence were Drs. Gerard Rudy and Norvelle Goff. We hear much about servant leadership in professional development circles and here they were in the flesh. Dr. Rudy possessed a medical degree from one of the most recognizable institutions in the world and his patients had probably never heard of Maize and Blue.

The humility of Drs. Rudy and Goff was striking as we toured their clinic, equipped with—to my surprise—a decompression chamber. Decompression sickness is an occupational health problem in the Mosquito Coast. This medical condition is caused by dissolved nitrogen emerging from body tissues during abrupt scuba diving ascents. Arterial and cerebral embolisms, among other serious health effects, are undesirable outcomes. Divers can become permanently paralyzed, or in severe cases, die. The benefit of a decompression chamber in the jungle of Honduras becomes evident as you learn more about the region. A 2004 report from the Pan American Health Organization estimated 9,000 divers practiced underwater lobster fishing at that time. Among these divers, 97% had some degree of decompression syndrome and at least 4,200 Miskito people were diagnosed with total or partial occupational disability. The Association of Disabled Honduran Miskitos Divers has reported that around 400 divers have died from work-related illnesses. As we traveled on the Río Patuca by dugout canoe, crippled young men or others propped up on canes seemed to be everywhere. What lures these individuals to engage in such risky behavior?

Honduras is a major producer of Caribbean spiny lobsters, second only to Nicaragua. The destination for those lobsters? The dinner plates of people in the U.S. Regretfully, a powerful combination of poverty and desperation lead to young people who risk their lives and futures to scavenge for these pricey crustaceans. As a diver myself, the dilemma of the Central American commercial lobster industry resonated with me on a personal level.

Those of us in public health seem to possess a chromosome that predispose us for caring, even for those people that are not members of our immediate social or professional circles. My admiration for Drs. Rudy and Goff and their team grew measurably in parallel with my understanding of what might drive individuals from Central America to embark on a precarious and dangerous journey north to the U.S. in search of better lives. What can we learn from these medical and public health missionaries, and does science support the notion that compassion and empathy matter when working in health sciences?

I also believe compassion and empathy are essential to maximum performance.

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None of us really know what burdens and pain our coworkers and the regulated community carry within themselves. While I believe technical and administrative excellence is environmental health excellence, I also believe compassion and empathy are essential to maximum performance. There is abundant evidence in the clinical world that soft, unobjective, nonmedical attributes are effective in improving health and patient well-being.

Let’s start with a condition common to most adults, low back pain, which will affect 80% of all humans sometime during their life. Approximately 20% of us will develop chronic low back pain, often resulting in disability. In a recent randomized control trial of people with low back pain, those who received traditional treatment accompanied by a compassionate tone of voice and supportive nonverbal behaviors reported more than double the pain relief of the control group. A meta-analysis of 34 studies of individuals recovering from heart attacks or major surgery revealed that emotional support from healthcare providers showed a positive association in 85% of the beneficial patient outcomes measures. Lastly, a growing body of evidence demonstrates that palliative care and hospice is more humane for individuals with terminal diagnoses such as lung cancer and they live 30% longer than those receiving traditional medical treatment. The science foundation in support of empathy and compassion in clinical practice is growing. Is there something here for us?

I convened our first organizational leadership call just after the first of the year with the plea to our management team to remain committed to acknowledging and improving our common human condition. I encourage you to approach your work in the same spirit. Science, technology, and fidelity to the rule of law are essential. At the same time, remain cognizant of your nonverbal cues, eye contact, tone of voice, and expressions of understanding. Yes, there are some recalcitrant bad actors in the regulated community. I've dealt with my share of them early in my career. On most days, however, I believe most people are trying to do the right things and conduct their business the right ways.

I close with an observation that our national public health enterprise seems to be chronically addicted to and comforted by data, law, informatics, and finance. Where has that gotten us? Many of us seem to have overlooked the value of heart, compassion, and empathy. It’s time for us to radically rethink our approach to the art of prevention in the confidence that science has affirmed what we have always known to be true—the spirit and care we bring to work is our greatest hope for each of us and the ones we love to reach full potential as people, businesses, and professionals.

Thank you, Drs. Rudy and Goff. The way you conducted yourselves during my brief visit in 1995 imparted a lifetime impression.

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