As President of the American Public Health Association, I wish to spend a very few minutes discussing the American Public Health Association. Some of you may be active in APHA and have detailed knowledge concerning APHA. But for those who do not have such knowledge, I should provide a short overview.

The American Public Health Association was organized 108 years ago, and now enjoys a membership of some 52,000 national and affiliate members. APHA has had and continues to have a significant impact on health standards, policy, and legislation in the United States — and worldwide through the activities of our International Health Division. We have 55 full-time employees, and a 1980 budget of some $2.4 million — both exclusive of International Health Activities. APHA publishes 1) the prestigious American Journal of Public Health; 2) The Nation's Health (a monthly newspaper reporting on current health legislation and policy issues); and 3) The Washington Newsletter, which provides the latest summary of health-related legislation and activities direct from the Nation's Capitol and federal agencies.

We have 25 different sections which run the gamut of all public health concerns and provide forums for diverse interests and discussions. APHA publishes a variety of books, such as "Control of Communicable Disease in Man", "Standards For Health Services in Correctional Institutions", "Standard Methods", and many others.

More than 12,000 individuals attended our 1979 annual meeting and approximately 9,000 attended the 1980 annual meeting in Detroit. The 1981 annual meeting will be held in Los Angeles, November 1-6.
THE PURPOSE OF THE APHA IS TO PROTECT AND PROMOTE PERSONAL AND ENVIRONMENTAL HEALTH, AND THIS IS THE COMMON GOAL AND THREAD FOR THE AFFILIATES AND THE APHA.

Today, it is my privilege to visit with you regarding a number of current and important issues in public health. The first such issue I would like to spend some time on is the issue of disease prevention.

Many of us old-time public healthers have never lost sight of the need for prevention, the value of prevention, and the cost-benefit desirability of prevention. We have watched with frustration and dismay while staggering billions have been poured into the sickness treatment system of our communities, states and nation, with unsatisfactory (though expensive) attendant impact on the health status of our citizens. It was erroneously concluded that treating health problems was alone sufficient to improve the health status of our citizens. Our citizens and political leaders are now seeing that the sickness treatment methodology and expenses have not been sufficiently effective.

During the last ten to twenty years, sickness treatment costs have escalated and skyrocketed to the end that such costs have become a serious economic problem which has become a priority issue for our health care providers, our political leaders, health care officials, and our health planning groups. Within the past few years, our political leaders have finally realized that controlling health costs depends on keeping people healthy. They have realized that we must build a conscience for disease prevention, health promotion, and environmental quality. They have been advised that we are going to be spending increasing piles of sickness treatment dollars with little overall impact on health status unless we improve our prevention
EFFORTS. THEY ARE INCREASINGLY RECOGNIZING THAT ANY NATIONAL HEALTH INSURANCE PROGRAM WILL BE DOOMED TO FAILURE AND SPIRALLING COSTS WITHOUT MORE EFFECTIVE DISEASE PREVENTION AND HEALTH PROMOTION MEASURES AS A PRE-REQUISITE. OUR LEADERS KNOW THAT NATIONAL HEALTH INSURANCE WITHOUT SUCH MEASURES WILL BE ANOTHER EXPENSIVE EXPERIMENT IN THE MATTER OF MISPLACED PRIORITIES AND IMPROPER TIMING. AND OUR CITIZENS ARE FINALLY RECOGNIZING THAT WE MUST STOP EXPECTING MEDICINE TO BAIL US OUT FROM THE CONSEQUENCES OF OUR OWN FOOLISHNESS, AND THAT WE MUST STOP WAITING FOR TRAGEDY BEFORE TAKING ACTION. HEALTH AND HUMAN SERVICES SECRETARY RICHARD SCHWEIKER HAS STATED THAT "HE'D LIKE TO BE KNOWN AS THE PERSON WHO PUT 'PREVENTIVE HEALTH CARE AND PREVENTIVE MEDICINE' AT THE TOP OF THE FEDERAL HEALTH AGENDA." HE ALSO EMPHASIZES BETTER HEALTH EDUCATION.

THERE ARE SCORES OF GOVERNMENTAL, VOLUNTARY, AND PROFESSIONAL GROUPS WHICH PLAY A KEY ROLE IN DISEASE PREVENTION PROGRAMS. THESE INCLUDE PROGRAMS ADMINISTERED THROUGH STATE AND LOCAL HEALTH AGENCIES, COLLEGES AND UNIVERSITIES, SCHOOLS, COUNTY AGENTS, HOME EXTENSION SPECIALISTS, PROFESSIONAL SOCIETIES, VOLUNTARY GROUPS, THE U. S. FOOD AND DRUG ADMINISTRATION, THE CONSUMER PRODUCT SAFETY COMMISSION, AND SCORES OF OTHERS, ALL OF WHICH ARE ESSENTIAL IN THE STRUGGLE FOR QUALITY PREVENTION PROGRAMS. I AM SURE YOU ARE PROUD OF THE PREVENTIVE SERVICES DELIVERED THROUGH THE VARIOUS AGENCIES IN YOUR AREA, SUCH AS IMMUNIZATIONS, COMMUNICABLE DISEASE CONTROL, VENEREAL DISEASE CONTROL, CANCER SCREENING, HYPERTENSION SCREENING, DIABETES SCREENING, MATERNAL AND CHILD HEALTH, FAMILY PLANNING, ALCOHOLISM PREVENTION, MENTAL HEALTH, SUBSTANCE ABUSE PREVENTION, WATER POLLUTION CONTROL, SAFE DRINKING WATER PROGRAMS, AIR POLLUTION CONTROL, RADIATION
PROTECTION, OCCUPATIONAL SAFETY AND HEALTH, INSECT AND RODENT CONTROL, 
FOOD SANITATION, SOLID WASTE MANAGEMENT, AND HAZARDOUS WASTE CONTROL.

DESPITE A LONG-STANDING COMMITMENT TO PREVENTION, WE HAVE 
FREQUENTLY WITNESSED MORE PREVENTION RHETORIC THAN SUBSTANCE. PREV- 
ENTION CONTINUES TO BE DIFFICULT TO SELL TO LEGISLATURES AND LOCAL 
GOVERNING BODIES, WHEREAS TREATMENT AND REHABILITATION PROGRAMS USUALLY 
CONTINUE TO BE BETTER FUNDED AND MORE ACCEPTABLE TO THOSE ENTRUSTED 
WITH AUTHORIZING AND BUDGETING PUBLIC FUNDS. EVEN WHEN A HEALTH 
AGENCY GOES BEFORE A LEGISLATURE WITH "PREVENTION" AS THE NUMBER ONE 
PRIORITY, THE NUMBER ONE REQUEST IS FREQUENTLY BY-PASSED IN FAVOR OF 
LOWER PRIORITIES SUCH AS TREATMENT AND REHABILITATION. PREVENTION 
PROGRAMS, UNLIKE TREATMENT AND REHABILITATION PROGRAMS, HAVE LACKED 
A CONSTITUENCY. WHEN CONSIDERING FUNDING FOR ANY ONE OF A NUMBER OF 
TREATMENT OR REHABILITATION PROGRAMS, THE LEGISLATIVE HEARING ROOM 
MAY BE FILLED WITH ASSERTIVE CONSTITUENTS WEARING THEIR APPROPRIATE 
HATS, BANNERS, OR BADGES. NOT SO WITH PREVENTION. PREVENTION HAS 
ALWAYS BEEN A ROCKY ROAD AND THIS CONTINUES TO BE THE CASE, BECAUSE 
IN THE EYES OF MANY PEOPLE IT PROVIDES NO IMMEDIATE GRATIFICATION OR 
FEED-BACK. IT DOES REQUIRE THE ABILITY TO LOOK TO THE FUTURE. 
PREVENTION, THUS FAR, LACKS THE GLAMOUR COMMONLY ASSOCIATED WITH 
PHYSICIANS AND HOSPITALS, DIAGNOSIS AND TREATMENT, AND THEREFORE DOES 
NOT COMPETE WELL WITH SICKNESS TREATMENT AND CRISIS MEDICINE.

WHILE MOST OF US HAVE SOME REASON TO BE PROUD OF THE VARIOUS 
PREVENTION PROGRAMS IN OUR STATES, SUCH AS I HAVE BRIEFLY ALLUDED TO, 
I DO NOT SHARE THIS FEELING WHEN IT COMES TO HEALTH PROMOTION. BY 
HEALTH PROMOTION, I MEAN THE EFFECTIVE USE OF HEALTH EDUCATION IN 
WAYS THAT MOVE PEOPLE TO ACTION. MANY HEALTH PERSONNEL HAVE NOT HAD
A GOOD HANDLE ON HEALTH EDUCATION AND HEALTH PROMOTION, AND TO DATE HAVE NOT REALLY PACKAGED THEM PROPERLY SO THE SERVICES WILL BE DELIVERED IN AN EFFECTIVE, COORDINATED, AND VISIBLE FASHION. WE HAVE TRADITIONALLY AND HISTORICALLY BEEN EXPERT AT TELLING PEOPLE WHAT TO DO, BUT FREQUENTLY HAVE NOT UNDERSTOOD THE DESIRABILITY OF WORKING WITH PEOPLE TO DETERMINE WHAT THEY WANT SO THAT WE MIGHT CORRELATE HEALTH GOALS WITH OTHER PERSONAL ASPIRATIONS AND DESIRES OF OUR CITIZENS.

REALISTICALLY, WE MUST ADMIT THAT MOST HEALTH POLICY, AT THIS TIME REMAINS FOCUSED ON SICKNESS TREATMENT AND REHABILITATION RATHER THAN PREVENTION AND PROMOTION, AND THIS CONTINUES TO BE EVIDENCED BY THE LOPSIDED FUNDING ALLOCATIONS FOR TREATMENT AND REHABILITATION. LIKE BEAUTY, HEALTH PROMOTION LIES IN THE EYES OF THE BEHOLDER RATHER THAN IN THE FUNDING ALLOCATED.

DESPITE THE PROBLEMS WITH FUNDING AND POLICY ACCEPTANCE, WE CAN BE PROUD OF REDUCTION IN COMMUNICABLE DISEASE, SMALLPOX ERADICATION, A HIGH RATE OF IMMUNIZATION OF SCHOOL CHILDREN AGAINST SEVEN DISEASES, A DECLINE IN INFANT MORTALITY, A DECLINE IN CARDIOVASCULAR MORTALITY, AND A DEFINITE TREND TOWARD DECISION-MAKERS REALIZING THAT AN INVESTMENT IN HEALTH PROMOTION AND DISEASE PREVENTION MAKES GOOD SENSE. WE HAVE SEEN A DECLINE FROM 51% TO 37% IN ADULT SMOKERS SINCE THE FIRST SURGEON GENERAL'S REPORT; WE HAVE A TREMENDOUS INTEREST IN HEALTHFUL DIET; EXERCISE AND PHYSICAL FITNESS ARE MUCH BETTER ACCEPTED; WE HAVE AN IMPROVED KNOWLEDGE OF STRESS AS A HEALTH FACTOR; AND BETTER PROGRAM RELATIONSHIP BETWEEN MENTAL HEALTH AND OTHER ASPECTS OF PUBLIC HEALTH. AND, IN GENERAL, WE HAVE A GREAT DEAL OF PUBLIC AND SOCIAL MOMENTUM TOWARD ACCEPTANCE AND UTILIZATION OF DISEASE PREVENTION AND HEALTH PROMOTION.
Many groups are involved in a number of health promotion activities such as nutrition (including the Women's, Infants, and Children's Program), health education efforts, some aspects of physical fitness, and smoking cessation activities. But, here again, we have not fully used health education as a tool to better deliver these services in an effective manner. Running and jogging, for example, are usually perceived as being activities engaged in by the middle and upper-class citizens, and may not be socially desirable at all for many citizens in other socio-economic categories. Good involvement with health education would help us determine what type of physical activities might be more desirable for people in various rungs of the socio-economic ladder. People in the slums of urban areas, for example, may place a great deal of emphasis on such physical activities as weight-lifting and body-building, but are not at all interested in jogging in the beautiful and inspirational environment of an urban slum.

But, back to prevention -- while the toxic effects of tobacco and alcohol are well-documented, a little plague or cadmium in the environment frequently creates havoc with health personnel and the news media. I cringe with embarrassment and frustration when I note the effort health personnel devote to minor public health issues such as plague or rabies, and the space and attention afforded such issues by news media; and always wonder how many humans suffered or died prematurely that same day from the toxic effects of tobacco or alcohol. Or of equal importance, how many citizens are not enjoying positive health and well-being due to the insidious creeping effects of tobacco? We need to re-define the term "crisis" to include conditions which allow a crisis to exist, such as the growing of tobacco,
THE SALE OF TOBACCO, THE PROMOTION OF TOBACCO, AND THE UTILIZATION OF TOBACCO.

It is essential to understand the large stakes that some industries have in opposing widespread behavior change with respect to their products. For example, an employee publication of the J.R. Reynolds Tobacco Company recently included the following: "If the current efforts of anti-smoking groups to restrict smoking in public places were to result in no-smoking laws which caused every smoker to smoke one less cigarette a day, J. R. Reynolds Tobacco Company would stand to lose $92 million in sales every year". Understandably, the Chairman of the company added, "But we have no intention of standing idly by while this happens". As if to prove its point, Reynolds spent $40 million in one six-month period in 1977 to launch a single cigarette. The industry's highly successful advertising and lobbying efforts are legendary.

Not too long ago, Russell Baker of the New York Times, wrote he had no objection to people who did not smoke just so they did not do it around him. Now, non-smoking has become more fashionable than smoking.

By and large, providing people with health information does not change health attitudes and health behavior, and it is more important to learn what people want than for us to tell them what they need. Public health information does create an awareness, but not necessarily behavior change. People are more apt to respond to public health information if it does not involve a change in lifestyle; for example, the administration of polio vaccine. People are not so apt to respond to something they fear and do not wish to discuss, such as cancer.
WE MUST CONSTANTLY ELICIT THE VIEW OF WHAT PEOPLE THEMSELVES WANT. ONLY IN THIS WAY WILL THE SOCIAL PRESSURES BE DEVELOPED FOR CHANGING HEALTH BEHAVIOR. WE PROFESSIONALS BRING AN EXPERTISE, BUT SO DO CONSUMERS, AND WE NEED CONSUMERS IN ALLIANCE WITH US.

OUR PEOPLE ARE BY NATURE SUSPICIOUS OF COERCION, AND RESIST BOTH RESTRICTIONS IMPOSED ON THEM FOR THEIR OWN GOOD, AND EXHORTATIONS TO SHAPE UP IN THEIR PERSONAL LIFESTYLES. YET AGAIN AND AGAIN, OUR CITIZENS HAVE RESPONDED TO LEADERSHIP AND REASON WHEN A CONVINCING CASE HAS BEEN MADE TO THEM IN TERMS THEY CAN WEIGH AND EVALUATE.

THE FEDERAL ALCOHOL, DRUG ABUSE, AND MENTAL HEALTH ADMINISTRATION HAS FINALLY RECOGNIZED THE IMPORTANCE AND NECESSITY OF PREVENTION, AND HAS STATED THAT THE MAJOR FOCUS FOR POLICY AND PROGRAM DEVELOPMENT WILL BE ON PRIMARY PREVENTION; THE GREATEST LONG-TERM POTENTIAL FOR SIGNIFICANT CHANGES IN HEALTH STATUS APPEARS TO LIE WITH PRIMARY PREVENTION EFFORTS. THAT IS A FAR STEP FROM THE FUNDING CONCEPTS USED IN THE PAST WHICH HAVE BEEN TOTALLY ORIENTED TO TREATMENT AND REHABILITATION RATHER THAN PREVENTION AND PROMOTION.

SO MUCH FOR THE PAST AND THE PRESENT. WHAT ABOUT THE FUTURE? SURVEYS CONTINUE TO INDICATE THAT MORE THAN 90% OF OUR CITIZENS AGREE THAT IF WE AMERICANS LIVED HEALTHIER LIVES, ATE MORE NUTRITIOUS FOOD, CEASED SMOKING, DECREASED CONSUMPTION OF ALCOHOL, MAINTAINED PROPER WEIGHT, AND EXERCISED REGULARLY, IT WOULD DO MORE TO IMPROVE OUR HEALTH THAN ANYTHING DOCTORS AND MEDICINE COULD DO FOR US. THERE IS WIDESPREAD RECOGNITION AMONG THE PUBLIC OF THE NEED FOR A MAJOR SHIFT OF EMPHASIS TOWARD MORE AND BETTER DISEASE PREVENTION AND HEALTH PROMOTION EFFORTS. HOWEVER, MANY STILL HAVE UNHEALTHY ASPECTS OF THEIR LIFESTYLES. KNOWLEDGE ALONE IS NOT ENOUGH TO CHANGE HEALTH
HABITS. For example, the vast majority of smokers know that smoking increases their chances of getting cancer or one of many other adverse health conditions ... and yet they still smoke. But knowledge is a necessary first step and is almost always an essential component of change.

And this logically leads me into discussing community health education as one essential ingredient in attempting to further our disease prevention and health promotion efforts. More than ever before, examination of the causes of poor health and disability and the means available for improving health status must focus on health education as the best means of achieving public health goals. The next improvements in health status must come from changes in lifestyles and from improved control of health hazards in the environment.

It is probable that we can do more to enhance health status and quality of life through more effective community health education than through some of our other time-honored and better accepted and funded activities. However, issues of federal, state and local mandates and expectations, and constituency pressures preclude complete managerial flexibility and effectiveness in developing programs best designed to solve or ameliorate priority health problems.

Health education has repeatedly been more difficult to sell to budget officials and legislators than activities defined in terms of clinics, hospital beds, patients, immunizations, inspections, or numbers of analyses.

Prevention and promotion are "issues whose time have come", in terms of rhetoric -- while funding continues to be channelled to treatment and care programs which have the citizen constituency who
REGULARLY APPEAR AT ADMINISTRATIVE AND LEGISLATIVE BUDGET HEARINGS. WE DO NOT HAVE AN ORGANIZED PREVENTION AND PROMOTION CONSTITUENCY DESPITE THE ACKNOWLEDGED FACT THAT PREVENTION AND PROMOTION ARE CHEAPER AND MORE EFFECTIVE THAN CARE -- AND ENHANCE THE QUALITY AND ENJOYMENT OF LIFE.

IF STATES AND THE NATION ARE TO HAVE A COMMITMENT TO PREVENTION AND PROMOTION, HEALTH EDUCATION MUST BE THE MAINSTAY -- THE BACKBONE OF A CONCERTED EFFORT TO IMPROVE THE HEALTH STATUS OF OUR CITIZENS. WE MUST HAVE A COMMITMENT TO PREVENTING DAMAGE TO THE HUMAN MACHINE IN BALANCE WITH EFFORTS TO REPAIR THE HUMAN MACHINE AFTER IT IS WRECKED. AND AGAIN, I WOULD EMPHASIZE THE IMPORTANCE OF ENJOYING POSITIVE HEALTH THROUGH KNOWN, DOCUMENTED CHANGES IN LIFESTYLE RELATED TO SMOKING, EXERCISE, NUTRITION, DRINKING, WEIGHT AND OBESITY, MENTAL HEALTH, AND ENVIRONMENTAL HEALTH. SUCH CHANGES IN LIFESTYLE WOULD DIRECTLY AFFECT THE LEADING CAUSES OF DEATH AND DISABILITY AMONG OUR CITIZENS, SUCH AS HEART DISEASE, CANCER, AND ACCIDENTS. HEALTH EDUCATION IS ALSO A BASIC STRATEGY WHEN DEALING WITH HYPERTENSION, FAMILY PLANNING, MATERNAL AND INFANT HEALTH, IMMUNIZATIONS, VENEREAL DISEASE, CONTROL OF TOXIC CHEMICALS AND HAZARDOUS WASTES, OCCUPATIONAL HEALTH AND SAFETY, DENTAL HEALTH, COMMUNICABLE DISEASE CONTROL, MENTAL HEALTH, ALCOHOLISM AND DRUG ABUSE.

DISEASE PREVENTION AND HEALTH PROMOTION ARE IDEAS WHOSE TIME HAS ARRIVED. WE NEED AN EXTENSION OF DISEASE PREVENTION AND HEALTH PROMOTION SERVICES TO THE UN-SERVED AND UNDER-SERVED, AND WE MUST TARGET OUR EFFORTS IN MORE EFFECTIVE WAYS EVEN THOUGH THIS WILL MEAN A RE-ALLOCATION OF PERSONNEL AND RESOURCES.
Within the past 10 to 15 years, Congress and state and local governing bodies have enacted numerous laws designed to protect human health by managing the environment. Many of these laws have gone even further and have dealt with such related issues as visibility, water clarity, property damage, and plant and animal life. All these laws were enacted in response to the evident public clamor for a healthy environment. The struggle for a quality environment takes place in many arenas, and after the legislative arena, the confrontations have shifted to the regulation promulgation arena where those interests which failed to win legislative battles are looking for another opportunity to weaken or undermine environmental health programs.

Some of these pollution interests would have us choose a course which not only sacrifices the public's right to good health, but has the ultimate effect of increasing medical, hospital, and insurance bills. Now, some of the official inflation fighters have targeted environmental and occupational measures for their criticism while admitting that they really have no cost data on environmental and occupational diseases. Since these economic experts don't know the costs, they won't consider them in a cost-benefit equation. And still worse, they seem to reject any responsibility for gathering the data on the effects of environmental disease and disability, inefficiency, morale, comfort, quality of life, lifespan, absenteeism, insurance rates, Medicaid and Medicare budgets, and other health care costs. It does seem reasonable, however, that we should be able to save some portion of the annual more-than-$100 billion cancer, heart, and lung disease bill by controlling the environmental causes of these diseases.
WE HAVE A LONG WAY TO GO IN SHARPENING AND UTILIZING THE TOOLS OF ENVIRONMENTAL EPIDEMIOLOGY TO BETTER IDENTIFY THE HEALTH EFFECTS OF ENVIRONMENTAL CHEMICALS AND STRESSES.

Our political leaders largely ignore the issue of population stabilization, which (and while frequently an emotional issue) is an absolute necessity for the human animal to thrive in balance with the resources of his environment -- including energy supplies. The human species, either through rational behavior or environmental limitation, must and will be limited. The plight of our energy addicted and starved society may well portray a system that has filled its "ecological niche". The social, political, and environmental consequences of over-population are evident daily.

Recent public opinion surveys have continued to indicate that Americans favor environmental protection even at a price.

The majority of Americans say they favor efforts to control pollution and protect endangered species despite concerns over the economy and energy supply, according to a 1980 survey commissioned by the President's Council on Environmental Quality and three other governmental agencies. The poll found that 55% of those surveyed said their views were sympathetic toward the environmental movement, while 7% were active in it. 83% said the government should screen new chemicals for safety before they are allowed to go on the market even if doing so might keep potentially useful chemicals away from the public. Solar energy was chosen by 61% of the population as the energy source on which the nation should plan for the future. And the poll also
INDICATED THAT THE NATION SHOULD NOT PLAN FOR ANY NEW NUCLEAR PLANTS, BUT CONTINUE USING THOSE IN OPERATION OR CURRENTLY UNDER CONSTRUCTION. 73% SAID THAT AN ENDANGERED SPECIES MUST BE PROTECTED EVEN AT THE EXPENSE OF COMMERCIAL ACTIVITIES. 61% OF THOSE POLLED FELT THAT WE SHOULD CONCENTRATE THE MOST ON DEVELOPMENT OF SOLAR ENERGY, WHILE ONLY 23% THOUGHT WE SHOULD CONCENTRATE THE MOST ON NUCLEAR ENERGY. FURTHER, MOST OF THOSE POLLED THOUGHT SOLAR ENERGY WOULD TAKE LESS EFFORT TO DEVELOP THAN NUCLEAR ENERGY.

THERE IS NO DOUBT THAT ENVIRONMENTAL MEASURES CONTRIBUTE TO INFLATION, BUT ONLY MODERATELY. A 1978 CHASE ECONOMETRICS STUDY CONCLUDED THAT EPA PROGRAMS ADD AN AVERAGE OF BETWEEN 0.3 AND 0.4 PERCENT ANNUALLY TO THE CONSUMER PRICE INDEX.

WHATEVER PUBLIC BACKLASH HAS DEVELOPED AGAINST ENVIRONMENTAL MEASURES WOULD APPEAR TO BE AIMED MORE TOWARD QUESTIONABLE REGULATORY METHODS THAN AGAINST THE BASIC STATUTES AND THE GOAL OF A HEALTHY ENVIRONMENT. THIS BEHOOVES REGULATION PROMULGATING AUTHORITIES TO UTILIZE RATIONAL AND ACCEPTABLE METHODS AND STRICTLY FOLLOW THE STATUTORY INTENT. BUT THOSE PROTESTING REGULATIONS MUST BE REMINDED THAT REGULATIONS ARE MANDATED NOT BY BUREAUCRATS, BUT BY CONGRESSMEN AND LEGISLATORS ELECTED BY THE CITIZENRY.

U. S. SENATOR GARY HART, OF COLORADO, RECENTLY NOTED THAT, "PUBLIC SUPPORT OF AIR QUALITY IS STRONGER THAN EVER BEFORE, BUT PUBLIC FRUSTRATION WITH GOVERNMENT REGULATION IS ALSO STRONGER. A MAJOR CHALLENGE BEFORE US IS TO SATISFY BOTH OF THESE POPULAR DEMANDS: CLEANER AIR AND LESS BURDENSOME REGULATIONS." PERHAPS GREATER UTILIZATION OF ECONOMIC INCENTIVES SUCH AS A "POLLUTION TAX" SHOULD BE EFFECTED. THIS IS A METHODOLOGY WHICH HAS NOT BEEN WELL-UTILIZED.
However, limited experience in the Delaware River Basin has indicated that taxes could reduce water pollution as much as current regulations, but at only half the cost.

It has become increasingly important, but perhaps not more common, for environmental health agencies to have their own economists to study cost-benefits of existing and proposed requirements and to counter as necessary some of the ridiculous economic claims of those interests opposed to environmental controls. A November, 1979 abstract of a paper entitled, "Putting Environmental Economics in Perspective: Case Study of Four Corners Power Plant, New Mexico", by John R. Bartlit, D.Ch.E., published in the American Journal of Public Health, states that, "Environmental control costs can be made to appear much larger in impact than they actually are by placing costs in misleading contexts or failing to provide perspective. It is essential for continued public support of environmental health programs that this practice be countered by more meaningful presentations of economic data. As an example, analytic methods appropriate to the case of a large coal-fired power plant in northwestern New Mexico are developed and discussed. Pollution control expenditures at the Four Corners Power Plant were presented as costing $82 million annually. Although this figure may be the correct one, data were collected and analyzed to show that this cost represented an increase of only 5 to 60 cents on a $100 electricity bill for the consumer of electricity".

It is increasingly important to realize that the concern of environmentalists with wildlife and the natural environment is a sound manifestation of interest in the entire natural system of which the human animal is a part, and the environmental effects on wildlife

REGARDLESS OF THE ORGANIZATIONAL PLACEMENT OF ENVIRONMENTAL HEALTH, THE GOAL SHOULD BE TO INSURE AN ENVIRONMENT THAT WILL CONFER OPTIMAL HEALTH AND SAFETY ON THIS AND FUTURE GENERATIONS. THE MISSION SHOULD BE ONE OF CITIZEN AND ENVIRONMENTAL PROTECTION RATHER THAN ENVIRONMENTAL UTILIZATION AND DEVELOPMENT. SOME ENVIRONMENTAL HEALTH AGENCIES HAVE NOT FULLY DEVELOPED THE CONCEPT OF MISSION AND HAVE BEEN READY PREY FOR THOSE POLLUTERS AND OTHERS THEY ARE CHARGED WITH REGULATING. THIS HAS SOMETIMES RESULTED IN THE ENVIRONMENTAL HEALTH AGENCIES PROTECTING OR PROMOTING THE INTERESTS OF THOSE THEY ARE CHARGED WITH REGULATING.
SERVE AS AN "EARLY WARNING" OR "PREVIEW OF COMING ATTRACTIONS" IN ACCORDANCE WITH THE KNOWN AND PROVEN ECOLOGICAL MAXIM THAT "EVERYTHING IS CONNECTED TO EVERYTHING ELSE". AND CITIZENS ARE LEARNING THAT SOUND ENVIRONMENTAL HEALTH MEASURES MUST BE FOR TODAY AND TOMORROW -- NOT JUST TOMORROW.


HEALTH PROFESSIONALS SHOULD SUPPORT SPECIFIC NATIONAL AND GLOBAL ACTIONS AND AGREEMENTS TO STABILIZE HUMAN POPULATION LEVELS THROUGH SUCH MECHANISMS AS EDUCATION, RACIAL JUSTICE, SEXUAL EQUALITY, TECHNOLOGY SHARING, BIRTH CONTROL, RE-ORIENTATION OF SOCIAL VALUES AND ATTITUDES, DEMOGRAPHIC RESEARCH AND PLANNING, AND ECONOMIC AND FISCAL POLICIES AND INCENTIVES.

POWER FOR HOMES, INDUSTRIES, AND TRANSPORTATION FROM NON-POLLUTING RENEWABLE ENERGY SOURCES IS THE FINAL MAJOR ISSUE HAVING AN IMPACT ON ENVIRONMENTAL HEALTH PROBLEMS. FOR A NUMBER OF REASONS INCLUDING INDUSTRY MONOPOLIES, UNION AGREEMENTS, AND GOVERNMENT CONFLICTS-OF-INTEREST, THE NATION HAS NOT MADE EVEN A GOOD TOKEN COMMITMENT TO SOLAR RESOURCES.
Underlying the previously-mentioned issues are ignorance and poverty which must be addressed and solved for there to be substantial, permanent, long-range progress toward our goal of "an environment that will confer optimal health and safety on this and future generations", or for people to die young as late in life as possible.

With regard to the environment and the economy, let us not be misled into a process of "versus" or "either-or". A quality environment and healthy economy are not contradictory expectations, and, in fact, are mutually interdependent. We can't have an economy without an environment. "Ecology" and "economy" are both derivatives of the Greek word "ecos" (oikos) which means house. An economist was a keeper of the house, and an ecologist is a keeper of the big house in which we all live -- or our environment -- the place in which we are all going to spend the rest of our lives.

It is a matter of serious concern that the human animal sometimes seems more willing to suffer the health, social, and economic consequences of disease and pollution than to pay for environmental health for this and future generations. Perhaps the human animal can slightly adapt to some degree of environmental degradation, but it is indeed alarming that the human animal might attempt to merely survive through adaptation rather than thrive through environmental quality.

We must have a realistic, accepted and working health policy based on health and wellness. All this will imply major changes in public health where the priorities will be centered around life-styles and require a multitude of decisions by all of our citizens daily. A rational public health future is possible and whether it occurs or not depends upon all of us. One of our most compelling messages is not
THAT OUR CITIZENS CAN MERELY LIVE LONGER, BUT ENJOY LIFE MORE AND FEEL YOUNGER -- OR DIE YOUNG AS LATE IN LIFE AS POSSIBLE. IT IS UP TO US TO SEE THAT CITIZENS SEE HEALTH PROMOTION AS A PROMISE AND IMPORTANT TO THE ENJOYMENT OF LIFE. THE OBSTACLES REMAIN NUMEROUS, VARIED, AND FORMIDABLE, BUT WE MUST REMEMBER THAT PUBLIC HEALTH IS PURCHASABLE, AND THAT WITHIN NATURAL LIMITATIONS ANY COMMUNITY MAY DETERMINE ITS OWN HEALTH STATUS AND ENVIRONMENTAL QUALITY. LET'S NOT ALLOW DISEASE PREVENTION, HEALTH PROMOTION, AND ENVIRONMENTAL QUALITY TO BE IGNORED AND LEFT HALF WAY BETWEEN LEPROSY AND THE QUARANTINE STATION. LET'S MAKE CERTAIN THAT PREVENTION AND PROMOTION PROGRAMS ARE EFFECTIVELY SUPPORTED, ORGANIZED, AND ADMINISTERED.

IT WOULD BE INAPPROPRIATE TO INTERPRET THE RECENT ELECTION AS A MANDATE TO REPEAL CERTAIN OF OUR HARD-WON ENVIRONMENTAL AND PERSONAL HEALTH MEASURES AND PROGRAMS. NATIONAL SURVEYS HAVE CONTINUED TO INDICATE THAT THE MAJORITY OF OUR CITIZENS STILL FAVOR EFFECTIVE POLLUTION CONTROL MEASURES. 1980 ELECTION-DAY RESULTS THROUGHOUT THE NATION INDICATED VOTER APPROVAL OF LOCAL BOND ISSUES, MOST OF WHICH WERE FOR ENVIRONMENTAL PROTECTION FACILITIES RELATING TO WATER POLLUTION CONTROL AND WASTE DISPOSAL. NO TURN TO THE RIGHT OR TURNING BACK THE CLOCK HERE!

THE REAGAN ADMINISTRATION HAS NOW BEEN IN POWER FOR ALMOST FOUR MONTHS AND WE NOW HAVE A GOOD IDEA OF WHAT THEY PROPOSE TO DO REGARDING HEALTH FUNDING PROGRAMS AND POLICIES. IN A NUTSHELL, WE IN THE APHA BELIEVE THAT IT CAN ONLY BE LABELLED AS "DISASTROUS". IMMEDIATELY FOLLOWING LAST FALL'S ELECTION, SOME OF US MISTAKENLY HOPED THAT REAGAN'S CAMPAIGN RHETORIC WAS MORE CONSERVATIVE AND HARD-LINED THAN HIS ACTUAL POLICIES WOULD BE. NOW WE ARE FORCED TO ADMIT THAT WE WERE
MISTAKEN, AND THAT THE OPPOSITE IS TRUE. WE FEEL HE PROPOSES TO LITERALLY "GUT" HEALTH PROGRAMS THROUGHOUT THE NATION. HIS ABSURD RECOMMENDATIONS RANGE FROM FAMILY PLANNING, COMMUNITY HEALTH CENTERS, CUTS IN EPA AND OSHA, THE NATIONAL HEALTH SERVICE GROUPS, THROUGH PHASING OUT HEALTH PLANNING, SUPPORT FOR PSROs, HEALTH MAINTENANCE ORGANIZATIONS, AND ON TO A 20% REDUCTION IN THE HAZARDOUS WASTE SUPER FUND, A 27% REDUCTION IN SURFACE MINING INSPECTIONS, SLASHES IN THE WASTEWATER TREATMENT GRANT PROGRAM, ATTACKS ON THE CLEAN AIR ACT, TO DE-FUNDING THE VERY INCUBATORS OF PUBLIC HEALTH PROFESSIONALS--OUR SCHOOLS OF PUBLIC HEALTH. IT IS IRONIC AND INTERESTING TO NOTE THAT PRESIDENT REAGAN PROBABLY WOULD NOT HAVE SURVIVED THE RECENT ASSASSINATION ATTEMPT HAD IT NOT BEEN FOR A MEDICAL SYSTEM AT GEORGE WASHINGTON UNIVERSITY IN WASHINGTON, D.C., BUILT TO A LARGE EXTENT WITH FEDERAL FUNDS. THE EMERGENCY MEDICAL SYSTEMS PROGRAM WHICH HELPED ORGANIZE GEORGE WASHINGTON'S "LEVEL I TRAUMA CENTER", WOULD BE ENDED, AND SIMILAR PROGRAMS IN OTHER STATES MIGHT BE DISCONTINUED WITH LIMITED FEDERAL BLOCK GRANT FUNDS. UNDER REAGAN'S COST-CUTTING PROGRAM. WE FEEL THE ADMINISTRATION, BLOCK GRANT RECIPIENTS ARE ALSO HINDERED. HE HAS ALSO APPOINTED OR NOMINATED INCREDULOUSLY UNQUALIFIED PERSONNEL FOR KEY POSITIONS, SUCH AS THE ADMINISTRATOR OF THE ENVIRONMENTAL PROTECTION AGENCY, THE ASSISTANT SECRETARY FOR OCCUPATIONAL HEALTH AND SAFETY, THE SECRETARY OF THE INTERIOR, AND THE SURGEON GENERAL. WE HAVE GONE ON RECORD AS OPPOSING MOST OF THESE AND HAVE BEEN PARTICULARLY ACTIVE IN OPPOSING THE APPOINTMENT OF A PEDIATRIC SURGEON WITH NO PREVIOUS INTEREST OR EXPERIENCE IN THE FIELD OF PUBLIC HEALTH AS SURGEON GENERAL. WITH REGARD TO THE APPOINTMENT OF THE SURGEON GENERAL, WE HAVE PICKED UP SERIOUS INTEREST FROM THE WASHINGTON POST, EDITORIAL SUPPORT FROM THE NEW YORK TIMES, NEWS INTEREST BY NBC TELEVISION, AND, MORE IMPORTANTLY, THE INTEREST OF THE UNITED STATES
HOUSE OF REPRESENTATIVES. WHILE WE DID NOT PRETEND THAT WE COULD PREVENT THE APPOINTMENT OF THE OTHER UNQUALIFIED INDIVIDUALS I MENTIONED, THERE IS SOME SLIGHT CHANCE THAT WE MAY PREVENT THE APPOINTMENT OF DR. C. EVERETT KOOP, PEDIATRIC SURGEON, AS SURGEON GENERAL OF THE UNITED STATES PUBLIC HEALTH SERVICE.

PERHAPS IN CLOSING, IT WOULD BE APPROPRIATE THAT I READ MY MOST RECENT PRESIDENT'S COLUMN WHICH WILL APPEAR IN THE NATION'S HEALTH IN A FEW WEEKS.

PRESIDENT'S COLUMN

RECENTLY, FORMER APHA PRESIDENT MILT TERRIS, M.D., SUGGESTED THAT, "REAGAN'S HEALTH BUDGET IS HAZARDOUS TO THE NATION'S HEALTH". ONE DOES NOT NEED AN IN-DEPTH REVIEW TO DETERMINE THAT STATEMENT IS INDEED FACTUAL. CUTS IN BUDGETS AND ATTACKS ON CAREFULLY-DEVELOPED HEALTH AND SAFETY REGULATIONS AND PROGRAMS ARE BEING MADE BY THE REAGAN ADMINISTRATION WITHOUT ANY CONCEPT OF THEIR EFFECTS ON PEOPLE AND THE ENVIRONMENT IN WHICH THEY LIVE. WHEN ONE VIEWS THE ATTACKS PRESIDENT REAGAN AND HIS KEY APPOINTEES ARE MAKING ON BASIC PERSONAL AND ENVIRONMENTAL HEALTH PROGRAMS AND FUNDING, ONE MUST BE CONVINCED THAT THE PRESIDENT TRULY BELIEVES THAT WE MUST HAVE A SICK ENVIRONMENT TO HAVE A HEALTHY ECONOMY.

WHEN PRESIDENT REAGAN WAS FIRST ELECTED I MISTAKENLY SUGGESTED IN A PRESIDENT'S COLUMN THAT HE MIGHT BE MORE MODERATE THAN HIS CAMPAIGN RHETORIC WOULD HAVE SUGGESTED. JUST THE OPPOSITE HAS BEEN TRUE, AND HIS MEASURES STAND TO SERIOUSLY UNDERCUT AND DAMAGE THE PUBLIC AND ENVIRONMENTAL HEALTH SYSTEMS IN THIS NATION. THE APHA HAS SOME TYPE OF MEMBERSHIP OR AFFILIATED MEMBERSHIP CONTACT WITH SOME 52,000 HEALTH PROFESSIONALS IN THIS NATION. I CANNOT RECOMMEND TOO STRONGLY THAT ALL OF THESE INDIVIDUALS IMMEDIATELY MOBILIZE TO MAKE THEIR CONCERNS
KNOWN TO THEIR OWN CONGRESSMEN AND SPECIFIC COMMITTEE CHAIRPERSONS CHARGED WITH REVIEWING PERSONAL AND ENVIRONMENTAL HEALTH BUDGETS AND LEGISLATION. WHILE A DETAILED KNOWLEDGE OF THE PRESIDENT'S PROPOSED DAMAGE IS DESIRABLE, IT WOULD INDEED BE HELPFUL IF LETTERS AND TELEGRAMS TO CONGRESSIONAL LEADERS SIMPLY INDICATED OPINIONS THAT THE BUDGET CUTS ARE INAPPROPRIATE, HARMFUL TO THE NATION'S HEALTH, AND PENNY-WISE AND POUND-FOOLISH IN THE LONG RUN. THE DAMAGES RESULTING FROM SOME OF THESE CUTS IN PROGRAMS AND ACTIVITIES SUCH AS THE VARIOUS PREVENTION PROGRAMS MAY BE NOTICEABLE FOR DECADES.

THE PRESIDENT AND DAVID STOCKMAN MUST BELIEVE THAT POLLUTION IS OUR GROWING NATIONAL RESOURCE WHEN THEY PROPOSE TO CUT THE BUDGET OF THE COUNCIL ON ENVIRONMENTAL QUALITY BY 72% AND DISMISS ALL CEQ EMPLOYEES. THEY MUST STRONGLY BELIEVE THAT FUTURE RESEARCH WILL PROVE THAT POLLUTION IS HEALTHFUL, WHEN THEY MAKE THEIR ATTACKS ON THE BASIC SUBSTANCE OF THE CLEAN AIR ACT AND THE PRIMARY HEALTH STANDARDS REQUIRED BY THE ACT. THEY MUST TRULY BELIEVE THAT WE MUST LIVE DANGEROUSLY, BREATHE DEEPLY, WHEN THEY IGNORE POLLS INDICATING THAT THE MAJORITY OF AMERICAN CITIZENS ARE STILL WILLING TO PAY FOR POLLUTION CONTROL, EVEN AT A PRICE. WHEN THEY PROPOSE AN "ADDITIONAL 27 MILLION DOLLARS FOR RESEARCH" AT THREE-MILE ISLAND, PERHAPS THEY BELIEVE IT IS BUSINESS AS USUAL, PENDING ANNIHILATION. THEY SEEM TO EXEMPLIFY HOW DENSE MAN CAN GET WHEN THEY OPPOSE FUNDING FOR FAMILY PLANNING AND ABORTION. AND THEIR ATTACKS ON OCCUPATIONAL SAFETY AND HEALTH MEASURES WOULD SUGGEST THAT THEY BELIEVE THAT NO HARMFUL EFFECTS HAVE BEEN SHOWN ON FUTURE GENERATIONS.

INTERIOR SECRETARY JAMES GAIUS WATT CATERS TO THE ELITE MINING, TIMBER, AND OIL INTERESTS WHEN HE PROPOSES DEVELOPMENT IN THOSE MINISCULE FRACTIONS OF OUR NATION, SUCH AS WILDERNESS AREAS AND BREEDING AREAS
FOR WHALES. THESE AREAS, PRESERVED AS GIFTS FOR THIS AND FUTURE GENERATIONS, CAN BE IRREVERSIBLY AND PERMANENTLY DAMAGED. BUT, HE DOESN'T SEEM TO CARE WHETHER OUR ENVIRONMENT IS A TREASURE OR A DUMPING GROUND.

PRESIDENT REAGAN IS PROPOSING A 25 PERCENT CUT IN MOST OF THE BASIC HEALTH FUNDING MEASURES SUCH AS HEALTH EDUCATION, VENEREAL DISEASE CONTROL, RAT CONTROL, FAMILY PLANNING, BLACK LUNG SERVICES, COMMUNITY HEALTH CENTERS, MIGRANT HEALTH SERVICES, MCH SERVICES, IMMUNIZATIONS, MENTAL HEALTH, DRUG ABUSE, AND ALCOHOLISM, TO NAME A FEW. HE IS PROPOSING THAT FUNDING FOR SMOKING-CESSATION ACTIVITIES BE DECREASED FROM THREE MILLION DOLLARS TO ONE MILLION, WHILE RELUCTANTLY CUTTING EIGHT MILLION FROM THE 300 MILLION DOLLAR TOBACCO SUBSIDIES. THE FEEBLE EXPLANATION REGARDING THE NEED FOR TOBACCO SUBSIDIES IS THAT TOBACCO WOULD BE CHEAPER AND THEREFORE USED MORE WIDELY WITHOUT SUCH SUBSIDIES. THAT IS SO LAME AN EXCUSE AS TO BE PITIFUL. IF THEY WANT TO KEEP THE PRICE OF TOBACCO UP, OR INCREASE THE PRICE, THEY SHOULD SIMPLY PROPOSE A TAX THEREBY INCREASING FEDERAL REVENUE. NO BUDGET CUTS WERE SUGGESTED FOR THE OFFICE OF MANAGEMENT AND BUDGETS, AND THE WHITE HOUSE IS REQUESTING AN INCREASE.

THERE IS A NEED FOR CUTS, AND ROOM FOR CUTS, BUT HOW ABOUT HAVING OUR ALLIES IN EUROPE HELP US WITH THE COSTS OF OUR EUROPEAN DEFENSES AND SAVING 19 BILLION; ABANDONING THE MX MISSILE SYSTEM AND SAVING 10 BILLION; IMPROVING ADMINISTRATIVE MEASURES IN THE NAVY AND SAVING 4 BILLION; CUTTING OUT GENERAL ACCOUNTING OFFICE IDENTIFIED "FRAUD, INADEQUATE ACCOUNTING, AND INSUFFICIENT PROCEDURAL CONTROL" IN THE ARMY AND SAVING 0.5 BILLION; FORGETTING OVERLAPPING COMPUTER SYSTEMS IN THE AIR FORCE AND SAVING ONE BILLION; RECOVERING 11 BILLION DOLLARS WORTH OF OVERCHARGES BY MAJOR OIL COMPANIES; STOP BUYING THOSE DESKS
AND CREDENZAS WHICH THE GAO PEGGED AT 1.7 BILLION; AND GIVING SYNFUELS PRODUCTION A SHOT OF FREE ENTERPRISE THEREBY SAVING ANOTHER 4 BILLION. ANOTHER 848 MILLION COULD BE CUT FROM THE ARMY CORPS OF ENGINEERS WATER PROJECTS, AND 568 MILLION SHOULD BE DROPPED FROM THE DEPARTMENT OF ENERGY'S URANIUM ENRICHMENT SUBSIDIES. I AM SURE THAT ALL OF OUR MEMBERS COULD IDENTIFY OTHER MORE APPROPRIATE SAVINGS THAN CUTTING CHILD NUTRITION PROGRAMS AND ALLOWING FURTHER FOULING OF THE AIR WHICH WE BREATHE.

I NO LONGER QUOTE POGO FOR I NOW BELIEVE THAT WE HAVE MET THE ENEMY AND HE IS PRESIDENT REAGAN.

WRITE, TELEGRAM, OR CALL YOUR SENATORS AND REPRESENTATIVES TODAY -- NOW -- NOT TOMORROW! THEY NEED TO KNOW WHAT YOU THINK!

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WE FEEL THAT THE ADMINISTRATION'S BLOCK GRANT PROPOSALS ARE ALSO DISASTROUS!