

**Transition Report to the New Administration: Strengthening our  
Public Health Defense Against Environmental Threats**

The Pew Environmental Health Commission  
Johns Hopkins School of Public Health

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The health of the American people was in the forefront of the Presidential election. The new President and his Administration face multiple challenges as he seeks to address the concerns of the American public. How can this administration stem rising health care costs and assure coverage for all Americans? How are we to control these rising costs when prescription drugs and treatment efforts get ever more expensive?

The Pew Environmental Health Commission has a simple but powerful prescription – focus on preventing disease and making Americans healthier. If we are to succeed in making the 21<sup>st</sup> century a time of progress and good health, we must build an American public health defense that will prevent chronic disease, not just treat its symptoms. Federal, state and local health departments must be equal partners in this venture, but the federal government must lead.

Chronic diseases account for the majority of death and illness in America and are responsible for four of every five deaths in the U.S. annually (about 1.8 million) and a yearly economic cost of \$325 billion. About 100 million Americans, more than a third of the population, suffer from some form of chronic disease. And these numbers are rising. By 2020, chronic disease is expected to afflict 134 million people and cost \$1 trillion a year.

The list includes many diseases that have links to the environment, such as cancer, birth defects, Parkinson's disease, multiple sclerosis (MS), lead poisoning, mental retardation and asthma. Many chronic conditions are also on the rise. Learning disabilities have risen 50% in the last decade. Endocrine and metabolic diseases such as diabetes and neurological diseases such as migraine headaches and MS have risen 20% between 1986 and 1995. We now have an asthma epidemic with no signs of slowing.

Environmental factors offer the best prevention and cost saving opportunities. Take, for example, the case of Brownsville, Texas. In 1991, six babies along the Texas-Mexico border were born with a condition known as a neural tube defect, resulting in all or part of their brains missing. Community concerns prompted state and federal researchers to launch investigations into possible genetic and environmental triggers of this defect. But the effort was initially stymied by the lack of a birth defects registry that could have assisted health officials and citizens to more quickly understand this tragedy.

The State of Texas launched an aggressive statewide program to monitor birth defects. Armed with compelling data, public health investigators were able to confirm that dietary deficiencies of folic acid were a contributing factor in neural tube defects. In turn, Texas contributed to a national birth defects prevention strategy that has helped reduce the incidence of this severe condition. As a result, the Pew Commission awarded an "A" to Texas last year as one of the nation's leaders for tracking birth defects and related conditions. The story of Brownsville, Texas demonstrates the value of public health research, tracking and response in preventing disease.

At a time when scientists have uncovered new links between environmental factors and often fatal diseases, the Pew Commission has determined that our national public health

system is woefully inadequate to meet the growing demands of chronic disease. As the Commission's earlier reports on birth defects, asthma and health tracking illustrate, we have lost our focus, commitment and capacity for preventing these diseases in our aggressive pursuit of treatments and cures.

Americans are deeply concerned about these types of issues. Public opinion research shows that almost 90% of registered voters believe that the environment plays a significant role in their health. In 1997 alone, the public made approximately 1100 requests across the U.S. for investigations of potential cancer clusters. Environmental factors are always the leading suspect. The finger pointing will only escalate until we have better public health information and action.

States and communities need better accountability and action capacity so environmental health problems can be quickly identified and strategies mobilized to fix and prevent diseases and promote our well-being when possible.

And citizens are willing to invest their tax dollars to improve public health systems, which they consider a more important spending priority than building roads, tax cuts, a missile defense system and even fighting crime. But the majority of registered voters surveyed believe that their elected officials are not adequately responding to the threats at hand.

To refortify our health defenses, the Commission calls upon the new Administration and Congress to take the following steps:

## **Recommendation 1**

### **Create a Public Health Force that Can Wage and Win the Battle Against Chronic Diseases and Environmental Risks.**

Our nation suffers from a shortage of strong national leadership in environmental health. The public health community does not aggressively pursue environmental threats to health with the same vigor as it does infectious agents. The public health community's capacity must be bolstered. At the same time the attitude of public health leaders must change and become more oriented toward working in coordination with a variety of experts and agencies on policy, developing partnerships with state and local communities and seeking out prevention opportunities by improving environmental conditions for a healthier population.

## **TO DO**



**Appoint the Surgeon General as the President's Environmental Health Leader.** The fact that environmental health policy is divided among a dozen Federal departments and agencies impedes the ability of the nation to respond aggressively to emerging health threats. Within his first 90 days in office, the President should issue an

Executive Order creating an Interagency Council on Environmental Health, placed under the overall leadership of the U.S. Surgeon General. The Surgeon General is singularly suited for directing these efforts because of his or her ability to convene and coordinate the federal government in public health issues. As the President's point person, the Surgeon General shall be required to produce a biennial report on "The State of Environmental Health" to identify the scope of the environmental health risks to the nation, priorities for federal and state agencies to pursue, and any organizational changes needed to improve the government's ability to prevent environmental health problems.



**Consolidate and Strengthen the CDC's Environmental Health Operations with a Commitment of Service to States and Communities.** The public health service is disengaged from proactive environmental health activities, does not directly inform environmental policy, rulemaking or standard setting, and inadequately supports the needs of states and local governments to protect health from environmental threats. The Agency for Toxic Substances and Disease Registries (ATSDR) and the National Center for Environmental Health (NCEH) at the Centers for Disease Control and Prevention (CDC) should be merged into one unit to work in partnership with state and local health departments and to provide fast-track responses to community environmental health concerns. This consolidation will advance the CDC tradition of state-of-the-art scientific investigations and build capacity throughout the country to better understand and prevent chronic diseases.



**Achieve Parity between Disease Prevention and Treatment.** Federal resources are disproportionately skewed away from disease prevention and toward treatment of illness and disease. A greater investment in prevention will ultimately yield tremendous savings in human suffering and treatment costs within the health care system. Since the incoming Administration is committed to doubling the country's biomedical research budget, then a significant portion of these additional funds should be directly allocated for prevention-oriented research aimed at chronic disease prevention, including understanding environmental causes of disease. The National Institute of Environmental Health Sciences (NIEHS) budget should be increased so as to be comparable to other major institutes within the National Institutes of Health.



**Build State and Local Capacity for Defending Against Health Threats.** Across the nation, there is a serious lack of trained personnel and modern technology dedicated to responding to the very real environmental health threats that face our communities. Federal support is needed to ensure staffing for monitoring the community's health, responding to potential health concerns, and implementing disease prevention programs. This includes placing at least one Environmental Health Investigator in every state health department and providing technical resources to local and state public health agencies, including improvement of regional, state and local laboratory capacity to evaluate community exposures and complement state investigative abilities.

## **Recommendation 2**

**Create a Nationwide Health Tracking Network with appropriate privacy protections to provide the capacity to better understand, respond to and prevent chronic disease in this country.**

We lack the information, resources, and leadership we need to protect our families, our friends, and our neighbors. While we track over 50 infectious diseases in this country, the Commission found almost no national monitoring of chronic diseases. For instance, more than half of the states have no ongoing tracking and monitoring of asthma. And less than half of the nation's population is covered by birth defects registries. Only nine states report tracking developmental disabilities such as mental retardation and cerebral palsy.

If the United States is to reduce the human and financial costs of chronic diseases with effective public health prevention efforts, the first step is to establish a tracking capacity for chronic diseases and environmental exposures.

A Nationwide Health Tracking Network involves a network of local, state and federal public health agencies that tracks the trends of priority chronic diseases and relevant environmental factors in all 50 states and Washington, DC, Puerto Rico and U.S. territories. The Network's five core components are:

- Nationwide baseline tracking of priority diseases – asthma and chronic respiratory diseases; birth defects; developmental diseases; cancers, especially childhood cancers; neurological diseases such as Alzheimer's, MS and Parkinson's – and priority exposures such as PCBs, and dioxin; heavy metals such as mercury and lead; pesticides and water and air contaminants.
- Monitoring of immediate health crises such as heavy metal and pesticide poisonings to serve as early warning systems that trigger action against hazards.
- Establishing pilot programs to allow 20 different regional and state initiatives to investigate local environmental health priorities, provide flexibility for local officials, allow community groups to gather more information and serve as a model for potential inclusion in the nationwide network.
- Developing a federal, state and local rapid response capability to investigate clusters, outbreaks and emerging threats.
- Support of community interests and scientific research to further health tracking efforts.

The information will allow us to identify populations at high risk, to examine health concerns at the state and local level, to recognize related environmental factors, to begin to establish prevention strategies and provide citizens with a right to know about the health status of their communities.

## TO DO



**Require CDC to submit a nationwide health tracking network plan to Congress in 2001.** The CDC Director must provide a detailed plan for the development and implementation of a system that will be coordinated among all of the states and incorporate existing efforts to identify and track diseases and conditions potentially caused by exposure to environmental factors. This plan should address the Network's five core components and detailed action plan to ensure community, state and business issues and concerns are adequately considered.



**The Administration and Congress should provide funding support within one year to develop and establish the Nationwide Health Tracking Network.** Investing in prevention through these five components is estimated to cost the federal government \$275 million annually – less than 0.1% of the current annual economic cost of treating and living with chronic disease.



**The Administration and Congress should guarantee public access to the Nationwide Health Tracking Network to allow the public to better understand community environmental exposure and health outcome information while vigorously protecting the privacy and confidentiality of its citizens.** The information collected by the Network must be available in a form that is accessible to citizens, timely, and protects all rights of confidentiality. The National Advisory Council should be established to provide guidance to HHS in developing the Network and ensuring state, local, business and community interests and concerns are addressed.

**The Commission's full Transition Report, detailed action steps and its past investigations are available on the website at <http://pewenvirohealth.jhsph.edu>.**