The National Academies of Sciences, Engineering, and Medicine panel on disaster risk reduction (DRR) for health professions was convened in April at the 2016 Preparedness Summit in Dallas, Texas. The panel included some familiar and unfamiliar faces. From the familiar category were Dr. Mark Keim, founder of DisasterDoc (http://disasterdoc.org), and Mollie Mahany from the Centers for Disease Control and Prevention’s (CDCs) National Center for Environmental Health (NCEH). From the less familiar, but no less important, camp were individuals representing food security for the city of Baltimore; emergency preparedness for Jackson County, Illinois; and the Medical Reserve Corps from Snohomish, Washington. Yours truly represented the environmental health profession.

The presentations and ensuing dialogue were striking in that nearly every illustration and case study described by the speakers were environmentally oriented, such as earthquakes, tsunamis, and Zika. The stunning centrality of environmental health issues to most disaster scenarios is only surprising in that the Public Health Emergency Preparedness (PHEP) capabilities do not reflect our profession’s essential and influential role in the health of the nation. CDC developed 15 PHEP capabilities to serve as national public health preparedness standards, ostensibly to assist state and local public health departments in their strategic planning. How is it there is no PHEP capability for environmental health?

I recently visited Dr. Stephen Redd (RADM, U.S. Public Health Service), director of CDCs Office of Public Health Preparedness and Response. Dr. Redd is a committed and highly competent professional whose office is responsible for all of CDCs public health preparedness and response activities. I posed the question to him during my visit to Atlanta, “Why is there no environmental health PHEP capability?” To his credit, Dr. Redd acknowledged the absence and suggested it was embedded in other capabilities. Nonetheless, how can “nonpharmaceutical interventions” merit its own capability; and environmental health not? This line of questioning is not a simple, jealous matter of “me, too,” but more a matter of national security. The last time I looked, food, water, and shelter were essential elements of life.

At least the United Nations gets it. The Sendai Framework for Disaster Risk Reduction, 2015–2030 was adopted at the Third United Nations World Conference in Sendai, Japan, on March 18, 2015. The Sendai Framework articulates the need for improved understanding of disaster risk in all its dimensions of exposure, vulnerability, and hazard characteristics.

NEHA, through its membership and participation in the International Federation of Environmental Health, is part of a consortium that has applied to the United Nations to be the Secretariat for environmental health workforce capacity building efforts in support of the Sendai Framework. Our presence and credibility is largely predicated on CDC/NCEH’s Environmental Health Training in Emergency Response program developed by Martin Kalis in collaboration with the Federal Emergency Management Agency’s Center for Domestic Preparedness, the Food and Drug Administration, and other partners and colleagues. This amazing training program receives precious little attention here in the U.S., and is at risk of being eliminated by our government. The irony of a CDC designed and developed environmental health workforce capacity building program that is more recognized and valued outside the U.S. should be a national embarrassment.

Environmental health continues to be a central feature of life around the globe. It was a week ago yesterday (as I write this column) that I visited a small village a two-hour vehicle ride from Lilongwe, the capital of Malawi. The village was located along a dusty, dirt road a few kilometers from the nearest pavement. The village women greeted us with a customary song

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extended to visitors while scores of children milled about chattering in excitement.

A representative from the Malawi Ministry of Health was with us to present a certificate of ODF status to the village chief. ODF, what the heck is that? ODF stands for open defecation free status. Over the last year the village chief, with energy and leadership largely provided by community mothers (ladies, my hats off to you), ensured that every village hut had its own latrine. No longer would defecation in nearby shrubberies and farmland be acceptable or necessary. See the photo to the right of a cool hand washing station found in the village.

Environmental health is featured as a central tenant of life and a cause for celebration. If they recognize the centrality of environmental health in Malawi, we should be able to advance that sensibility here at home. The United Nations gets it. Tiny villages in Malawi get it.

Environmental health professionals are a community axis and access resource, at home and abroad. We are the foundation for community resilience, critical to avoiding anarchy (think of the Freddie Gray riots in Baltimore), and essential to the sustainability of our way of life. While distasteful, I intend to follow the advice of Chicago Mayor Rahm Emanuel, “You never want a serious crisis to go to waste.”

With Zika, Flint, and extreme weather in the news, NEHA will advance the proposition that our profession is an axis around which life, as we know it, hinges. We are currently advocating through Congress for a national standard to establish our Registered Environmental Health Specialist/Registered Sanitarian credential, or state equivalents, as the gold standard for the environmental health practice. Let me be clear, I believe every citizen in every community should expect a baseline or foundational competency in its environmental health workforce, and uniform credentialing is one step in that direction.

Secondly, we are a community access resource. We are the “connectors” in most communities because we know and work with most everyone, and frankly, we are central to a civilized existence. Land use planning, food, water, the built environment, air quality, vector control, healthcare-acquired infections, One Health—these are us! I will share ideas on how to exploit our latent influence in future columns.

The DRR panel convened at the 2016 Preparedness Summit hit the nail on the head. A strong and centralized environmental health workforce is critical to the functioning of civil society. NEHA is working around the clock to ensure you are at the table, and not on the menu.

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A unique hand washing station found in a rural Malawi village.

Emanuel, “You never want a serious crisis to go to waste.”

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