

Public health sector must get proactive about lobbying for change

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“An ounce of prevention is worth a pound of cure.” “Better safe than sorry” are proverbs that unify and define the public health movement.

Think about what our life-expectancy might be in the absence of chlorination that rids drinking water of cholera and other bugs that can make us sick or kill us.

Our lives would be shorter than the expected 80 years in Canada if preventive medicine strategies did not exist.

Vaccination programs, access to safe drinking water, and food security are taken for granted by most Canadians; ensuring access to all Canadians does, however, remains a challenge.

A continual problem for preventive public health is that only injuries, deaths, and heroic technical marvels in hospitals make the headlines, gaining the attention of both the people and our legislators.

The lives saved from harm through prevention strategies are not easily newsworthy.

For instance, the severe acute respiratory syndrome outbreak (SARS) in Toronto and the contaminated water tragedy in Walkerton resulted in both media coverage and then in significant

The planet is in trouble and radical shifts in policies must be effected

public health action.

This reactive approach reveals how public health professionals are constantly justifying and competing for resources to protect the health of communities.

Public health has made great strides in recent decades but the world is changing and we are losing ground.

Local and global ecosystems are under increasing stress from disposal of hazardous waste, escalating demand for food production, and the extraction of water and other resources from the earth.

In fact, the natural systems that we depend on for purifying air, filtering water, and providing our daily nourishment are so stressed that under current trends the future is bleak.

For these reasons, the current paradigm of public health needs to expand to include preventing large-scale harms from ecosystem collapse. Focusing only on preventing traditional harms to human health is no longer sufficient if the public's health is to be protected.

Scientists have been sounding alarms since the 1960s concerning the unprecedented stress being faced by all life-supporting natural environments.

These global pressures could set back the advances made by public health.

Declining ecological systems come with grave consequences. Exceeding the land's natural carrying capacity,

OPINION

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the ability of the ecosystem to support and sustain life, is resulting in, for instance, severe and unpredictable violent weather such as hurricanes and drought. Climatic change is leading to food insecurity which, in many cases, could result in military action.

We are witnessing events never before seen by humanity. These include pushing key species vital to our survival to extinction and the mass migration of people, often called environmental refugees, to ecologically supportive regions of the world. In turn, this chain of events is placing the last remaining functioning ecosystems under further stress.

Consider that a century ago, global population totaled about 1.7 billion people. Today, we are exhibiting exponential growth and quickly approaching seven billion.

In the next 20 years, global population will likely exceed nine billion. Relentless demand for energy negative-

ly impacts our climate because of the resources extracted to to meet our collective relentless demand.

We continue to tamper with the very fabric of life and all that sustains us is under increasing stress.

Extinctions and collapses abound. The encouraging news is that now, some 45 years later, people are paying attention to the calls for action first made in the 1960s.

Unfortunately, the opportunities for early (less costly) actions have been lost. The time for preventive (pre-cautionary) action through policy has now passed.

In fact, the need for post-cautionary policy is upon us.

So, the role of the public health officer needs to change, expanding to inform and direct the public, stakeholders, and policy-makers about the urgent need for environmental stewardship.

Incentives for life-sustaining behaviours, and disincentives for life-damaging behaviours, need to be implemented. A radical shift in what we expect from our lives, from governments, and from one another, needs to be embraced if we care about our own longevity and that of our children and grandchildren.

The challenge before us is tough: consider the vested interests that deny this message.

Vast resources are channeled towards misinforming the public, creating uncertainty, leaving the job of

developing policy all the more impossible where government stewardship is the goal.

The new challenge to public health is to prevent massive harms to health, well being, and the collapse of civilization.

These trends are already underway. Our task in public health is first to recognize them. Then we must convince the public, leadership, and those with great financial influence to make the individual and collective changes needed to arrest current declines, shifting societies towards global sustainability.

The change in course will require courage and perseverance because, in the short-term, there will be winners and losers.

But, we will all win when we move to a more sustainable way of life. It is our only option because without the life-sustaining services that nature provides, imminent death is the only prospect.

The ethical response to this article is action.

Let us look to governments, working in the public's interest, for the courage to invest more resources into public health sustainability initiatives and to help with the needed transition.

The sooner we overcome our denial, anger, and depression resulting from a “bad news” story like this one, the sooner will we be able to take responsibility for the dire state of the world and shift to a sustainable course.

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