Are We All Sanitarians?

Larry Gordon, MS, MPH, DHL, DEAAS, Sanitarian
&
Jerrold M. Michael ScD, DrPH, DEE, Rear Admiral, USPHS (Ret.)

Recently wrote:

“While doing research on an article on the National Board of Health, which existed between 1879 and 1883, I learned a lot more about the first Surgeon General, Dr. John Maynard Woodworth, --- Of interest is that Dr. Woodworth’s headstone notes that he was a Naturalist, Physician and Sanitarian. We recognize that the term Sanitarian was once used as a synonym for public health advocate, but we may choose to note that the first SG was a sanitarian ---”

That commentary reinforces the fact that the field generally now recognized as the area of practice of “the sanitarian”, namely environmental health, is an important area of practice for a wide spectrum of disciplines and professionals. “Comprehensive” environmental health practice thus requires and benefits from the involvement of chemists, geologists, biologists, sanitarians, meteorologists, physicists, physicians, psychologists, nurses, economists, laboratory scientists, industrial hygienists, dentists, veterinarians, educators, economists, sociologists, engineers, architects, attorneys, planners, political scientists, statisticians, journalists, electronic information specialists, epidemiologists, social scientists, political scientists, ecologists, public administrators and planners, as well as those who have been formally educated in the art and science of environmental health practice.

As the field is comprehensive, its effective leadership is profoundly complex, frequently controversial, and invariably in need of a wide range of individual capacities and initiatives. Many of our great environmental health leaders have been dedicated individuals who have achieved eminence not because they had the right pedigrees or belonged to the right organizations, but because they had the right vision, the right information and the right leadership at the right time.

That is clearly true of some of the icons in the overarching field of public health. Lemuel Shattuck was a publisher; Edwin Chadwick was a lawyer, Charles E. A. Winslow and William Thompson Sedgwick were categorized as sanitarians, and Albert Lasker was an advertising specialist. As time progresses, the mantle of public health leadership continues to fall to those who are perceived as “having earned it.”

The commonly accepted definition of environmental health is that promulgated in 1992 by the Committee on the Future of Environmental Health 1. Following widespread peer review, the committee noted that “Environmental health and protection is the art and science of protecting against environmental factors that may adversely impact human health or the ecological balances essential to long-term human health and environmental
quality. Such factors include, but are not limited to: air, food and water contaminants; radiation; toxic chemicals; disease vectors; safety hazards; and habitat alterations.”

That definition remains as a hallmark of the field. It does, however, call for statements of vision that can set out standards for worldwide commitment to an enhanced environment:

We should envision a world in which environmental health measures contribute substantially to preventing disease and disability, as well as reducing health care costs.

We should envision a world in which environmental health is considered to be an important entitlement for the common good.

We should envision a world in which environmental health problems are measured and defined prior to designing and implementing control measures.

We should envision a world in which environmental health efforts are based on sound risk assessment, public health assessment and epidemiology.

We should envision a world in which the primacy of prevention measures is understood and practiced.

We should envision a world in which environmental health measures are designed for optimal net impact rather than zero risk.

We should envision a world in which ecological considerations are understood to be components of environmental health because, in the long run, a deteriorated environment is a threat to public health and the economy.

We should envision a world in which the citizenry understand that a quality environment is an important factor in economic vitality and productivity.

We should envision a world in which environmental health outcomes contribute to minimizing social problems.

We should envision a world in which the quality of the environment contributes to educational achievement.

We should envision a world in which quality of life is enhanced by effective environmental health services.

We should envision a world in which broad environmental health communication bridges are constantly traveled by the public, the media, and policy makers.

We should envision a world in which policy leaders seek environmental health input prior to developing policy impacting environmental health.
If we share such a vision, are we all sanitarians?