

Environmental Health and the Great Goals of our Time

I start with the thesis that our health is one of if not the most precious of our resources, and we will make every human effort to promote it, to prevent illness from disturbing it, to restore it if we can and to put in place measures to rehabilitate us when we lose it. These efforts have to figure among the most noble of human endeavors. I say this with the full appreciation that health, though necessary, is not by itself sufficient to ensure that flowering of the human spirit that we denote very simply as development –or better, human development.

Sometimes, in discussion with veterans of your profession, they evoke nostalgia for the days when the greatest efforts to improve the health of populations and some times of individuals were in the hands of the sanitarians that were your predecessors. These improvements were mediated through changes in the physical environment and had tremendous repercussions throughout the then more advanced countries of the world. Whole societies were transformed, and great energies were liberated. This magic of environmental change was not confined to the countries of the North and many countries of the South can point to the changes in their micro-environments that also led to improvements in their health and in the wellbeing of their people.

There is nothing wrong with nostalgia, but it must now be accompanied by the firm conviction that attention to the environment is as crucial now as it ever was, if not more so. Environmental health which addresses the health effects of environmental change is as important now as it has been throughout the course of human history and will continue to be so for the foreseeable future. In addition, there is the growing perception that you must also be concerned with the less studied effects of health on the environment. That is one reason why, in the characterization of your field of influence and practice for the new millennium, you must see yourselves as embracing a wider range of disciplines and skills. It is no longer the purely technical knowledge of the physical environment that will suffice. The adequate care of the public's health demands a much broader and more Catholic approach.

Although, the health of the people continues to be critical, the changing political landscape is causing us to see it somewhat differently. The great global debate is now on the abject and grinding poverty in which large numbers of the world's population are enmeshed. Many of us have the impression that after decades of hand wringing about the poor, and the almost fatalistic acceptance that the poor will always be with us, we are now seeing a more concerted effort to address the problem.

Of course, there is poverty in the Americas, but it is not only poverty that shames us, it is the inequality that seems to be chronic among us. We do not have numbers of nations in which there is the kind of poverty seen as, for example, in sub-Saharan Africa where some 46 percent of the population live in poverty. But the differences between and within our countries are among the greatest in the world. We must link the concerns of the future role of environmental health with those of the world as a whole, and our region in particular.

The heads of perhaps the four most powerful or influential agencies in the world have put their name to a document entitled "2000, A Better World for All." These agencies are: the United Nations, the OECD, the IMF and the World Bank, and the seven goals they set for the world community are as follows:

1. Reduce the proportion of people living in extreme poverty by half between 1990 and 2015.
2. Enroll all children in primary school by 2015.
3. Make progress towards gender equality and empower women by eliminating gender disparities in primary and secondary education by 2005.
4. Reduce infant and child mortality rates by two-thirds between 1990 and 2015.
5. Reduce maternal mortality ratios by three-quarters between 1990 and 2015.
6. Provide access for all who need reproductive health services by 2015.
7. Implement national strategies for sustainable development by 2005 so as to reverse the loss of environmental resources by 2015.

These agencies project a sense of urgency that is based not only on moral humanitarian grounds, but also on the conviction that the achievement of these goals will result in a more stable and peaceful world, one in which people will genuinely develop. If we assume, as we should, relevance of these to the Americas for the millennium, I would invite you to consider how they are applicable to you and your profession. Because of time, I will refer to only a few of the interests that are present in an association as diverse as yours. But I would insist that all men and women concern themselves with all of the above. The prospects for progress and stability in the world depend on our paying attention to these goals and to the ways in which we can contribute to achieving them.

Perhaps you will say that it is the goal of reducing infant and child mortality that has most to do with your efforts, and indeed that would be the traditional view, as the provision of safe water and adequate sanitation is inextricably linked to the occurrence of the diarrheal diseases that account for the greatest fraction of childhood mortality and morbidity in our part of the world. The relationship of air quality to acute respiratory infections is well known, and it usually falls to the lot of the environmental health experts to assist in designing technologies to reduce that contamination.

Then, let us see what has been done in this area and what remains to be done, as I believe that the first task for the new millennium is taking care of unfinished business. The percentage of deaths due to diarrheal diseases in children under five years of age in Latin America and the Caribbean was 21.6 in the first half of the decade of the eighties. In ten years this had fallen to 8.2% and the figure continues to fall. Whereas there were about 350,000 cases of cholera in 1992, last year there were just over 8,000. No one would argue the role of water and sanitation in this. Sixty percent of the population of Latin America and the Caribbean had access to drinking water in 1980 and this figure had risen to 85% in 1998. Coverage with sewerage and excreta disposal similarly had increased from 43 to 68%. Undoubtedly, there has been progress but these figures hide many of the challenges that you must face and overcome in the millennium. About one

third of the population still does not have efficient systems for the elimination of waste water and for excreta disposal.

First, you cannot rest until coverage reaches 100% for both water and basic sanitation as is the case in North America at this time. You have to be conscious that the achievement of this goal will involve the reduction of the gross and shameful disparities that occur within and among countries. In the Central American Isthmus for example, the coverage with water was estimated at 77%, which is considerably below the regional average. You also have to overcome the urban rural imbalance as we know that coverage, especially for basic sanitation, is woefully inadequate in the rural areas. I know that I do not have to emphasize to you the fact that the mere availability of water is not enough and we have to be equally concerned with the quality of the water provided. This will involve attention not only to the physical engineering aspect of provision of water, important though that may be, but there is an enormous social and organizational component to the provision of safe water, and note that I include the financial aspect under the above. I must note here that safe water does not ? an absolute standard. There are some concerns about safety that are only relevant in the local context, but I am assured that the application of the WHO Guidelines for Water Quality will ensure that all the requirements that are critical for health will be met.

We cannot speak of the problems of water and sanitation in the Americas without linking them to one of the great demographic phenomena of our time. Our Region is becoming ever more urbanized and there are estimates that almost 90% of the population of Latin America and the Caribbean live in urban environments. Theoretically, the congregation of population in small areas should facilitate access, but we see the converse. We see that the systems in general are stretched to capacity and in many cases the poor of the peri-urban areas are the more disadvantaged environmentally than any other group.

But I have been struck with the disparities that exist not only in terms of the physical availability of water and sanitation, but also with its link to poverty. The poor seem to

pay proportionately more for water and sanitation, and when these are unavailable, the resulting illnesses impact on them disproportionately. It is for this reason, that in areas like the provision of water that might be regarded as a public good, there has to be close state scrutiny-a strong regulatory role that does not necessarily involve state provision entirely.

The major development goals specify that progress should be made with respect to gender equality and refer specifically to education. But it is also in the provision of safe water that we see gender inequality played out. The provision of water especially in rural areas is regarded as women's work and the physical effort involved in doing so is not often recognized. Indeed there are studies that show how it is not regarded as work at all. Thus, part of your responsibilities for the millennium will involve not only the provision of water for all people because it is a public good, but in so doing you will be contributing to the reduction of at least one aspect of gender inequity that is so pervasive.

Of course, your thoughts for the millennium will turn on the possible sources of water and the various mechanisms for providing adequate sanitation. There will, of course, be engineering solutions sought. There will be the tapping of new sources of water, more ingenious mechanical approaches to recovering waste water, and the use of stabilization ponds that has been pioneered by CEPIS will probably become more widespread. But let me insist again that it will not only be engineering solutions that will be important. You will have to lend your voices to those who struggle to convey the idea that potable water is not an infinite resource and there needs to be much more consciousness of its social value. In the millennium, you will have to move from rhetoric to practice as regards community participation for solid waste and excreta disposal. This will be especially critical given the progressive and apparent irrevocable move towards urbanization. And the community participation to which I refer, does not envisage hordes of children from poor communities scavenging the city dumps as a means of sustenance or to recover material that can be recycled and help them eke out a livelihood.

You will not stop the process of urbanization, but I would hope that you would participate in the kind of urban planning that leads to better health. When I speak of planning that leads to better health, I think not only of providing better networks for water and sanitation but of designing cities that provide for the types of housing that contribute to better physical and mental health. I think of urban areas that facilitate the kinds of lifestyles, which we know, prevent certain diseases and reduce accidents of various types.

The new millennium will see your professions developing new technologies to address many of the problems we now face. I know you have not given up on providing cheap and friendly sources of water disinfection. You will advance in your efforts to develop practical, small systems for solid waste disposal.

I have not forgotten the last of the major development goals—that of implementing national strategies for sustainable development. The document asserted that “Despite their commitments at the Rio Earth Summit in 1992, fewer than half the world’s countries have adopted strategies, and even fewer are implementing them.” A major effort is needed to reverse the loss of environmental resources. Clearly, this will represent a challenge for many of you in your professional practice. I challenge you in your public and private capacities to work to ensure that all our countries adopt these strategies which to some may appear distant from their realities but are fundamental to our survival and providing to future generations the opportunities we now enjoy.

So far, I have referred to the technical capacities and skills that you as individual professionals will bring to bear on the problems I have outlined above. But you must have more influence than lies in individual capacities. One of the strength of AIDIS must lie in its capacity to be a powerful advocate for the kinds of changes needed at national and international levels to achieve progress. I would hope to hear AIDIS in the millennium lending its voice more loudly to the call for more equity with respect to the provision of water and basic sanitation, and pointing out the disadvantaged position of the poor. I wish to hear you calling for training institutions to be more active in preparing

environmentalists with a strong grounding in epidemiology. I hope I can persuade you to speak up for having ministries of health support strong departments of environmental health and see that our countries put into practice the basic plans and programs to which they committed themselves when they signed the Pan American Charter on Health and Sustainable Human Development.

The Pan American Health Organization has supported AIDIS from its inception and will continue to support it as long as it continues to show itself responsive to the changing situations and needs of our countries. The organization of this Congress and its predecessors is a tribute to your excellent Secretariat. I hope that during the course of the next few days your deliberations will indeed shed light on those challenges that you as individuals and as a society will have to face.

I wish you every success.