

Health experts hold finger in the wind

Remote hazards seen coming home

By **Stephen Smith**
GLOBE STAFF

In one city, community watchdogs backed by the public health agency issue informational warning tickets to drivers whose idling cars belch exhaust fumes. In another, medical leaders are pivotal in the drive to reduce pollutants by 10 percent. In a third, health authorities lead the charge for a light-rail system.

From cities as disparate as Miami and Seattle, public health commissioners gathered in Boston yesterday to better understand - and better combat - environmental changes that have contributed to outbreaks of disease, leaving millions of Americans wheezing or with life-threatening fevers.

Their goal is to demonstrate how seemingly remote issues, such as global warming and ground-level ozone levels, can relate to a child's asthma or a next-door neighbor's infection with West Nile virus.

"Consumers need to know about the link between health and climate, because we can change it," said Dr. Kevin Stephens, director of the New Orleans Health Department. "People may think their contribution is just one drop in the bucket. But if everybody puts a drop in, we've got a whole bucket of water."

And that is exactly what Louisiana could have used last spring, when drought swept a state better known for its swampy humidity. That drought, disease trackers believe, provided the foundation for an epidemic of West Nile disease in the summer.

Mosquitoes, epidemiologists found, congregated in storm drains, among the few sources of

water available. But those drains are especially rich feeding grounds for mosquitoes. At the same time, birds probably flocked to those same drains, also seeking water. That inauspicious confluence of bird and bug might well have ignited an outbreak that resulted in 317 human infections and 16 deaths in Louisiana.

West Nile and another mosquito-borne illness found recently in Virginia, malaria, provided an especially graphic example of how climate and disease interact in ways that can galvanize public health agencies to action.

That response, the health authorities agreed, too often comes after episodes of illness have begun. So, rather than swap war stories about outbreaks of the past, the health commissioners sought ways of detecting disease outbreaks before they begin and enlisting the public in steps to reduce the environmental forces that may contribute to health crises.

"If we tie it together for people, we make it less scary," said Lillian Shirley, director of the Multnomah County Health Department in Portland, Ore. "You figure out what's in it for them and how they can mobilize to effect change."

For public health, such forward thinking represents new terrain, which, in turn, will require new methods for measuring the threat to health posed by environmental factors. Among the recommendations to emerge yesterday was the establishment of early warning systems to detect changes in air, water, and food before they can produce potentially lethal diseases.

Public health departments, for example, might get more involved in measuring the quality of air and water, looking for par-

ticulates in the breeze or organisms in the water that might be sentinels of impending illness.

"Too often," said John Auerbach, executive director of the Boston Public Health Commission, "public health will just deal with the symptoms and get people through the crisis and minimize the human harm. We, as public health departments, are just now taking baby steps to deal with the issue of global climate change."

Auerbach summoned public health executives from 15 cities and counties to Boston, representing places as big as New York and Los Angeles and as small as Milford, Conn.

They traded experiences with newly hatched efforts designed to make the link between environment and health.

In Boston, the public health commission awarded grants to community groups to ticket idling cars and sniff out salt piles that might be contributing to an epidemic of asthma. In Portland, Ore., the health agency had a prominent role in shaping the "Local Action Plan on Global Warming," with its key mandate of reducing carbon dioxide emissions. And in Houston, health executives championed the drive for improved mass transit.

"If we can reduce some of these environmental effects, we think we can reduce some of these environmental diseases," said Dr. Vincent Nathan, a deputy director in the Washington, D.C., Department of Health. "And isn't that what public health is all about?"

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