Critical Condition: Human Health and the Environment

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A Report by Physicians for Social Responsibility
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Critical Condition: Human Health and the Environment was edited by medical leaders seeking to fuse medical and public health consciousness with environmental concern. They had previously convened under the auspices of the local chapter of Physicians for Social Responsibility (PSR), to raise concern in the medical community about the signs and symptoms of the effects of deteriorating earthly environments on human health.

For physicians, Critical Condition reminds one of a pathology textbook, a critical component of medical education. But just as every second-year medical student is astounded and shaken by the variety and multitude of human ills, so also is a reader of Critical Condition overwhelmed and depressed by the diagnoses and poor prognosis for the patients—the earth and its inhabitants. It is like a clinical “Review of Systems...” in which all questions have troubling responses.

When this book was published, after the PSR conference in 1993, it was ground breaking. It was a clarion call for doc-

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tors to stop viewing the health of their patients in isolation from the health of their planet. The book asked physicians to view their patients as organic components of the human species, of life on earth, and of earth itself. Just as the condition of any cell or tissue in a patient’s body can reflect the overall health of that individual, so to some extent each patient can be seen as a cell reflecting the overall condition of the earth. Such a perspective inevitably leads to a broadening in the way in which physicians perceive their role. Responsible physicians must be concerned about the health of the larger organism (the earth) as well as that of their individual patients.

One problem with Critical Condition is that it has become somewhat outdated. References have been superceded, and legal obstacles have changed. For example, in the United States, the 1996 Congress passed, and the President signed, the Food Quality Protection Act, which will better limit both the type and amount of pesticides used in the United States, primarily by focusing and limiting allowable residue in foods. Other U.S. reforms have also been established, though the issue of international “environmental security” looms ever larger, with even the U.S. State Department and National Security Council recognizing that environmental degradation is politically destabilizing.

In addition, Critical Condition would benefit from a better exploration of therapy—of how best to treat the illnesses of Planet Earth. Capitalistic industrialization is being embraced desperately throughout the world, especially in post-socialist societies, but without the brakes on development that are applied (albeit often tentatively) in more industrially advanced countries. Moreover, although industrialization has brought misery, as the book indicates, it has also improved living standards and health in many parts of the world. Industrialization has in many cases made water supplies, food, decent housing, and consumer goods more available to large segments of the world’s population, thereby improving not only peoples’ standard of living, but their health as well.

Clearly, industrialization and development will continue; the only thing that would really inhibit it is the horror that provoked the founding of Physicians for Social Responsibil-
ity in the first place: nuclear devastation. Wanton or corrupt industrialization has frequently been disastrous and is well documented in *Critical Condition*. But industrialization need not be inimicable to the physical or psychological well-being of people and society or to that of our fellow DNA-bearers in the ecosystem.

*Critical Condition* did not offer therapeutic options. Yet, this reviewer would suggest that if sustainable development and humane industrialization are the treatment modalities for the planet’s and its peoples’ critical condition, the treatment team must include community and health leaders. Too often, environmental decisions are seen narrowly, such as merely land use, housing, industrial siting and processes. Too often, those who bear the brunt of these decisions—the citizens—or those who care for its casualties—the health professionals—regard these decisions as the province of business people and urban planners. Many of the disastrous decisions of the past, from the inadequate design of the Chernobyl reactor to the unthinking destruction of forests—have been made by narrowly focused technocrats under pressure to produce short term results.

The human right to seek, receive and impart information, the so-called “right to know” [the ready availability of community health and environment data to affected communities and individuals] has been extremely powerful. If the public is truly educated about environmental issues and motivated to participate in decisions that affect their environment, those decisions are likely to be far more sensible and protective of the long-term interests of their community. For example, the astonishing effectiveness of the U.S. Environmental Protection Agency’s *Toxic Release Inventory*, which obligates major polluters to disclose the nature and amount of agents released into the environment, shows that an educated public will exert pressure to prevent toxic releases and clean the local environment.

Read this book and then think hard about the treatment plan. That plan includes a public that knows about and is engaged in the decision-making of industrialization.