A Message from the Editor

At this writing I have just returned from the 2006 annual meeting of the American Public Health Association, held in Boston. As usual, it was good to see old friends and make new acquaintances. Also as usual, there were plenty of reminders of just how low public health can sink. To be honest, I did not attend any sessions because I had to staff the PHR booth. So I cannot say that among the plethora of presentations scheduled, there were not some discoveries announced to rival ones from the distant past—Goldberger's presentation on pellagra comes to mind. I'm feeling generous, so I will assume there were. But what I observed in the exposition hall was disappointing.

There was the usual curious and for the most part harmless stuff that arises from the entrepreneurial spirit—cooking utensil demonstrations, new and improved shoe inserts, and the venerable vibrating chairs—unequaled in "rejuvenating" your tired bones (just what is the biological effect of reclining on a paint mixer, anyway?). All good fun.

Then there was the ironic and maybe not so benign. An organization that claims to represent professional tattooists and body piercers was there again this year. The modestly pierced faces and indelibly stained skins of these young people were mild compared to last year's representatives. A mere eight piercings above the neck on the young female representative was hardly enough to draw more than a few curious onlookers. In the Just Plain Weird department, CDC attracted a huge crowd by passing out artificially flavored popcorn, complete with a mega-dose of salt, oils, and diacetyl (remember bronchiolitis obliterans?) just a few feet away from other CDC personnel promoting nutritional awareness and occupational safety and health. Way to go, CDC!

The word "Excellence" was everywhere. There were Centers of Excellence, Schools of Excellence, and Student Excellence. Virtually everything was excellent. It was like taking a walk through the Tower of Babel. Computer based distant learning opportunities were being hawked left and right. For those who do not have time for school, there was an institution where one could earn a PhD in public health, with a "specialty in epidemiology" no less, spending only 20 days of actual in person exposure to a teacher. And it was "accredited" (although by whom was not exactly clear). Meanwhile, tons of kids with recent graduate degrees were swarming around the job boards, eagerly searching for a job, any job, in public health, even if it paid just a fraction of their original expectation.

Most offensive were the ubiquitous bandits, dispensing invitations to private receptions to those entrusted with the funds of public and private institutions. Their obvious purpose was to influence spending decisions. I can find no humor in this. It was pathetic.

Largely because of all the foolishness encountered at the meeting, I arrived at my local airport tired, disgusted, and discouraged about the prospects for the field of public health. I vowed this would be the last time I would attend this convention. Then it happened. On my way home from the airport I was stopped by the State Highway Patrol for traveling 10 miles an hour over the posted speed limit of 55. I was, of course, angry with myself for this lapse in judgment. But as someone acquainted with the relationship of force to mass and velocity, I felt thankful that the officer had interrupted my reckless behavior. As I drove off at a more reasonable speed (citation in hand), I noticed that my attitude had changed. I no longer felt discouraged about public health. I had just been given a lesson: real public health lives on. Simple, straightforward actions can still be counted on to protect health. This one guy out on the highway with a laser gun will, over his career prevent countless injuries and save many lives. I was reassured that it is still possible for people to practice real public health and expect significant results.

This first issue of Volume 122 marks the 129th consecutive year of publication. In this incarnation we introduce a new column: "Local Acts," which will feature effective independent practices of local health authorities. County and municipal health departments have always been the first line of defense against threats to the public's health. Being local, they can best monitor the health needs of the population, and are the most able to construct useful solutions. Because of this, they have been given extraordinary powers to create and, when necessary, impose solutions. In recent times, however, it seems that many local health authorities have become reluctant to capitalize on their unique position. They have been subsumed into state and federal organizations for health, and merely act as passthrough contractors serving state and federal identified interests. Fortunately, some local departments continue with their original mandate. This new column will document examples of local health authorities doing great work—energetically innovating and, when necessary, applying their power to correct undesirable situations. The column editor is Joshua Sharfstein, the Commissioner of Health for the City of Baltimore. Josh will be working closely with the National Association of County and City Health Officials (NACCHO) to find unique examples of innovative practices and bring them to this column. In this issue, the first of the "Local Acts" columns explores how the Baltimore Health Department prepared for and implemented Part D of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003. By recognizing the inherent flexibility of a local health department to address difficult problems, they were able to take steps to insure that Baltimore citizens did not have to cope with any lapse in their pharmaceutical needs.

Also included in this issue is a dual-purpose CD. The CD contains a recording of *Immunity for the People*:

Achieving High Vaccine Coverage in American History. James Colgrove of the Mailman School of Public Health at Columbia University wrote the script for Public Health Reports. You can listen to it by placing it in any audio CD player or by using the media player in your computer. You can also put the CD in your computer and explore a number of files and links regarding vaccines. Included are five historic movies produced in the 1940s and 50s that are especially intriguing. In one of them you can see my favorite public health luminary, Bozo the Clown, roll up his sleeve and take his medicine for the children of America.

It was our pleasure to produce this CD and this issue for readers of *Public Health Reports*.

Robert A. Rinsky, PhD