Rebuilding the Levees in Public Health

A review of

The Contested Boundaries of American Public Health

by James Colgrove, Gerald Markowitz, and David Rosner (Eds.)


Reviewed by

Bradford W. Hesse

Cracks in the Infrastructure

Shortly after the terrorist attacks of September 11, 2001, a little-remarked but crucial event occurred in the history of public health. Building on fears of bioterrorism, online traffic to the Centers for Disease Control and Prevention's (CDC's) website jumped by a whopping 118 percent as ordinary citizens ran to the site looking for information on the symptoms, diagnosis, and treatment of anthrax (Bar-Ilan & Echerman, 2005). The agency's servers were quickly overwhelmed, while leaders at the CDC were forced to reassess their role as a frontline, not a backline, player in protecting the public's health in a new world. The CDC
was a branded commodity for the public, and expectations were high that the agency would be directly accountable to public queries in a time of need. Standing up to that need would require massive internal restructuring (Kaiser, 2004).

Almost four years later, a startled world watched in horror on August 29, 2005, as the levees in New Orleans broke, bringing in the floodwaters from Hurricane Katrina to inundate the city and overwhelm the nation's emergency response system. Expectations that reliable systems of public care were in place and that we as a nation were ready for any public health emergency seemed to shatter almost overnight (Walker & Warren, 2007).

Both of these events play prominently in the collection of essays titled *The Contested Boundaries of American Public Health*, edited by James Colgrove, Gerald Markowitz, and David Rosner. The book is a packaging, and sometimes repackaging, of commentaries by a set of outstanding authors who are collectively struggling to make sense of the shifting sands of public health. A central theme to the book is that cataclysmic health events, such as those occurring at the beginning of the 21st century, reveal the nation's public health system for what it is: a fragmented, underfunded collection of multidisciplinary professionals, struggling to find a voice and a sense of mission in a world of changing priorities. Such is the legacy of population health practice and science at the dawn of the millennium.

**A History of Storms**

Throughout its chapters, the book creates a glimpse of the accidental history that created this state of affairs. Early in the 19th and 20th centuries, public health works were vital to the growth of cities and the fight against epidemic, infectious disease. “Ironically,” the book declares, “the very success of these interventions, combined with the perception of the growing effectiveness of clinical medicine, led to a decline in the perceived importance of public health departments” (p. 5). The mass communication venues of the 20th century contributed to the perception and in essence set the agenda for policy decisions that would “represent a decisive triumph for the biomedical models of disease” (p. 68).

This history, scattered throughout the essays, is a must-read narrative for any psychologist struggling to find a place for behavioral health within the confusing labyrinth of disconnected funding agencies or third-party payers. It explains why behavioral health may fall off the radar screen of funding agencies focused on biological determinants of disease, while the individualistic orientation of psychologists may paradoxically fall off the radar screen of population-based epidemiologists in public health.

The good news is that throughout all the accounts of this history, necessity in the public's eye has often been the mother of public health reinvention. As events revealed the cracks and rifts of the public health infrastructure, money began flowing into projects intended to buttress the public health system. In fact, the entire last section of the book is
Contested Boundaries Within the Text

If there is anything negative to say about this insightful collection of essays, it is about the way that it is organized. In the first section, Public Health in a Free Market Society, the first few chapters appear to make the case that public health is in freefall within the U.S. system of care, precisely because it does not seem to have a home within the market-driven provision of standard health care. In this sense, the accidental history of public health in the United States is a result of the same social–economic pressures that make universal health care such a difficult goal to reach. Some of this history is thought provoking and certainly accurate, but it does not go far enough in explaining the full picture.

A fourth chapter proposes that the meandering history is also a function of not gaining a consistent voice in advocating for public health needs. That chapter seems to echo some of the sentiments of several Institute of Medicine reports, although none of those reports appear in the reference list (e.g., Gebbie, Rosenstock, & Hernandez, 2003; Institute of Medicine, 2002).

The second section, Contested Boundaries, is primarily intended to provide case examples of how champions of the public health agenda have sought to push beyond the traditional infectious disease model into areas such as environmental health, motorcycle safety, homelessness, and a consideration of ethical issues related to surveillance. In essence, the second section accomplishes the same function as the third (Public Health in the Post-9/11 World), only focusing on events before 2001.

What the book does not seem to have is a unifying structure, telling the story of how boundaries have historically shifted and then concluding with an insightful analysis—or framework—of where to go next. The very last chapter is labeled as a conclusion but is nothing more than a wistful exchange between two venerable veterans of the public health wars. To be sure, there is great insight to be gained from the ways in which these two politically savvy administrators sought to extend the boundaries of public health into a politically fraught arena (that of gun violence) and then managed to find a way of framing the problem that appealed to a sense of superordinate goal that was palatable to both sides of the political seesaw (i.e., a frame of “reducing injuries”). This largely historical illustration
would serve better if it were placed as a preliminary chapter, setting the stage for the work that needs to be done in drawing a blueprint for public health at the close of the decade.

**A New Blueprint?**

It is interesting that the beginnings of a new blueprint can be pieced together from elements found within elements already existing in the body of the text. Within the introductory chapter, the editors explain the challenges associated with chronic disease—challenges that require an integrated approach with an understanding of health behaviors at the fore.

Population science, which had succeeded against the more short-term problems of infectious disease, faded to the background as practitioners contemplated a strategy for combating chronic conditions. Biomedical science, on other hand, found traction in achieving its short-term victories in a reactionary way against individual trauma and disease. Medicine became a favorite topic in the media, and “miracle cures” became favorite stories on television and in novels.

What the book would do well to have recognized is that medicine's tide, too, is beginning to shift. In his report to Congress, the director of the National Institutes of Health reported that the industrial medicine of the 20th century was reactive, nonspecific, and unsafe; medicine in the 21st century must evolve to become predictive, preventive, and personalized (Culliton, 2006). The new notion fits perfectly with the framework offered by author Alvin R. Tarlov in Chapter 8 of the book. Tarlov suggests a superordinate goal between clinical and population health: By focusing not on disease but on health production, both systems can come together to repair the most significant rift in public health to occur over the last century.

What is equally important to note is that in this new way of looking at health, the importance of positive behaviors skyrockets (Institute of Medicine, 2001). Repairing the levees of public health will require many hands. Psychologists may, in fact, be holding the blueprint.

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**References**


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