

Therefore, the EPA needs an inspirational, visionary leader who can bring warring factions together to achieve a common goal. **AJPH**

*Kenneth Olden, PhD*

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# Zimmer Responds

 See also Morabia, p. 426; Sundwall, p. 449; Woolhandler and Himmelstein, p. 451; Gottfried, p. 452; Moffit, p. 453; Olden, p. 454; Bassett and Graves, p. 457; and Kirkham, p. 458.

I agree with Olden’s view in this issue of AJPH (p. 454) that the Environmental Protection Agency (EPA) faces unprecedented challenges, but I disagree on the reasons why it faces them.

## NOT VICTIM OF BUDGET CUTS

Unlike Olden, I do not believe the EPA will fall victim to budget cuts. In fact, the Appropriations Committees of both houses of Congress have rejected nearly all the cuts in the budget President Trump proposed. Under proper leadership, the EPA can appropriately meet its regulatory obligations with relatively flat funding.

On the basis of my experience in Congress, businesses generally can live with fairly high levels of spending by regulatory agencies. They dislike new regulations that impose significant costs (especially if their effective date comes too quickly for them to smoothly adjust), but they value prompt responses from regulators, which they understand take reasonable numbers of experienced and decently paid staff. For example, large pharmaceutical companies

value a responsive and professional Food and Drug Administration, and federal contractors need a reliable federal acquisition process. All this takes a lot of federal money.

Moreover, there is a great deal of inertia in federal spending programs (and a lot of lobbying to keep them going). As they gain more seniority, appropriators tend to identify with the mission of the agencies they fund because they usually choose subcommittees that are economically important to their district. Over time, they develop personal ties to the bureaucrats they oversee and the lobbyists supporting the programs for which they provide money.

Moreover, American businesses have come to accept most environmental regulations and have built their enterprises on the belief that a commitment to a healthy environment is good for business. For instance, despite political polarization, most large businesses—with the exception of those directly reliant on the extraction of carbon-based fuels—continue to support the Paris Accords.

## VICTIM OF ITS DIRECTOR . . .

The problem facing the EPA does not come from lack of funding or a recalcitrant business community. It instead comes from its director, Scott Pruitt, who was nominated by President Trump because of his record of fervent opposition to federal environmental regulations as Oklahoma Attorney General.

Here are some of the actions Pruitt has taken in his first year:

- He has moved quickly to delay or undo many environmental rules, including the Obama Administration’s Clean Power Plan.
- He has replaced academics with industry representatives on EPA advisory councils.<sup>1</sup>
- He has alienated and demoralized many staff employees, leading to more than 700 departures, including the loss of more than 200 scientists.<sup>2</sup>
- He has drastically reduced civil penalties against polluters compared with previous administrations.<sup>3</sup>

Pruitt is not the “inspirational, visionary leader” Olden says is needed to reinvent the EPA. He is instead the most retrograde EPA administrator since Anne Gorsuch.

## . . . AND OF ITS SUCCESS

I agree with Olden’s assessment that the EPA is the victim of its success in reducing pollution levels. Political observers have noted that this success has been minimized by opponents of environmental regulation, who do not want to concede that it has produced benefits commensurate with its costs, and also by environmental organizations, whose political and financial interests are served by a perception that the environment is in decline.

Finally, I believe that Olden is correct in his view that the EPA’s original command-and-control regulations are outdated and should be recalibrated to better regulate nonpoint source pollution and new global economic realities. Regrettably, Scott Pruitt is not the man for this job. **AJPH**

*Dick Zimmer*

## ABOUT THE AUTHOR

*Dick Zimmer served in Congress for three terms and was twice the Republican nominee for US Senate in New Jersey. Before his election to Congress, he was a member of the New Jersey State Assembly and State Senate.*

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# Uprooting Institutionalized Racism as Public Health Practice

 See also Morabia, p. 426; Sundwall, p. 449; Woolhandler and Himmelstein, p. 451; Gottfried, p. 452; Moffit, p. 453; Olden, p. 454; Zimmer, p. 456; and Kirkham, p. 458.

Well into the 21st century, Black people in the United States are still sicker and still die younger than do their White counterparts. This is not new. Such racial gaps were noted with the tabulation of vital statistics in colonial America. A recent review of Black health disadvantage found that relative racial disparities began at birth and continued up to age 65 years.<sup>1</sup> Sharing this experience of lives cut short are American Indians and Alaska Natives, who experience the highest rate of premature mortality among US racial/ethnic groups.<sup>2</sup> Overall mortality has declined across all groups, but these stubborn relative racial gaps persist.

The racial gap is not normal. It should not exist. As a group, all human beings are equal. We should get sick and die equally. The differential patterning of premature mortality by race is not a reflection of biological difference or some inherent predilection for ill health by people of African descent and the indigenous. Stated plainly: the past and present racial patterning of disease reflects institutionalized racism, present not just in one of our institutions but in them all. When we no longer observe these

racial variations in disease occurrence and outcome, our society will have at last vanquished racism. This effort begins with recognition that racist ideas shaped public health practice.

The phrase “institutional racism” refers to ways both state and nonstate institutions discriminate, through policies and practices, on the basis of racialized group membership.<sup>3</sup> There are two main racist ideas that dominate explanations of Black–White disparities in health, arguments extended to all non-Whites. The first argument is the biological inferiority of non-Whites. The second, presently more dominant, holds that defects among Blacks lie not in genetic makeup, but in behavior.

## GENES OR BEHAVIOR

The genetic hypothesis dominated early US medical and public health thinking. Much 18th- and 19th-century medical literature explored the inherent inferiority of enslaved Africans.<sup>4</sup> Debate centered on whether Blacks and Whites were even members of the same species. Other examples now appear

equally ridiculous. Take Drapetomania, the disease that caused enslaved Africans to run away.<sup>5</sup> The recommended prevention is not hard to guess: whipping. At the end of the 19th century, the statistician Frederick Hoffman used actuarial data to argue that high mortality rates of freed Blacks reflected the intrinsic lack of fitness of the Black population.<sup>6</sup> Today, various genetic markers or different genomes are announced regularly to explain racial variation.

The behavioral hypothesis invokes racial variation to explain the many risk factors for common diseases—obesity, lack of exercise, unsafe sex—that could be modified by personal action. As a result, although Blacks are born equal, these preventable risk factors accumulate because of lack of knowledge and flawed decision-making. The argument goes like this: Yes, life is tough but you don’t *have* to overeat, get too little exercise, engage in violence, ignore medical advice, and so on. This “lifestyle hypothesis” assigns responsibility

to individuals without reference to the context of their lives. In addition to dismissing racial patterning of power and opportunity, it ignores the toll of daily and lifelong experiences of discrimination. Like the genetic hypothesis, it is a racist idea.

## WHITE VS BLACK MORTALITY

The narrative of failed personal responsibility often recedes when the victims are White. This has long been true. For Jane Addams, revered settlement house pioneer, the social ills of European immigrants were attributed to the trauma of immigration and the challenges of cultural adaptation.<sup>7</sup>

The contemporary opioid epidemic shows the durability of such racialized interpretations. Quadrupling of painkiller prescriptions triggered the current epidemic following pharmaceutical industry marketing campaigns. Patients who got these drugs are portrayed as pain victims because of hardworking lives. The system—pharmaceutical companies and medical professionals—failed, not the people.

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