



# International Federation of Environmental Health

To:

**United Nations Office for Disaster Risk Reduction  
UNDRR  
Regional Office for the Americas & the Caribbean**

**Attention:**

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## **Comments Re: The Science and Technology for DRR in the Context of COVID-19, R-STAG document.**

The International Federation of Environmental Health (IFEH), is participating in the UNDRR S & T Partnership for DRR and in that capacity we received the message from the UNDRR regarding this document. Thank you for the opportunity to comment on the Science and Technology for DRR in the Context of COVID-19 document. The comments below reflect the thoughts and perceptions of the America's Region of the International Federation of Environmental Health (IFEH), which includes the Americas and the Caribbean. We focus our commentary on the recommended actions of the R-STAG document.

A considerable body of peer-refereed research has been published on environmental health and disaster preparedness over the most recent 12 months. A sampling of IFEH member publications include:

Tarik, R., D. Jaramillo & Dyjack, D.T. Environmental Health Systems and Delivery of Services in the United States and its Territories. *Journal of Environmental Health*. 82(5) 22-27. 2019.

Keim, M., Dyjack, et.al. The need for a national strategy to assess and reduce disaster-related mortality in the US. *American Journal of Public Health*; 109(4) 539-540. 2019.

Gerding, J.A., Landeen, E., Kelly, K., Whitehead, S., Dyjack, D.T., Sarisky, J., & Brooks, B.W. Uncovering Environmental Health: An Initial Assessment of the Profession's Health Department Workforce and Practice" *Journal of Environmental Health*. 81(10) 24-33. 2019.



## Comments:

1. Environmental Health (EH) and infectious disease issues are profoundly local. The regional and national orientation articulated in the recommendations would benefit by reframing the language to systematically emphasize local conditions. Community transmission of COVID-19 should be interpreted literally. Communities, particularly those with explicit vulnerabilities, are localized constructs, which merit priority research and capacity building.
2. A sizeable fraction of the public health workforce is comprised of environmental health professionals. In North America and the Caribbean, the environmental health profession comprises a large portion of the public health workforce, second only to nursing. The academic community should systematically prioritize and embrace public health nursing and the environmental health professions in COVID-19 research.
3. Local Ministry of Health posts and local environmental health departments are hotbeds of innovation because these departments intersect with the health care sector, public transportation sector, hospitality sector, agricultural sector, recreation sector, retail food sector, education sector, long term-care and child care sector, among others. Future progress will be achieved in the space between the professions and to that end local EH programs should be considered an axis, access and affect resource.
4. The EH profession is one of the largest producers of public health data. Examples include food, water, air, pesticide, vector, and animal husbandry information, among many others. The EH profession is increasingly a major force in the use of portable data collection devices, and an influential player in data visualization.
5. Given the impact of COVID-19 on workplaces, including healthcare facilities and other such institutions, the inclusion of Occupational Safety and Health (OSH) specialists and experts in the COVID-19 response in the region has been limited and in some cases these professionals have not been included on established committees at governmental and institutional levels to respond to the pandemic. The regulatory framework for OSH is inadequate in many countries and could impede the COVID-19 response as economies re-open. In many cases workers are required to return to work without adequate protection. Also, required OSH services are provided in some countries by the EH profession without the recognition they deserve.
6. The document emphasized the importance of a research agenda but what should be equally promoted is multidisciplinary research which includes and recognizes the signal role of the EH professional in any response to COVID-19 and similar emergencies.
7. Public health efforts at returning to normalcy post-pandemic are almost entirely predicated on the environmental health considerations. The management of high traffic



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areas, high touch surfaces, retail food outlets, schools, beaches, and virtually every aspect of modern life are mediated through an environmental health lens. The EH profession is well placed to provide training to other sectors of the economy including healthcare providers on environmental health considerations pertinent to a safe-reopening of the economy. Research should center on the role and responsibility of the workforce, including mental health, stress associated with working conditions, etc.

8. In short, the broad sweeping statements presented in the document's recommended actions would benefit from enhanced clarity and specificity to guide the reader to a greater understanding of where meaningful investments and contributions are needed to protect and promote the public's health in a practical way.

We are prepared to discuss our recommendations with the team that crafted the R-STAG document, and applaud their effort and energy, which gave rise to an excellent draft.

Kind regards,

**Dr Henroy Scarlett**

Chairperson IFEH Americas Regional Group

on behalf of

**Dr Selva Mudaly**

President IFEH