because of social exclusion, African Americans in general have not accumulated and transmitted wealth intergenerationally to the degree that most other groups of Americans have. The rise in social status in subsequent generations seen in other ethnic groups in the US has thus been slower for African Americans. This is a useful sociological finding because it implies that remedies are available through specific political solutions, and because it leads to a more inclusive understanding of poverty. Social exclusion is the result of multi-generational poverty. This is not a denial of racism; indeed, racism is the reason why African Americans disproportionately live in poverty. It is instead an acknowledgement that racism results in politically and economically remedial problems whose solution is in everyone's interest.

It makes sense to find common ground when we address bias. By the same token, however, we must see that different groups often do have different problems and that, even if a problem does not affect the majority, it is still worthy of our concern, our resources, and our commitment. The Human Genome Project offers a useful analogy. If the mapping of the human genome shows that we are 99.9% the same, the focus for researchers will still be on the way in which we are 0.1% different, or why those who appear to be 100% the same have different conditions or outcomes. Why do only some of us get breast cancer or diabetes? Why do some of us appear predisposed to chemical addiction, mental illness, or health-risky behaviors? Why are certain populations prone to coronary diseases? How much of what is called genetic is the interaction of behavior or the environment and the human body? So with social exclusion: we must address how and why gender, ancestry and ethnicity, socioeconomic status, disability, sexual orientation, and rural living affect health outcomes, but we must equally look at the interaction of institutions, law, policies, and programs on groups of people.

While research and analysis is essential, we cannot simply wait for the results of our investigations. The "social machinery" of which Winslow spoke is a human creation, not a force of nature, and therefore is subject to our intervention. We must demand the courage and leadership from ourselves as well as from elected leaders to create the means for all Americans to enjoy health, happiness, and prosperity. Our predecessors began this process. Now it is our turn.

—Judith Kurland

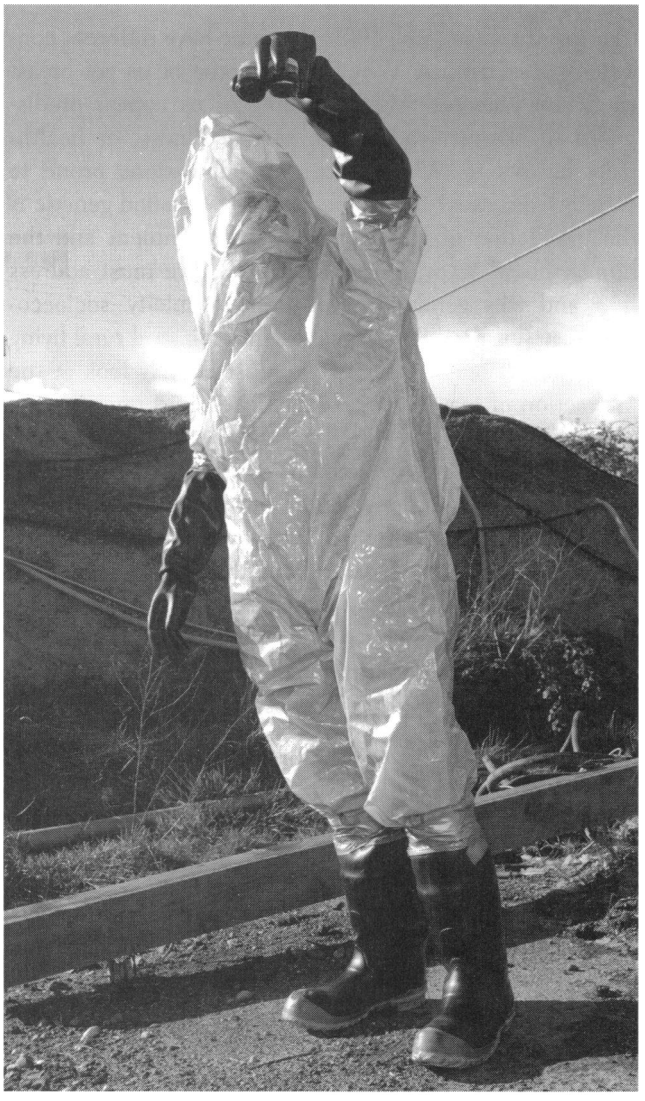
Truisms or Truth?

The verities of public health: are they fundamental truths or tired clichés? This issue of *Public Health Reports* allows us to look at some of these truths—and some from other fields—in practice and in policy.

"Everyone Understands the Importance of Schools"

Marion Nestle, whose last feature article for us was on obesity, makes another important contribution to public policy discussion in "Pouring Rights." What lies behind the situations she describes is the continued and even increasing abandonment of public functions and public institutions. Schools seek partners in the corporate world for many good and important reasons such as expertise, political support, and opportunities for students and faculty, but increasingly schools, underfunded and often under attack, need corporate partners for the funds that should be in basic budgets. Corporate partners that seek to improve education so an educated workforce and edu-

AP/WORLD WIDE PHOTOS



cated electorate will thrive in America are one thing; corporate partners that see schools as a means to get customers, to develop brand loyalty, are another. In addition to thinking about all Nestle brings to this discussion, there needs to be a national conversation on the appropriate role and function of government. Corporate contracts of this type are not the 21st century version of bake sales.

"We Count What Counts"

Skeptics often argue that instead of counting what we value, we value what we count. That may be no more than a play on words, but the public health community along with others concerned with public policy have long debated whether we measure those things that are most important and most useful in understanding problems, identifying need, and targeting resources...or whether we tend to count those things that are easiest to measure. Many proponents of community-based programs and policies argue that we should spend as much time measuring community assets and capabilities as we do community deficits and needs. Public health depends on our ability to assess—to survey, monitor, count, analyze, and compare. Epidemiology and biostatistics, two cornerstones of both the science and practice of public health, rely not just on accurate measurement, but on the appropriateness of what we choose to measure, and the correct translation to public policy.

Several articles in this issue of *PHR* reflect the importance of gathering good data, the need to analyze data cleanly, and the importance of raising the right types of questions in order to formulate good public policy. They also reflect the need to think more broadly about the effects of policies and programs.

Concern about lead levels in children has, appropriately, produced programs for lead paint removal and other remediations. The Tumpowsky, Davis, and Rabin article demonstrates that there has not been concomitant attention to the health of lead removers and other workers. Similarly, Backer et al. demonstrate that educating the nation about the importance of adding more raw fruits and vegetables to our diets has not always produced an accompanying lesson in food cleanliness and safety. *NCHS Dataline* gives us raw data and raises important questions for policy makers. Do we look deeply enough behind the numbers of infant deaths to guide us in developing policies on infant mortality? Have we thought enough about the relationship between assisted fertility and infant mortality? Have we looked at the immigrant experience and its effect on infant survival? Looking at injury rates among the elderly should raise the issue of health insurance payment for home safety surveys.

"All Public Health Is Local"

As we look forward to another year of climate change, reflect on the spread of newly emerging diseases, and contemplate the effects of global exchange and internecine conflict, it is worthwhile to think about the public health infrastructure's ability to address these developments. Two articles in this issue of the journal reflect the public health community's concern with developing and strengthening local health departments' capacity. Beebe et al. describe continuing education courses in biostatistics and epidemiology for local health officials in seven states, while Fraser and Brown of the National Association of County and City Health Officials address the issue of bioterrorism preparedness. A future issue of *PHR* will focus broadly on capacity building in state and local health departments.

"We Give the Public What It Wants"

Many of the excesses of the commercial media are defended by those who say that the public demands the quality, substance, and emphasis that are being criticized.

Cooper and Roter present some interesting findings that won't surprise many public health advocates.

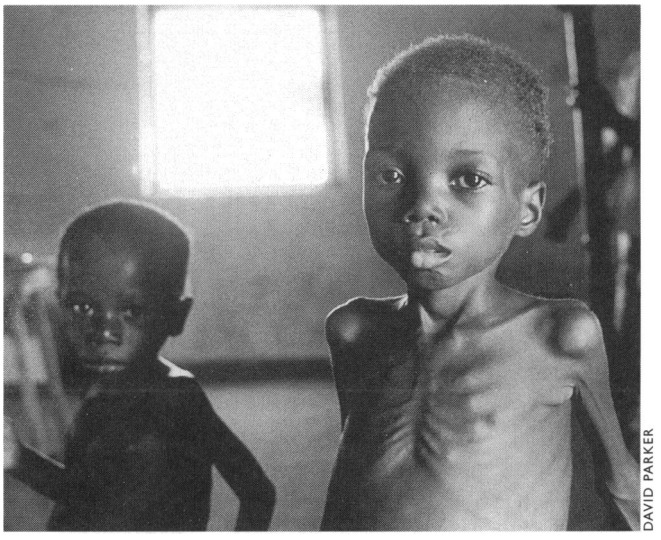
"One Picture Is Worth a Thousand Words"

War may be said to be the greatest public health issue. Barry Levy's preface and David Parker's photographs in our photo essay are compelling and important; but it is the children's voices that manage at one time to describe inhuman horror and human longing for peace.

"We Have Met the Enemy and They Is Us"

The three book reviews in this issue deserve special notice. They, too, discuss areas that will be the subjects for a future issue of *PHR*, with a focus on the precautionary principle. If reduced fertility rates, increased rates of certain cancers, and the growth in diseases of the immune system are too invisible to the public, the horrifying deformities in frogs and other amphibians may be what it takes to raise the questions about chemical use, the lack of adequate health and safety information for most household and industrial chemicals, and the weakening of monitoring and regulatory authorities. And if we don't do something soon, maybe the Frog Force [*see inside back cover*] led by Captain Ribbitt will!

—Judith Kurland ■



DAVID PARKER

LETTER TO THE EDITOR

The Letters [Public Health Rep 2000;115:108-9] written in response to Price and Oden's article "Preventing Firearm Trauma: The Role of Local Public Health Department" [Public Health Rep 1999;114:533-9] typify the gun violence debate in America. NRA members and pro-gun advocates take advantage of every opportunity—in the print media, on call-in radio and television shows, and in the halls of state legislatures and the US Congress—to pound home their message that guns make our country a safer place to live. However, as public health professionals, we must be aware of the fallacy of this argument.

We have learned on both the national and local levels that an armed society is not a safe society. In 1997, there were 32,436 firearm-related deaths in the United States (Personal communication, Alexander Crosby, MD, Medical Epidemiologist, National Center for Injury Prevention and Control, US Centers for Disease Control and Prevention, June 2000). While the US crime and violence rates are similar to those of other developed countries, our homicide rate is much higher.[1] This difference in rates is primarily attributable to firearms.[2]

Public health professionals have led the way in curbing a wide range of epidemics, from polio to smoking to traffic crashes. Price and Oden's article can jump-start critical networking and information sharing about successful gun violence prevention efforts being used in communities across the country. Legislation alone can not reduce gun violence. We need public health professionals to collect local data on the extent of the firearm problem in our communities. We need community-based programming aimed at preventing gun violence. I commend local public health departments that are presently doing work to reduce gun violence and encourage other departments to begin the process of addressing this epidemic.

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