

## The Star-Ledger

### Jersey looks like a pipsqueak on public health

Friday, March 16, 2007

**BY DREW HARRIS**

In December, the New York City Board of Health banned artificial trans fats from most restaurant food. Some folks grumbled, but Mayor Michael Bloomberg backed the initiative, and city eateries from three stars to no stars are finding alternatives to this artery-clogging substance.

When state Sen. Ellen Karcher, a Democrat from Monmouth County, proposed a similar ban for New Jersey, the knee-jerk reaction was "You can have my trans fat soaked french fries when you pry them out of my cold, dead, atherosclerotic fingers!" Her office was flooded with calls so hostile that the State Police closed it in fear for her staff's safety.

All this over a product that is more chemistry than food. Food producers use artificial trans fats for their convenience and low cost. Studies show they increase bad cholesterol and lower the good kind, leading to clogged arteries and more heart attacks.

New York City and New Jersey are similar in population and racial, ethnic and income diversity. So why was the public reaction so different? Why is our state slow to accept life-saving and health-promoting public health measures while New York often leads the nation?

Remember "runny eggs"? In 1992, New Jersey's Public Health Council ordered all restaurants to cook eggs enough to kill disease-causing salmonella bacteria. While the regulation was widely ridiculed as government run amok, salmonella disease is real and is estimated to annually sicken more than 182,000 people, cause 2,000 to be hospitalized and kill 70. Because of an outcry similar to the trans fat ban, the runny eggs rule was quickly rescinded.

New Jersey was the last state to allow the limited exchange of used syringes for clean ones so that intravenous drug users could stop sharing HIV along with their needles.

In 2002, New Jersey enacted a law requiring written parental consent before children could participate in voluntary and anonymous surveys about sensitive issues like drug use, mental health and sexual practices. While the law was billed as an effort to protect parental rights, it actually infringes on the rights of parents to know what's happening in their children's schools.

As a result, it is very difficult and expensive for school districts to find out how many students experience forced sexual intercourse, consider suicide, carry a gun to school, purge after eating or are offered drugs. Because a small minority of adults prefer to "see no evil," our state's public health and school professionals lack important information needed to help protect children.

In New York City, smoking has been banned in bars and restaurants since 2003. Within a year, more than 100,000 New Yorkers quit. To its credit, New Jersey banned it last year but exempted casinos entirely and previously used the huge tobacco settlement money to balance the budget, not help smokers.

So what's in New York's water that makes it hand out condoms to prevent disease, post restaurant inspection reports on the Internet, require landlords to clean up lead paint contamination and subsidize healthier foods in bodegas and grocery stores? New Jersey does none of these.

Here are a few possible reasons.

New Yorkers seem to trust their government more and support their leaders when they take action to protect public health. Perhaps because of what they read about politicians in the newspapers, New Jerseyans question the motivations behind any public health proposal -- no matter how well intentioned -- and prefer no action to any action.

The New York City Department of Health and Mental Hygiene is a consolidated agency with a long history of assertive action in the face of public health challenges. This is the city that quarantined Typhoid Mary to protect the public. New Jersey's public health system mirrors the state's political structure where "home rule" reigns. Independent health departments struggle to work collaboratively. Decentralization doesn't have to be an impediment, but without central coordination, we miss opportunities to inform the public and rally people around complex health issues.

New York's leadership understands the value of good public health. In fact, Bloomberg put his fortune behind it, having a school of public health named after him. I'm sure Gov. Jon Corzine also recognizes the vital link between good government and community health and will be as passionate as his compatriot across the river.

Finally, the New Jersey public health community must speak with one voice and work together to better prepare for disasters, respond to disease outbreaks and make our state a safer, healthier and more prosperous place to live. We aren't New York, but there is much we can learn from our neighbors across the river.

So what's in the city's water? It's fluoride -- and it's keeping New Yorkers' teeth healthy. New Jersey is ranked 47th in fluoridation, with only 20.8 percent of people having access to cavity-preventing drinking water. New York City's water has been 100 percent fluoridated for 40 years.

*Drew Harris is past president of the New Jersey Public Health Association and an assistant professor at the University of Medicine and Dentistry of New Jersey's School of Public Health.*

© 2007 The Star Ledger

© 2007 NJ.com All Rights Reserved.