No one in public health would reduce the pursuit of health to the pursuit of healthcare. To be healthy means to have a healthy everyday life.

The Best Policy

Health Commissioner
Mary Travis Bassett

By Andrea Crawford

There it was on New York magazine’s “approval matrix” listing current events on a despicable-to-brilliant spectrum: a key piece of public health news ranked as only slightly less despicable than the jail-ing of journalists in Egypt, Iraq’s violent meltdown, and the 50 percent increase in public college tuition since 2004. “Diabetes lobby’s final victory over Bloomberg’s big-soda ban,” quipped the magazine, invoking the June decision by New York State’s highest court that the portion cap rule exceeded regulatory authority.

Mary Travis Bassett, MD, MPH, the new commissioner of New York City’s Department of Health and Mental Hygiene,
takes issue with some of those words. For starters, don’t call it a ban. “We just can’t get away from that word, right?” she says with a disarming laugh. “It was not a ban. It was a portion cap.”

**And it was hardly a final victory.** “It was a victory for the beverage industry, and in that sense, a defeat for us—on the one hand,” Bassett says. “That we had a public debate,” she adds with emphasis, “in itself is a victory for us.” People now know more about how sugary drinks affect their health, she notes. *New York’s* assessment of the ruling proves her point.

**Six months after former Mayor Michael Bloomberg** left office, politicos might interpret the court’s ruling as a brake on the work of an administration that had reinvigorated, if not redefined, the role of a department of public health. But with Bassett, a veteran of that administration, taking over, and with members of Mayor Bill de Blasio’s administration citing public health as an area in which Bloomberg particularly excelled, the ruling will more likely induce a downshift into a more powerful gear. When de Blasio appointed Bassett, a longtime associate professor of clinical Epidemiology at the Mailman School, he signaled both the direction in which the department would continue to move and the approach he values.

**The mayor could not have made a better choice,** says David Rosner, MPH, PhD, the Ronald H. Lauterstein Professor of Sociomedical Sciences. Bassett “sees the inequalities of this society as the root cause for disease itself,” he says. “She comes from a tradition of seeing public health as part of a larger effort to address social justice.”

**The origins of that vision** reside in Bassett’s upbringing—raised in Washington Heights, she is the daughter of civil rights activists. After earning her MD from Columbia’s College of Physicians and Surgeons in 1979, Bassett trained at Harlem Hospital, where she was chief resident. Though she’s worked around the world since, she never saw sicker patients than she did in Harlem during the early ’80s. Despite their efforts, Bassett realized she and her colleagues weren’t doing much for the people they served. “We were patching them up and sending them out,” she says. On home visits, the young doctor saw patients living in abandoned apartments with rigged electricity and no running water. “It was impossible,” Bassett says, “not to see the way in which inequity and poverty drive health.”

After earning her MPH at Washington State University, Bassett moved to Zimbabwe, where she stayed for 17 years, working on AIDS prevention. There, she says, “I had the privilege of seeing how quickly health can improve—which is something that doesn’t happen all the time—when a government really commits itself to advancing the health of its population. I also got to see how quickly that could be unraveled.” By the early 2000s, the country had descended into political turmoil and violence under Robert Mugabe. Bassett began looking toward home. “I leapt at the opportunity,” she
says, “to come back to New York City and work at the premier urban health department, I would argue, in the country or maybe the world.”

**In 2002, Bassett signed on as deputy commissioner** for health promotion and disease prevention under Bloomberg’s new commissioner, Thomas Frieden, MD, MPH ’86. “He was putting together an eclectic team,” says Bassett, “and he certainly allowed me to put together an eclectic team.” International experience was a common credential among recruits. “When you work in a resource-constrained environment, people become much broader ranging in their ideas of what they can tackle,” says Bassett. Moreover, in much of the developing world, government plays a vital part in public health. “People who’ve worked in that setting have a keener understanding of how important the role of government can be,” she says, providing services, and “setting the policy agenda and affecting the structural determinants of health.”

**Under the leadership of Frieden** and then Thomas A. Farley, MD, MPH, who took over in 2009 when Frieden became director of the Centers for Disease Control and Prevention, the Bloomberg-era DOHMH instituted ambitious reforms to address the health challenges of the modern world, setting a new bar for national and even global health policy. “If you can do it in New York City, you can do it anywhere,” says Frieden, invoking Frank Sinatra’s paean to the Big Apple. “California had gone smoke-free, but then [the movement] kind of stalled. Once New York City went smoke-free, it really changed the global conversation and triggered global progress.”

**Throughout his tenure at DOHMH,** Frieden made clear his belief that state and local health departments were doing a great job fighting the diseases that killed Americans a century ago, but when it came to the diseases that account for 80 percent of deaths today, health departments were, as he put it in the title of a 2004 editorial in the *American Journal of Public Health*, “Asleep at the Switch.” Hiring Bassett was part of Frieden’s wake-up call.

**Associate Professor of Sociomedical Sciences** James Colgrove, MPH ’01, PhD ’04, author of *Epidemic City: The Politics of Public Health in New York*, says the Bloomberg-era DOHMH established an impressive legacy of innovation. Frieden and Farley “really pushed the limits of what public health should do,” particularly in the area of chronic noninfectious diseases, he says. “Mary Bassett was part of that.” She spearheaded the trans fat ban and calorie labeling in restaurants, which, says Colgrove, “was really quite innovative and set a model for other cities and states.”

**It was innovative** because it had to be. Fighting chronic noninfectious diseases is much more difficult than fighting infectious diseases. The old but effective tools of public health—vaccines and quarantines, for example—don’t work against heart disease, cancer, and stroke. Such conditions have multiple causes that spread among social
networks, develop for decades before symptoms manifest, and in some cases remain disputed or at least confusing to the general public. (Consider how the low-fat trend of the 1980s gave way to the more nuanced good fat versus bad fat understanding that has prevailed of late.) “It’s not like you identify a single microbe and you can control the disease,” Colgrove says. “You have to intervene at a lot of different points.”

Such multifocal intervention can get contentious, and the Bloomberg administration’s efforts attracted the ire of industries and a generous dose of mockery. Says Farley, a former Mailman School board member who is now a distinguished fellow in public health at Hunter College: “We were always breaking new ground, which is what you need to do if you want to make a big difference. That aroused a lot of opposition from companies that were making money by selling things that were unhealthy.” Fighting typhoid is easier, he says. “There isn’t a company out there selling typhoid.”

That there’s no pro-typhoid or pro-Ebola lobby is an analogy often used to explain the difficulties public health officials face from the pro-tobacco and pro-sugar lobbies. And yet, the analogy can imply that tough battles haven’t been waged and won before.

For more than a century, New York City’s department of public health led the way in fighting diseases like tuberculosis—taking on landlords to improve living conditions—promoting milk pasteurization, combating HIV, and
banning lead paint, which it did in 1960, some 18 years before the federal government followed suit. “The lead industry and the paint industry fought that hard,” says Farley. “But the city was courageous and it saved many, many children from brain damage.” And it did so despite arguments similar to the “nanny state” criticisms of today. Says Bassett: “The language of personal responsibility has been tried out for many things. It was used as an explanation for why children became lead-poisoned: Parents—those black and Latino parents—didn’t keep their children from eating paint chips or dust. ‘If only the parents behaved better, we wouldn’t have a lead poisoning problem,’ when the lead was in the paint and it didn’t have to be there.”

**Such actions have always been within the scope of public health**, says Colgrove. “If the leading causes of sickness and death are rooted in things like what people eat,” he says, “then that is absolutely within our purview.” Bassett and her two predecessors, says Rosner, “represent an arm of public health that has been, in some sense, under attack for a couple of generations.” Theirs is an ethos grounded in late 19th-century Progressive Era values, when reforms were aimed at wide targets such as improving housing, building city infrastructure, and ending homelessness. When it comes to controlling pervasive environmental risks—whether housing conditions implicated in the spread of TB or modern-day compounds implicated in heart disease or diabetes—regulations tailored to the city scale make sense.

**In 2008**, Bassett published a commentary in *JAMA* likening the public’s current distrust of the food industry to the public outcry about sanitation a century ago, when unregulated slaughterhouses infused the food supply with contaminants. “The most rapidly growing food-related threat to health today is not microbes, but overconsumption of calories, sugar, salt, and unhealthy fat,” she wrote with Lynn Silver, MD, MPH, then her DOHMH colleague. “To have a substantial effect on diet-related health problems, as did public health measures in response to microbial threats, stronger actions are needed.”

**Bassett instituted some of those stronger actions.** “I’m very proud of the ways in which we reintroduced the notion of an activist health department that used its tools to make policy changes,” she says of her years with the Bloomberg administration. She endorses how her predecessors used the tactics of government—among them, regulation, taxation, and procurement—to promote health. “These are ways,” she says, “in which government can use its might to level the playing field.”

**De Blasio and Bassett** have already declared their intention to escalate the fight against health disparities, deploying

> “I had the privilege of seeing how quickly health can improve—which is something that doesn’t happen all the time—when a government really commits itself to advancing the health of its population. I also got to see how quickly that could be unraveled.”
of the affected communities,” he recalls her saying. And as Bassett looks back at the previous administration, she admits, “We didn’t succeed in ensuring that the communities we sought to benefit understood and had the opportunity to give us feedback on the strategies that we were adopting. We need both a favorable policy environment and a public that is educated and activated to pursue its health.”

To promote those conditions, Bassett has already begun reinvigorating the district public health offices she established ten years ago. “Neighborhoods really should be seen as the unit of intervention in this city,” she says, noting that by taking a granular approach DOHMH can focus its limited resources on the most highly burdened areas and partner with organizations already committed to those neighborhoods. In May, Bassett announced new initiatives, such as a Center for Health Equity, precisely to address disparities.

As she sits at the large conference table in her office discussing her vision, Bassett learns that a longtime Columbia colleague suggested she was “always too honest for other jobs.” The commissioner laughs with delight at the observation. “Honesty

A Full-Court Press

“People laugh at the soda serving-size issue as if, you know, that’s the magic bullet to prevent obesity and promote healthy weights,” says Andrew G. Rundle, MPH ‘94, DrPH ’00, an associate professor of Epidemiology. “But nobody’s arguing that it is. That’s just part of a full-court press, a multilevel program to promote healthy lifestyles.”

Mailman School faculty, students, and staff work closely with Department of Health and Mental Hygiene officials to maintain that full-court press. Rundle has worked with DOHMH researchers for more than a decade, studying how neighborhood characteristics influence health by analyzing everything from walkability to traffic to air quality—even people’s perception of safety. His work influenced the city’s adoption of “active design guidelines,” the DOHMH and Department of Transportation’s joint effort to promote physical activity.

A number of Mailman School faculty are analyzing policies of the Bloomberg administration. Ryan T. Demmer, MPH, PhD, and Gina S. Lovasi, MPH, PhD, received a New York Community Trust grant to evaluate the extent to which chronic diseases have been prevented. Peter A. Muennig, MD, MPH ’98, received funds from the Robert Wood Johnson Foundation to investigate the effects of Bloomberg administration policies on increases in life expectancy. And Miriam J. Laugesen, PhD, in a separate investigation supported by the Robert Wood Johnson Foundation, studied how the administration evaluated evidence and built public support for its policies.

This spring, DOHMH Commissioner Mary Travis Bassett, MD, MPH, visited the Mailman School at Fried’s invitation to hear presentations by the winning teams. “The future of public health rests on our ability to deploy scholarly expertise in the real world,” says Fried. “The long-standing relationship between the Mailman School and DOHMH demonstrates the synergy possible when scholars and policymakers work together.”
is always the best policy!” she says. “My job as health commissioner is to base my judgments on the best available data and on my understanding of the best tools at our disposal to address them,” she says. “So sometimes that will mean things that are not politically popular. My job is to identify the best way to promote the health of the people of the city and to convince the political leadership that it’s worth the bangs it will take.”

If the vehement fight over soda serving size is a clue, the bangs will come hard and fast. The commissioner seems to have already girded herself for the inevitable battles. “A pursuit of public health almost always means tackling issues that relate to social justice. That’s why our work is often controversial,” says Bassett. “No one in public health would reduce the pursuit of health to the pursuit of healthcare. To be healthy means to have a healthy everyday life.”

ANDREA CRAWFORD writes about the health of people and the planet for Slate, Psychology Today, and other publications.