AN EVIDENCE-BASED PUBLIC HEALTH PERSPECTIVE

Restoring Water Access on the Longleaf Trace

> The question before community leaders is not whether drinking fountains can or have been misused. The real question is whether removing access to water poses a greater public health risk than keeping fountains available. **The available evidence suggests it does.**

Evaluating the Real Risks

RISK 1: HEAT ILLNESS IS A REAL & PREDICTABLE THREAT

- **Extreme Summer Weather:** Mississippi summers routinely produce temperatures above 90°F with heat index values exceeding 100°F.
- **High Trail Usage:** The Longleaf Trace spans 44 miles and is used by runners, walkers, cyclists, families, and visitors.
- **Severe Consequences:** Heat-related illness—including dehydration, heat exhaustion, and heat stroke—is a well-documented public health concern every summer. Heat is one of the leading causes of weather-related deaths in the United States.

☞ **Key Message to Policymakers: Dehydration increases a known and measurable health risk.**

RISK 2: SERIOUS ILLNESS FROM DRINKING FOUNTAINS IS EXTREMELY RARE

- **Properly Functioning Infrastructure:** Public drinking fountains are not recognized as a common source of disease outbreaks.
- **Surface Contamination Only:** Most contamination involves surfaces rather than the drinking water itself.
- **Public Health Guidance:** Public health agencies do not routinely identify drinking fountains as a significant source of community illness. Researchers advocate expanding access to tap water.

☞ **Key Message to Policymakers: The documented risk from fountain use is extremely low.**

While improper use of a drinking fountain is unacceptable, isolated misuse does not automatically create a significant public health hazard.

For someone to become ill:

- An infectious organism must be present.
- It must survive on the fountain.
- Enough organisms must remain after water continues flowing.
- Another person must ingest an infectious dose.

Every step makes infection progressively less likely.

Key message to policymakers: Public policy should aim to reduce the greater risk. Public health is about managing risk—not eliminating one unlikely risk by increasing a much larger one.

Public Health Uses Risk Assessment

Good public health policy strictly evaluates metrics before removing community resources:

- How likely is the event?
- How severe are the consequences?
- How many people are affected?
- Does the proposed solution reduce overall risk?

☞ Key Message: Removing access to hydration may reduce one very small potential risk while increasing another that is common, predictable, and potentially life-threatening.

Comparing the Risks & Policies

Removing Water Access (Greater Risk)	Keeping Water Access (Lower Risk)
Increased dehydration risk	Rare possibility of illness
Increased heat exhaustion risk	Routine maintenance required
Increased heat stroke risk	Occasional misuse by individuals
Predictable every summer	Extremely uncommon serious illness

Better Solutions Exist

Instead of completely removing fountains, communities can address misuse without eliminating vital access to drinking water:

- **Establish Protocols:** Set routine cleaning and maintenance protocols.
- **Prompt Repairs:** Repair vandalism promptly.
- **Targeted Control:** Temporarily close individual fountains if documented contamination occurs
- **Modernize:** Install bottle-filling stations where feasible.
- **Education:** Encourage responsible use through signage and education.

Questions for Decision Makers

- What evidence demonstrates that removing fountains will improve the health outcomes of trail users?
- Has the Board compared the risk of heat-related illness against the documented risk of illness from drinking fountains?
- What less restrictive alternatives were considered before eliminating public access to drinking water?
- How does removing water access align with the Longleaf Trace's mission to promote safe outdoor recreation?

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