

CONNECTIONS FOR SURVIVAL

It is crucial to make the linkages between our health and the health of the environment to avoid lifestyle transitions

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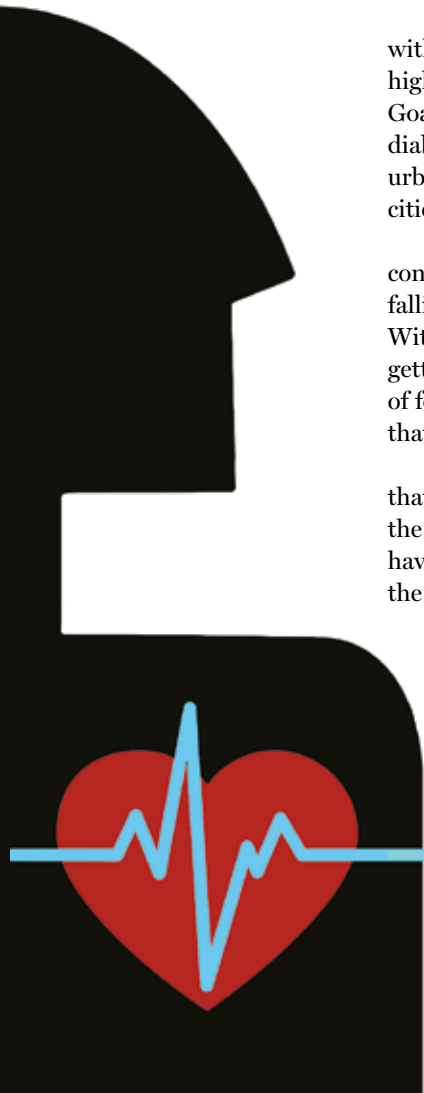
IN JUNE 2017, British medical journal *The Lancet* published a review of the prevalence of diabetes in 15 states of India. This study by a group of medical practitioners, funded by the Indian Council of Medical Research (ICMR), has worrying numbers. It finds that while some 7 per cent people in India (based on 15 states' data) had diabetes, the prevalence of pre-diabetes (early signs, particularly elevated blood sugar levels) was a staggering 10-15 per cent, depending on the criterion used. This is no small health burden on a poor country.

Their conclusion is we are undergoing an epidemiological transition. States with higher GDP—Gujarat, Maharashtra, Tamil Nadu and Chandigarh—have higher prevalence of this disease as compared to Bihar or Jharkhand. Delhi and Goa, with high income levels, are still awaiting sampling. Rural areas have lower diabetes rates than urban. But most worryingly, the study finds that the poor in urban well-off states have higher incidence of diabetes than the rich in the same cities. In other words, the rich in rich cities have started to learn good food habits.

But the poor are now falling into the trap of bad food. The study also found that conversely, in rural areas it was the more socio-economically advanced that were falling prey to diabetes. "It is an epidemic that is in a state of transition," it noted. With such large numbers of poor in urban areas and such large numbers of the getting-rich in rural areas, this can easily get out of hand. We are going from lack of food or malnutrition to over-nutrition because of bad food. This is a transition that must be avoided.

This is what our book *Body Burden: Lifestyle Diseases* discusses. The fact is that India has what can only be described as a double burden of diseases. We have the diseases of the poor—everything from malnutrition to cholera. But we also have the diseases of the rich—cancer and diabetes. Worse, as the ICMR study shows, the poor, who can ill-afford the diseases of the rich are now afflicted by them.

But this is where the policy of prevention must kick in. We know that these diseases—called non-communicable diseases (NCDs) by the health community—are connected to our lifestyles. What we eat? What air we breathe? And



what environment we live in? These are part of the package of “toxic” development. A model of development where we first pollute and then think of cleaning up. A model where we first industrialise-chemicalise our food, eat unhealthy junk and then think of going to the gym to exercise or eat organic. But the question is can we not avoid the transition?

Can we not go from being poor but unhealthy to being rich and healthy? Why should we inherit the diseases of a lifestyle that can be junked?

This is where change is essential. This is where we need to make crucial linkages—between our health and the health of the environment. Today, it is polluted water, which is visible in the deliberate murder of our rivers. It is also one of the largest killers of babies in the country. Today it is the lack of clean energy in homes that makes women cooking on biomass fuel suffer from killer respiratory disorders. It is also responsible for pollution that is making air toxic to breathe in our cities. So, health is an indicator for the environment.

It is for this reason that the UN’s Sustainable Development Goals (SDGs)—13 global goals that the world needs to achieve by 2030—must put children at the very centre. Every goal has a link to the child and every goal has a link to the health of the child and so the health of the planet. This is the human face of the SDGs that would define our progress or not.

But as yet, we rarely make this connection.

Just consider this. In Punjab, people living in rural areas are witness to an epidemic of cancer. This is definitely linked to the use of pesticides in agriculture. You may not get a certificate from a doctor that says that your cancer is pesticide linked. But the trigger is known. The gun has been fired and you as a farmer who sprayed the poison or the consumer who eat the poisoned food did not even know it.

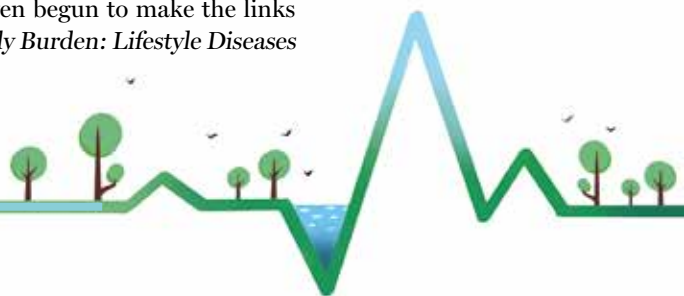
So, what needs to be done?

It is clear that we need clear and unambiguous global policies. As yet, there has been too much dithering on this issue. And, not surprisingly. The fact is that the modern food industry is like tobacco. It took the World Health Organization (WHO) years to confront it and squash it. Then as the rich world, where this industry came from and prospered began to understand the dangers, action moved to the developing world. Now tobacco industry hides between the farmers who have a stake in growing this plant. It is a façade. But it means that we remain addicted to this confirmed killer.

The same is the story with the food industry.

After many years of conferencing, WHO has identified four major risk factors for NCDs—alcohol, tobacco, poor diet intake and lack of physical activity. But it is still coy in calling out the enemy—foods that are high in salt, sugar, fat and low in nutrition. It wants to play it as safe as possible so that it does not have to confront the real players and demand a restraint on their products, not through voluntary action but through government policies that restrict and restrain and put a premium on nutrition, not consumption.

Then there is the other problem. WHO has not even begun to make the links between NCDs and industrial toxins and pollution. *Body Burden: Lifestyle Diseases*



proves beyond doubt that unless WHO includes emerging risks for NCDs in its efforts, it would be difficult to protect people from these diseases. WHO says that by investing just US \$1-3 per person per year, countries can dramatically reduce illness and deaths from NCDs. We feel, however, that the cost is going to be much higher considering that risk factors are many more than the four identified by the global body. What we know is that the economic burden of NCDs is staggering.

We also know that economies are built on the use of toxins. So, it works conversely. The richer you get, the higher the health burden and higher the costs of healthcare. Remember also that it is always easier and far less expensive to deal with the diseases of the poor. Cholera, for instance, is about microbes in water that are easier to clean. Cancer, on the other hand, is about exposure to tiny chemicals in the same water. These are more expensive to clean.

Similarly, it is time we made the link between climate change—the greatest lifestyle related catastrophe and health—with NCDs. We in our cities are certainly beginning to see how vector-borne diseases are growing because of the changes in weather. We know that heat and cold stress will grow. Make the poor more vulnerable.

But it is not just for WHO to make this call. The fact is that our government must confront this reality. The link between foul environment—our air, water pollution, mounds of garbage or toxins in food— and health is so evident that it is crying for solutions. There is no hiding from this anymore. No option to bury our heads in sands of disinformation and inaction.

The good news is that our health is also the only real trigger for environmental action. We will act to improve the environment when we know it impacts us directly. For instance, today, in Delhi, there is outrage against the pollution in the air. This is because 2016 winter's public health emergency—when pollution levels spiraled out of control—has brought about a clear understanding of the link between toxins and our bodies. So, people want change because now there is a link between environment and their health. This is important and different. From pesticide poisoning to water pollution, this body connection has been harder to establish. More importantly, there is a cop-out option. For instance, in the case of water pollution, we don't connect the dying river to our taps. And if we do, there is always the option of installing a household water filter, or just buying bottled water. So, it is not our business to push for change.

But air pollution is a great societal leveller. Despite installing air purifiers in their homes, the rich in Delhi and other cities still cannot escape foul air. Also, the nature of pollutants is mutating so fast that the air purifiers in our homes cannot keep pace with deadly poisons. So, it is our business to push for change. Ultimately, if the solution to air pollution is to get off the diesel car and get on the affordable but convenient bus or metro, we will do it. Because it is in our interest. We will change behaviour, not because it is in the planet's best interest. But in ours. The advantage is that if it is good for us, it is good for the planet. The ultimate win-win.