EPISODE 24: CLEARING THE AIR FOR A HEALTHY FUTURE

Shweta Narayan [00:00:06] The time has come that we measure the advancement of our civilization through the metric of health rather than the metric of wealth. But here also lies one of our biggest roadblocks. It is impossible to have healthy people on a sick planet. The blatant disregard for environment which is entrenched in our current economic and social models, has pushed the natural world to its limits.

Garry Aslanyan [00:00:44] Welcome to the Global Health Matters podcast. I'm Garry Aslanyan. In this episode we'll be taking a closer look at an issue that affects not only the health of people, but also our planet. I'm talking about air pollution, a pervasive worldwide problem penetrating our every breath. The World Health Organization estimates that nine out of ten people worldwide breathe polluted air. To discuss how these issues affect people living in India and South Africa, I'm joined by Shweta Narayan and Rico Euripidou. Shweta is the global climate and health campaigner at an international nongovernmental organization called Health Care Without Harm in New Delhi. Rico is the research manager at groundWork, a non-profit organization based in Cape Town. Hi Shweta. Hi Rico. How are you today?

Shweta Narayan [00:01:45] Hello Garry. Really nice to meet you. I'm fine, thanks.

Rico Euripidou [00:01:48] Hi, Garry. We're going into our autumn in South Africa, and it's really good to be on the show.

Garry Aslanyan [00:01:55] Great, welcome. Shweta, you've had a very interesting career that led you from social work focused on criminology to environmental justice and advocacy. Maybe you could share how that transition came about for you and why you became so passionate about combining the environment, justice and health.

Shweta Narayan [00:02:19] Thanks, Garry. Yes, that has indeed been an interesting trajectory in my life, but it was during my final year in social work college that I was doing my master's thesis. This was the year 2000- 2001, and there was this landmark judgment on air pollution in New Delhi that was passed by the Supreme Court, where, keeping in mind Delhi's poor air quality, the Governmental Supreme Court had ordered relocation of polluting units from the centre of the city to the outskirts. And that fascinated me as an order because it was not a lasting solution, it was just changing the space of where those polluting units existed, not changing the technology that caused pollution, but just picking up these units and relocating them somewhere else to clean up Delhi's air. And it was fundamentally a really problematic solution. It was a temporary solution, but it got me really curious as to how the city kind of readjusted itself with the working class moving outside the city and the kind of disruptions it brought in. And so I was curious to study this, and that's where my interest in environment, health, class, sort of got feet. And once I graduated, I started volunteering for the Bhopal gas survivors. These are the survivors of the world's worst industrial disaster, the Bhopal gas tragedy in 1984. And once I started volunteering for the campaign, I don't think there was any looking back. It was clear for me that working with communities and fenceline communities on environmental justice was something that I really wanted to do and I continue doing.

Garry Aslanyan [00:04:15] Very interesting, thanks. Rico, your organization is focused on environmental justice activities in several areas, including health. Maybe you could explain a bit more for our audience why environmental justice is an important component of achieving healthy societies.

Rico Euripidou [00:04:34] The World Health Organization declared that air pollution is one of the global number one burdens for disease globally, and they estimate between seven and nine million people die from air pollution every year. Now that is a big statement because considering the other big global health problems - HIV/AIDS, TB, malaria - between seven and nine million deaths globally is almost three times as many deaths as all of those other big health issues combined. Air pollution cannot be de-linked from the climate crisis. The air pollution from coal fired power stations, from the way we generate energy from fossil fuel and the climate crisis are two sides of the same coin. So we have to think about these together. We have to think about air pollution and climate together. And there's this global drive towards a Just Transition away from fossil fuel energy so that we can address the climate crisis and also take into account the people who will be affected by this change, the societal change away from fossil fuels. And the Just Transition is traditionally thought of as being something just about jobs. But it's not just about jobs. In South Africa, we, together with the communities that we work with, are saying Just Transition is about the services that people get, whether or not they get clean drinking water and sanitation. It's about having the Housing Ministry involved so that people have decent houses and that the places where they live are conducive to good health. And it's also about food and about agriculture. So Just Transition and the framing of that is much broader than just about the transition from fossil fuels to clean and renewable energy. It's also about all these other social determinants of health. So this slow poison that we talk about is something that we have to address not just by cleaning up the air, but thinking about cleaning up the air and making the transition from dirty energy to clean energy, taking into account all these other things that give people health benefits and that make their health better.

Garry Aslanyan [00:07:12] Very interesting to learn from both of your experiences how you really focused on this area. Maybe switching closer to realities on the ground. Shweta, I really enjoyed watching your TED talk and how you emphasized that it is impossible to have healthy people on a sick planet. And you work very closely with residents in polluted communities in India. Maybe you could share with our audience how air pollution is affecting the livelihoods and health of people.

Shweta Narayan [00:07:50] Garry, as I mentioned in my TED talk that human health and planetary health are deeply inter-related, and it's impossible to imagine life where air is not clean, water is not pure and food is not fresh and unaffected by pesticides. And just to build on what Rico mentioned just now about environmental injustices, fenceline communities in India are also in a similar position. They are economically, socially and politically marginalized. The most polluted sites in the country are away from their policy-makers. They are far from where you see. They are just invisibilised. So a lot of our work with fenceline communities is to make visible this invisible. The fenceline communities are disproportionately burdened with the toxins that they are exposed to with the unhealthy environment that they live in, and a lot of our work goes into documenting this lived experience of pollution, of disease and destruction that these polluting facilities bring, and documenting it in a manner, in a scientific manner that cannot be refuted without investigation. And if you look at all the pollution impacted communities around the world, it boils down to this fight for clean and healthy environment and an opportunity to live life without pollution. That's something that connects all these pollution impacted communities, and when it comes to pollution in India and air pollution, you will always hear about Delhi and how New Delhi is the worst polluted capital in the world. What you will not hear about are these far-off places which are centres of fossil fuel production, of coal fired power plants and coal mines, like Korba or Singolia in the north, these names would not be common knowledge. And these are the places that have the worst impacts, probably 10-15 times higher pollution than Delhi, which makes it to national and international media, but you never hear about these places. And in the fight for clean air, I believe that if these places breathe clean air, Delhi will automatically breathe clean air.

Garry Aslanyan [00:10:05] Rico, in South Africa air pollution has been described as the slow poison, and as a result of many policy and political implementation failures, which communities' health has been most impacted?

Rico Euripidou [00:10:22] I'm from South Africa, and considering our recent past, especially in the context of apartheid, environmental justice and inequality is especially important for us as an issue. Apartheid meant that we had unequal health services, we had unequal education, people had unequal rights generally in society, and what apartheid did is it perpetuated these inequalities. So at the fenceline of dirty industry in South Africa, we have poor black communities that were never ever intended and were never allowed to reach any other potential other than unskilled or low skilled workers living on the fenceline of industry so that they could be the workers. And these people bear a disproportionate burden from the environmental determinants of health. They have higher levels of air pollution, they have less access to energy in their homes and have to rely on fossil fuels for spatial heating. So people that were black, that live on the fenceline in South Africa, bear this huge burden of inequality. And that's where we define our environmental justice campaign. So the way we understand environmental justice or injustice is that the people who are least responsible for something like air pollution are the people who are most impacted by air pollution, and they are least able to do something about it. And that defines our environmental justice framework.

Garry Aslanyan [00:12:11] Shweta, what do communities who lack resources and power do in India in response to an environment that is harming their health?

Shweta Narayan [00:12:20] I think most fenceline communities lack resources and power. They are socially, economically and politically marginalized. And I think what increasingly communities are doing is seeking solidarity and lending solidarity, because the fight is a shared fight. It's a shared fight for clean air, clean water, and a right to a healthy environment where people can thrive, and pollution- impacted regions are forming these networks of solidarity among each other, exchanging information, and I think what I mentioned, visualizing the invisible impacts or what is being kept out of public knowledge in communities are increasingly documenting it and their evidence is forming the basis for investigation, I must say, in India. One such example is in 2004, where villages in a coastal community started documenting the volatile organic compounds that were being left out by chemical industries, plastic and petrol, chemical and pharmaceutical industries and then air, and this the government was not even documenting. And this is a very interesting story because this is where South Africa and India comes together as the bond between the pollution impacted region. We had a community support group from the US that shared this low cost technology of monitoring, air quality and especially volatile organic compounds, that's called the Bucket. If you Google "the bucket brigade", you will know more, but this was a low cost device that was developed in the fenceline to refinery communities of the US where people who did not have access to expensive monitoring mechanisms used this bucket to test for air for volatile organic compounds which are known emissions from refineries. And communities in India adopted that, made their own bucket, tested for the air quality that they were breathing in in these chemical industrial zones, and they found that they were breathing toxic chemicals like phenyl fluoride, benzene, chloroform. In 2004, India did not have regulatory standards for volatile organic compounds in the air. And this was the villagers who, through the solidarity of other similarly impacted regions in the world, used that device and they influenced the Supreme Court to constitute for regulatory mechanisms in India to notify standards for volatile organic compounds. So communities wherever are getting organized, seeking and lending solidarity and using their lived experience in a scientific manner, are able to influence the highest level of decision-making in the country. And I see more of that happening in India and across pollution-impacted regions in the world.

Garry Aslanyan [00:15:23] Rico, South Africa has a clean air act in place (Air Quality Act, 2004), yet that doesn't seem to be sufficient. So your organization has taken it one step further to help communities where clean air is lacking. And we just heard from Shweta some of the community engagement in India. Maybe you could tell our audience and listeners more about the most recent deadly air case and its outcome.

Rico Euripidou [00:15:53] Deadly air was the way we envisaged it was to present the story about real people and real lives living in these air pollution-affected areas, and the court case was put together in partnership with a legal clinic called the Centre for Environmental Rights, and groundWork and some community groups on the ground, the Environmental Monitoring Organization. And what we did is over time we looked at our air quality act, our air quality regulations and the requirements that it had on governments, on national governments, on local governments. And essentially, to simplify the story, our clean air act directs that those jurisdictions who are responsible for implementing the law, are required to put together air quality management plans, and that those air quality management plans are envisaged to result in reductions in air pollution and consequently benefits on people's health. But because none of those requirements are legislated, they don't have a legal responsibility on those actors. Those plans were never, ever put into effect. So municipalities in South Africa that are struggling with service delivery, they just didn't have the wherewithal, they didn't have the budgets to appoint air quality officers, to maintain the air pollution monitoring equipment in their jurisdictions, to do sufficient investigations for exceedances of ambient air quality. We are talking about quite sophisticated regulatory action for municipalities. So what we did was we took the President and the Minister to court and said that unless there is a legislative requirement, unless there is a mandated responsibility for all of the actors involved in cleaning up the air, we will never be able to make progress in South Africa. And we presented that to a judge in South Africa in court, in the context of our Constitution. And in our Constitution, we have a very progressive right which speaks to the environment, it's Section 24 of the South African Constitution, and it essentially says that everybody has the right to an environment that is not harmful to their health. Now, governments across the world and in South Africa also, they say that these rights are progressive. They say that we are a developing country, a developing state, and we cannot realize those rights immediately. We have to make slow progress towards those rights. We convinced the judge that these rights are not aspirational, that they are immediate and they are immediately recognizable for people and that they must be immediately put into place. That's the significance of this Deadly Air judgment in South Africa.

Garry Aslanyan [00:19:27] Shweta, are there similar processes in place in India?

Shweta Narayan [00:19:30] One significant development that has happened, especially in the coal impacted communities in central India, is that the communities have used successfully a law to expand its understanding of polluter pays principle, which generally looks at environmental damages and makes the polluter responsible for compensating for those damages to expand it, its understanding to cover health damages. And that's revolutionary. That's extremely backbreaking in many senses because many pollution impacted communities where the health damage is very hard to assess, but in each case it's now increasingly where there is more evidence of contamination and consequent health damages, there is hope for communities to get those compensations from the polluting agencies. I also want to add one other comment that came to my mind when Rico was speaking, and that was that the right to a clean and healthy environment is not only just seen as an aspirational right by government and regulatory agencies, which should not be the case, I think a lot of thinking is also that we need to develop first and then address some of these issues and which is not the fact. It should not be such. Any development that comes at the cost of our environmental resources, our ability to live a healthy life, is not development, it's destruction. And that begs the question of development for whom, and who pays the price? And increasingly we are seeing that in this politics of marginalization and injustice, it's the most

marginalized who are doubly burdened with the responsibility of development of the nation is on the most marginalized, the most exploited, and they are expected to make the most sacrifice, and it comes at a cost. It comes at the cost of our air quality, our water, our natural resources, and eventually all of it is the price that we pay in terms of health cost, and that's intergenerational.

Rico Euripidou [00:21:45] In fact you could argue, Shweta, that development cannot happen unless development happens in the context of an environment that is sustainable for people's health, that gives people the best opportunity to develop. So the idea that you have to sacrifice and make sacrifices in order to develop, I think that is really outdated thinking.

Shweta Narayan [00:22:11] Exactly.

Garry Aslanyan [00:22:12] Very interesting point. Changing gears a little bit, Shweta you regard air pollution as everybody's business and problem, that's clear. Have you been able to advocate for frontline health workers to get involved and pay more attention to this issue?

Shweta Narayan [00:22:35] Yes, and we have, in fact, a very interesting and successful project that we are working with the Health Department in central India, in the State of Chhattisgarh, with the frontline health workers that we believe have been instrumental in not just advocating for clean air, but also providing services and improving the health infrastructure in attending to patients who have been experiencing adverse health impacts because of pollution. And this project is the women community health workers who are called mithanins. That's a local word for community health workers in the State. The health workers from there are able to articulate the problems that communities face in those regions. They have trained themselves in the science of air pollution, so they've trained themselves in monitoring air quality because they don't have access to any data from the top level, from top down. So they have been able to use low cost devices to identify what the air quality is like so that they can use that information to advise vulnerable populations, especially pregnant women, when they can, how much they should limit their exposure and what kind of precautions they could take. And not only are they using this science to inform and provide advice to women and children, they're also using their experiences in kind of directing the government to provide certain kinds of services in certain areas. So wherever they have seen cases of pre-term births, low birth weight, they are holding their local councillors accountable, asking for improvement in pollution control measures in the industries around so that the air pollution levels can come down. So it's been extremely empowering and it's seeing the groundswell of demand for action and response by the Health Department in a positive manner in resolving the air pollution crisis. So this has been a quite an exciting project for us.

Garry Aslanyan [00:24:52] Interesting. As you were speaking and referring to some of the health workers also engaged, reminded me when I worked in the Ontario Public Health Association, I was the President in Canada and we worked on a report that brought to light the air pollution on school busses. And because of the kind of diesel they used and for 2 to 2.5 hours a day sometimes children were on that bus and they were exposed to it, and it actually exacerbated the frequency and severity of asthma attacks. In fact, the public health people galvanized that report and pushed for clean air school bus projects. So change the filters and reduce the exposure to pollutants. So it's important to reiterate that as those engaged in global health as well, we can do a lot in terms of advocating for this. So, Rico, you've been active in trying to overcome the silos between policy or decision-makers in health, in energy and in climate. Do you have some practical lessons to share with our listeners how you manage that?

Rico Euripidou [00:26:07] Yes, for us, we've always viewed health as being central in climate policy and in energy policy and in making choices around climate and energy, that unless you took into account health, you were you were missing the point. And this this is something that together with Health Care Without Harm and our global partners working in this space, we've been advocating for a long time to help the health sector recognize its place and its position and its relevance and its power to help governments make good policy decisions on environment and health. Now, regrettably, most countries around the world, and this includes developing countries, even to this day, they don't view energy policy and environment policy as having an important health element, and they don't place health at the centre of these policies. So when people in some countries look at their air pollution laws, they don't make the direct connection between the Health Ministry and the Environment Ministry having the same jurisdictional responsibility in overseeing those laws. And that is something that we are working very hard to try and address. The health sector globally is more trusted than any other sector when it gives out messages. So people believe doctors and nurses and health professionals, they believe them more than they believe politicians, than they believe policemen, than they believe teachers, than they believe lawyers. So the health sector has a very high standing in society, and unless we capitalize on the health sector's social capital that they have and help them understand their own moral responsibility to come out and speak out on matters of climate and energy policy, etc. Unless we do that, we will be doing ourselves a disservice.

Garry Aslanyan [00:28:32] A final question for both of you. In ten years from now, what would you like to see happened in your own communities, in your respective country, especially from the health sector, in combating and curing air pollution? Rico.

Rico Euripidou [00:28:52] I'd like Shweta to have the final word, so I'll go first. In the United States, when the Clean Air Act was implemented, the Environmental Protection Agency, very progressively at the time, decided that they would do a review every ten years and look at the costs and the benefits of implementing that Clean Air Act. So in the first ten years, in the early 1980s, they did a cost benefit analysis and they found that the health benefits compared to the costs for every $1 that you had to spend to clean up the air, they found that they had saved $10. And when they did it again in the early noughties, they found that the ratio had gone up to 25 to 1. For every $1 that was spent cleaning up the air, the health benefits that they calculated were $25. And when they've done it the most recent time in the 2010s, that ratio had already gone up to 30 to 1. For every $1 spent to clean the air, $30 in health benefits and societal benefits were quantified. It just shows that with a bit of foresight, with a bit of commitment, that there are massive savings and that is our gap benefit that will happen around the world, that to address air pollution and the drivers of the climate crisis, will in fact save us money. It will give us the benefit to develop. We can leapfrog the problems of other industrialized nations and other ways of industrializing. We don't have to have dirty industrialization. And what I would like to see is the health sector in South Africa at the forefront, doing that work and advocating and driving that work to show that there can be benefits for the costs that it will take to clean up society and to give us a better chance of averting existential climate change.

Shweta Narayan [00:31:14] Thanks Rico and just to build on that, definitely I would like to see the health sector leading this conversation, and I see two very distinct pathways. The health sector itself needs to clean up its act. The health sector itself needs to lead by example, by moving away from fossil fuel energy, by moving away from chemicals and plastics in the health care. So I think there is an opportunity for the health sector to truly lead by example and practice what they are preaching. And that work is already initiated and taking shape in an interesting and a beautiful manner across the continent from South Africa to India and globally, where the health sector is understanding its own climate footprint and health professionals and the health community is seriously exploring opportunities to decarbonize its own institutions and its practices and at the same time advocate for better actions across different

sectors. When it comes to air pollution, I would like to see an end to the end of pipeline solutions. I think we need to fundamentally tackle air pollution at the source. We need to have standards that are health based. And so in 10 years I would like to see a universal recognition of the health implications of air pollution and actions based on health, health not being an incremental and a core benefit of clean air, but health being the foundation for decisions of clean air. And there is a difference. And we need to have that health as that foundation in all policies.

Garry Aslanyan [00:33:11] Thank you, Shweta. Thank you, Rico, for this really engaging discussion.

Rico Euripidou [00:33:18] It's been a pleasure. Thank you.

Shweta Narayan [00:33:20] Likewise. It's absolutely been a pleasure to talk to you, Garry and Rico, and share the ideas. Thank you.

Garry Aslanyan [00:33:31] Air pollution is an issue that requires a multifaceted response. As evidenced by the work of Health Care Without Harm and groundWork, it requires advocacy, education and even legal action, whether working with patients at their bedside, with the community or in global health, I think the point made both by Shweta and Rico about the valuable and critical role of the health sector, is worth attention and action. A resource worth taking note of is the Air Pollution and Health Training Toolkit, which will be released by WHO at the end of 2023.

Rajat Khosla [00:34:14] It's always a pleasure to listen to Garry and his guests on Global Health Matters. The podcast has increasingly become an essential listening for all those who work on global health issues. What I like the most are the action oriented, practice based learnings that the podcast highlights. I would love to hear a future episode on accountability approaches in global health.

Garry Aslanyan [00:34:45] Thank you, Rajat, for sending such a positive feedback and I'm very pleased to hear that what you hear from our guests leads to actionable insights. To learn more about the topic discussed in this episode, visit the episode webpage where you will find additional readings, show notes and translations. Don't forget to get in touch with us via social media, email or by sharing a voice message with your reflections on this episode. I will see you next month for Part 2 of History Matters.

Elisabetta Dessi [00:35:19] Global Health Matters is produced by TDR, a research programme based at the World Health Organization. Garry Aslanyan is the host and the Executive Producer. Lindi Van Niekerk and Obadiah George are content and technical producers. The podcast editing, communication, dissemination, web and social media designs are made possible through the work of Maki Kitamura, Heather Paterson, Chris Coze, Elisabetta Dessi, Izabela Suder-Dayao and Chembe Collaborative. The goal of Global Health Matters is to produce a forum for sharing perspectives on key issues affecting global health. Send us your comments and suggestions by e-mail or voice message to TDRpod@who.int, and be sure to download and subscribe wherever you get your podcasts. Thank you for listening.