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Editorial. World nutrition

Looking back and looking ahead

The world food price index, as charted by the UN Food and Agriculture Organization. Stability from 1990 to 2006, then chaotic rise and fluctuation

This editorial is about the lessons of history. It is also about our personal and professional responsibilities. Its conclusion is that we should continue to support the UN system, which may well have prevented a third world war, and its principles and

work, which are the best expression of democracy that we have.

If we do not see where we have come from, we cannot know where we are going. A good resolution, as we look ahead to every new year, is also to look back, as in the *WN* commentary this month (1). We also need to look further back than one year – and as suggested here, further back than our own lifetimes. The idea that every day in every way, things are getting better and better, that old excuse for forgetting our yesterdays, we all now know to be not true.

The year of 2012 has been hard. This year of 2013 is likely to be harder, and the prospects for this decade and further ahead are menacing. We need to see why. More, we need to discern the origins of our current circumstances. Only then will we have any idea of what should be done, and what part we might play. By 'we' here is meant you and all readers of this editorial, and especially public health nutrition professionals, including members of the Association.

What can we possibly do?

A common attitude to climate change and to the dwindling of physical and living resources, from oil to fish, is resignation or even despair – 'I don't want to think about this', or 'what could I possibly do about this?' Plus there are jobs to do, papers to write, bills to pay, children to raise, and other pressing responsibilities.

But in our times now, circumstances also press in on us. Some of these affect us directly, and surely make us think, and act, as citizens, consumers and family members. An example is chaotic rises and fluctuations in the price of basic foods, as shown in the graph above (2). Others affect us professionally: for example, job insecurity, and the shift of funding of and support for higher education and research from public to private sources. Others challenge assumptions on which we may have based our work. An example is the erosion of the UN system and the rise of US-based private philanthropies. Other examples are familiar: soaring world population, accelerating corporate power, unfair terms of trade, abandonment of regulations designed to protect public health and public goods, co-existence of nutritional deficiencies and obesity in the same communities, degradation of soil and diminution of water, and deepening inequity between and within countries.

Relevant professionals surely are supposed to do something about these linked problems and crises, all of which – and more – impact on public health and population nutrition. Or are these all too much to take in? What should we think, and what are we going to do? Where do we stand? Where are the limits of our duty? Such questions are raised this month by two of our columnists. Claudio Schuftan writes this month (3) from Ho Chi Minh City, in critical response to the *WN*

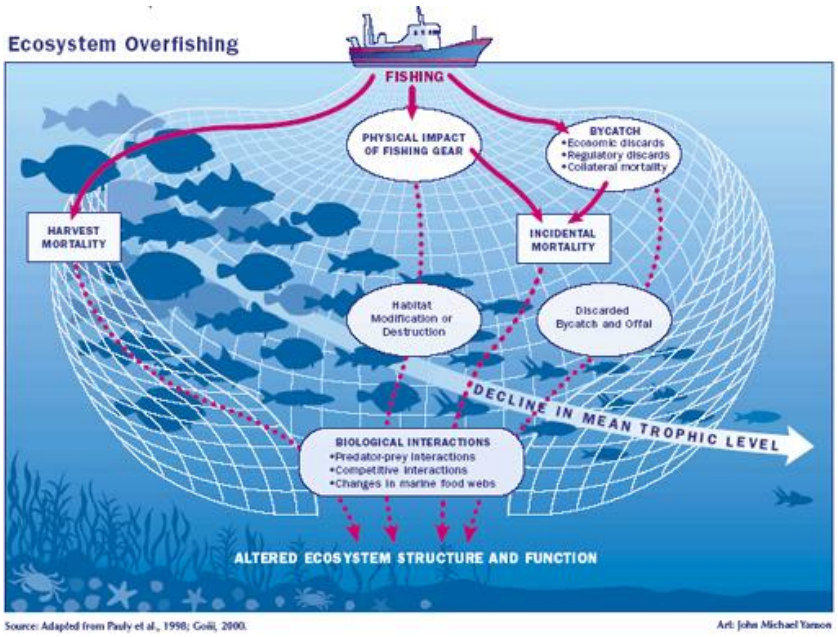
commentary on The Food System, published last month (4). He says: 'In particular, what I feel is missing is how we in the public health professions can take on the colossal corporate opponents responsible for the products that drive the pandemic of overweight, obesity, and associated diseases. This, since obviously what we are doing so far is not yet leading to policies and actions preventing and controlling the pandemic. So, I have two questions: First, are we prepared to face the realities of what is happening and also what is likely to come? Second, are we even willing to do so? For if not, how can we continue to feel relevant in what we do?'

These are, as they say, good questions. But is the challenge realistic? How can public health professionals 'take on' transnational corporations? How could anybody really see how this could be done? Peashooters do not stop tanks. Besides, are we so sure that transnational corporations are the enemy? What about the political and economic ideology that has created corporate power? In either case, who are we supposed to confront? Chief executive officers? Heads of state? Officials working for the World Trade Organization or the World Bank? And if so, how?

Questions of belief

Another challenge for the profession is emphasised from London by Philip James. In his first column published this month (5), he writes about the colossal Gates-funded Seattle-based 'Global Burden of Disease' (GBD) initiative, whose first results were published in *The Lancet* last month. Its conclusions headline the role of diet in health and disease. But some of its judgements are startling. Thus 'diet low in nuts and seeds' is judged to cause over 2 million deaths a year, with a 'theoretical minimum-risk exposure distribution' of 114 grams a week. This is based on a survey from Loma Linda University of four US prospective studies published in the *British Journal of Nutrition* whose conclusion is that people who eat nuts four or more times a week are 37 per cent less likely to suffer coronary heart disease (6,7).

Another judgement made by the GBD study, that diet low in seafood omega-3 fatty acids cause over 1.3 million deaths a year also from coronary heart disease, also based on analysis of surveys assessed in the US, is also impressive and perhaps somewhat less startling. But if the implication of this judgement is that most people should consume more fish, how can this be reconciled with the fact, illustrated by the graphic below, that the world's ocean fish stocks are already grossly over-exploited and even perhaps liable to irreversible decline? The answer here may be implied by the GBD 'theoretical minimum-risk exposure distribution' of 250 milligrams a day, which suggests pills, whose fatty acids perhaps can in future be formulated in laboratories. Clearly this is a solution – at least, for middle-class people in high-income countries with disposable income and access to drug stores. Its relevance for most people in Asia and Africa is not clear.



Overfishing threatens ocean fish stocks, and some projections even foresee irreversible decline. So how can higher fish consumption now be justified?

What do public health professionals, other than Philip James in his column this month, have to say about all this – and the many other remarkable aspects of the 'Global Burden of Disease' findings? Moreover, what do we think about the 'Copenhagen Consensus' position of six US-based Nobel prize-winners (8), whose analyses and conclusion are different from those of the GBD study, and whose 'best buys' for chronic diseases include immunisation and poly-pills?

And there again, what is our view of the Political Declaration of the UN High Level Meeting on prevention and control of chronic non-communicable diseases? In his September 2011 WN commentary, Philip James shows that some of the judgements and recommendations of the High Level meeting are hard to justify. Also, while there is overlap, the conclusions are different from those of the 'Copenhagen Consensus', which in turn are different from those of the 'Global Burden of Disease'. What do we make of this?

In his column this month (5) Philip James says: 'The role of nutrition in public health is getting an ever higher profile. The opportunity to transform policy and initiate actions to reduce the diet-related health burden in both rich and poor countries has never been greater. Are we ready?' But how can we be ready? Ready for what?

Do we now rally round a flag, and if so, which one? Should we see that the 'Global Burden of Disease' and the 'Copenhagen Consensus' initiatives, are wrestling control from the cash-strapped UN agencies, notably the World Health Organization? And if

so, what do we think about this? Are the colossal initiatives of the Gates Foundation having the effect of further privatising public health, with even more emphasis and priority given to the interests of middle class people with health insurance in the US and other rich countries? And if so, what do we – especially if we come from Africa, Asia and Latin America, and other parts of the world rich in human resources, but comparatively poor in financial and other material resources, think about this? These are difficult questions. They have no ready answers, but they need to be asked.

Lessons of history

This editorial began by stating that we need to learn the lessons of history. Thus, it seems often to be supposed that 'neoliberalism' in its present form, in which governments are more or less subject to speculators, financiers and entrepreneurs, is a new phenomenon. It is not. An obvious historical example is the British East India Company and its armies, which conquered, looted and ruled much of India for over 100 years, including the period of the Opium Wars and the Indian Rebellion (or 'Mutiny'), until its powers passed to the British government (10).

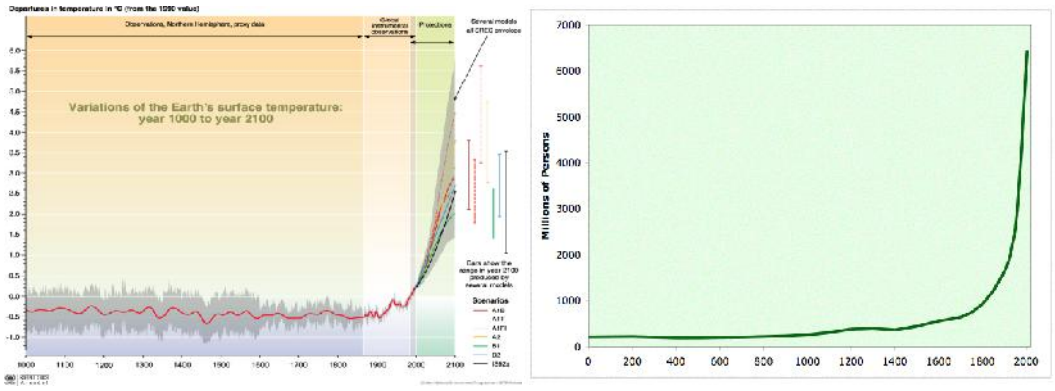
Moreover, what we now call 'economic globalisation' is a new form of *laissez-faire* capitalism, in which the duties of government are largely confined to the protection of property, and in which physical, living and human resources are avariciously exploited. The analogy is not just one of academic interest. As Claudio Schuftan shows in his *WN* commentary of June 2011, rebellions, and revolutions including that of France in 1789, and those in North Africa in 2011, began with riots triggered by fluctuations in the supply and price of staple foods. Hunger creates anger. For most readers of this editorial, rises in the cost of food involve only cheaper choices or shorter vacations. It's another matter for people in impoverished countries.

What then, about the judgements of the 'Global Burden of Disease', which are different from those of the 'Copenhagen Consensus', and from those of the UN High Level Meeting, and from those of what is still the current WHO position (12)? Which are we to believe? Are we now in a time analogous with half a millennium ago, when rival versions of the Christian religion struggled for supremacy? (13). The analogy may seem extravagant. But the findings of the 'Global Burden of Disease' and of the 'Copenhagen Consensus', based on dogmatic assumptions about mathematics and money, do powerfully challenge the conclusions reached in relevant United Nations reports. We cannot ignore these new private initiatives.

Where we are now

Meanwhile, the so-familiar graphs below surely summarise the menace, for us who are concerned with public health, and for the human race, all living things, and the

biosphere. Both look back a long way, to more than a millennium ago. What they show, is Earth's surface temperature, and its population, both of which are now rocketing. These are contexts within which we work. Perhaps graphs like these, with explanations, should be part of the elementary education of students in our fields, if it is not already too late to learn and act on the lessons.



Earth's surface temperature (left, green bar at right is from 2000) and global population growth (right, from 1 billion in 1800 to 7 billion now, and rising)

Meanwhile, what should we do now? It is not realistic to expect that all or most public health and nutrition professionals will become agitators. But it is reasonable to suggest that we all need to be aware of where we have come from and where we are liable to be going, personally and professionally. This necessarily involves a much wider view than has been conventional, in the field of nutrition and also of public health. Not all of us can be actors. But we all can be more than spectators. We can all do our best to speak truth to power.

There is no simple answer to any of the issues touched on in this new year editorial. Of one thing we can be sure. The United Nations system, and its agencies, with all their shortcomings, are the best protection of international public health and public goods that we have and are ever likely to have.

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Acknowledgement and request

WN editorials are reviewed by members of the editorial team.