WN *Feedback*

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***WN** Big Food Watch. World Health Organization*

Defend WHO from corporate takeover

Access May 2015 Editorial Who runs WHO? here
Access May 2015 Guest editorial David Legge on WHO governance here
Access May 2015 Update on WHO 'non-state actors' and the ECHO commission here

From a consortium of public interest organisations and social movements:

At the World Health Assembly (WHA) held on 18-26 May, two key deliberations have the potential fundamentally to influence the future of the World Health Organization (WHO). The Assembly has considered the latest draft of the 'Framework for engagement with non-state actors'. It has also finalised proposals for the financing of WHO for the next two years. The latter includes a critical proposal by the Director General for a 5% increase in assessed (mandatory) contributions.

We, the undersigned civil society organizations and social movements urge the Member States of the WHO to continue to intervene in these deliberations to strengthen WHO and protect its integrity and independence.

We are concerned that rich member-state donors have been deliberately undermining the WHO and weakening its capacity to promote global health by underfunding, tight earmarking of donor funding and opening spaces for corporate influence. Partly as a response to this situation a number of Member States are driving an initiative directed at protecting WHO from improper influence through regulating WHO's engagement with the private sector entities, philanthropic foundations, academic institutions and non-governmental organizations. *[Editor- The initiative is being debated at the WHA as this issue of WN is prepared to go on line. More news in our next issue].*

The funding crisis

Donor funds account for 80% of WHO's budget, and 93% of donor funds is tightly earmarked to programmes that the donors support. This prevents WHO from

implementing programmes that rich countries do not support, even when they are decided by the World Health Assembly. Threats of further funding cuts are held out if attempts are made to implement such programmes.

The compromised ability of the WHO to intervene effectively during the 2014 Ebola crisis is a tragic illustration of the impact of the budgetary crisis on WHO's capacity to fulfill its mandate. Over the last four years WHO has been through a far-reaching reform programme driven in part by arguments that the freeze on assessed (mandatory) contributions should remain in place until the Organization addresses its inefficiencies. Such arguments fly in the face of clear evidence that these inefficiencies are largely a function of WHO's financial crisis brought on by the freeze on assessed contributions.

The Director-General has now proposed a 5% increase in assessed contributions. While 5% is a relatively small increment, much less than the big donors contribute as voluntary contributions, it is of huge symbolic value and a crucial step towards breaking the log-jam of freeze on assessed contributions. Predictably, certain large donor countries are gearing up to oppose the increase and refuse to adopt the budget.

WHO's relationship with global corporations lies at the heart of the crisis.

Threats to health and barriers to affordable health care arise due to the commercial interests of big corporations. The increasing incidence of obesity, diabetes, heart disease and stroke due to intensively marketed cheap ultra-processed food products is a stark example. Pharmaceutical corporations clearly value shareholders' demand for profits over affordable access to essential medicines and vaccines. For WHO to fulfill its mandate it must be able to name such threats and barriers and develop and implement policies and programmes to manage them.

However, rich member states, the USA and UK in particular, have repeatedly opposed WHO taking any action which might run counter to the interests of transnational corporations. Furthermore, certain rich member states are seeking to force WHO to open up its policy making and decision making spaces to the transnational corporations.

Proposals for 'multi-stakeholder partnerships' would designate junk food manufacturers as partners in the task of addressing obesity, heart disease and stroke. Over the last two years WHO and its Member States have been locked in a contentious debate around the rules governing corporate influence over decision making in WHO. Rich countries are seeking to use these rules to clear the way for transnational corporations to buy influence and insert corporate staff into strategic positions within the WHO Secretariat.

The present draft of the 'framework for engagement with non-state actors' is contested and problematic. It is more important to get a good outcome than rush to

adopt a document that might further legitimise corporate influence of decision making in the WHO.

A recently leaked document from the International Food and Beverage Alliance illustrates the lengths that the corporations will go to ensure that the 'framework for engagement' increases their access to policy-making in the agency and the degree to which member states can be 'persuaded' (if such persuasion is needed) to support them.

We have called upon the delegates to the 68th World Health Assembly to defend the integrity, independence and democratic accountability of the World Health Organization by

- Supporting the increase in assessed contributions.
- Taking such time as is necessary to achieve a robust framework for engagement with non-state actors, to protect WHO from improper influence.

Supporting organisations as of 23 May 2015

Aliança de Combate do Tabagismo/Brasil, Alianza LAC - Global por el Acceso a Medicamentos
All India Drug Action Network, Alliance de la Societé Civile Malienne contre la Ebola
Associação Brasileira Interdisciplinar de Aids, Baby Milk Action Berne Declaration Breastfeeding
Association of Trinidad and Tobago BUKO Pharma-Kampagne, Colombian Episcopal Conference
Colombian Medical Federation, Corporate Accountability International
Centro Studi e Ricerche in Salute Internazionale e Interculturale, University of Bologna
Diverse Women for Diversity Drug Action Forum, European Network for Alcohol related problems
First Steps Nutrition Trust, Fundacion Ifarma, Health Action International
Health Innovation in Practice Geneva, Health Poverty Action, HealthWrights,
Hesperian Health, INFACT Canada, IBFAN North America Initiative for Health and Equity in Society
IBFAN Belgium, International Association of Consumer Food Organizations
International Association of Health Policy in Europe, International Baby Food Action Network
International-Lawyers.Org Knowledge Ecology International
Medact Medicines Information Center from the National University of Colombia
Medico International, Medicus Mundi International Network
Mein Essen zahl ich selbst Initiative unbestechlicher Ärztinnen und Ärzte
National Alliance of People's Movements, NGO Forum for Health, NGO Misión Salud (Colombia)
O Fórum da Amazônia Oriental, Osservatorio Italiano sulla Salute Globale
People's Health Movement, Policies for Equitable Access to Health
Public Services International, REDES (Friends of the Earth Uruguay)
Salud y Farmacos, SOCHARA (Society for Community Health Awareness. Research and Action)
Society for International Development, Third World Health Aid, Third World Network
Treatment Action Campaign, Universities Allied for Essential Medicines, Wemos
World Action on Salt and Health, World Social Forum on Health and Social Security
Young Professionals Chronic Disease Network, Zimbabwe

Consortium of Public Interest Organisations and Social Movements.
Defend WHO from corporate takeover. [Big Food Watch. World Health Organization] [Feedback]. World Nutrition June 2015, ***6****, 6, 523-525*

Global health governance

Lessons of Ebola to learn and act on now

Access May 2015 Editorial Who runs WHO? here
Access May 2015 Guest editorial David Legge on WHO governance here
Access May 2015 Update on WHO 'non-state actors' and ECHO commission here
Access 9 May The Lancet Gostin, Friedman, Ebola and WHO reform here

Lawrence O Gostin and Eric A Friedman write:

Editor's note. *This is an extract from a fully extensively referenced paper published in The Lancet, 9 May 2015. Readers are encouraged to access this above*



Response to the Ebola epidemic was slow, fragmented and inefficient, An integrated world health system is needed, led and co-ordinated by a genuinely adequately resourced, fully functioning WHO

The Ebola epidemic has revealed a fragmented global health system: an ad hoc series of institutions, laws, and strategies that do not function as a coherent whole. Ebola-affected countries had neither the health infrastructure nor specialised capacity to respond. The WHO fell short of its leadership responsibilities. The International Health Regulations, the governing legal framework, displayed deficiencies. Health workers and funding that were needed immediately instead arrived slowly and unpredictably.

Needed: a global health framework

Drawing on the lessons of Ebola, we propose a global health framework with robust national health systems at its foundation and an empowered WHO at its apex; well-

coordinated funding and actions from multiple actors; effective legal tools to establish clear responsibilities; and shared responsibility to build core capacities. Although our lens is pandemic preparedness, system capabilities should extend to the full range of health needs.

An empowered WHO

A global health leader steers the overall direction of epidemic response, drives consensus toward a coherent strategy, ensures all necessary functions are fulfilled, and coordinates multiple actors. Leadership is WHO's primary constitutional mission – 'the directing and coordinating authority on international health work' (article 2(a)). In emergencies, the constitution directs the Organization to furnish 'necessary aid upon the request or acceptance of Governments' (article 2(d)). The International Health Regulations establish WHO as the governing institution charged with preventing and responding to global health emergencies.

Ebola should have been a moment for which WHO was created. Instead, the epidemic exposed long-understood failings. The following reform priorities would enable WHO to become the global health leader envisaged at its creation in 1948, and what the world needs today.

Technical, normative, operational functions

Historically, WHO excelled in its technical function, with in-house expertise, as well as networks of scientists and collaborating centres. WHO scientific guidelines and in-country assistance are highly respected. In May 2011, however, WHO suffered a half-billion dollar budget cut, losing 300 headquarter jobs. WHO's emergency response unit lost nearly two-thirds of its staff; the Regional Office for Africa (AFRO) lost nine of twelve emergency response specialists.

Restoring trust in WHO's unmatched technical expertise will require the Organization to attract and retain the highest calibre scientific personnel.

WHO was founded as a normative Organization uniquely positioned for global health diplomacy, with unparalleled treaty-making powers. Yet in 65 years of existence, it has negotiated only two major treaties, the International Health Regulations and the Framework Convention on Tobacco Control. WHO should exercise its constitutional powers to set priorities and mobilise action, while monitoring and promoting compliance with global norms.

WHO's operational function has been most controversial, with some experts proposing a separate organisation to lead operations. Yet diluting WHO's operational responsibilities would be an error of judgment. No other entity can match WHO's international legitimacy, partnerships, ties with health ministries, and legal authority. Structural reforms to shore up its operational capacities would restore WHO's most valuable yet presently diminished asset, which is trust.



Ebola remained confined to Guinea, Sierra Leone and Liberia, three countries in East Africa without resources to cope. There were only a few cases outside this area. Next time may be unlucky

Adequate funding

As of March 2015, Ebola was on track to cost $US 6 billion in direct expenses, with further sums for rebuilding, and at least $US 15 billion in economic losses The direct costs alone amount to three years funding for WHO at current levels, and are well over twenty times the cost of WHO's emergency response cuts in its 2014/15 budget.

Inadequate epidemic preparedness funding has been and will continue to be unwise. WHO's 2014/15 budget of <$4 billion is wholly incommensurate with its worldwide responsibilities. Further, WHO depends on voluntary contributions for nearly 80% of its budget, with most contributions earmarked. Member states should act as stakeholders in the Organization's success by doubling its budget over five years, with at least 50% comprising mandatory accessed dues.

The Secretariat should develop a time-bound plan to match the budget's size and composition with its essential functions. Ultimately, member states must shoulder the costs, either by sustainably increasing assessed dues or in humanitarian assistance as outbreaks spiral out-of-control. They should empower, rather than eviscerate, WHO.

Reform of regional governance

A strong regional framework begins with top-quality, accountable leaders working constructively with partners. Yet WHO's Regional Committees nominate the Regional Director, with the WHO Executive Board rubber-stamping

appointments. This process makes directors primarily accountable to their region's health ministers, rather than headquarters, impeding WHO's ability to speak and act as a coherent organisation.

WHO should return to its constitutional origins whereby the Executive Board appoints regional directors. A search committee would create a short-list, using transparent selection criteria. Regions should, as in Europe, adopt a code of conduct to guide the nomination process. These reforms would ensure qualified regional directors, well-versed in their region's priorities, but accountable to headquarters and committed to WHO's global priorities and programme of work.

Civil society engagement

WHO, as an intergovernmental agency, has had an uncertain relationship with non-state actors. When dealing with the private sector, in particular, it needs to assiduously avoid conflicts of interest. Conflict management alone, however, cannot lift WHO into the modern era. At present, civil society organisations must enter 'official relations' with WHO requiring them to be 'international in membership and/or scope.' This excludes poorer, southern-based grassroots organizations. Even if they are in official relations, they cannot fully have their voices heard, which underscores the D-G's 2013 observation, 'no proactive, structured means [exist] through which WHO can seek the views of relevant non-government organisations.'

The Health Assembly should enable civil society organisations to participate meaningfully in WHO policymaking, including through hearings, focus groups, and input into governance decisions.

Human resources

WHO's managerial and leadership capabilities also need to be 'valued in the same way as technical capability' Skills in law, diplomacy, trade, economics, and anthropology are critical to epidemic preparedness. At present, only 3% of WHO non-support staff have these non-medical specialisations. In a well-functioning global health system, multiple actors would perform functions suited to their mandate, working cooperatively, while facilitating national ownership. International organisations, states, NGOs, and the private sector are pivotal stakeholders. *[For details please access The Lancet paper, above]*

Preparing for a crisis

The delays in mobilising financing and human resources in response to Ebola has demonstrated the heavy costs of a failure to prepare. Planning for rapid mobilisation must be combined with strengthening health systems to build country capacity. The following capacity-building reforms would better ensure health security, both regionally and globally.

Global health workforce reserve

Health worker shortages, combined with the human resource-intense response, demanded international support. Yet flow of health workers lagged far behind the need. In late October 2014 (the epidemic's worst phase), there was 'a huge gap' in trained workers, with the UN estimating 1,000 foreign health workers still needed. WHO does not have staff to serve as frontline service providers, and developing this capacity would be costly and inefficient. Rather, the Organization should draw human resources from a large network such as Global Outbreak Alert and Response Network —a collaboration of institutions, which pools human resources and equipment.

WHO should certify reserve workforce outbreak response and health emergency competencies. Importantly, well-trained health workers would serve their communities, deployed internationally only when needed to quell a major outbreak. Obstacles to rapid deployment should be removed, such as national registration or licensing, liability, and visa delays. Workers should be fairly compensated, with safe working conditions. If workers become ill, WHO should ensure treatment in country or through medical evacuation.

Emergency Contingency Fund

By the end of July 2014, WHO reported that only $7 million had been contributed to combat Ebola. Even when funds were promised, there remained large gaps between commitments and disbursements. Funding has now reached billions of dollars. Yet by early 2015, there were already signs of donor fatigue. The slow initial response enabled Ebola to escalate. Political will could now wane during the final critical phases.

Ebola shows that mobilising funds only after a crisis hits is ineffective. WHO never implemented the 2011 International Health Regulations Review Committee recommendation for a standing $US 100 million contingency fund to be released in a declared emergency. But the 2015 Executive Board required the director-general to report to the Health Assembly on funding 'preparedness, surveillance and response work of WHO' A contingency fund would have to include new resources so as to not erode the agency's overall budget. Given the experience with Ebola, the Fund will have to go above the $100 million initially proposed.

Pandemic emergency facility

The World Bank has proposed a Pandemic Emergency Facility to fund future pandemic response, including health workers, medicines, supplies, and information systems. The Facility would frontload funds to be available in a pandemic, supported by long-term donor pledges and the private sector. Using an insurance model, for example, states and development partners would insure against epidemic risks, with

premiums lowered as preparedness improves. Insurance payouts would be triggered by a pre-defined emergency event. This model takes advantage of state and private interests in lowering future risks of a public health crisis.

International Health System Fund

Neither the WHO contingency fund nor the Bank's Emergency Facility would robustly fund the IHR's core capacities or health systems. Health economists estimate that one-third to one-half of new health financing should be directed to health system strengthening, yet <7% of international funds are used for that purpose. Without a new approach, international funding will not meet health system strengthening needs.

We propose a multi-billion dollar International Health Systems Fund, which could be housed at the Global Fund, with an expanded mandate and increased funding. Or it could be developed through a new public-private partnership, encompassing key international organisations, governments, civil society, and communities, and designed to ensure synergies with the Global Fund and GAVI. States could pay dues assessed at levels based on UN and WHO contributions or other metrics, with reciprocal national investments.

A global health system for all

Ebola has vividly revealed the incoherence and inequity of the global health system. Impoverished communities and countries suffer most. But everyone is at risk. The West African crisis combined with the post-2015 Sustainable Development Goals provides a rare political opportunity for sweeping reforms. Robust national health systems, a twenty-first century WHO, strong International Health Regulations with state compliance, and sustainable human and financial resources, would transform the global health system.

These reforms would keep populations secure against pandemic threats. They would also ensure health and safety for all needs through rights-based universal health coverage. This is a global health framework that is achievable, in the aftermath of a tragic epidemic that needlessly took 10,000 lives in one of the world's poorest regions.

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*Gostin L, Friedman E. Lessons of Ebola to learn and act on now. Global health governance [Feedback]. World Nutrition June 2015, **6**, 6, 526-531*

WN *Project Phoenix*

They do things differently in China

Access April Update on Project Phoenix here
Access May Update special on Project Phoenix here
Access this issue Update special on Project Phoenix here



Ancient Chinese concepts of the nature of healthy foods, meals and diets, are very different from nutrient-based modern Western nutrition science. Chinese students wonder if they can be reconciled

Mark Wahlqvist writes:

I am much encouraged by the work of *WN* in the first *Updates* on *Project Phoenix* (access these above). These and their concerted thinking could help to foster the eco-nutritional movement, now much needed.

Now I can now update the *Update!* I am just back to Hangzhou near Shanghai, from Kunming in Yunnan province. Kunming is a crossroads of civilisations, homeland of minorities like the Yi whose homes I visited (1). Yunnan is a font and passage of some of Asia's greatest and most threatened river systems, and includes a geological World Heritage area, in the foothills of the Himalayas. Kunming is the terminus of the Burma railroad on which my father's oldest brother, a telecommunications technician and Japanese prisoner-of-war, died in 1943, to be buried a stone's throw from the bridge on the River Kwai. This most beautiful place and its people, where spring is regarded as eternal , is threatened by climate disruption as never before known, that will cause food and water insecurity perhaps even in my life-time.

In Hangzhou at the university where I teach, the night before I went to Kunming, I mentored a class of exceptional young people from across China including the north-west and south-west regions. These first year undergraduates in food science, not a year out of high school, pointed out that the Chinese people have a spiritual

philosophical and practical understanding of food reflected in a Ying and Yang, hot and cold construct, accounting for where they live, current climate extremes in China, seasons, life's stages, and the vagaries of health.

They said that for them, the conventional modern Western idea of food in terms of nutrients fails to serve people's broader needs, and is partly responsible for global health problems like obesity, diabetes and cardiovascular disease. Nevertheless, they acknowledged that there is much ecological asynchrony for food and health in China, as for example iodine deficiency, injury and stroke. They wish to understand how Chinese people can accommodate both Yang and Ying on the one hand and the new Chinese dietary guideline pagoda (2) on the other.

I am further encouraged !

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2 Ge K. The transition of Chinese dietary guidelines and the food guide pagoda. *Asia Pacific Journal of Clinical Nutrition* 2011, **20**, 3, 449-446

Mark Wahlqvist, a former President of the International Union of Nutritional Sciences, was a participant in the 2005 workshop in Giessen responsible for the Giessen Declaration. For many years he has advocated eco-nutrition.

*Wahlqvist M. They do things differently in China [Project Phoenix] [Feedback]. World Nutrition June 2015, **6**, 6, 532-533*

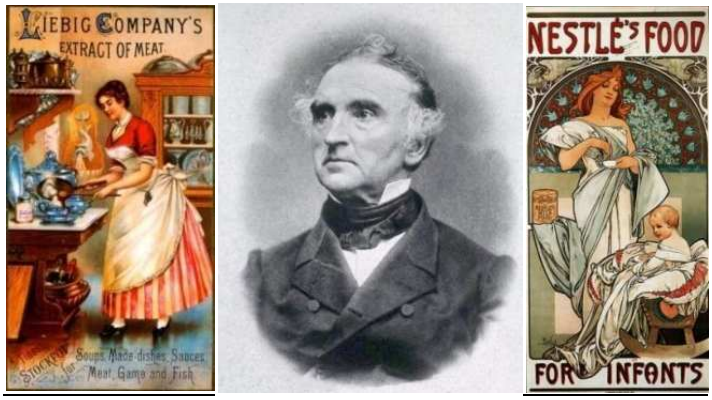
Geoffrey Cannon adds: On behalf of the Update team – Mark Wahlqvist raises vital points. One is about history. What is being called 'conventional nutrition' was originally devised as a biochemical discipline less than 200 years ago, initially in Europe, and derives from European general theories about how the world works. Until recently these concepts were either unknown or generally rejected outside the Western world except in those regions and countries colonised by the European powers.

The second point is about philosophies of life. In some parts of the world, in particular those with ancient cultures like China, ideas concerning the material and living world and thus nutrition and nourishment are completely different from what the Project is calling 'conventional nutrition'. Further, many idea systems, and various concepts of the originally ancient discipline of dietetics, practiced and understood all over the world, accommodate only some of conventional nutrition, and often see the equation of nutrition with chemical constituents of foods as curiously limited and not much help in attaining and maintaining personal or population good health and well-being.

WN *Project Phoenix*

The rise and fall of biochemical nutrition

Access April 2015 Update on Project Phoenix here
Access May 2015 Update special on Project Phoenix here
Access this issue Update special on Project Phoenix here



The biochemist Justus von Liebig of Giessen (centre) invented the first novel mass-manufactured ultra-processed products: meat extract (left) and – before Henri Nestlé – baby formula (right)

Claus Leitzmann writes :

It takes vast experience, immense courage and a clear vision to start the ambitious *Project Phoenix* (in *WN* in April, May and this month, accessed above) considering its far reaching implications and ambitious intention. If the project turns out to be successful, it could cloud the contributions of some Nobel Prize winners. Only those who have been in the front line assailing the prevailing nutrition science for decades can convincingly propose that conventional nutrition is burned out and that the golden era of nutrition science has ended.

WN editor Geoffrey Cannon surely has a hand in the project. Ever since I read his provocative 1987 book *The Politics of Food* and we found that we have similar opinions on the impact of sugar and processing on health, I have been impressed with his keen insight and persevering scrutiny of the conventional science of nutrition. He can illuminate the path to be taken to a fundamental change in nutrition science.

Project Phoenix as so far set out provides a compelling rationale for an independent course in nutrition education, free of any personal interests or commercial influences. The project seeks to put the nutrition situation of humankind on a new foundation and to save most of the money now spent on treatment for nutrition related diseases. As so far published it articulates brilliantly and expresses with remarkable clarity that the thrill in nutrition science can return by helping the public to avoid the fallacies of what is called modern nutrition.

Commercial interests and the confused population block independent advice on how to eat and drink for good health, for maintaining a sustainable environment and climate and for the quality of life for millions of malnourished people in economically developed countries. The same holds true for the persistent number of hungry people in economically underdeveloped countries as well as in countries undergoing rapid economic transition and life-course changes.

In the May issue of *WN* the project ingeniously compares the established mediaeval Roman Catholic Church to the obscurity of conventional nutrition science. This is simply a brilliant idea – and amusing, if it were not the bitter truth. Reductionism in conventional nutrition science has contributed to knowledge in many ways, but has not prevented chronic disease epidemics, and has caused massive confusion for experts and consumers alike with tragic health consequences. The road of reductionism has been paved with painful and mostly avoidable fiascos. It is a deceitful basis for nutrition education. The persisting ignorance of nutrition in its broader concept is a disaster.

The May contribution correctly points out the obvious paradox of ever more nutritionists and at the same time ever more nutritionally related diseases and continued hunger in the world. This dreadful situation requires and deserves urgent solutions. The only agenda of *Project Phoenix* is truth. For that reason the project is profoundly important since it can provide answers to the current nutrition problems and is no less than the start of a revolution, as was the rise of the mythical bird in antiquity and ever since.

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Leitzmann C. The rise and fall of biochemical nutrition. [Project Phoenix] [Feedback]. World Nutrition June 2015, ***6****, 6, 534-535*

Claus Leitzmann, a former Treasurer of the International Union of Nutritional Sciences, was convenor of the 2005 workshop in Giessen responsible for the Giessen Declaration.

Geoffrey Cannon writes: Well yes, I do have a hand in Project Phoenix, but it is WN editorial teamwork, built from many people's experience, as the letters that follow this one indicate. Claus Leitzmann and I should also admit to long shared work together. Now for the pictures introducing the letter. Claus, a distinguished biochemist, has long been professor at Justus-Liebig University in Giessen, where Justus von Liebig in effect devised nutrition as a biochemical science. He invented the first mass-manufactured ultra-processed products, infant formula (before Henri Nestle) and meat extract. Having spent a week in Giessen in 2005 with Claus as host, I began to see that this is where the trouble started! Modern conventional nutrition is very recent, is a product and a driver of modern industrial society, and in some respects is very strange. At the time in common with almost everybody in the field I assumed that it was nonetheless generally a great force for good. But is it? This of course is what Project Phoenix is all about, and the more debate, the better.



***WN** Project Phoenix*

What they didn't teach us in school

Access April 2015 Update on Project Phoenix here
Access May 2015 Update special on Project Phoenix here
Access this issue Update special on Project Phoenix here

Brooke Aksnes writes:

I support the insights in the May*Update* special on *Project Phoenix*. I do however have an alternative view on one point: nutritionists are taught a whole lot about nothing. (Access it above). This is not my experience, which has been that nutrition students are taught a whole lot about the wrong things.

As a US citizen, my university nutrition programme was accredited by the American Academy of Nutrition and Dietetics (AND). It did contain some broader classes such as community nutrition and cultural aspects of food, but those were viewed as fillers for which students would receive top marks for minimal effort. Of a 120-credit programme, our six credits of medical nutrition therapy were touted as the apex.I see the value of scientific rigour, but AND is turning out nutrition professionals taught to ignore the broader social, cultural and political aspects of nutrition.

We were taught to behold modern conventional science as the 'gold standard' of everything. We were drilled over and over in class about only using evidence-based interventions in practice (and only from randomised controlled trials whenever possible). This approach has its strengths, but I realised how limiting it was when I needed to change my topic three times to find enough 'acceptable' literature to fill a thesis. Any topic outside of the strictly clinical was off-limits. It wasn't until I invested my personal time after graduation in reading about global food issues and became involved in *WN* that I began to understand the true scope of nutrition.

Clinical nutritionists have an important role. However, nutrition cannot be reduced only to caring for sick populations. In the US at least, more emphasis needs to be placed on training nutrition professionals who are fully aware of the broader role of nutrition in society, and of the economic, cultural and political forces that are at play in population nutrition. Clinical nutrition should be secondary. Curriculums need radical revision, to address the biggest issues in the world now, and to produce professionals who think outside the current officially accredited evidence-based box.

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*Aksnes B. What they didn't teach us in school. [Project Phoenix] [Feedback]. World Nutrition June 2015, **6**, 6, 536*

WN *Project Phoenix*

Data drive out care

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Here I am (second from the right) during my clinical nutrition training in an oncological hospital in my home city, Juiz de Fora, Minas Gerais, Brazil. But I was not taught to value the human touch

Maria Alvim writes:

Yes, it is time to assess conventional nutrition science, as now being done in the *WN Project Phoenix* series (access it above). My comments here are on academic training, at least as I have experienced it. This is extremely fragmented. There is little dialogue between the dietary and human disciplines. There is almost antagonism between 'clinical adepts' and 'social adepts' – and dehumanised clinical work is more tangible and quantitative and more publishable in journals that help careers. It will be hard to break the *Flexner model* of health and medical schools.

I recommend the work in Brazil of *Emerson Merhy* (1). He classifies health techniques into three types: hard, soft-hard, soft. Hard is like instruments used by professionals, such as stethoscopes and bio-impedance. Soft-hard is well-accepted knowledge. Soft includes receiving the patient, which is unique and targeted. In nutrition this exposes over-valuation of the hard, such as nutrients, and neglects of the soft, such as commensality. We should not think nutrients, we should think nourishment.

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*Alvim M Data drive out care [Project Phoenix] [Feedback]. World Nutrition June 2015, **6**, 6, 537*

Eduardo Galeano
Reasons to be courageous

Access May 2015 What Do You Think Geoffrey Cannon on Eduardo Galeano here
Access this issue What Do You Think Geoffrey Cannon on Eduardo Galeano here



Uruguayan Eduardo Galeano (left) with Uruguay president, veteran urban guerilla José Mujica (right). There have been so very many reasons for their mutual rejoicing, admiration and solidarity

Claudio Schuftan writes:

This is in response to your celebrations of Eduardo Galeano (*WN* last month and this, access them above). I came rather late to his writings. I was first attracted to his short essays and his poetry rather than to his epic books. An inveterate clipper of key ideas, my folders are replete with him, and especially quotes that I use frequently in my writings, because they fit what moves me. Here is a sample:

- Every day as I read the newspapers, it is as if I am attending a history lesson. Newspapers teach me by what they say and by what they do not.
- In the colonial and neo-colonial alchemy, gold changes into scrap metal and food into poison.
- It would be a revolutionary step forward if recipient countries would challenge donors when offered aid that goes against their conscience or violates the rights of their people.
- Almost all wars, perhaps all, are trade wars connected with some material interest. They are always disguised as sacred wars, made in the name of God, or civilization or progress.
- At the end of the day, we are what we do to change who we are.
- If nature were a bank, they would have already saved it.
- The walls are the publishers of the poor.
- Underdevelopment is not a phase on the road towards development -- it is the historical result of somebody else's development.
- Is democracy a luxury that not everybody deserves?
- The vast majority of humanity just has the right to see, to hear… and to remain silent.
- The militant French revolutionary Olympia de Gouges proposed *The Declaration of the Rights of Women* including civic rights. In 1793 the guillotine chopped her head.

Being Chilean by birth and thus a native Spanish speaker, I find them in this my first language and translate them into English. Little did Eduardo Galeano ever know that I have been spreading his seeds to other audiences in other tongues, and will continue to do so. More recently I thoroughly enjoyed his short videos, a whole series of them made by Spanish TV in Madrid. Being the clipper I am, I always watched them with a pen at hand.

The news that he was suffering from lung cancer seems to have been kept low key. Thus the great surprise and sadness to learn about the passing of the giant. Much has been written about his style, a renaissance mix that so brilliantly puts facts and feelings fittingly together in a truly universal context. Add to this that his prose and verse are accessible and not for-intellectuals-only and you get at his genius.

The Uruguayan ethos

He was born and grew up in Uruguay and lived most of his life there apart from exile in Spain during its military regime. Thinking now also of the remarkable life of José Mujica, the Tupamaro 'Robin Hood' urban guerrilla who has just ended his term of office as President of Uruguay (see picture above), I wonder if there something in the Uruguayan ethos that points to the essentials of life in our embattled planet?

Three times I watched President José Mujica's moving address to the UN General Assembly in 2013. He began by saying 'I am from the South' and spoke of Uruguay's rise from being 'the bastard child of the British Empire'. (Britain's imperial power in Latin America before and after independence from Spain and Portugal is a theme of Eduardo Galeano's *Open Veins of Latin America*). He then said 'we have abandoned the immaterial gods and now worship the god of money'. He also warned of conferences 'that only benefit hotel chains and airlines'. I was bound to wonder if Eduardo Galeano supported him as he drafted his speech. Maybe he did. But in any case, José Mujica and Eduardo Galeano both grew up and learned about life in Uruguay. Their vision, forged from their hard times, adventures and courage, shows us what some of us are, and what others of us are not, in this cruel world.

Eduardo Galeano was and will remain through his writing, a Latin American giant, and a universal Lemuel Gulliver. Here is a longer quote that speaks to me of him:

> Every person shines with her/his very own light. There are no identical inner fires. There are big fire and small fire people; others have fires of all colours. There are people with serene fires and those with wild fires that fill the air with sparks. Some fires are dull; they do neither shine nor burn. But yet other fires burn life with such determination that you cannot look at them without blinking. Those who come near get their light turned on.

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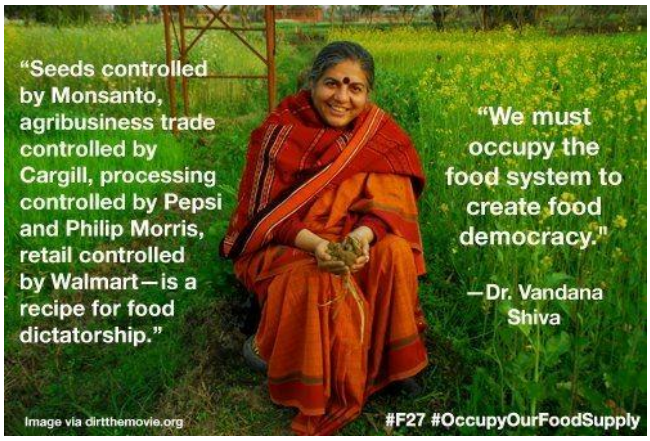
*Schuftan C. Reasons to be courageous. Eduardo Galeano [Feedback]. World Nutrition June 2015, **6**, 6, 538-539*

Vandana Shiva. Monsanto
Reasons to be angry

Access May 2015 What Do You Think Geoffrey Cannon on Vandana Shiva here



Vandana Shiva is enraged by Monsanto's control of seeds and thus of farmers, land and agriculture. So are the people whose living depends on protecting the land. In such matters it is right to be angry

Hetty Einzig writes

I am a fan of Vandana Shiva so I enjoyed reading *What Do You Think* in *WN* May on her as a hero (access it above). But why was so much weight given, in a celebration, to the *New Yorker* attacks on Shiva, most of which are rubbish? The writer Michael Specter quotes Gordon Conway who accuses her of being a romantic. What's wrong with being a Romantic? Note the R: the Romantics re-established the numinous in nature, and so their world view includes respect and awe for Nature's power, and sees the human place within the natural order as modest.

The Romantics credo is of at least equal standing to what Mark Lynas wrongly refers to as 'the universal values of the Enlightenment'. Yes, Vandana Shiva is opposed to these values, which place humans as superior to all else. Gordon Conway attacks her in his defence of industrial agriculture, saying that people want to escape from farms that are 'you know, a couple of chickens running around with the children in the back yard'. What's so awful about that?! Richard Layard and many others have proved that emotional well-being, indeed happiness, are not linked to physical poverty (or wealth for that matter) so long as basic needs are met.

Vandana Shiva is seen by Monsanto as an enemy, rightly so. A film that made a big impression on me is *Food Inc.* If you haven't seen it please do, and *the Monsanto response* also. It takes a birds-eye view – often literally– of the US way of food production. The horrifying aerial footage, of thousands of cattle herded into vast pens fed on pellets without a blade of grass in sight, stays in the mind. Massive chicken sheds full of pathetically dilapidated, disease-ridden birds, giant industrial slaughterhouses, and so on. These all breed serious diseases, for humans, for animals and for the earth.

Bullying tactics

The film includes memorably powerful interviews with American farmers denouncing the theft of seeds by Monsanto, whose tactics are bullying and brutal and who litigate liberally. One farmer describes how he was taken to court by Monsanto repeatedly and thereby ruined. His 'crime' was that he saved his own seed to replant. Friends of mine in Devon, England, tell a similar tale of an organic farmer indicted by Monsanto for 'stealing' their patented seed blown by the wind from a nearby farm, thereby spoiling his own organic status and his business.

So to the heart of things. The seed and water are the actual *and* symbolic origins of life for us all. I won't comment on the science, but it is clear to me that this sequestering by Monsanto of the basic elements of life is atrocious. It's a Big Brother tactic. Vandana Shiva gets worked up about such practices, and so should we all. Farmers may not be committing suicide in the US at the rates they do in India, but their spirits are dying.

I encourage *WN* to appraise Monsanto.

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Einzig H. Reasons to be angry. Vandana Shiva and Monsanto [Feedback]. World Nutrition June 2015, ***6****, 6, 540-541*

Geoffrey Cannon replies: My own opinion of Vandana Shiva is I hope clear enough, having identified her in my column as one of my monthly heroes. The New Yorker piece was published recently and has become very well known. Vandana Shiva's prompt detailed response is a characteristically strongly expressed statement of her position which makes proper sense only in context. She and her work and style are genuinely controversial. Plenty of people support industrial agriculture and also genetic modification of seeds in good faith, if only as a necessary way to produce enough food for a soaring world population. Those who advocate and practice direct action and civil disobedience against the drivers of increasingly intensive industrial agriculture and use of genetic modification and patenting of life forms, as shown in the words on the photograph of Vandana Shiva above, are therefore contentious. This does not mean that they are wrong! I hope what I wrote did not give an impression of condoning Monsanto's methods of attack and defence.

Incidentally, one of Vandana Shiva's counter-attacks on Michael Specter was that he represented himself to her as an independent-minded reporter wanting to write a profile, whereas in reality he is a supporter of genetic modification and corporations like Monsanto, whose intention always was to do a hatchet job. At the time her accusation perhaps seemed extravagant. It now seems to be justified, as I indicated in my piece. On WN and Monsanto: a number of concerned readers and colleagues have written in saying that WN should publish on the topic of Monsanto and glyphosate, the active ingredient in Monsanto's Roundup herbicide, now found by the International Agency for Research on Cancer to be a probable cause of human cancer. This is certainly within WN's scope, and see Isabela Sattamini's Update this month.



WN *Nourishment*

Good news for shrimp eaters in the Gulf

Access November 2014 Brazilian dietary guidelines here
Access December 2014 Patricia Jaime on the Brazilian dietary guidelines here
Access April 2015 Update on US dietary guidelines and the cholesterol fiasco here



The people of many Middle Eastern countries are big meat eaters, when they can get it, and also enjoy plenty of other foods of animal origin. They will be pleased to hear the news about cholesterol

Sara Garduño-Diaz writes:

I write from Kuwait. What does it mean to have foods containing plenty of cholesterol 'back on the menu' (*WN Update* April, access it above) in the Arab Gulf countries where I now work? Given that the evidence of a link between dietary cholesterol and diet-related chronic diseases is slim to none, why have dietary guidelines issued by the World Health Organization and in many countries starting with the US, recommended cutting down intake ? *[Ed – you may well ask]*. In many countries though, the news about cholesterol from the US will take a long time to be generally well-known.

The Arab Gulf countries, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates, have undergone a rapid change in their socio-economic situation, food consumption patterns, and ways of life and health status during the past few decades (2). While communicable diseases have greatly diminished, diet-related chronic diseases have become the main health problem along with under-nutrition and micronutrient deficiencies. To address these issues, food-based dietary guidelines for the Arab Gulf Countries have been published (3). These guidelines are

designed to be based on current scientific and health information. At the time of publication, this information included a recommendation to reduce consumption of high-fat foods.

The fat story

In these guidelines, 'fat is divided into two types, based on their relation to heart disease and their effect on raising cholesterol levels in the blood'. The first type is animal fat, which according to the guidelines may raise blood cholesterol, which in Gulf countries is mainly found in meat, chicken skin, cheese, whole milk, butter and liver – generally containing what have been seen as troublesome amounts of dietary cholesterol. The second type, plant fat, is said not to increase blood cholesterol.

The Gulf countries are big meat eaters. Their dietary patterns tend to contain a lot of high energy-dense foods with a lot of added sugars. Fats are mostly from animal origin foods. Correspondingly, consumption of vegetables and fruits, and dietary fibre, is relatively low (4). Daily menus commonly include several sources of dietary cholesterol, from dairy products including *lebneh* (strained yogurt, free of whey), *halloumi* (unripened cheese) and yogurt, to eggs, meat, fish and seafood. The Arab Gulf countries in particular are big consumers of fish, and also of shrimps, which with eggs and some other foods are not high in saturated fats but which up to now have been demonised as being high in dietary cholesterol.

The current food-based dietary guidelines for Gulf countries are useful to promote healthy eating and ways of life that may reduce nutrition-related diseases. With new available evidence – or lack of evidence for previously set paradigms – dietary guidelines should be regularly updated. One main change should be to 'welcome back' seafood – if any people here needed encouragement !

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*Garduño-Diaz S. Good news for shrimp eaters in the Gulf. [Nourishment] [Feedback]. World Nutrition June 2015, **6**, 6, 542-543*