

Letter from London

MAY 2018

There is something harmful in the London air (and it's not just Brexit). New research funded by Public Health England (PHE), and carried out in collaboration with Imperial College London, predicts that the impact of air pollution on public health and healthcare-related costs in England could reach £18.6 billion a year by 2035 unless action is taken. These figures are based on costs related to general practice (GP) visits, medical prescriptions, hospital treatment and social care due to long-term health conditions, and do not take into account the economic impact of lost productivity. If current levels of air pollution persist, the UK could also have around 2.5 million new cases of coronary heart disease, stroke, lung cancer, childhood asthma, chronic obstructive pulmonary disease (COPD), diabetes, low birth weight and dementia by 2035.

The latest research comes in the wake of warnings from the Chief Medical Officer (CMO), Dame Sally Davies, that the UK needs to do more to recognize the long-term health impacts of exposure to air pollution. A report by the Royal College of Physicians and the Royal College of Paediatrics and Child Health in 2016 estimated that air pollution caused at least 40 000 premature deaths a year in the UK.

The CMO is not alone in her concerns. In the past few years, the UK government has lost 3 high court cases for failing to bring levels of nitrogen dioxide within legal limits. Following a final warning from the European Commission in January, the UK—along with France, Germany, Hungary, Italy and Romania—has just been referred to the European Court of Justice, which has the power to impose multimillion Euro fines for non-compliance.

It should come as little surprise, then, that the UK government has just launched its 'Clean Air Strategy'. Critics have lambasted the lack of attention to the diesel emissions responsible for nitrogen dioxide pollution. Others say that low emission zones and the phasing out of diesel vehicles is already having an impact, and that the strategy is to be commended for its attention to pollution beyond roads, including ammonia emissions from agriculture and indoor air quality. It also acknowledges the need to tackle fine particulate matter, or PM_{2.5}, and includes an ambition to halve the number of people living in areas with concentrations above the most stringent limit set by WHO.

It is at this point that my worlds begin to collide. While many of my UK-based friends and colleagues are just becoming

acquainted with PM_{2.5}, as a former *Delhiwala* fine particulate matter has been part of my vocabulary (and my pulmonary alveoli) for a few years now. I have been a regular visitor to India for more than 10 years, living in Delhi while I conducted my PhD research into student experiences at AIIMS from January 2014 to May 2015. That year spent trundling up and down an increasingly congested Aurobindo Marg felt like the tipping point, when the media—and consequently the government—finally cottoned on to pollution as a public health emergency that no one was prepared for. As is always the case in India, public policy failure is met with private solutions for those with money—air purifiers, portable PM_{2.5} readers, periodic escapes to cleaner climes—while those without are afflicted by an ever-heavier burden of disease and disability.

My life in India has made me guilty of not taking pollution in the UK as seriously as I should. After all, while the UK government is waking up to the health threat of air pollution in London, Delhi is making headlines for its own pollution being literally off the global charts. And while British middle-class consumers are encouraged to forego the fashion for wood-burners as a home accessory, Indian policy-makers seek alternatives to the biomass burning indoor stoves that expose women in particular to the serious risk of COPD. This aspect in particular feels like a commentary on the politics of contemporary emissions from an increasingly post-industrial nation of 66 million people, and those from an ever-developing economy of 1.3 billion citizens that also happens to be a former British colony.

And yet it is true that the first thing I do when I arrive at my parents' house in Wiltshire is to take a deep breath of clean, countryside-fragrant air. It is also true that after a day outside in London, a fine soot accrues around my nostrils. I may not get an acrid taste on my tongue, or a gritty coating at the back of my throat, and it may not take a rain shower to remind me that the leaves on the trees are supposed to be green rather than brown. But as a close friend makes increasingly frequent trips to hospital when her 4-year-old daughter struggles to breathe, I am reminded that some emergencies can be pre-empted by a timely response to the warning signs.

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