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Climate Change and Planetary Health

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By Merrill Singer

Five years ago, the University College London Commission concluded that climate change is the biggest threat to human health in the 21st century. Health has entered a new epoch in which environmental factors, under adverse human influence, must become the focus worldwide. This recognition sparked the *planetary health* initiative, spearheaded by *The Lancet*, which is motivated by acceptance of the fundamental need for collective achievement of a world “that nourishes and sustains the diversity of life with which we coexist and on which we depend” (Horton 2014). This cage-rattling development has significant implications for the anthropology of health.

Emergence of planetary health constitutes a fifth stage in the historic evolution of the modern population health paradigm. This mode of thinking about health as more than an individual-level condition—the prevailing orientation of biomedicine—has its roots in local public health efforts, especially in Europe during the 19th century, transitioned to tropical medicine as a consequence of the colonial encounter with the infectious diseases of tropical environments, grew during the post-World War II period into international health with the expansion of multinational health initiatives like the World Health Organization, and during the 1990s emerged as global health, a reflection of the consolidation of a global neoliberal economy and global communication systems, combined with recognition that risks to health transcend borders and require multilateral responses. The shift to a planetary health understanding as a further advance in population health thinking was driven by the awareness that not only are human communities worldwide now multiply linked together by flows of commodities, ideas, people, and health-related influences from vectors to medicines, but that the health and well-being of human communities are multiply linked to the environment and to other species. Internally, we are not fully human, in that we are home to massive numbers of microorganisms, some of which are vital to our health, and externally our survival, from the air we breathe to the food we consume, depends on other species. But these relationships are at critical risk in the Anthropocene. As aptly stated in the planetary health manifesto: “Our patterns of overconsumption are unsustainable and will ultimately cause the collapse of our civilisation. The harms we continue to inflict on our

planetary systems are a threat to our very existence as a species” (Horton et al. 2014:847). A planetary health perspective, in short, reveals the fundamental ways in which human beings are not just agents of environmental change but are also vulnerable objects of that change.

Humans have acquired through their ability to harness ever more powerful levels of energy, produce prodigious quantities of toxic waste, and rapidly increase their population size the dangerous ability to overtax “planetary boundaries” and “trigger abrupt or irreversible environmental changes that would be deleterious or even catastrophic...” (Rockström et al. 2009). From the standpoint of living systems, human and otherwise, we stand on the precipice of conditions that “can be called, without hyperbole, threatened apocalypse” (Foster, Clark and York 2010:109).

Pivotal to the incipient planetary health movement, as it must be to any meaningful response to the dangers of climate change, is a commitment to equity in a world of unjust societies and unequal relations among societies. As articulated in the planetary health manifesto: “The discipline of public health is critical to this vision because of its values of social justice and fairness for all, and its focus on the collective actions of interdependent and empowered peoples and their communities” (Horton et al. 2014:847). The evidence on anthropogenic climate change demonstrates the consequences of inequity. The United States, with just four percent of the world’s population, produces 25 percent of emitted greenhouse gases. It releases more greenhouse gases than most of the developing countries in Asia, Latin America, and Asia combined (Lindsay 2001:228). The average U.S. citizen accounts for as much greenhouse gas production as nine Chinese, 18 Indians, and 90 Bangladeshis, but even more alarming, a U.S. citizen on average pollutes more than 500 citizens of Ethiopia, Chad, Zaire, Afghanistan, Mal, Cambodia, and Burundi (Roberts and Parks 2007:146). Generally, the least developed countries, which produce comparatively small amounts of greenhouse gas emissions, have the most to lose from global warming because they have fewer resources to use in adapting to its health impacts. Translated into stark moral and palpably human terms, anthropogenic climate change can be assessed as a form of social murder, a term introduced by Frederick Engels in 1845 to characterize the impact of the corporate-owning class on the health and survival of poor and working people. Chernomas and Hudson (2009) employed the term more recently to label contemporary corporate policies designed to maximize the accumulation of private profit while socializing associated risks and costs. Corporate externalization involves two components: 1) shifting significant production costs, such as those inherent in the release of greenhouse gases, onto governments and to the kinds of less powerful communities commonly studied by anthropologists; and 2) underplaying or denying responsibility or adverse outcome of such practices. In an insightful quip about the nature of

capitalism and the alleged corrective benefits of market economy by science fiction writer Kim Stanley Robinson, “The invisible hand never picks up the check.”

The theme of social murder in the context of anthropogenic climate change was emphasized by Mohamed Nasheed (2012), the deposed activist president of the Maldives, a cluster of islands that stand no more than about five feet above the ocean’s rising surface: “If we can’t stop the seas rising, if you allow for a 2-degree rise in temperature, you are actually agreeing to kill us.”

The anthropology of health, now grappling with the transition to a global health perspective, is challenged again to consider the implications of planetary health in a time of global warming. At the theoretical level, this entails assessing the pathways through which all health issues everywhere are shaped by a human-impacted environment undergoing advancing degradation driven by the productivist/consumerist ethic that dominates the world economic system and sustains vast social and health inequality. At the practical level, this requires urgent consideration of ethnographically informed pathways to sustainability that counter the march towards environmentally triggered disease and social collapse.

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The “[Climate change and health](#)” series is edited by [Melanie Boeckmann](#).

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