



Open letter to Health Minister Aaron Motsoaledi: 'We are choking'

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Cape Town - 181101 - National minister of health Dr Pakishe Aaron Motsoaledi discuss South Africa's possible trajectory towards universal health coverage at FNB Portside Building. Pitures: Ayanda Ndamane / African News Agency (ANA)

Despite the ongoing air pollution disaster in the South African coal fields and industrial heartlands, our Health Minister has decided against participating in the first-ever World Health Organisation (WHO) Conference on Air Pollution and Health.

This is an unquantifiable set-back for the poor masses of South Africa, whose health and well-being deteriorates daily due to inhaling polluted air. The WHO has confirmed that air pollution, both ambient and indoor, is the largest cause of death worldwide.

The Life After Coal Campaign has been working on issues of air pollution for many years and has particular health and climate change-related expertise. We have repeatedly sought opportunities to share our experiences with the Minister of Health, and to escalate the ignored voices of impacted communities that are now desperate for immediate intervention.

According to reports of the South African National Department of Environmental Affairs, and confirmed by our own experience and analysis, air quality exceeds the South African

ambient air quality standards (AAQS) on an ongoing basis; especially in the Highveld, Mpumalanga, Vaal, and Waterberg-Bojanala priority areas.

Despite two of these areas having been declared high priority areas more than a decade ago - with the sole purpose of reducing air pollution to fall within acceptable standards - air pollution remains high and at deadly exposure levels for human health. Despite this, the National Department of Health remains completely absent from this process.

This amounts to a sustained lack of responsiveness and a crisis of leadership from the South African Ministry of Health regarding air pollution, its associated health impacts, and climate change, and a total disregard for the rights of, and disproportionate impacts on the unemployed, the working class, and the poor.

These ongoing and unattended-to exceedances of safe air quality levels are closely correlated with non-communicable diseases. Generally, according to the global health literature about a quarter of all heart attack deaths and about a third of all deaths from stroke, lung cancer, and chronic obstructive pulmonary disease are due to air pollution exposures. Health impacts are largest among women, children, older people, and the poor.

Although AAQS are intended to be health-based, there are no safe levels of exposure to several pollutants. In addition, many of South African AAQS are significantly weaker than the WHO's outdated 2005 guidelines (which are currently under review).

In 2016, UK-based air quality and health expert Dr Mike Holland assessed the health impacts and associated economic costs of current emissions of just one type of pollutant from Eskom's coal-fired power stations (PM_{2.5}). His report, entitled "*Health impacts of coal fired power plants in South Africa*", estimates that the following impacts are attributable to these small particle emissions:

- 2 239 deaths per year: 157 from lung cancer; 1 110 from ischaemic heart disease; 73 from chronic obstructive pulmonary disease; 719 from strokes; and 180 from lower respiratory infection; 2 781 cases of chronic bronchitis per year in adults;
- 9 533 cases of bronchitis per year in children aged 6 to 12;
- 2 379 hospital admissions per year;
- 3 972 902 days of restricted activity per year;
- 94 680 days of asthma symptoms per year in children aged 5 to 19;
- 996 628 lost working days per year; and

The total costs associated with these impacts exceed USD2,3 billion per year

Industrial emissions, particularly from coal-fired power generation, are major sources of South Africa's air pollution, as well as being the most significant contributors to climate change.

Eskom and Sasol are by far South Africa's biggest emitters of air pollution and of greenhouse gas emissions - which drive our climate change contribution, and which, through ambient concentrations, bioaccumulation or deposition, present a serious threat to health, well-being, and the environment.

Leading health scientists are now characterising climate change as the greatest public health challenge of the 21st century, threatening all aspects of the society in which we live.

The severity of the impacts of climate change on human health are clearer than ever before and will worsen if significant action is not taken to tackle climate change now. Indeed, climate change threatens to undermine over a half-century's worth of global improvements in health, achieved through dedicated and targeted action by policy-makers and health professionals around the world.

In the South African public health system, air pollution is ignored and is contributing to a heavy burden of disease in SA that needs to be accounted for with accurate health statistics.

For this crisis to be tackled meaningfully, the Health Minister must be willing to be open to productive engagement with community stakeholders and to acknowledge the health impact evidence presented by the Life After Coal Campaign and many other experts and organisations.

Unless Minister Motsoaledi and the National Department of Health take air pollution, and its associated severe public health impacts and significant climate change impacts seriously, we will be ignoring what is ostensibly the greatest public health impact we face.

These are risks of national, regional, and global interest for all present and future generations, and we disregard them at our peril. We call on our Minister of Health to demonstrate leadership and actively engage in the management and abatement of air pollution in South Africa and to engage directly with community people whose health and wellbeing is affected on a daily basis.

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