

URBAN SAFETY & HEALTH

A Rapidly-Changing Setting

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(Definition)

Urban safety is an important political, social and economic issue of today. More precisely, what's important is the lack of it on an international level. It is a multifaceted problem generated and aggravated from multiple fronts which make it impossible to encapsulate in a ten minute speech, however I will try. Three of the more important issues are: An increasingly aging population that brings the usual health problems and also potential increases in crime, since it's a vulnerable social group whose members are seen as easy victims. We have the appearance of megacities, that is, cities with a total population in excess of ten million, where crime control is a social challenge, and where the heart of poverty and homelessness can be found. Thirdly, modern-day big cities are almost always multicultural, which requires much more effort and nuanced organization to create a safe atmosphere for all than in a city where the population is from a single culture, as it was in the past.

(Consequences)

As a consequence, we see that insecurity has turned into a major concern in urban societies. It's not just crime and violence, as one would expect; there are enormous health issues, some of which are directly related to the insecurity itself, for example: mental illnesses and substance abuse to name just two. The whole problem of Urban Safety, or the lack of it, bears down on precisely those groups who are least able to deal with it.

Many city dwellers take for granted access to basic public services, such as drinking water supply, housing, waste disposal, transportation and health care. For the poor, however, such services are either deficient or nonexistent. Instead, those living in marginal poor zones usually receive an extra dose of environmental pollution, since many industries tend to cluster in outlying areas where regulations are laxer.

Let's not forget that most urban poor live rudimentarily (or even worse) in slums and squatter settlements that are usually unregulated, precarious, overcrowded and exposed to all kinds of hazards. We're talking about locations that are subject to flooding, or sites near industrial hazards. Such inadequate, substandard housing in informal settlements, especially where tenure is insecure, increases the health risks not just from environmental hazards, but also from proliferation of handguns, well-grown violence and crime. Moreover, it is associated with injuries, respiratory problems, infectious diseases, and mental health problems.

Naming the causes, either direct or indirect, is always the beginning of the solution, so let's see what those are: persistent unemployment, changes in the family unit, the pressures of an overly-consuming society, social exclusion, the more-than-often-difficult integration of immigrant population groups and, of course, the much discussed, yet ever-present inadequacies in urban policy...

Moreover, in recent years, we are witnessing one of the most unstable periods migration-wise, on a global scale. This is even more apparent in the European continent - arguably and somewhat expectedly, considering the number of countries, the proximity to two other continents and the great financial, political and cultural diversity between those countries. Having begun in 2015, the European migrant crisis (aka European refugee crisis) is unfortunately still going strong, challenging governments and

competent authorities as well as compromising local life in many ways.

We are used to hearing about asylum seekers, political refugees, and economic migrants, but the problem does not end there. The fact that some hostile agents travel disguised to pass themselves off as refugees only aggravates an already immeasurable situation. Globally, one in five people has been a victim of violence and crime. In developing countries, 60% of all urban residents have been victims of crime, with women, young people, and those living in unsafe houses being the most susceptible to get attacked. Additional mobility-related risks among migrants include poverty, vulnerability to sexual abuse and exploitation, dangerous working conditions and separation from social support networks. As expected, many of those conditions affect the most vulnerable parts of the population, that is, women, children and the elderly.

A secondary political repercussion concerns the opportunities presented to extremist movements of immigrants-receiving countries. This insecurity I mentioned earlier enables extremist parties to expound their xenophobic and racist theories, to lay the blame on scapegoats such as young people or immigrants, and consequently to place in jeopardy the principles of democracy, social cohesion and tolerance in which our societies must have their basis.

(Human Health Consequences)

And all that is happening while urbanization has risen to an unprecedentedly high level. Given its excessive current growth, it comes as no surprise that cities themselves contribute to two global trends that directly affect our health, two trends I'm deeply concerned about: climate change and the rise of chronic diseases. I've already written a book, "Oceans & Human Health," to-be-released, on the first trend and, as of late, I've focused my research on the second one. When large numbers of people are

linked together in space and connected by shared services, the consequences of adverse events – like contamination of the food or water supply, high levels of air or noise pollution, a chemical spill, a disease outbreak or a natural disaster – are vastly amplified.

According to recent estimates, cities contribute directly to more than 60% of greenhouse gas emissions; they account for 75% of energy consumption and a similar proportion of all wastes. At the same time, city dwellers are especially vulnerable to the consequences of climate change, whether expressed as heat waves, water scarcity, increasing levels of air pollution, or rising sea levels in coastal areas.

But what saddens me more is that city dwellers tend to have unhealthy lifestyles, like adopting “easy,” “convenient” diets that depend on processed foods, prepackaged food products, or fast-food chain restaurants, getting used to having sedentary behavior, to smoking and drinking or worse: consuming substances aka “getting high” to hide all those bad choices behind an unconscious veil. All that saddens me more, because these are the choices of the people. Our people. My neighbor, your cousin, his friend...

The unfortunate choices of migrants are justified to a degree as they themselves have been unfortunate. The cases of scientific migrants are the exception to the rule. When we talk about migration, we usually refer to poor, unemployed, uneducated individuals who speak a different language and have grown up with a different culture. Even in the case of educated individuals, the language gap is often an insurmountable obstacle.

So, every country’s immigrants already have a lot to deal with while at the same time spreading health problems in their settlements’ areas. And what’s more to that, the native citizens have already developed health and pollution problems that will affect both parties. The ‘weak’ are... well, weak, the ‘strong’ little by little destroy themselves and all the while, both social groups

bring each other down with their, justifiably or not, poor choices. I mean, how many more vicious cycles are we going to create?

Bad economy, social insecurity, and the health sector are strictly related. Now, if *that* vicious cycle escaped you, let me clarify. You see, the striking economic inequalities existing mostly in bigger cities contribute to social tensions, which in turn cause an increase of criminality, which in turn generates fear, which in turn restrains many people from engaging in outdoor physical activities, i.e. healthy activities.

Now, let's put all these lifestyle choices under the microscope, bringing us back to the subject of health. Well, said choices are directly linked to obesity and a rise in a plenty of conditions like heart disease, stroke, some cancers, and type II diabetes. These conditions are increasingly concentrated in the urban poor. Of course, that doesn't mean that they have escaped all other social strata. Now, what's perhaps most alarming is that the growth of urban centers in this century is accompanied by poverty, another ominous trend, which in previous centuries was more widespread in scattered rural areas, yet is heavily concentrated in cities nowadays.

As most issues, health too is one that potentially affects everybody. The increasing movement of people from rural to urban areas has a big impact on the epidemiological status of a country. The current phenomenon of rapid urbanization has significant repercussions on the health of both the immigrants and the indigenous citizens. It couldn't go one-way. Many of migrants' health problems are due to their lack of knowledge of how to use existing health services. Plus, the high costs of hospital attention make many migrants reluctant to come to the hospitals and be taken care of. What's more, you get new diseases making their debut appearance AND old ones coming back into the spotlight. Such is the case of malaria, respiratory diseases (e.g. SARS and avian influenza), typhoid fever, HIV/AIDS, and tuberculosis.

(Further Health Consequences)

In addition, urbanization is linked to negative changes in **diet and exercise** that increase the prevalence of obesity with increased risks of type II diabetes and cardiovascular disease. As if all this wasn't enough, migrants tend to spread their diseases when they return to the countryside, where health facilities are not as well equipped to deal with the infection as they are in the cities.

Everyone knows that household food production is your best bet for a healthy, sustainable diet. But of course, urbanization limits such possibilities. How and where can people grow their own orchard in a city whose population of five million doubled up to ten? This contributes to further damage of the environment due to the needed long-distance transportation of food products.

When it comes to **maternal and infant health**, the migrants' status is in general far worse than that of the urban population. In fact, most migrant women don't work, and those who do have a job, usually work in industries where they come into contact with environmental contaminants which are especially dangerous to the reproductive system of pregnant women.

Each step in the reproductive process can be altered by toxic substances in the environment that increase the risk of abortion, birth defects, fetal growth and neonatal death. Many studies have shown that exposing pregnant women to carbon monoxide can damage the health of the fetus. In addition, the developing fetus is susceptible to environmental factors - for example through the mother's exposure to toxic substances in the workplace.

As for children, they are especially susceptible to disease when they are born and grow up in an environment characterized by overcrowding, poor hygiene, and excessive noise - let alone the lack of space for recreation and study. They suffer not only

from a hostile physical environment, but also from stress and other factors, such as violence, that such environments create.

Crowded urban neighborhoods, combined with poor sanitary conditions and inadequate waste removal, create situations favorable to the spread of **infectious diseases**—such as pneumonia, tuberculosis and diarrhea. Inadequate sanitation is an important risk factor for diarrheal and parasitic diseases.

In many cases – and that happens especially in the developing world – the pace of urbanization has exceeded the ability of governments to build the basic needed infrastructure. This political deficiency has led to inadequate health services, sanitation, water supply, education, and essential infrastructure.

The consequences of deteriorated health statuses – and to this, I include mental health issues too – are contagious in a city setting. And obviously, the more densely-populated a city is, the more aggravated the problem. This is detrimental to ALL city dwellers. Statistical analyses have clearly shown that urban poverty and destitution are strongly associated with social unrest, mental disorders, crime, violence, and outbreaks of disease associated with crowding and filth. Such threats can easily spread beyond one single neighborhood or district to endanger all citizens and, all the while, they taint that city's reputation, which in turn brings along its own sociopolitical and economic consequences.

So, to sum up the health issues part, the currently burdened cities have a triple threat to face. Firstly, the most obvious is that the existing infectious diseases are exacerbated due to poor living conditions. The second part of the threat is the increases in accidents, injuries, road accidents, violence and petty as well as big crime. And the third side of it is that other health-related social issues will be heightened. Those include noncommunicable diseases, such as heart disease, various forms of cancer and diabetes, among others, and conditions caused by tobacco use,

unhealthy diets, the lack of physical activity, and an excessive, harmful use of alcohol.

Since I decided to focus on the health issues caused by excessive migration waves and rapid urbanization, I wouldn't want to leave **air pollution** out of the picture. You see, in cities, motor vehicles are a significant source of said pollution. In addition, they frequently cause pedestrian injuries and fatalities. The pollutants that originate from motor vehicles, particularly nitrogen oxides, hydrocarbons, ozone, and particulate matter, account for a substantial proportion of air pollution in cities which can have a serious impact on health.

Epidemiological studies have shown that air pollution generated by motor vehicles has increased morbidity and mortality. The contemporary use of private cars is associated with another health threat in modern-day urban areas: the obesity epidemic. Walking and bicycling as a natural part of daily transport has diminished and lack of daily physical activity contributes to increasing body weight in many populations. Cars are also implicated in changing dietary patterns with an ever-increasing consumption of high-fat, high-salt, high-sugar prepackaged or fast foods. In other words, cars have aggravated even more the health issues I summed-up three paragraphs earlier...

Following air pollution, a second and final point I would want to stress is the link between health and the workplace. Deprived urban areas often contain workplaces with health hazards because of toxic products, injury and ergonomic hazards, noise, external pollution, and traffic generation. As common as those workplace hazards have been in developed countries in the past, now they have been transferred to developing countries as well. And work injuries and poor health because of work hazard exposures can also lead to poverty, so we're talking about another vicious cycle.

(Solutions)

And now that I've grown tired of saying "vicious cycle," let's get to the 'approaches and solutions' part of the speech. Well, as Mr. Herbert Girardet, an expert on urban sustainability has already put it very nicely, "If we are to continue to live in cities, indeed if we are to continue to flourish on this planet, we will have to find a viable relationship between cities and the living world –a relationship not parasitic but symbiotic, or mutually supportive."

Given the serious effects that urbanization can have on health, it is essential to include health considerations into policy making. If we consider all migration-related or migration-aggravated health problems as one, then we can honestly talk about an epidemic. So, if we are to effectively deal with such an issue, we need to (a) find practical solutions and (b) take rapid action to apply them.

Health equity can only be achieved by bettering living conditions for the poor and by diminishing the existing differentiation in exposure and vulnerability among the sexes and the different age groups in society. Modern cities can improve health via their material, service-provision, cultural, and aesthetic attributes.

Established in 1996, UN-Habitat's Safer Cities Programme aimed at strengthening the capacity of local authorities to use good governance, appropriate urban planning and management in the prevention and reduction of crime and violence at the local level. The wisdom of the Safer Cities Programme is that it stands on the opposite side of all those vicious cycles I mentioned in this speech. More precisely, it presents good governance and safe cities as reciprocal, that is, when inhabitants are free from fear, interaction among people, among groups and with public institutions is feasible, thus we have not a vicious cycle, but a

virtuous one. This creates an enabling environment for the city's inhabitants to engage in activities that improve quality of life.

But we all have to understand that the current status of the problem has many different sources and therefore must be dealt with in a multifaceted and agile way. On the one hand, we have an urbanization outbreak of almost unprecedented proportions that concerns the citizens of a country. Then, we have the immigrants who came to the cities due to the opportunities they can offer to them and their possibly suffering families. And then, we have immigrants who just had to escape some... very unpleasant - let's put it that way - living conditions, most notably war and harsh economic problems.

Having said that, migrants' integration is truly a challenge like no other. In my career, I've dealt with problems of various natures and proportions and I honestly believe that bridging cultural and linguistic differences, socially integrating, and financially and health-wise managing both urbanization and migration populations - and ALL at the same time! - is one of the toughest challenges by far. I thought that right from the get-go, and as I conducted my research and widened my knowledge on the subject's extensions and consequences, my thought proved to be correct.

When it comes to deprived urban areas, the establishment of drains for waste water and proper solid-waste management, as well as the provision of clean and sufficient drinking water and proper sanitation, are the key steps to be made. Since the working environment can be one to harm the health of the poor and powerless, alternative options, such as cottage industries, must be promoted. Equally, since motor vehicles aggravate the health issues of urbanized environments, making public transport available and accessible to all could significantly improve human health as well as cause less damage to the environment.

Broad environmental health policies, such as those promoted by the Healthy Cities and Municipalities movement, provide

excellent frameworks for improving the living environment and health for poor people. At this point, I'd like to stay on the subject of food and say that creating a sustainable food supply is key. Providing food in an unorganized way, singlehandedly by urban populations to immigrant populations is but a permanent "sub-solution" and also, as charitable as it may sound, it does entail its own health risks.

Finally, several political entities must work together to address the discussed issues. Ministries of Health must get fully informed about how health is compromised due to unresolved social issues and then, approach other sectors, such as transport, industry, education, and finance agencies, in order to support healthier urban policies. Local governments must promote an active lifestyle model by building, for example, a network of bicycle lanes, and encourage health professionals to work closely together with urban planners. In turn, urban planners must use zoning and land use regulations as a way to prevent exposure of city dwellers to pollution emissions and hazards from industrial activities, waste and chemicals, as well as transport. International agencies must promote policies for healthy environments and also distribute their gathered knowledge and conclusions from one country to another.

At the same time, researchers need to systematize their data and knowledge to address any information gaps concerning health inequities. One last thing, that perhaps is the best one to leave you with, is that the citizens must be involved in the decision-making that affects the place they live and their health.