

# Does Fine Particulate Matter (PM 2.5) Increase Death and Disease and Reduce Life Expectancy?



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**March 2023**



**CO<sub>2</sub> COALITION**

## EXECUTIVE SUMMARY

This paper by Dr. Indur Goklany refutes claims that fine particulate matter (PM2.5), which includes dust, pollen and the emissions of fossil fuels, is as serious a health risk as generally portrayed. The pollution in question is particulate matter measuring 2.5 microns (substantially less than the width of a human hair) or smaller. (A micron is a millionth of a meter.)

Dr. Goklany reviews data between 1990 and 2017 on life expectancy and the rates of death and disease from India, Bangladesh, Pakistan, Nepal and China – all countries that have had significant levels of industrial air pollution. The information on mortality and health are compared to trends both in pollution and per capita gross domestic product (GDPpc).

The findings are that mortality and disease rates improved as GDPpc increased in all five countries but showed no correlation to levels of air pollution. Health steadily improved with the rise of GDPpc whether pollution was worsening or improving.

The paper concludes that even if people are harmed by pollution, the effect on health is more than offset by the benefits of rising GDPpc, which is largely driven by industrialization.

Dr. Goklany has written extensively on the interactions between globalization, economic development, environmental quality, technological change, climate change and human well-being. His books include *The Improving State of the World: Why We're Living Longer, Healthier, More Comfortable Lives on a Cleaner Planet* and *The Precautionary Principle: A Critical Appraisal of Environmental Risk Assessment*.

He holds degrees in electrical engineering from Michigan State University and the Indian Institute of Technology at Bombay.

Periodically, we are flooded with reports of air pollution episodes in various developing countries, accompanied by claims of air pollution's staggering death toll and associated reductions in life spans. On June 22, 2022, CBS News<sup>1</sup> based on the 2022 update to an annual University of Chicago Air Quality Life Index (AQLI) report,<sup>2</sup> reported that air pollution was "slashing 10 years of life expectancy in Delhi, the world's most polluted city." It also noted:

"About 44% of the global pollution [as characterized by PM2.5] since 2013 has come from India, according to the research by EPIC (Energy Policy Institute at the University of Chicago). The country has witnessed a huge spike in air pollution over the last few decades due to rapid industrialization and a heavy reliance on fossil fuels. The number of vehicles on the country's roads has increased about four-fold, the report notes. India is trying hard to switch to cleaner fuels, but experts have told CBS News that it's not going to be easy to quit the national coal habit.

"The study ranked Bangladesh as the world's most polluted country overall, followed by India, Nepal, and Pakistan. People living in Bangladesh's capital Dhaka are losing nearly nine years of their lives to air pollution, while the national average stands at 6.9 years, according to the research."

The 2022 update then goes on to state that PM2.5 is the greatest risk for human health and far outweighs other risks including smoking, unsafe water and poor sanitation:

"Measured in terms of life expectancy, the AQLI shows that ambient particulate pollution is consistently the world's greatest risk to human health. While particulate pollution is set to reduce global average life expectancy by 2.2 years, first-hand cigarette smoke, for instance, reduces global life expectancy by about 1.9 years. Alcohol use reduces life expectancy by 8 months; unsafe water and sanitation, 7 months; HIV/AIDS, 4 months; malaria, 3 months; and conflict and terrorism, just 9 days."

In this paper I will examine whether life expectancies in the countries identified above (India, Bangladesh, Pakistan, Nepal and China, which for many in the world, have been synonymous with air pollution since late 1990s) are inversely correlated with population exposure to annual PM2.5 over the post-1990 period. This will also help shed light on the claim that PM2.5 is the world's greatest health risk.

Note that the death toll estimated from air pollution is based on epidemiological/statistical models rather than on actual dead bodies.

High PM2.5 in each of these countries is due to high consumption of fossil fuels from industrialization, accompanied by the proliferation of fossil fuel-driven transportation. Initially, these pollution sources had only rudimentary pollution controls, but the worsening air quality compelled authorities to impose control measures. Consequently, as we will see, in each of these countries the deterioration of air quality seems to have been halted and is now improving. Thus, each country provides us with a natural experiment which allows us to verify

whether life expectancy, in fact, declines as population exposure to PM2.5 increases and then increases as PM2.5 decreases.

### Trends in Population Exposure to PM2.5 and Life Expectancy

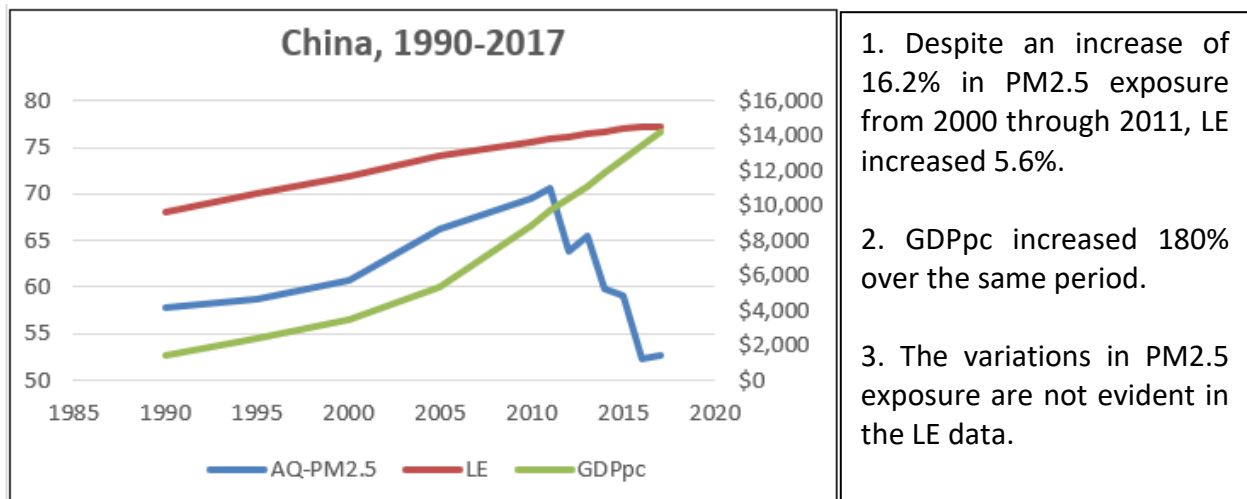
The five panels in the following figure show trends for the above identified Asian countries from 1990 through 2017 in (1) mean annual population exposure to ambient PM2.5, (2) life expectancy (LE), and (3) GDP per capita (GDPpc, a surrogate for both income and economic well-being, which can have major effect on life expectancy). The figure starts in 1990 since population-weighted PM2.5 exposures are not available prior to that date.

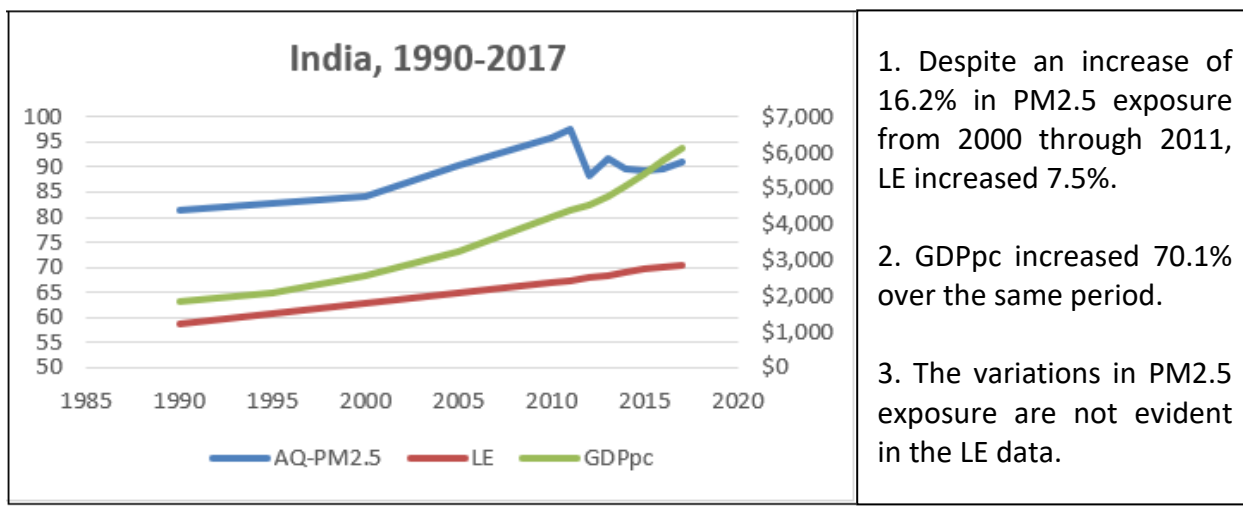
All data are taken from the World Development Indicators Data Bank.<sup>3</sup> For each country, it provides average population-weighted annual PM2.5 exposure based on Brauer et al. (2017).<sup>4</sup> LE and GDPpc data are also taken from the World Development Bank’s online databank. Note that for each country PM2.5 increases and then decreases during the 1990-2017 period.

Each panel shows that:

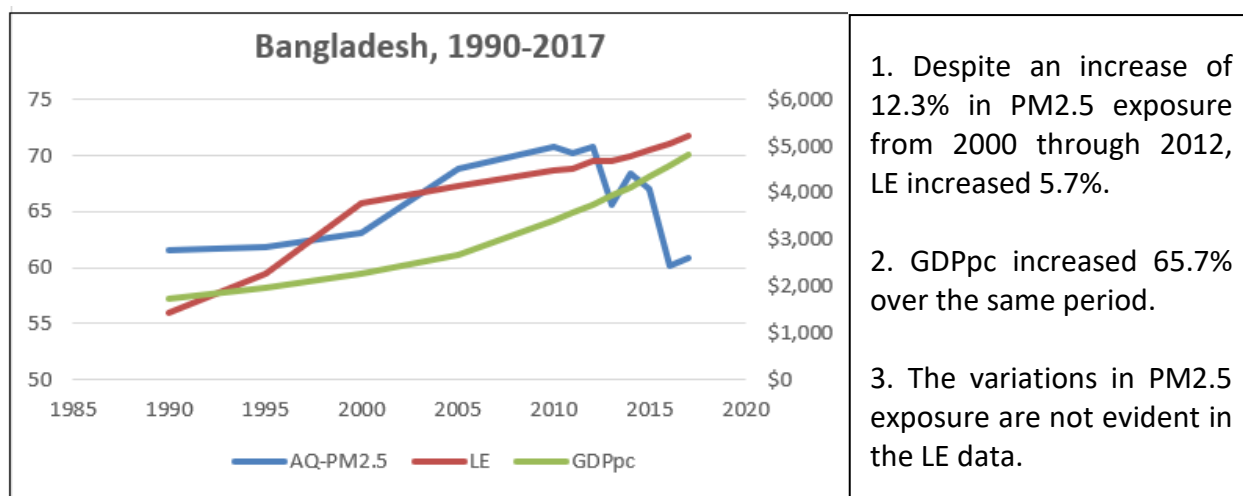
- Life expectancy has improved more or less continuously in each country, at least from 1990 onward regardless of whether PM2.5 exposures went up or down.
- Life expectancy correlates far better with GDPpc than with PM2.5 exposure.
- The ups and downs in PM2.5 exposures are not visible in the LE data.

Thus, it is not evident that PM2.5 shortens lifespans. But if it does, the effects are more than offset by increases in life expectancy. That increase is enabled directly or indirectly by economic growth (which is enabled by fossil fuel consumption) and associated technological advances and improved access to public health measures and medical care (that is, economic growth and technological change).

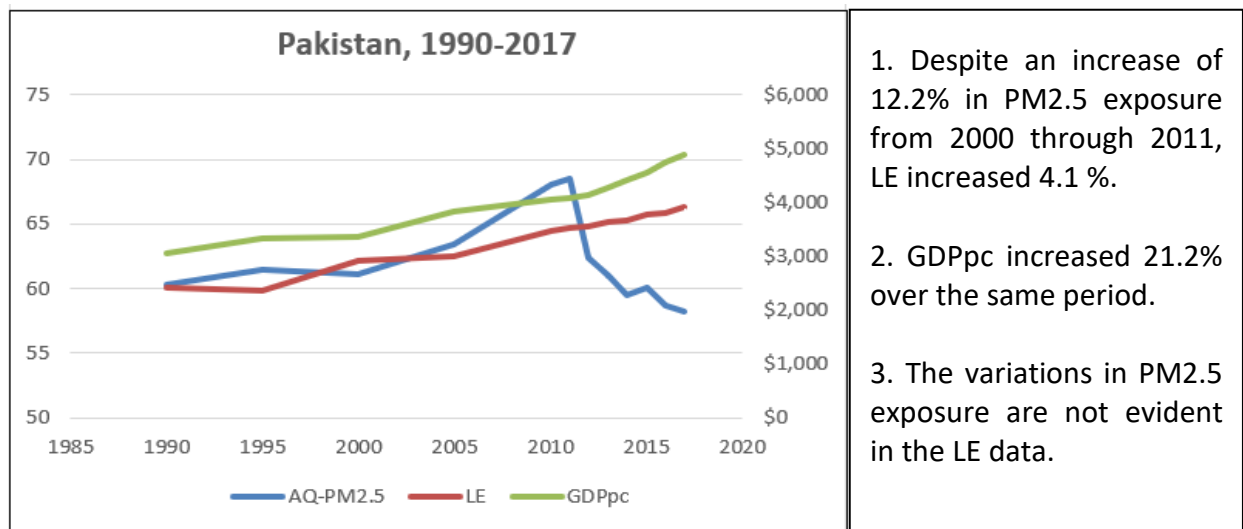




1. Despite an increase of 16.2% in PM2.5 exposure from 2000 through 2011, LE increased 7.5%.
2. GDPpc increased 70.1% over the same period.
3. The variations in PM2.5 exposure are not evident in the LE data.



1. Despite an increase of 12.3% in PM2.5 exposure from 2000 through 2012, LE increased 5.7%.
2. GDPpc increased 65.7% over the same period.
3. The variations in PM2.5 exposure are not evident in the LE data.



1. Despite an increase of 12.2% in PM2.5 exposure from 2000 through 2011, LE increased 4.1 %.
2. GDPpc increased 21.2% over the same period.
3. The variations in PM2.5 exposure are not evident in the LE data.







killed an estimated 86,000-87,400, which is slightly more than 6% of total deaths in Pakistan in 2004 or 2006.

Similarly, the 1991 spike for Bangladesh was due to a cyclone that claimed 139,000 lives, and the 2015 spike for Nepal was due to a 7.8 (moment) magnitude earthquake.

## **CONCLUSION**

To summarize:

- Death and disease (and their rates) for each of the five most polluted countries (as identified by exposure to PM2.5) appear substantially more sensitive to economic development than PM2.5 exposure.
- The cumulative direct and indirect effects of economic development (and fossil fuel use) on life expectancy not only outweigh the effects of PM2.5, they also enable populations to reduce PM2.5 once more significant health threats are reduced.<sup>2</sup>

Finally, the foregoing suggests that any analysis of the impacts of PM2.5 based on currently available dose-response functions between PM2.5 and human mortality and morbidity (which indicate high sensitivity to PM2.5) may result in misleading conclusions.

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## **ACKNOWLEDGEMENTS**

### **About the Author**

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### **About the CO<sub>2</sub> COALITION**

The CO<sub>2</sub> Coalition was established in 2015 as a non-partisan educational foundation operating under Section 501(c)(3) of the IRS code for the purpose of educating thought leaders, policy makers and the public about the important contribution made by carbon dioxide to our lives and the economy. The Coalition seeks to engage in an informed and dispassionate discussion of climate change, humans' role in the climate system, the limitations of climate models and the consequences of mandated reductions in CO<sub>2</sub> emissions.

In carrying out our mission, we seek to strengthen the understanding of the role of science and the scientific process in addressing complex public policy issues like climate change. Science produces empirical, measurable, objective facts and provides a means for testing hypotheses that can be replicated and potentially disproven. Approaches to policy that do not adhere to the scientific process risk grave damage to the economy and to science.

The Coalition is comprised of more than 100 of the top experts in the world who are skeptical of a theoretical link between increasing CO<sub>2</sub> and a pending climate crisis while embracing the positive aspects of modest warming and increasing CO<sub>2</sub>. They include physicists, chemists, engineers, geologists, economists and more. More than 70% of the members hold doctorates or commensurate degrees and include three members of the National Academy of Sciences.