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EDITORIAL ANALYSIS

We Survived the Sun for Centuries: Why Is It Killing Us Now?

DOWN TO EARTH

16 June 2026 · ENVIRONMENT · GS3

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We Survived the Sun for Centuries: Why Is It Killing Us Now?


Down to Earth 16 June 2026 **GS3**

Source: ujijari.com — researched, fact-checked & UPSC-mapped



INTERVIEW ANGLE

"Humans have lived under the sun for millennia. Why has solar exposure become a climate-health risk now, and what does adaptation look like?"

Source: [Original editorial](#)  [Down to Earth](#)


Every fact web-verified against primary sources (<https://ujijari.com/how-we-verify/>)

WHY THIS MATTERS NOW

As India moves through another punishing summer, **extreme heat and rising ground-level ultraviolet radiation** are being recognised as a public-health threat rather than mere discomfort. For an aspirant, this is a GS3 case at the intersection of **climate change, atmospheric science and public health**, where the policy answer is adaptation through **heat action plans**.

THE CRUX IN 60 WORDS

Rising **ground-level UV** and **extreme heat**, driven by climate change and atmospheric and ozone dynamics, have made the sun an emerging **public-health threat**. Lengthening heatwaves push temperature and humidity toward the body's limits, while the burden falls hardest on **outdoor workers, the urban poor and the elderly**. The response is public-health adaptation built on **heat action plans**.

THE ISSUE, DECODED

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ELEMENT	WHAT IT IS	WHY IT MATTERS
Extreme heat	Longer, hotter, more humid heatwaves	Pushes the body past safe tolerance
Wet-bulb temperature (https://ujjiyari.com/terms/wet-bulb-temperature/)	Combined heat-and-humidity measure	Determines if the body can cool itself
Ground-level UV	Ultraviolet radiation reaching the surface	Raises skin, eye and heat-illness risk
Heat action plan	City-level preparedness framework	The core adaptation instrument

THE ANALYSIS: WHY AN OLD RISK BECAME A NEW THREAT

- ❶ **The climate changed, not the sun.** Climate change is lengthening and intensifying heatwaves, raising both temperature and humidity.
- ❷ **Wet-bulb limits.** When heat and humidity combine, the body cannot shed heat, endangering even healthy people in shade.
- ❸ **UV dynamics.** Atmospheric and ozone changes affect surface UV, adding skin and eye risks to heat stress.
- ❹ **An equity issue.** Outdoor workers, the urban poor and the elderly bear the heaviest burden.

DATA AND INSTITUTIONS VAULT

wet-bulb temperature, the combined heat-and-humidity threshold (<https://ujjiyari.com/vocab/threshold/>) beyond which the human body cannot cool itself. **Adaptation tool: Heat Action Plans (HAPs)**, pioneered in India by **Ahmedabad (2013)**, now adopted by many cities and states. **Science links:** the **ozone layer** and **UV index**; the **stratospheric ozone** protection under the **Montreal Protocol**; ground-level ozone as a pollutant. **Concepts:** climate-health nexus (<https://ujjiyari.com/vocab/nexus/>), urban heat island, adaptation versus mitigation, IMD heatwave criteria.

THE DEBATE

Argument that the threat is overstated: Heat and sun exposure are age-old risks managed through behaviour and acclimatisation, and framing the sun as a new danger can sound alarmist.

Argument that it is a genuine emerging risk: Climate change has pushed heat and humidity toward limits the body cannot tolerate, turning a familiar feature of life into a measurable public-health threat.

The balanced verdict: Behaviour and acclimatisation help, but they cannot offset heatwaves that exceed physiological limits. Treating extreme heat as a public-health emergency is the realistic response.

HOW TO THINK ABOUT THIS (TRANSFERABLE SKILL)

When a familiar phenomenon becomes dangerous, look for what changed around it rather than in it. The sun is constant; the atmosphere and climate that mediate our exposure are not. Trace the new risk to its driver, then ask whether the response targets the driver (mitigation (<https://ujijari.com/vocab/mitigation/>)) or the exposure (adaptation).

DIAGRAM-IN-WORDS

Climate change -> longer, more humid heatwaves + altered UV -> wet-bulb limits crossed -> heat illness, especially for poor and outdoor workers -> heat action plans + early warning -> adaptation

THE WAY FORWARD

- ① **Mainstream heat action plans.** Equip every heat-prone city with a funded, implemented HAP.
- ② **Build early-warning links.** Connect heatwave alerts to health services and vulnerable groups.
- ③ **Invest in cooling and shade.** Provide cooling centres, shade, water and worker rest provisions.
- ④ **Integrate heat into health surveillance.** Track heat-related illness and death to guide response.

THE TAKEAWAY BOX

*Extreme heat and UV as a climate-health risk requiring public-health adaptation, not just weather management. **Lift line:** “The sun has not turned against us; the climate has changed the terms on which we live under it.” **Prelims hooks:** Wet-bulb temperature; Heat Action Plan; Ahmedabad HAP 2013; UV index; Montreal Protocol; urban heat island. **Ethics/Interview angle:** Protecting the most exposed, outdoor workers and the urban poor, as a question of climate justice. **PYQ linkage:** UPSC has asked on heatwaves, climate adaptation and the health impacts of climate change. **Connects to:** Disaster management, occupational safety, urban planning, the climate-mitigation debate.*

Sources: *Down To Earth* (<https://www.downtoearth.org.in/>), *PIB* (<https://pib.gov.in/>)

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 Editorial Analysis

● **KEY ARGUMENTS AT A GLANCE**

Rising ground-level ultraviolet radiation and extreme heat, driven by climate change and atmospheric and ozone dynamics, have turned the sun into an emerging public-health threat that demands a public-health adaptation response built around heat action plans.

✓ **SUPPORTING**

- Climate change is lengthening and intensifying heatwaves, pushing temperatures and humidity toward limits the human body cannot safely tolerate.
- Changes in atmospheric and ozone dynamics affect how much ultraviolet radiation reaches the surface, raising risks of heat illness, skin and eye damage.
- The burden falls hardest on outdoor workers, the urban poor and the elderly, making heat a question of equity as much as of health.

⚠ **COUNTER**

Some argue that heat and sun exposure are age-old risks managed by behaviour and acclimatisation, and that framing the sun as a new threat overstates the case.

→ **WAY FORWARD**

Treat extreme heat as a public-health emergency through city-level heat action plans, early-warning systems, cooling and shade infrastructure, worker protections, and integration of heat into health surveillance.


MAINS ANSWER FRAMEWORK

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QUESTION

Extreme heat and rising ultraviolet exposure are emerging public-health risks of climate change. Examine the drivers and the adaptation measures India needs. (250 words)

INTRODUCTION

Humans have lived under the sun for the whole of their history. The question of why solar exposure now reads as a health threat is really a question about how fast the climate is changing.

BODY

The sun itself has not changed; the atmosphere between it and us, and the climate that shapes our exposure, has. Climate change is lengthening and intensifying heatwaves, raising not just temperature but humidity, the combination that determines whether the body can shed heat at all.

When the wet-bulb temperature climbs toward the body's tolerance limit, even healthy people in the shade are at risk. At the same time, atmospheric and ozone dynamics influence how much ultraviolet radiation reaches the ground, adding risks of heat illness, skin and eye damage to the direct danger of heat stress.

This is why a familiar feature of life, sunshine, now registers as an emerging public-health threat. Crucially, the burden is not shared equally.

Outdoor workers who cannot stop labouring, the urban poor in heat-trapping settlements without cooling, and the elderly bear the brunt, which makes heat an equity issue as much as a health one. The right response is to treat extreme heat as a public-health emergency rather than a weather inconvenience: city-level heat action plans, early-warning systems linked to health services, shade and cooling infrastructure, rescheduled working hours, and the integration of heat into routine health surveillance.

CONCLUSION

The sun has not turned against us; the climate has changed the terms on which we live under it. Treating extreme heat as a public-health emergency, with heat action plans at the centre, is how India adapts.


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