



LETTERS

Edited by Jennifer Sills

Make EU trade with Brazil sustainable

Brazil, home to one of the planet's last great forests, is currently in trade negotiations with its second largest trading partner, the European Union (EU). We urge the EU to seize this critical opportunity to ensure that Brazil protects human rights and the environment.

Brazil's forests, wetlands, and savannas are crucial to a great diversity of Indigenous peoples, the stability of our global climate, and biodiversity conservation (1). By working toward dismantling anti-deforestation policies, Brazil's new administration threatens Indigenous rights and the natural areas they protect (2).

The EU spent more than €3 billion on Brazilian iron imports in 2017 (3), despite perilous safety standards and extensive deforestation driven by mining (4). In 2011 alone, the EU imported beef and livestock feed associated with more than 1000 km² of Brazilian deforestation [equivalent to more than 300 football fields per day (5)]. The EU thus urgently needs to strengthen efforts on sustainable trade (6–8) and uphold its commitments on human rights, environmental protection, and climate change mitigation (9).

Halting deforestation makes economic sense as intact forests are critical to maintaining the rainfall patterns on which Brazilian agriculture depends (10). Restoring degraded lands and improving yields could meet rising agricultural demand for at least two decades without need for further forest clearance (11).

We urge the EU to make trade negotiations with Brazil conditional on: (i) upholding the United Nations Declaration on the Rights of Indigenous Peoples; (ii) improving procedures to trace commodities associated with deforestation and Indigenous rights conflicts; and (iii) consulting with, and gaining consent, from Indigenous Peoples and local communities to define strict social and environmental criteria for traded commodities.

The EU was founded on the principles of respecting human rights and human dignity. Today, it has the opportunity to be a global leader in supporting these principles and a habitable climate by making sustainability the cornerstone of its trade negotiations with Brazil.

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[†]Signatories include 602 European scientists and 2 Brazilian Indigenous organizations, which together represent 300 Brazilian Indigenous groups. The full list of signatories is available online.

REFERENCES AND NOTES

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SUPPLEMENTARY MATERIALS

www.sciencemag.org/content/364/xxxx/xxxx/suppl/DC1
Full list of signatories

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Evidence supports prediabetes treatment

In his News Feature on prediabetes ("Dubious diagnosis," 8 March, p. 1026), C. Piller asserts that prediabetes diagnoses and treatment may be ineffective and sullied by conflicts of interest. As current and former chairs of the American Diabetes Association's (ADA's) Professional Practice Committee [the group that reviews and updates the Standards of Medical Care in Diabetes (Standards) each year], we disagree. Prediabetes is a useful term to convey future risk of diabetes, and recommendations for diabetes prevention are based on best current evidence.

The ADA classifies prediabetes as a risk factor for diabetes that can be mitigated by lifestyle changes or, in limited circumstances, with the addition of metformin. Piller reports that prediabetes does little or no harm on its own, and that fewer than 2% of people with prediabetes progress to diabetes each year. The risk of progressing from prediabetes to diabetes varies according to the diagnostic criteria used (2), but even a 2% progression rate per year would translate to nearly 1 of 5 people with prediabetes developing diabetes within 10 years. Also, many individuals with prediabetes have multiplicity of risk, due to ethnicity, body weight, and other factors, and these may render their annual risk much higher.

In the online "Key takeaways" box (<https://scim.ag/prediabetes>), Piller states that "Many studies suggest that for most people the usual treatments for prediabetes, diet and exercise, do little to further reduce the risk of diabetes." However, healthy eating and regular physical activity (3) have been shown (along with the medication metformin for select patients) to delay or prevent