In the fall of 1944, as Dutch citizens began to rise up against their Nazi occupiers, German forces tried to quell the unrest by blockading cities and cutting off food shipments. By the time the Netherlands was liberated the following May, some twenty thousand people had died of starvation.

Those who survived the famine, known as the Hunger Winter, have been the focus of numerous studies led by Mailman School epidemiologist L. H. Lumey ’88PH over
the past quarter century. A Dutch-born scientist, Lumey is an expert on the long-
term public-health effects of severe food shortages. By analyzing the medical
records and genomes of thousands of his aging countrymen, he has made some
major discoveries, showing, for example, that children born during the Dutch famine
were more susceptible to diabetes and obesity as adults.

Now, in a new paper in the journal *Cell Reports*, Lumey sheds light on a biological
mechanism behind this phenomenon, revealing that naturally occurring variations
in how our genomes are programmed in the womb gave some babies conceived
during the Hunger Winter a survival advantage, only to later harm them.

“We know that the famine caused many, many miscarriages, and we can see now
that the babies who survived have distinct patterns of gene expression,” says
Lumey, who conducted the research with Dutch and Swedish colleagues. He
hypothesizes that the babies’ genetic profiles might have given them slow
metabolisms, thus enabling them to thrive on few calories. “Later on, in times of
plenty, this would contribute to weight problems and more diabetes.”

Lumey’s discovery has surprised many public-health researchers, since previous
studies have shown that malnutrition during pregnancy can inflict lasting damage
on infants, leading to a wide array of health problems in adulthood. But Lumey
argues that the long-term health problems observed among Dutch people born
during the famine may point to natural selection at work, and not to adaptation to
malnutrition. "People who are naturally predisposed to needing less food survived
the famine in greater numbers," he says, "and now are overrepresented among the
general population."

Lumey says that the results of his study should give pause to other researchers who
would link prenatal malnutrition to the current epidemic of obesity and diabetes.
"We don't dispute that adverse conditions in the womb can have long-term health
effects. But to assess the true impact, selection factors should not be ignored."

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