

RACP Submission to the Australian
Department of the Environment and
Energy – Review of Australia's Climate
Change Policies

May 2017

Introduction

The Royal Australasian College of Physicians (RACP) welcomes this opportunity to provide feedback to inform the *Australian Government's 2017 Review of Australia's Climate Change Policies*. We understand the purpose of this review is to ensure the Government's policies remain effective in achieving Australia's 2030 target and Paris Agreement commitments.

We note the broad Terms of Reference of this review which cover:

- 1. The opportunities and challenges of reducing emissions on a sector-by-sector basis;
- 2. The impact of policies on jobs, investment, trade competitiveness, households and regional Australia;
- 3. The integration of climate change and energy policy, including the impact of state-based policies on achieving an effective national approach;
- 4. The role and operation of the Emissions Reduction Fund and its safeguard mechanism;
- 5. Complementary policies, including the National Energy Productivity Plan;
- 6. The role of research and development and innovation;
- 7. The potential role of credible international units in meeting Australia's emissions targets; and
- 8. A potential long-term emissions reduction goal post-2030.

The RACP is a diverse organisation responsible for training, educating and representing over 23,000 medical specialists and trainee specialists in Australia and New Zealand. Our members cover 33 different specialties including internal medicine, paediatrics, public health medicine, occupational and environmental medicine, rehabilitation medicine, addiction medicine and sexual health medicine.

Addressing the health impacts of climate change is a key advocacy priority for the RACP

The RACP is particularly concerned about the health impacts of climate change and the risks to Australia's healthcare system. We are part of a large and growing global network of health and medical organisations calling for action on climate change, including new national climate and health strategies to raise awareness, reduce the risks to health, and realise the health benefits of urgent climate action.

In 2015, we coordinated the October 12 Day of Global Action on the health implications of climate change, including the development of an <u>international consensus statement</u> calling on the need for meaningful action on climate change to combat health impacts, which was signed by 69 international health and medical organisations and presented to Dr Margaret Chan, Director-General of the World Health Organization, at the UN Convention of Parties on climate change and health (COP21) in Paris.

In 2016, we released three evidence-based position statements focusing on the health impacts of climate change. These are enclosed for your reference and are also available directly from the RACP website.

- 1. RACP (2016) Climate Change and Health Position Statement
- 2. RACP (2016) Environmentally Sustainable Healthcare Position Statement
- 3. RACP (2016) The Health Benefits of Mitigating Climate Change Position Statement

Our response to the *Australian Government's 2017 Review of Australia's Climate Change* Policies is informed by the evidence base provided in these documents; it focuses on the important measures the Australian Government needs to incorporate widely in its climate change policies to ensure the health impacts of climate change are adequately addressed. Governments need an approach to policymaking which considers health in all policies.¹ An effective national approach to climate change policy and strategy would consider the interactions between health and climate change in energy, transport, housing, land use and agriculture, and other relevant policy areas.

The RACP's submission pertains especially to terms 2, 5, and 6, but we trust it will also provide the Government with a healthcare perspective and context to its climate change and energy policies as a whole. It is the RACP's view that climate change and health policy need to be better integrated at all levels of government.

¹ The RACP's Health in All Policies Position Statement (2016) is available online: https://www.racp.edu.au/docs/default-source/advocacy-library/health-in-all-policies-position-statement.pdf?sfvrsn=4.

The health impacts of climate change

Climate change occurs primarily because of greenhouse gas emissions generated by human activities. 1,2,3 Climate scientists concur that anthropogenic global warming is occurring, is accelerating, and will not stabilise or improve without significant mitigation strategies being put in place. Although there is uncertainty as to the exact projected magnitude of temperature variations due to climate change, that has been estimated that without immediate intervention, average global temperatures relative to the year 2000 are likely to rise by 1–2°C by 2050, and by 3–4°C by 2100.

Unchecked, climate change threatens to worsen food and water shortages, change the risk of climatesensitive diseases, and increase the frequency and intensity of extreme weather events. This is likely to have serious consequences for public health and wellbeing.

The health impacts of climate change are mediated by environmental exposures such as ambient heat, air pollution, storms, floods, reduced water quality, reduced food production, increased food spoilage, and change in disease vectors. These exposures lead to health effects including heat stress illnesses, cardiovascular disease, infectious gastrointestinal disease, physical trauma, malnutrition, psychological stress, vector-borne disease, and other epidemic illnesses. On a global scale, forced migration and conflict caused by scarce food and water resources will have consequent impacts on health.

In Australia we are already seeing a noticeable impact from increased frequency and intensity of bushfires, floods, dust storms, drought and extreme heat, biodiversity decline, and over-allocation, reduced quality and increased salinisation of fresh water. ²² As a result, Australians are already experiencing higher rates of respiratory illness ²³, diarrhoea ²⁴ and morbidity requiring hospital admission ²⁵ during hot days and other extreme weather events, and higher rates of suicide in rural areas in drought years. ²⁶

In Australia, 1,600 to 2,400 premature deaths have been attributed to fossil fuel combustion annually^{27,28} as well as 1,250 paediatric emergency department visits and admissions for conditions including asthma and respiratory disease and 2,600 adult emergency department visits and admissions for cardiovascular and respiratory disease.²⁹ The annual health care costs to Australia from coal combustion and transport emissions have been estimated to total \$2.6 billion ³⁰ and \$2.7 billion respectively.³¹

The role of the health sector in mitigating the health impacts of climate change

An environmentally sustainable healthcare system is one that has no cumulative harmful impacts on the natural environment or society, while providing high-quality healthcare and being financially viable. 'Green' initiatives such as improving energy efficiency and promoting recycling are important, but healthcare organisations need to act more broadly to reduce carbon and resource use by developing integrated models of care, strengthening primary care, and optimising use of new technologies.

RACP (2016) Environmentally Sustainable Healthcare Position Statement

Recent weather events such as the thunderstorm asthma outbreak in Melbourne in November last year, the heatwave in south eastern Australia in February this year and Cyclone Debbie in Queensland this April led to a surge in ambulance calls and emergency presentations to hospitals which demonstrated that our health system is underprepared to cope effectively with extreme weather events. The use of early warning systems to detect those events ahead of time, identifying vulnerable people most likely to be affected and putting in place measures to adequately prepare the health workforce to deal with surges in hospital presentations and ambulance call-outs are essential steps to ensure our health system is adequately equipped to cope with these extreme weather events which are becoming more frequent.

In addition to being adequately equipped to cope with extreme weather events, there is significant potential for our health system —one of the major sectors of our economy — to contribute to Australia's emissions reduction targets, beyond just energy efficiency and recycling measures. This will require a comprehensive strategy for measuring the carbon footprint of the Australian health sector and to establish the models of healthcare required to reduce carbon and resource use within the health sector.

The RACP calls on the Australian Government to take strong action to mitigate the health impacts of climate change

Urgent action on climate change represents an opportunity to simultaneously reduce the harms and risks of climate change, and improve health outcomes for Australians and the world. Strategies which are designed to mitigate the severest health impacts of climate change, and to assist Australians in adapting to an altered climate, are critical to ensuring that the Australian population is well-equipped to respond to the health impacts of climate change

The RACP welcomes the Australian Government's ratification of the 2015 Paris Climate Agreement which commits Australia to reduce its emissions by 26 to 28 per cent below 2005 levels by 2030. The Paris Climate Agreement focuses on mitigating climate change through a reduction in atmospheric greenhouse gases. Mitigation is the only strategy that directly addresses the cause of climate change and thereby offers a way to avoid its adverse health impacts.

We note that Victoria recently passed the Climate Change Act 2017 which, inter alia, establishes a long-term emissions reduction target of net zero by 2050, requires five-yearly interim targets, and seeks to embed climate change in government decision making, including in health and human services.

In order to meet its commitment to the 2015 Paris Climate Agreement, the Australian Government needs to focus its mitigation efforts to reduce its emissions of atmospheric greenhouse gases on the following strategies which present significant associated health benefits to all Australians:

- Reduce fossil fuel extraction and facilitate the transition from fossil fuels to renewable energy and improved energy efficiency across all economic sectors
- Increase public transport, particularly to inadequately serviced areas
- Decrease fossil fuel combustion in energy generation and transport
- Decrease emissions from agriculture and food production
- Improve energy efficiency of homes and buildings

In addition, the RACP calls on the Australian Government to take specific steps to mitigate the health impacts of climate change in the longer term through:

- Funding the development of a National Climate and Health Strategy to ensure a comprehensive and coordinated approach to addressing the health impacts of climate change across all levels of government
 - Australia needs a National Climate and Health Strategy to ensure a comprehensive, coordinated, and efficient approach to addressing the health impacts of climate change. This strategy should include meaningful mitigation and adaptation targets, effective governance arrangements, professional and community education, effective intergovernmental collaboration, and a strong research capacity, including improved disease monitoring. The Australian health system must also be equipped and ready to mitigate and respond to the health impacts of climate change. Environmental sustainability must become a core part of health policy and planning.
- Committing secure, long-term funding to the establishment and ongoing work of a Healthcare Sustainability Unit to lead the development and implementation of environmentally sustainable healthcare models in Australia
 - The RACP believes there is significant potential for the healthcare sector to contribute to Australia's emissions reduction targets, beyond just energy efficiency and recycling measures. Environmentally sustainable models of healthcare are required to reduce carbon and resource use within the health sector. The RACP recommends the Australian Government establish a Healthcare Sustainability Unit (HSU) to benchmark the sector's carbon footprint, and work with stakeholders to develop and implement environmental sustainability strategies. This should be done in a way that improves quality care, spurs innovation, and ensures the sector is ready to manage climate risks. Australia can draw on local best practice as well as leading international models, such as the UK's successful Sustainable Development Unit (SDU).

Attachments:

- 1. RACP (2016) Climate Change and Health Position Statement
- 2. RACP (2016) Environmentally Sustainable Healthcare Position Statement
- 3. RACP (2016) The Health Benefits of Mitigating Climate Change Position Statement

References

¹ Houghton JT, Meira Filho LG, Callander BA et al. (eds) 1996. Climate change 1995: the science of climate change. Cambridge: Cambridge University Press.

United Nations 1994. United Nations Framework Convention on Climate Change.

³ IPCC. Summary for policymakers 2014. In: CB Field, VR Barros, DJ Dokken, KJ Mach, MD Mastrandrea, TE Bilir, M Chatterjee, KL Ebi, YO Estrada, RC Genova, B Girma, ES Kissel, AN Levy, S MacCracken, PR Mastrandrea, LL White (eds). Climate Change 2014: Impacts, Adaptation, and Vulnerability Part A: Global and Sectoral Aspects Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge: Cambridge University Press.

⁴ IPCC. Summary for policymakers 2014. In: CB Field, VR Barros, DJ Dokken, KJ Mach, MD Mastrandrea, TE Bilir, M Chatteriee, KL Ebi, YO Estrada, RC Genova, B Girma, ES Kissel, AN Levy, S MacCracken, PR Mastrandrea, LL White (eds), Climate Change 2014: Impacts, Adaptation, and Vulnerability Part A: Global and Sectoral Aspects Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change. Cambridge: Cambridge University Press.

Intergovernmental Panel on Climate Change 2014. Fifth Assessment Report. https://www.ipcc.ch/report/ar5/.

⁶ United Nations 2015. Framework Convention on Climate Change: Paris Agreement

⁷ Harley D, Peng B, Hall G et al. Climate change and infectious diseases in Australia: future prospects, adaptation options, and research priorities. Asia-Pacific Journal of Public Health 2011;23(2 suppl):54S-66S.

⁸ McMichael AJ. Globalization, climate change, and human health. New England Journal of Medicine 2013:368(14):1335-1343.

⁹ Kjellstrom T, Weaver HJ. Climate change and health: impacts, vulnerability, adaptation and mitigation. NSW Public Health Bulletin 2009;20(1-2):5-9.

¹⁰ Watts N, Adger WN, Agnolucci P et al. Health and climate change: policy responses to protect public health. The Lancet 2015;386(10006):1861.

¹¹ American Lung Association 2016. A Declaration on Climate Change and Health. http://www.lung.org/ourinitiatives/healthy-air/outdoor/climate-change/declaration-on-climatechange.html

¹² Harley D, Peng B, Hall G et al. Climate change and infectious diseases in Australia: future prospects, adaptation options, and research priorities. Asia-Pacific Journal of Public Health 2011;23(2 suppl):54S-66S.

¹³ National Institute of Environmental Health Sciences 2015. Heat-related morbidity and mortality. http://www.niehs.nih.gov/research/programs/geh/climatechange/health impacts/heat related _morbidity/index.cfm.

Nitschke M, Tucker GR, Hansen AL et al. Impact of two recent extreme heat episodes on morbidity and mortality in Adelaide, South Australia: a case-series analysis. Environmental Health 2011;10(42).

McMichael AJ, Woodruff RE, Hales S. Climate change and human health: present and future risks. The Lancet 2006;367(9513):859-869.

¹⁶ Putignani L, Menichella D. Global distribution, public health and clinical impact of the protozoan pathogen cryptosporidium. Interdisciplinary Perspectives on Infectious Diseases 2010;2010:39.

17 World Health Organization 2003. Climate change and infectious diseases. Climate change and human

health - risks and responses. Geneva: WHO.

¹⁸ Environmental Health Working Group of the World Federation of Public Health Associations (WFPHA). Climate change and health policy assessment project report: a global survey 2015.

¹⁹ Jarvis L. Montgomery H, Morisetti N et al. Climate change, ill health, and conflict. BMJ 2011;342.

²⁰ Kjellstrom T, McMichael AJ. Climate change threats to population health and well-being: the imperative of protective solutions that will last. Global Health Action 2013;6:10.3402/gha.v6i0.20816.

21 Watts N, Adger WN, Agnolucci P et al. Health and climate change: policy responses to protect public health.

The Lancet 2015:386(10006):1861.

²² Head L, Adams M, McGregor HV et al. Climate change and Australia. Wiley Interdisciplinary Reviews: Climate Change 2014;5(2):175–197.

²³ Vaneckova P, Bambrick H. Cause-specific hospital admissions on hot days in Sydney, Australia. PLoS ONE

2013;8(2):e55459.

Hondula DM, Barnett AG. Heat-related morbidity in Brisbane, Australia: spatial variation and area-level predictors. Environmental Health Perspectives 2014;122:831–836. ²⁶ Hanigan IC, Butler CD, Kokic PN et al. Suicide and drought in New South Wales, Australia, 1970–2007.

PNAS 2012;109(35):13950–13955.

²⁷ Morgan G, Broome R, Jalaludin B 2013. Summary for policy makers of the health risk assessment on air pollution in Australia. Prepared for: National Environment Protection Council. ²⁸ Doctors for the Environment Australia 2012. Policy: Air Pollution.

²⁹ Morgan G, Broome R, Jalaludin B 2013. Summary for policy makers of the health risk assessment on air pollution in Australia. Prepared for: National Environment Protection Council.

Australian Academy of Technological Sciences and Engineering (ATSE) 2009. The hidden costs of electricity: externalities of power generation in Australia.

³¹ Bureau of Transport and Regional Economics 2005. Health impacts of transport emissions in Australia: economic costs.

 $^{^{24}}$ Xu Z, Liu Y, Ma Z et al. Assessment of the temperature effect on childhood diarrhea using satellite imagery. Scientific Reports 2014;4:5389.