



# **Climate Health WA Inquiry**

## **Inquiry into the impacts of climate change on health in Western Australia**

**Inquiry Lead:**  
**Dr Tarun Weeramanthri**

**Witnesses:**

**Ms Jessica Yang**  
**President, Australian Medical Students' Association (AMSA)**

**Ms Katherine Middleton**  
**AMSA Member; 2018 Code Green Project Coordinator**

**Thursday, 12 December 2019, 11.15 am**

[11:16:33]

HEARING COMMENCED

5 PROF WEERAMANTHRI: Okay. I'd like to thank you both for your  
interest in the Inquiry and for your appearance at today's hearing. The purpose  
of this hearing is to assist me in gathering evidence for the Climate Health WA  
Inquiry into the impacts of climate change on health in Western Australia. My  
10 name is Tarun Weeramanthri and I have been appointed by the Chief Health  
Officer to undertake the Inquiry. Beside me is Dr Sarah Joyce, the Inquiry's  
Project Director. If everyone could please be aware that the use of mobile  
phones and other recording devices is not permitted in this room, so please  
make sure that your phone is on silent or switched off.

15 This hearing is a formal procedure convened under section 231 of the *Public  
Health Act 2016*. While you are not being asked to give your evidence under  
oath or affirmation, it is important you understand that there are penalties under  
the Act for knowingly providing a response or information that is false or  
misleading. This is a public hearing and a transcript of your evidence will be  
20 made for the public record. If you wish to make a confidential statement  
during today's proceedings, you should request that that part of your evidence  
be taken in private. You have previously been provided with the Inquiry's  
terms of reference and information on giving evidence to the Inquiry. Before  
we begin, do you have any questions about today's hearing?

25 MS MIDDLETON: No.

PROF WEERAMANTHRI: Jessica?

30 MS YANG: No, no questions from me.

PROF WEERAMANTHRI: For the transcript, could I ask each of  
you, please, to state your name and the capacity in which you are here today,  
and also briefly state your name prior to speaking throughout the hearing?

35 MS MIDDLETON: I'm Katherine Middleton, and I was the  
2018 Code Green Project Coordinator. I'm here as a representative of the  
Australian Medical Students' Association.

40 MS YANG: I'm Jessica Yang, this year's President of  
the Australian Medical Students' Association.

PROF WEERAMANTHRI: Thank you both. I'll direct my questions  
to Katherine in the first instance, Jessica, and if she wishes to ask you to speak,  
45 I'll ask her to indicate that. Ms Middleton, would you like to make a brief  
opening statement?

MS MIDDLETON: No, I think we can go straight into  
questions, if you'd like.

50 [11:18:57]

PROF WEERAMANTHRI: Could you please tell us about the Australian Medical Students' Association's 2017 Climate Change and Health Policy and your climate change and health project called Code Green?

5 MS MIDDLETON: So do I need to state my name again?

PROF WEERAMANTHRI: If you don't mind.

10 MS MIDDLETON: Katherine Middleton. The Australian Medical Students' Association is the peak representative body for all Australian medical students. It serves to connect, inform and represent all of Australia's 17,000 medical students. In 2017, AMSA passed its Climate Change in Health Policy, which recognises the scientific consensus reached by the IPCC and that of medical bodies, that anthropogenic climate change poses a significant and imminent threat to human health. It states that as future  
15 leaders and future health professionals, medical students must advocate for the prevention of climate change and its impacts on health to protect our future patients from its consequences.

20 This policy calls upon federal and state governments to proactively take measures and restructure policy to achieve reduction in greenhouse gas emissions, in line with the Paris Agreement, and in order to fulfil our international obligations under the UNFCCC. It calls for tangible action to attain meaningful reductions in emissions and calls for the end of economic  
25 incentivisation of fossil fuels and a just transition to a more renewable future. The policy also calls upon universities and medical schools to integrate climate change in health into the medical curriculum, and for students and health professionals to consider the impacts of the healthcare sector on the changing climate. So in line with the policy, AMSA Code Green is the climate change  
30 in health project of the Association. We provide a platform for medical students to engage with environmental advocacy and fight for the health of our planet and the people who depend on it. So Code Green aims to inspire, engage and educate Australian medical students on all things related to the environment and health.

35 In the past few years, Code Green has achieved a number of things. We've launched online education modules designed for medical students to expand the knowledge on the subject. We provided resources to students ahead of the federal elections surrounding key global health issues. We launched our  
40 AMSA Code Green Sustainable Events Guide to ensure the sustainability of AMSA as an organisation. We've been integral in the commitment of AMSA to divest from fossil fuels. We've partnered with other youth organisations to support the school strikes for climate, and we've partnered with *The Lancet* Countdown to help develop the Lancet Australia policy brief. Overall, we've  
45 become an influential voice representing the concerns of the future medical workforce regarding climate change in health.

[11:21:44]

PROF WEERAMANTHRI: Thank you. You mentioned one partnership there with the school strike movement. The youth voice is clearly important in discussing climate action. Can I ask whether AMSA has any other formal or informal relationships or networks with other student or youth bodies, either in this state, nationally or internationally?

MS MIDDLETON: Yes, I think Jessica is probably best to answer this question.

MS YANG: Yes. Hi, it's Jessica Yang here. Yes, AMSA's advocacy is really built on the fundamental of working collaboratively with other organisations and, in particular, youth-based organisations and ones in the health sphere. At a local level, our policy deciding body is made up from representatives from each medical school. So in Western Australia, those would be UWA, Notre Dame Fremantle and Curtin University. And our global health committee also has representatives from university global health groups. So these are, like, local student interest groups at each university that champion global health initiatives.

At a state level, we work really closely with state medical school councils. So they have those in New South Wales, Victoria and Queensland. And in Western Australia, very excitingly, next year they'll be forming their own state medical school council. And at a national level, we have a lot of formal and informal relationships, so I'll just list the ones that are a bit more relevant. So with the Climate and Health Alliance, student representatives of Doctors for the Environment Australia, the Australian Indigenous Doctors' Association, the GP Students Network, the Australasian Surgical Students' Association, the National Rural Health Student Network and the National Pharmacy Students' Association. This list is not exhaustive by any means.

And then even at an international level, AMSA is a part of the International Federation of Medical Students Associations. So that's the IFMSA. And they work directly with the WHO and UN also on climate related matters. This year, we also applied to attend meetings of the United Nations, and we represented Australian medical students at the UN General Assembly in New York to speak on universal health care. So really providing that youth voice on an international stage.

PROF WEERAMANTHRI: Great. Can I ask, has AMSA or IFMSA sent any representatives to COP 25 in Madrid, which is currently going? You mentioned that you sent reps to the UN General Assembly before. So COP meaning Council of Parties.

MS YANG: I don't believe AMSA has sent a delegation, but I can't answer for IFMSA.

[11:24:31]

MS MIDDLETON: Katherine Middleton here. I'm aware that the IFMSA has sent a delegation to COP in Madrid at the moment, and does every year, send a delegation.

5 PROF WEERAMANTHRI: Thank you. Why is it important to work in partnership – because there are extensive partnerships and all partnerships take energy to participate – why have you chosen to act and partner like this?

10 MS MIDDLETON: I'll speak first, Katherine Middleton. I think that these partnerships are really important because we bring a perspective – the only perspective we can give is the perspective we have. So we don't have the perspective of health professionals, if we're not indigenous people, we don't have perspective of First Nations peoples. And so I think those partnerships are really important so that the perspective we're giving is  
15 both well-informed and we're only speaking to what we know. Also, it's not necessarily... like, we're a volunteer organisation, there's only so much we can do with the power that we have, the human power that we have, so I think these partnerships are really important in that respect. Jess, do you want to speak further to the point?

20 MS YANG: Absolutely. I think I 100 per cent agree with everything that Katherine has said. And on another level, I think that coming together with, sort of, a united message of organisations that have similar goals, makes the message a lot more profound. And you can see that,  
25 for example, last year, many medical organisations, including AMSA and the AMA and several medical colleges, came together to write a letter about climate change being a public health issue, and really an emergency. And coming together to speak on that really gave power to our voice. And then on a more representative level, if we're able to get the opinions of local students at  
30 a Western Australia level, you know, from UWA, Curtin and Notre Dame Fremantle, then we're really able to guide our advocacy based on what our medical students want.

35 PROF WEERAMANTHRI: Okay, great, thank you. What level of priority is this issue for AMSA, and for IFMSA, compared to other issues which you obviously care about?

40 MS MIDDLETON: I'll speak first, Katherine Middleton. So every year, AMSA does a stocktake of priorities amongst medical students of what they think are the most concerning issues to their future career, and just what's concerning them. And this year, for the first time, climate change in health made it into the top eight of the national priorities of AMSA, which I think reflects the growing momentum from all sectors, that climate change specifically, but also climate change and health, is a growing concern of young  
45 people. I can't speak, necessarily, as to the priority it takes in IFMSA, but I think that the ongoing work that they have done, and they've done an extensive [11:27:48]

amount of work in this space, really does show that climate change is seen as one of the most pressing and imminent threats to human health. And they, time and time again, quote World Health Organisation statements to that point, as well. So Jess, if you have anything to add?

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MS YANG: Yeah, absolutely. So the national survey that we send out at the end of each year goes out to each medical student, and we ask them to pick out of a list of about 30, you know, “which eight do you think is most important?” And as Katherine said, for the first time, climate change in health has hit those top eight. And the other eight, you can find them on our website, generally look at things like medical students’ mental health and wellbeing, and workforce issues, and a few public health issues. I think it just goes to show how important and how seriously medical students are taking climate change as an issue.

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PROF WEERAMANTHRI: Thank you. And I apologise, we’re going off-script slightly with the questions, but I think it’s interesting to hear about this. And so I’ll ask another question which I haven’t given you notice of, which is, does AMSA see itself more as part of the health world, as an organisation within a world of health organisations, or as an organisation within a world of student organisations, or as an organisation in a world within a world of youth organisations? Because I think it’s interesting how you see yourself in this space at this time.

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MS MIDDLETON: I think that’s a great question for the President of AMSA.

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MS YANG: Absolutely. So Jess here. I think, Tarun, you’ve actually split up our, sort of, multiple roles that AMSA takes on. So as an advocacy organisation, we sort of have multiple responsibilities to (1) you know, further the interests of medical students and the conditions that medical students want, and their wellbeing. And then also, in terms of targeting issues that may not be directly medical student issues, like, for example, you know, our curriculum or something like that, but are issues that medical students are passionate about, and that is all fundamentally guided by our representatives and by our medical students talking to us and saying, “this is what we want you to do.” So where our place stands in, sort of, the advocacy space and what sort of organisation it is, is guided by what our medical students want us to do. So we have a lot of different hats. You know, there’s Code Green, being one of them. We have plenty of projects that target other areas that medical students say that they find important. And we’ve got about 600 volunteers at this point that make sure that each of them are getting the time that they serve.

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PROF WEERAMANTHRI: Thank you. In your written submission, your first recommendation is to research local impacts of climate on health in Western Australia.

[11:30:59]

So can I ask a little bit about AMSA in Western Australia, you know, how strong are you in this state, how are you supported or funded, and is there anything you might contribute in developing this understanding, which is part of research, in partnership, obviously with others?

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MS MIDDLETON: I think Jess is going to answer this question.

MS YANG: Yes. Jess here. So we're very, very lucky to have strong relationships in Western Australia and really each state. So as I mentioned before, each of our 22 medical schools have our AMSA representatives. So in Western Australia, Curtin Uni, UWA and Notre Dame Fremantle. And these representatives vote on what our policies should look like and what we should be doing. So in terms of what else we, sort of, contribute and the medical students from Western Australia contribute to AMSA, we hold major national events each year, and we aim to engage students locally from each state. So last year, our national convention, which is actually the largest student-run event in the southern hemisphere, I believe – I think in the past, it was previously the world, but we couldn't get statistics on that – and that was held in Perth at the Perth Convention Centre. And our Global Health Conference in 2021 will also be in Perth. So really excited to return.

In terms of how this, sort of, local strength can contribute to researching those local impacts, what we've learned at AMSA is that our local representation is really important in understanding the context behind the attitudes that those medical students have, and using that to guide our advocacy. So, for example, students in Western Australia will have problems that are unique to their situation compared to other locations. And likewise, looking at tackling climate change in health in Western Australia is going to need to be a bit specific. So one of the initiatives that Katherine mentioned, *The Lancet* Countdown on health and climate change, so I believe it's Georgia Behrens from our Global Health committee helped write the Australian-specific policy brief that emphasised how important it was that an evidence base that was from Australia needs to be taken into consideration when looking at tackling climate change in Australia.

PROF WEERAMANTHRI: Terrific, thank you. Your second recommendation is on workforce education. Can you give us your understanding of how well climate change education is incorporated into medical curricula in WA and nationally?

MS MIDDLETON: Sure. Katherine Middleton here. So nationally, the integration of climate change in the medical curriculum has been increasing over the past years, but it does currently remain quite limited.

[11:33:52]

5 So at the University of Western Australia, climate change in health is  
addressed in the teaching of general practice. We receive a two-hour seminar  
on climate change and health, which is delivered to students in the third year of  
their degree. This is the only specific teaching on climate change and health  
10 that we receive in our curricula. This teaching explores major healthcare  
impacts of climate change, including heat-related mortality, air pollution,  
extreme weather events and psychological impacts of climate change. It also  
briefly addresses the health code benefits of climate change adaptation and  
mitigation strategies, and there are further online learning resources available  
15 for students.

Our current understanding, and this is based on anecdotal evidence, is that  
there's no formal climate change teaching at the University of Notre Dame.  
Students do receive teaching by way of case-based tutorials, which integrate  
15 practical skills with curriculum content, and one of these case-based tutorials is  
regarding emergency and disaster management. In 2019, they used a full-day  
workshop with the example of a tsunami to encourage students to consider  
emergency management and think about vector-borne diseases. But the  
teaching was not explicitly linked back to climate change and health. We're  
20 not currently aware of climate change and health teaching in the Curtin  
Medical School curriculum.

Overall, though, the teaching received by medical students at a university level  
doesn't represent the attitudes, understanding and concerns of medical students  
25 regarding the health of our planet and its people. At present, a working group  
within the medical deans of Australia and New Zealand has formed to work  
collaboratively with medical students to essentially perform a stocktake of how  
well climate change in health is taught in medical schools. As medical deans  
are responsible for preparing doctors for entering into clinical practice and for  
30 the care of our future patients, they have an obligation to ensure that the  
teaching of the medical students reflects the issues that we'll face in our career.  
So now I'm going to hand over to Jess, who's going to give you a bit of a  
further understanding of where they're at in terms of that review.

35 MS YANG: Yes. So very excited to see medical  
deans form this working group and look into where the gaps are in terms of  
teaching climate change in medical education. And I believe that they're  
coming together to make recommendations to schools in terms of where they  
can fit it into their curriculum, and also to the Australian Medical Council  
40 regarding accreditation standards of medical schools. And I think they just  
recently won an award for sustainability in health care in conjunction with  
Bond University to celebrate this work into inclusion of climate change into the  
health curricula. So we've definitely identified that there is that gap in what  
students are learning about climate change in health. And organisations like  
45 ours and MDANZ is looking at trying to fill that gap.

[11:36:54]



So at our levels of global health forum and our medical education committee, they've come up with supplementary learning materials via our online portal for students who are looking to fill that gap. And Tarun, you did mention in the last question about support and funding, and pardon me, I forgot to answer that on that end. In terms of how these initiatives are supported and funded, they're often, sort of, born out of motivated medical students to create something, but sometimes are funded by the Commonwealth Government or state departments, or even colleges, to help further those initiatives and get those pieces of curriculum out to the medical students.

10 PROF WEERAMANTHRI: Thank you. I might make a couple of comments on this issue and the previous one, based on what you've said. So thank you for giving us your understanding of what's being taught here in Western Australia. And we are aware of the Medical Deans of Australia and  
15 New Zealand's working group, and the article published in the *Medical Journal of Australia* in April 2018, which outlines the work they're doing. And it's obviously extremely worthwhile work, and the working group, we know, is active. And I suppose our observation would be that, common to a number of other issues and developments, there has been... you know, Australian  
20 healthcare in general isn't at the forefront of activity at the moment in this space, and everyone's said that.

But there is a building momentum to do something, and certainly in this state, all the Health Service Providers et cetera, and the Department of Health  
25 et cetera, and people have come and talked to us, want to get going. And there's a lot of things they can base their work on, such as these working groups et cetera. But our observation is, some of the processes, the timeframes, are just a bit too long to suit the need to get going quickly. So that's not a criticism of the processes as they were invented, but the process of  
30 curriculum change, for example, takes a relatively long time. And it's not that people aren't working assiduously within that existing process to get curriculum change, but is the process fast enough? Would you have to actually, kind of, revise the process to make it a bit quicker to meet the challenge? Do you have anything to say on that? Because it could take, you  
35 know, many more years before this reaches fruition, based on our current understanding of the process.

MS MIDDLETON: Katherine Middleton here. So in terms of integrating climate change into the curriculum, obviously, it will take a long  
40 time to, like you said, include it in graduate outcomes and those sorts of things. But something that has started to make its way into my personal teaching, like, what I've been taught as a medical student, is just climate considerations in every aspect of health. For example, we were learning about asthma and metred-dose inhalers versus other sorts of asthma medications you can use.  
45 And we had a single slide in one of our lectures about which inhaler has less environmental impact in it.

[11:40:34]

And I think that it's that sort of teaching which is the more integrated teaching, that requires less – sort of, less effort when it comes to including it in graduate outcomes, less bureaucratic effort. But what it does require is a bit more  
5 motivation from an individual teacher level. So I think that for, you know, more – for lack of a better word – bureaucratic change, then yes, it's a very long process, but that's not the only way that change can occur. Individual lecturers – and I think that's what we're seeing more – are very passionate about this issue and understand that it permeates through every aspect of our  
10 future career, and then that's reflected in the teaching that we receive, then I think that it's going to be something that is just an understanding of all future health professionals, that client considerations are something that we need to consider at every point of treating our patients.

15 PROF WEERAMANTHRI: Ms Yang, did you have anything to add there?

MS YANG: Absolutely. Look, Tarun, I share your frustrations in the lengthy process that it takes, sometimes, for some of those  
20 larger changes. So I'm currently on the AMC Medical School Accreditation Committee, and so that's where we see some of those things come into play. I think there's plans to look at reviewing those standards in the very near future, so hopefully that's an opportunity to, sort of, tackle it at a national level. But I'd absolutely echo what Katherine is saying in terms of, to maybe speed up the  
25 process a little bit. There are already individuals at each medical school, whether they be, you know, professors or lecturers or people in their Med Socs that are that are very passionate about these things, and if they're supported, you know, at a faculty level, at a university level, or even at a state government level, to spread that message and to provide more of that, then those sorts of  
30 individual champions can help fill that gap before the wider, sort of, national change is made.

PROF WEERAMANTHRI: Thanks. And just to go back to your previous answer around the various medical schools coming together in this  
35 state next year, I think you said. To make the fairly obvious point that Australia is a federation, and therefore there are, you know, varied processes, checks and balances between the levels of government, but health is delivered at a state level. And what we've seen through this Inquiry is that there are a lot of national organisations with national policies, et cetera, who are all very  
40 relevant to, obviously, our workforce here, but the joining up of those national initiatives at a state level, the structures really aren't there. So I do commend you – getting together, you know, the state-based medical schools here is important.

45 We've also started to have conversations with some of the postgraduate colleges as well, who are national colleges, but how could they have a better integration of their activity and cooperation here in Western Australia, say  
[11:43:54]

through their state presidents. It will be those members of those specialist colleges who are the teachers for your medical student training, et cetera, and so, you know, they could be galvanised to introduce more into the existing curriculum. That's, kind of, one way that this can all, kind of, join together. Are either of you in a position to speak about the International Federation of Medical Students Associations training manual on climate change and health?

MS MIDDLETON: Yes, I can speak about that a little bit. Katherine Middleton. So I'll speak first a bit about the IFMSA's Climate Change in Health Policy briefly, and then speak about their main initiatives. So the IFMSA reviewed their Climate Change in Health Policy in 2018, and the core position statement outlines that as future health professionals, we have a duty of care not only to our future patients, but also to communities locally, nationally and globally, to act on anthropogenic climate change. So the main initiative of IFMSA, pertaining to climate change and health, is their training manual. It was released in 2016 with the support of the World Health Organisation, and it was designed as a kind of all-in-one resource to bring together climate change, health and youth advocacy. It provides a bit of an introduction to the science behind climate change, and explains climate change as a health issue, as well as providing an international political context to climate change. It provides resources for students and student organisations for capacity building, advocacy and campaigning in this space.

If we think a bit more broadly about how IFMSA operates, IFMSA is a respected voice in the climate change in health space. So it sends delegations to UN climate negotiations, including UN subsidiary body meetings and conference party meetings. And it helps build students' capacity to engage in that high-level negotiation and discussions on the interaction between climate change and health. So a number of Australian medical students have had the opportunity to attend these meetings as IFMSA delegates. Kind of linking back to our last discussion is that the IFMSA also has released a 2020 Vision for Climate Health in the Medical Curricula document, which has called on all medical schools to include an element of climate health in their curricula by 2020, and to integrate climate health in all aspects of medical school life by 2025. Currently, a working group is formulating a climate change in health education framework to equip its members with tools to implement this 2020 vision, in addition to creating an assessment scorecard for members to score their medical university in terms of the climate change and health education. Anything to add, Jess?

PROF WEERAMANTHRI: Ms Yang?

MS YANG: Sorry, you cut out for a second there. I don't have anything to add on the IFMSA front.

[11:46:56]

PROF WEERAMANTHRI: Thank you, that's very helpful. If you, as future, thinking forward, are to be effective advocates in this area, how important is it that the health sector itself contributes to reducing its emissions and environmental footprint?  
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MS MIDDLETON: Yes. So as you would have heard time and time again, the current understanding in the literature is that the carbon footprint associated to healthcare is seven per cent of Australia's total, with hospital and pharmaceuticals as the major contributors. And this is not an insignificant amount. Reducing the environmental impact of healthcare is important because human health is inextricably linked to the health of the environment. So the AMSA's 2017 Climate Change in Health Policy called upon the healthcare sector to implement strategies to reduce its carbon footprint and consider waste minimisation efforts. This is in keeping with the AMA Statement on Environmental Sustainability, which was released in March of this year.  
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The statement called upon the Australian Government to take action to facilitate environmental sustainability in health care. It also highlights that, within Australia, this means an increased coordination at a national level, with clear and accountable targets for reducing the sector's environmental footprint, but also calling for health and medical professionals to commit to individual behavioural change. There are a number of steps that hospitals and medical practices can take to improve their environmental sustainability. So joining the Global Green and Healthy Hospitals Network, of which AMSA is a member, is a great first step, and it can provide examples, rather simple examples, of how to improve hospital sustainability.  
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These include, but it's definitely not limited to, reducing single-use medical equipment, recycling appropriate hospital waste, and avoiding potent anaesthetic greenhouse gases. The AMA has also called for the development of a national sustainable development unit similar to the NHS, developed in the UK, to coordinate efforts to improve sustainability, setting targets, measuring progress and providing best practice examples, and incentivising behavioural change. Finally, the release of our 2018 AMSA Sustainable Events Guide acknowledges that we understand the impact that we, as individuals and as a sector, have. Alongside our commitment to divest from fossil fuels, it highlights that we, also, are looking to improve the sustainability of our organisation and our member organisations, too.  
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PROF WEERAMANTHRI: Ms Yang?

MS YANG: Yes. Yes, Katherine said it all really, really well. I think it all boils down to, you know, this is an issue that medical students and medical professionals, as a whole, has said that, you know, this is  
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[11:49:45]

something that will impact patient outcomes, it's a huge public health issue that we need to also tackle it from our end.

5 PROF WEERAMANTHRI: Yes. And most submissions have covered the issues by talking about their recommendations about what others should do, about what should be done, kind of, in an ideal world without specifying exactly who should do it, but also complemented that by saying what they would do as individuals and as their organisations to increase the  
10 the credibility of the advocacy by what others should do. There seems to me, and I've said it before, that there is a bit of a gap between what the health sector is doing itself, and what it's calling for others to do, and that gap needs to be closed, you know, as quickly as possible, really. And is that consistent with your understanding, Ms Middleton?

15 MS MIDDLETON: I firmly and completely agree with that. I think that that's exactly what's occurring. Yes, I think that there is a gap that needs to be met, and I don't know how, necessarily, it's going to, but I hope that this Inquiry's going to contribute to that, for sure.

20 MS YANG: Yes. Sorry, Jess here. Absolutely. It's a matter of practising what you preach. And I think, at an AMSA level, you know, while we might not be the literal decision-makers at that state or government level, we can show that we are committing to this promise to be  
25 more sustainable, and to tackle these issues by looking at how we run our own initiatives, how we run our own events, and how we communicate this to other people to encourage them to do the same.

30 PROF WEERAMANTHRI: Thank you. Just one final question. As we have conducted this Inquiry, the issue of climate change in general, and climate and health in particular, has been constantly in the news. What is your impression of the changing context for this discussion and what that means for AMSA's agenda in the next few years?

35 MS MIDDLETON: I'm going to hand this question over to Jess, if that's okay.

40 MS YANG: Yes. Yes, Jess here. As I sit in this teleconference, I'm currently in Sydney looking out my window, which is... the landscape is very much just shrouded in smoke, and it's been like this for, I think, the past several weeks. I've actually, personally, just been holed up in my apartment, because it's very difficult for me to go outside without triggering my asthma. So I think part of that change in context isn't just, you know, what's being shown on the news, it's literally what we are living through right  
45 now. And I think what has changed in particular, especially from a medical standpoint, is framing climate change as a health issue, you know, not a political issue.

[11:52:52]

But this is something that is impacting our health, and unfortunately, it's impacting it now.

5 I think from a medical student and medical professional level, there's been overall support. The fact that we've had climate change in health as one of our national priorities this year just goes to show that, and no coincidence that this came several weeks after the AMA declared climate change as a health  
10 health issue is one of the ways to get people on board to, you know, understand that this is something that's impacting them now. So I think it was after the school climate strikes in September, I believe, we had medical students from every major city attending, and there were hundreds of thousands of people all over Australia in attendance. There was a lot of media around  
15 that. In fact, AMSA was in the media regarding that, and we did get those questions, you know, how is this impacting health and, you know, as future medical professionals, how is this going to impact your future patients? So I think that's part of the agenda, it is what medical students and it is what medical professionals can speak to – you know, the outcomes for patients as a  
20 whole.

PROF WEERAMANTHRI: Ms Middleton, Ms Yang, thank you both for your interest in this Inquiry and for your attendance at today's hearing. A transcript of this hearing will be sent to you so that you can correct minor  
25 factual errors before it is placed on the public record. If you could please return the transcript within 10 working days of the date of the covering letter or email, otherwise it will be deemed to be correct. While you cannot amend your evidence, if you would like to explain particular points in more detail or present further information, you can provide this as an addition to your  
30 submission to the Inquiry when you return the transcript. Once again, thank you very much for your evidence.

MS MIDDLETON: Thank you.

35 MS YANG: Thank you so much, Tarun.

PROF WEERAMANTHRI: Thanks, Jessica, for dialling in, that's great. Thanks, Katherine.

40 HEARING CONCLUDED