



Climate Health WA Inquiry

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

Inquiry Lead:
Dr Tarun Weeramanthri

Witnesses:

Ms Naomi McMræ
Secretary, Health Services Union of WA

Ms Cheryl Hamill
President, Health Services Union of WA

Thursday, 5 December 2019

[13:00:34]

HEARING COMMENCED

5 PROF WEERAMANTHRI: Ms Hamill, Ms McCrae, 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
10 Western Australia. My 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 you 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 McCRAE: No.

MS HAMILL: No, thank you.

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

35 MS HAMILL: Cheryl Hamill, I'm the President of
Health Services Union of WA.

MS McCRAE: Naomi McCrae, the Secretary of the
Health Services Union of WA.

40 PROF WEERAMANTHRI: Thank you. Ms Hamill, would you like
to make a brief opening statement?

45 MS HAMILL: Yes, we're going to switch between the
two of us in terms of answering the questions. I'll make the opening statement.
The Health Services Union of Western Australia is a state union, but it's also a
branch of our Federal Health Services Union. Thank you for giving us the
opportunity to appear as witnesses for the Inquiry. We support the State
Government holding this inquiry into climate health. Australian unions accept
50 the science of climate change, so we're not going to be making any
contribution on that side, because we take that as read.

[13:02:23]

5 As a leading health union that covers the broadest range of health workers, we urge action to both mitigate and adapt to climate change because the impacts on health and the provision of health services will be significant.

10 We consider that government and WA Health has a strong responsibility to do more to reduce emissions and pollution – particularly waste in hospitals in metro and regional areas – to prepare for the impacts of climate change on health and the provision of healthcare, factoring in the already significant existing stresses to maintain services. This is for a range of reasons, including a growing metropolitan population, an aging population, run-down infrastructure, government models of care and funding, and the enormous geographic coverage. We recognise that engaging health workers in the mitigation and adaptation steps required will be crucial to success. We urge
15 partnering with unions to ensure systemic change, and we recommend investing in research technology and training for the workforce to better plan and prepare.

20 PROF WEERAMANTHRI: Thank you. And thank you for your time today. As you know, and for the record, we have received written submissions and are hearing in person from all designated health service providers in Western Australia. So could you first outline the history of your union, your mission and values, and the range of health sector occupations you represent?
25 And if you could just clarify whether your union membership crosses over into other sectors such as aged care, disability services, et cetera.

MS McCRAE: Yes, so Naomi speaking. The HSUWA was established initially as the Hospital Salaried Officers Association in 1955
30 in WA. Today, the HSUWA, as it's known, covers a broad range of workers in public and private hospitals and health services, pathology, radiology, aged care, disability services, community pharmacy and dental practices. In general terms, the HSUWA covers the health professional, administrative, managerial, clerical, general technical and supervisory jobs in those sectors. So for
35 example, our members would include ward clerks, therapy assistants, medical scientists and pharmacists. The HSUWA became a branch of the Federal Health Services Union in 1994.

40 Nationally, the HSU is made up of seven branches and a national office, covering well over 100,000 members across health, aged care, disability care and ambulance. The purpose of the HSUWA is to protect and further the interests of members. Like all unions, our purpose is not only industrial but extends to safety, training, equal opportunity, and more broadly, working to improve the lives of members and their families. Some further history, in
45 2015, the National Council of the HSU voted to join the Climate and Health Alliance. The HSUWA is an affiliate of the peak union body in Western Australia, Unions WA, and the national HSU is an affiliate of the peak union

body, the ACTU. And we've got some more to talk about on those affiliate bodies and their policies towards the end.

[13:05:56]

5 PROF WEERAMANTHRI: It's very interesting, just that range of professions that you represent. And, you know, when we think about health services, the, kind of, automatic focus goes on to doctors, nurses, and maybe allied health professionals. And we're hearing from the Chief Nursing and Midwifery Officer next week, and also the Chief Health Professions Officer.
10 And so we'll get their perspective, as well, on that range of other professions. But we'd be interested in your views about whether those other professions have been adequately picked up in this discussion as yet, whether we've, kind of, tapped into their particular expertise and concerns, or whether that's a job that's still to be done. We hear a lot about, you know, waste and things that
15 can be improved, energy efficiency, et cetera, in hospitals, but most of that discussion is fairly generic, covering, you know, the hospital. But there seems to be other viewpoints that might not yet be represented. Is that fair?

20 MS McCRAE: Well, I think it is fair in the sense that you also mentioned interest in whether we cover aged care and disability care.

PROF WEERAMANTHRI: Yes.

25 MS McCRAE: Because when you're talking not hospitals, you're talking community and outreach facilities. So not only in the provision of community health care, but aged care and disability care, there's a whole range of people in different professional... that could be allied health, but there's also, obviously, carers that are going to people's homes or working in hubs or decentralised environments, essentially, to provide health care. So
30 whether you've covered the field there, I'm not sure, but we cover a large part of the field, yes.

PROF WEERAMANTHRI: So we are trying to gather stories about how climate change is impacting people living in this state, including, of course, staff of health services, who are a fair proportion of the population.
35 And have you got any stories or examples of particular issues that may impact on any specific occupational groups, particularly in what I'm calling allied health, but it's really everything else, all those other professional groups, that you represent, or is that something we need to look at, you know, down the
40 track?

MS HAMILL: I'm going to answer this question. We do have some. We've got some very valuable contributions from some of our allied health members that were collected by the staff of the union that I can relay.
45 I'll go on with what we've got prepared. We consider the evidence clear that more extreme weather events, temperature, air pollution, et cetera, infectious diseases, will mean more people get sick, and those already unwell will get sicker. So what we're saying here is some comments from members to

demonstrate the broad range of impacts that are already being experienced. So this was from a senior Aboriginal mental health worker in the Pilbara:
[13:0854]

5 *The team is having to conduct their outreach work to communities
much earlier in the day. During periods of extreme heat, they are
unable to visit communities in places such as the Western Desert. The
team is, however, very experienced and very conscious of looking after
their own health by keeping up their hydration and not travelling
10 during the heat of day.*

She doesn't know how new people would cope in this environment, and she has concerns about the impacts of climate change, particularly on renal patients in extreme heat, because the requirement to keep hydrated may negatively impact their diabetes. Another from a medical scientist in Derby:

15 *As the temperature continues to rise, and there's no rain, the rate of
crime in Derby has increased. This is not just caused by the
temperature rise, but also due to increased alcohol and drug usage.
20 The former could at least be linked to the heat. The workload has
therefore increased.*

He says he's spending more on air-conditioning, but the rate at which they are reimbursed hasn't been reviewed since 1968. The cost of groceries is increasing, but the quality is decreasing. Fuel prices are also higher. They find it difficult to retain staff due to the difficult living and working conditions. He has stayed, but his family lives in Perth because they can't cope with the lifestyle. Another from a psychologist in child and adolescent mental health in Midland, who highlights some issues with facilities:

25 *For CAM staff – Child and Adolescent Mental Health – the issues
would mainly occur in the summer months. Most CAM's clinic
buildings are rented, and with the heat, there are often frequent issues
with air-conditioning, with systems failing or having a variable effect.
30 For instance, if you reduce the temperature for some rooms, other
rooms are too cold. If you turn it up, then some other rooms are too
hot. Most staff just get on with the work and put up with it, but it does
lead to frustration and irritability, and probably negatively affects work
output. The other issue is that the rented clinics are usually cheap to
35 rent, not designed with environmental sustainability in mind, so our
air-conditioning systems go all the time and obviously, this is expensive
and not helpful for environmental sustainability. At PCH, the Perth
Children's Hospital, I assume environmental sustainability is built into
the building design as much as possible. But with CAMS and CDC
40 clinics – Child Development Centre clinics – the idea is just to rent
something cheap, but of course it isn't cheaper. Rents always go up
and so do power costs. And this approach can't be environmentally
friendly in the long term. It also has an effect on the children's activities
45*

5 *and their mental health. For patients and families, one issue I can think of is the summer heat perhaps impacting on the lifestyles of children in our local catchment. Most families are challenged financially and live in smaller homes with tiny yards with limited areas to play and exercise. Many of the children referred to our clinics spend their away from school time indoors on social media or gaming. This, of course, has been shown by recent research in Europe to negatively affect mood. It must also add to obesity issues and self-esteem difficulties. And, of course, these little crowded homes have*
10 *air-conditioning systems going full time. I guess I'm generalising a bit, but the above scenario is certainly a very common situation for children living in the sprawling new urban developments in the Swan catchment zone.*

[13:11:22]

15 And another from a podiatrist in the metro area:

20 *More people have problems with their feet in hot weather, especially heatwaves. For example, diabetics have increasing problems with ulceration on their feet. Diabetics who need to wear enclosed, well-fitting footwear will choose to try and cool down and then end up with ulcerations. People are less motivated to follow the discipline of managing their illness in heat, even when it causes other problems. Generally, as our bodies heat up, there's an increased blood supply to the skin, and this causes fluid to move out of our vessels and into the*
25 *surrounding tissue. The foot and the ankle are the lowest point in the body, so the fluid builds up and swells, causing problems and immobility, especially if people are overweight.*

30 So there's a few takeaways we've taken from this for our union. Workplace planning and health will need to consider where and how services are offered, and what incentives there will be for people to work in difficult or inhospitable environments. The ability to attract and retain staff in areas most affected by rising temperatures in WA is something that is already an issue and being managed by staff. There are also barriers to the provision of services that are
35 based on workers going to individual homes.

Community care, particularly in aged and disability care. As these workers are expected to go from home to home and need to travel, usually by car, and they need a safe and controlled environment when they get to the client's home, they
40 will be impacted by conditions as much as their clients. These workers are usually working alone against a clock. They may increasingly be dealing with people who are housebound. Excursions will be less likely and people are more likely to be indoors for extended periods.

[13:14:09]

45 The community and home care system that has been designed depends on a workforce that is resourced and available to deliver it.

PROF WEERAMANTHRI: I'm struck there's a lot of material there, and thank you for taking the time to go through those stories from your members. Just a couple of points. One is you've emphasised that it's also the impact on community outreach workers that we need to look at, and that even
5 issues of transport in hot conditions might become a serious issue, particularly, you know, the further north we go in the state, for example. And secondly, that whole notion that it's not just the person working in small rural communities, but it's also their family living in those communities who this might affect, and the ability, then, to attract and retain staff, particularly if there's, you know,
10 parents with young children or something like that. That might be a significant issue for the workforce. Is that correct?

MS HAMILL: Yes.

15 MS McCRAE: Yes, definitely.

PROF WEERAMANTHRI: Thank you. If we come onto something that's, kind of, quite specific, which is worker health and safety, which, you know, you're the experts on. It's the number one priority for almost all union
20 and employer groups. I'll just ask, does the sector need to better understand and respond to hazard exposure in the workplace associated with extreme weather and the changing climate more broadly? And I'm thinking there, even if you think of something like heat, that it's not just heatwaves, but it's the increased number of hot days, which might fall under a threshold of heatwave,
25 but still, in this aggregate, leads to a different, kind of, problem for worker health and safety.

MS McCRAE: Yes. So we think that there is an unmet training need, but there's also a lot of work to do to better understand and
30 respond to hazard exposure. So we obviously think that heat and the effect of dehydration have both physical and mental effects on the workers, as well as their clients or patients. So there's a real safety issue around our workers in delivering, as you've just mentioned again, our community care. There's also the isolation of that kind of work, which is actually quite important. And
35 there's the physical demands of some of that work, particularly for allied health professionals such as physiotherapists. So there can be a higher turnover, as well, which comes with the additional challenges. So I guess we're saying there's flow-on effects.

40 And if the work is poorly paid, the problems are exacerbated. So we think training is essential in alerting the workforce to what may reasonably be expected of them, and what to do should conditions be considered unsafe or unreasonably arduous.

[13:17:06]

45 We think training alone won't be enough, that equipment, technology, planning and other measures of ensuring safety need to be considered depending on the work. And we think that it'll be at every level, so from a Cert II at TAFE all

the way through to experienced people as they retrain, they'll be have to be factored in.

5 I was also going to mention... it's a bit more general, but we did do a snap survey of members in relation to thinking about climate change in health. And I thought it might be worth mentioning that when we asked, "Should the health sector lobby government to take action on climate change as a health issue?", the response was 91 per cent said, "Yes, we should". I guess this goes to mitigation. And another key question was, "Should WA Health increase the renewable energy used by hospitals and health services and reduce their waste?" And that was 100 per cent said "yes". "Do you think that climate change will impact on how you provide health care?", and that was 67 per cent said "yes". So I think we're saying there's a growing, and quite urgently growing, awareness.

15 PROF WEERAMANTHRI: And that awareness has come through the public forums we've held across the state. And, you know, the health sector has many enthusiastic and passionate staff who have attended those forums and also given us their submissions in various ways. And they are committed to environmental sustainability and want to see change, and I suppose, to close the gap between what they do at home and what they're seeing it work. How can the health system harness that enthusiasm, and what role can the Health Services Union of WA play in ensuring the health workers help co-design the change process?

25 MS HAMILL: Cheryl again, on this one. A health systems climate response needs to maintain and improve health workforce involvement. The HSUWA is keen to encourage and support this engagement, and advocates for the leadership across health to adopt meaningful climate change strategies. It needs to be a standing item on forums such as the joint consultative committee meetings that have been established at the moment, where health workers can identify areas where the health service can do better, with climate change, remediation and proposed practical local solutions. The ideas and innovation of workers needs to be supported and will be an important part of the solution.

35 While there needs to be big picture thinking and leadership, action on the ground has to be encouraged, no matter how small a step may be. This is a bit of historical detail, but staff at Royal Perth Hospital, for many years, led a grassroots approach to change through a group they called Heat, appropriately, the Hospital Environmental Awareness Team. They sought to influence and improve recycling within the hospital.

40 [13:20:08]

45 The group has lapsed, but it does indicate that there is interest and willingness from the workforce to play a part in solutions. We suggest something like an annual award for the HSP, the Health Service Provider, environmental group

that's developed the best project – that might be one option that could be looked at, but more are needed.

5 There should be incentives in the system and a sharing of knowledge through clear pathways. For example, if a worker thinks of better processes or systems to reduce waste, improve environmental safety, reduce unnecessary patient travel, tests or procedure et cetera, it's part of the solution if those ideas can be contributed, taken up and shared between HSPs. Such efforts need to be championed at the executive and board level. The Government and the
10 Department, and the Director General, should hold Health Service Providers and private contractors against Health to stated objectives to reduce and adapt to climate changes that include workforce participation, as well as clear targets and required actions with consequences for non-compliance.

15 The Government and the Director General have the powers and the mechanisms to ensure this happens. The overall responsibility should sit with the system manager, but it must require action at HSP and delivery level. It's a question of will and leadership and, of course, more needs to be done in those other areas outside of HSPs, as in disability and aged care. Whatever measures
20 are chosen need to be tracked over time for the workforce to see that participation in mitigation has effect. We need to be able to track our progress and be encouraged by it. For example, how much waste has been reduced, how much support has been put into teleconferencing to avoid the need to travel for meetings, how genuine our claims that the workforce has access to
25 flexible work, e.g. working from home, to avoid travel for staff seeking to reduce commutes or to avoid exposure to pollution, et cetera. Cultural change and incentives are needed to keep this work front of mind. In the absence of a crisis, action is required to maintain focus on the issues of mitigation and adaptation over a long time span.

30 PROF WEERAMANTHRI: That's very, kind of, comprehensive. You've gone to a number of, kind of, recommendations about the system and what it looks like. I'm not sure what the question is, but you did talk about enormous geographic coverage. And we tend to, kind of, take that for granted
35 on the one hand in Western Australia, but also perhaps, cannot think through that enough, you know, in terms of, you know, we're such an enormous state with the second largest sub-national jurisdiction in the world, I think, after Siberia or something. So you probably had a good sense of that as a union representing right across the state. Could you reflect on that a little bit in terms
40 of what that means for this challenge? Because, you know - - -
[13:23:10]

45 MS HAMILL: I think the challenges are different in, you know, built up metropolitan areas, to the challenges that they would face in those rural areas. I think we have more options, often, in the metropolitan area to make big changes that make differences, and I think it would be a little bit more – well, a lot more challenging in some of the rural and remote areas. But on the other hand, they're the ones that are picking up the teleconferencing, that

telehealth and all that sort of stuff. So I think some of those communities are actually already benefiting from some of those sorts of initiatives, which aren't done, necessarily, for climate reasons, but obviously have a climate saving in terms of not flying patients back and forth all the time. So I think our members
5 have embraced that sort of working model. Is that the sort of thing you were thinking of?

PROF WEERAMANTHRI: Yes, yes.

10 MS HAMILL: Yes.

PROF WEERAMANTHRI: And that's becoming a bit of a theme for us... is that, it kind of doesn't matter if you're aiming for environmental - - -

15 MS HAMILL: Yes.

PROF WEERAMANTHRI: - - - savings or whether you're doing something else such as Choosing Wisely, and you're getting environmental savings or telehealth.

20 MS HAMILL: Yes.

PROF WEERAMANTHRI: It doesn't matter what you start off, as long as the effect is the - - -

25 MS HAMILL: Yes, absolutely.

PROF WEERAMANTHRI: - - - same.

30 MS HAMILL: It's very integrated and that is... yes, a lot of issues are integrated, aren't they? You know, sort of, you can't look at anything in isolation.

35 PROF WEERAMANTHRI: Okay, thank you. The Health Services Union of WA provides a range of member benefits, including insurance, legal assistance and the like. Are you aware of any discussion or impact of climate change on risk calculations, premiums, superannuation choices and the like?

40 And is this an issue that has been discussed at your board or committee of management level?

[13:24:46]:

45 MS McCRAE: Naomi. The Union offers journey cover and professional indemnity insurance to financial members. Premiums are renewed annually and generally increase year to year. The Committee of Management has not yet considered the extent to which these products and their costs might be impacted by climate risks, but we think they will be

impacted. One of the reasons we have professional indemnity insurance is because the registration of allied health professionals requires insurance. So to actually practice, you need insurance.

5 So the provision of insurance, as a cost to the individual worker, is actually extremely important, and it does tie in with our comment on the gradual but systemic transfer of cost and risk from employers to employees, to the independent contractor, where all those risks taken on board by, essentially, a sole trader. So this means as the cost of insuring against risk increases, the costs are going to be increasingly borne by workers, unless we work out alternative models. Unions are increasingly actively engaging this casual workforce, to improve their rights at work and to break through the fiction that this disenfranchised workforce has no rights to the benefits accessed by others in permanent secure positions.

10
15 So we also do provide industrial advice and assistance, obviously, to our members. Our external legal assistance is sought for industrial disputes, so more formal disputes. At this stage, climate change risks have not been factored into the provision of these services, however, while it's hard to predict, we think that they'll need to be as the work of our members changes, because of the impacts of climate change, as well as other changes. And it will affect their own health, as well as their capacity to provide health care services. For example, there may be the ability to work from home. I think Cheryl's just mentioned this, but the option for flexible working arrangements is something that we know will likely be part of the solution, but we'll probably need to push industrially for that to actually be better accepted and promoted by employers than it currently is.

20
25
30 PROF WEERAMANTHRI: Would you like to comment about the umbrella organisations at a state and national level? I think you said earlier that you had some more to say about Unions WA and the ACTU.

MS HAMILL: I think that comes into question seven, we've got a bit of...

35

PROF WEERAMANTHRI: Yes, thank you.

MS HAMILL: - - - some stuff prepared there.
[13:27:33]

40

PROF WEERAMANTHRI: Yes. So as we've said, we've heard from all the health service providers. We've heard from their Chairs or Deputy Chairs and the Chief Executives. And everyone's saying, and also in their written submissions, that they're doing what they can and they'd like to do more, they need support. And, you know, how can we use this Inquiry to generate more support so that we can get there in terms of a sector?

45

What's your understanding of the current level of waste in a hospital? Because there's been some articles... in the hospital sector, there have been some articles that have come out in the last few months just talking about, you know, quite surprising levels of waste when you look at it in such a big sector, and that there's quite a lot of potential to reduce that. And, you know, exemplar hospitals, such as Princess Alexandra Hospital in Queensland, have been mentioned. But there's now increasing numbers of hospitals in WA which are doing things. Have your staff given you feedback about their general perception of what the current situation is, noting that we want to do better going forward?

MS HAMILL: We didn't ask that in our snap survey, I don't think, although I think some people did mention it in their responses about the level of waste, but we didn't systematically ask about that. But I think there has been a lot of media, and we're certainly... I noticed that East Metro has joined the greening hospitals – forgotten the exact name of the program – which I think is encouraging. Although they've only got two priorities, I think, they're pursuing to begin with, which didn't seem to actually cover waste at this point. But no, I don't think we've systematically surveyed them, but I'm sure it's no different here to all of the other terrible stories we've heard from everywhere else about the amount of waste that gets generated out of a hospital.

MS McCRAE: I think there's a lot of general comment that people aren't comfortable with the waste that they see in their day-to-day work. The fact that the HSPs do not have specific targets that they are required to meet, set by government to reduce their contribution to emissions and waste, [that] I think, would be a massive incentive for them to take action.

MS HAMILL: I guess the other thing I'd say about that is that in order to even know whether you're making inroads in it, we do need a bit of definition around, you know, waste you can't avoid having and, you know, what's the scope of what should be regarded as that type of waste, and where should we be going. And that needs to be a shared learning across all facilities, really. But you can't even know whether you're making progress if you don't know where you're starting from. So I think, at some point, there's going to have to be some sort of definitional stuff defined about, okay, we really shouldn't be generating this much out of theatres or out of cardiac cath labs or out of wherever.
[13:30:54]

And then you can see how much progress you're making over time. And I think that when people seek progress against reductions in that sort of stuff, I think it keeps them heartened and then engaged with the process.

PROF WEERAMANTHRI: So your point about reporting is important. And currently, we don't have baseline, either admissions data or waste data. And you're quite right, again, about some difficult definitional

issues around waste, in particular. We did previously – you know, a decade or so ago – have baseline emissions reporting. And I think it's possibly, technically easier to come up with understood metrics around that. Have you got any experience with waste data or emissions data... no, it hasn't been discussed much - - -

5

MS HAMILL: No.

MS McCRAE: No.

10

PROF WEERAMANTHRI: - - - for some time. Okay. I'm interested in, also, the employer perspective on this, and we have got submissions from, you know, employers, health service providers, but also some other employer groups. And there's a range of opinions about whether this should be, kind of, a bottom-up approach or whether it needs to be a top-down approach, where everything's, kind of, aligned to state, national and international targets. Do you have any comments about that?

15

MS HAMILL: Is this relating to question six, particularly?

20

PROF WEERAMANTHRI: Not particularly. It's really about the whole notion of whether we, kind of, get on as a sector and commit to doing things in this space, and what the drivers for that would be, versus waiting for, if you like, top-down guidance to do something.

25

MS McCRAE: Naomi. Our view would be that there needs to be clear leadership and action taken in relation to what the expectations are, set by government. That the HSPs should have, in their agreements, their service agreements, clear and measurable targets. There should be consistency and shared knowledge, and maybe the establishment of some particular units that literally look at best practices and share the knowledge. So while we would say it absolutely has to come top-down, and there's no need to actually wait, this is a State Government – this is Health.

35

The encouragement and participation of workers in the process, it won't work without that. The union would advocate for as much consultation and engagement with workers as possible. We'd like to use every avenue possible within our industrial scope to ensure that there is movement.

40

[13:33:45]

And when I say that, I mean in relation to mitigation and waste adaptation, because this... actually just going through this process with the Inquiry has really elevated, I think, the concerns that are simmering around, and that there's a lot of scope for action to actually start now that's a far greater speed, using initiatives that people have got in the past. I think the heat example is a great one, where there has been grassroots attempts, but there hasn't been across-the-board support, and so they fizzled out. And I think everyone's

45

realised that actually, those times, we now have to actually act far more collaboratively and urgently together.

5 PROF WEERAMANTHRI: And so that point you've made about how we sustain attention on this issue, as opposed to episodic attention - - -

MS McCRAE: Yes.

10 PROF WEERAMANTHRI: - - - is something we're giving thought to.

MS McCRAE: Yes.

15 PROF WEERAMANTHRI: So keeping with that theme, do you see a role for Health Services Union of WA and other key health unions in partnering with the Health Department, health services and Government following completion of this Inquiry, and consideration of its recommendations?

20 MS HAMILL: Cheryl for this one. I'm doing tag team. Yes, the Union must be part of the solution on behalf of our members. Our members are essential to the process being successful. We would like to see strong partnerships developed so that workers' experiences and voices are part of the solution, and that they are actively consulted as the entities work through measures to address climate change. We think the Inquiry should charge the government, as the primary provider and funder of healthcare, to ensure mitigation strategies are urgently adapted to reduce waste and emissions across Health. They should also ensure the ongoing planning for adaptation is done on the basis of evidence and research that is well-resourced and pragmatic.

25 This should be framed as a health and economic issue. We don't want people in our communities to suffer. WA's health budget will only increase as extra pressures mount, unless we have timely targets and change strategies. There's a key role to be played by government and the unions, but also businesses across health, from large pathology and private hospitals, to small. They should also meet targets and be part of the innovation as we adapt. We support proposals for the establishment of climate sustainability unit, state and national levels, national and state targets, the development of a national and state climate and health strategy and a repository of best practice solutions that have been identified that may be shared, including from other jurisdictions.

40 [13:36:26]

45 We will consider using the industrial system as far as possible to support and encourage action. We think that our industrial agreements and contracts of employment will need to be reconsidered with the imperatives of climate change. We want to see change, as well as measures to support and protect our members. For example, we may be seeking things like provisions for volunteer emergency services leave, and perhaps hardship provisions for anyone affected

by fires, floods, storms et cetera, that is over and above existing, sort of, personal leave entitlements.

5 We noticed that as far back as 2009, the ACTU was calling for more action on
climate change and recognition of the following rights in enterprise
agreements. The right to participate in decision-making related to
10 environmental concerns in the workplace. The right to know and understand
the environmental hazards in the workplace, along with workplace emissions,
technological changes and plans for energy saving use and efficiencies.
Whistle-blower protection, so a worker may not be held liable or disciplined
15 for reporting workplace practices that are honestly believed to pose an
environmental risk. The right to refuse dangerous work and the right to refuse
work which harms the environment. As a major employer, the government
may care to develop some standard clauses that could be inserted into public
sector enterprise agreements, as a model for those that could flow through to
private sector agreements. This would be a signal of government concern and
an indicator that real action is expected.

20 PROF WEERAMANTHRI: Can I ask, are there any gender-specific
issues we should be aware of? We've heard about vulnerability and vulnerable
groups in the population, and often, female gender interacts with, you know,
social isolation or other types of disadvantage because of the place of women
economically in society. And there's some literature around women,
25 internationally, being particularly at-risk in natural disasters. Not so sure about
the evidence in Australia. Is there any view you have around gender issues that
we should be aware of or look further at?

30 MS HAMILL: Yes, there was a bit we had prepared for
the next question. I'll just maybe do that last paragraph.

MS McCRAE: Yes, yes.

35 MS HAMILL: Cheryl. There's a gender component to
climate change as it impacts on women in the workforce. Though it may not
be as stark in the Western world, as in other areas, women are the largest
portion of the caring workforce and so will be disproportionately affected by
both work and family caring responsibilities. This has been recognised by
groups such as the UN, UNESCO and many other agencies. However, due to
40 the number of women now in the workforce, they are also key to driving
change in our health, aged care, disability and community organisations.
[13:39:31]

45 We don't have a lot of information on this, but I did find that there was a
meeting held in 2015 in Canada in the Simon Fraser University on climate
change and gender in rich countries, and they have quite a few discussion
papers that you might find enlightening. I didn't have time to have a look at
them in any great detail. There's also been a book that came out of that
meeting in 2015, exactly with the same title, *Climate change and gender in*

rich countries: work, public policy and action. And I think there will definitely be a gender impact. There is in any other part of society with anything else that goes on in the working environment. But it's a little bit tricky to be too definitive about what exactly that will mean at this point in time.

5

PROF WEERAMANTHRI: We've just got five minutes left, so I've just got one question, but also, you know, feel free to offer any other closing comments you'd like to make. So Unionists for Climate Justice is one of the union-based networks identified on your website. Can you provide more information about this group, its purpose and whether climate change is a key concern for the union movement as a whole?

10

MS McCRAE: Yes, Naomi. Unionists for Climate Justice is a relatively recent group within Unions WA, which is the peak union body for WA. It was formed expressly to take action to reduce climate change, but also to support segments of the workforce whose jobs will be affected by measures taken to reduce emissions. It is made up of union members and officials who are agitating for climate action within the union movement. The group's been active in making sure that unions in WA and various individual unions have been stepping up to support the grassroots climate movement, and particularly the school strike for climate.

15

20

The Unions WA council and executives have repeatedly and unanimously endorsed the school climate movement and their actions, and unions have provided direct support. The union movement in WA is strongly in favour of action on climate change, and that workers and communities benefit from transition to a low-carbon economy. And on a national level, the ACTU, as Cheryl has mentioned, has been active for well over a decade, advocating for action on climate change. The Climate, Energy and Just Transitions is the ACTU policy that was most recently endorsed in 2018.

25

30

Unions have a proud heritage of environmental protection. One of the most high-profile actions in living memory was the use of green bans in the 1970s for the BLF – Builders Labourers Federation – to protect parklands and green spaces in cities. Unions have policy positions on climate that address the issues from both the perspective of the general societal impact, but unions also seek to entrench rights for the workforce to have control over workplace exposure to hazards that arise from climate change.

35

40

[13:42:38]

The ACTU is a member of the Australian Climate Roundtable. Members include the Australian Aluminium Council, the Conservation Foundation, obviously the ACTU, the Australian Energy Council, the Australian Industry Group, National Farmers' Federation and Wildlife Australia. So it's a very collaborative group. The Australian Climate Roundtable is a broad alliance of major Australian businesses, environmental, farmer, investor and union welfare groups that came together in 2014, because climate change and climate policy

45

5 impacts our missions and our members. In the process, the roundtable found that despite very different constituencies and focuses, the group had much in common, and this is captured in the joint principles for climate policy. And that policy is, we believe Australia should play its fair part in global efforts to avert dangerous climate change and the serious economic, social and environmental impacts that unconstrained climate change would have on Australia. We will work to continue to build common ground in climate policy debate and encourage a just, effective and efficient response.

10 PROF WEERAMANTHRI: Ms Hamill, Ms McCrae, thank you both very much for your attendance at today's hearing. A transcript of this hearing will be sent to you so that you can correct minor 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
15 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 a submission to the Inquiry when you return the transcript. Once again, thank you very much for your evidence.

20 MS McCRAE: Thank you.

MS HAMILL: Thank you.

25 HEARING CONCLUDED

Following the hearing, Ms Hamill and Ms McCrae provided further documents to the inquiry. These documents are available at the following links:

1. World Health Organisation – Europe: Policy Brief – Health and Climate Action
http://www.euro.who.int/_data/assets/pdf_file/0009/397791/SDG-13-policy-brief.pdf
2. MJA-Lancet Countdown on health and climate change
<https://www.mja.com.au/journal/2019/211/11/2019-report-mja-lancet-countdown-health-and-climate-change-turbulent-year-mixed>
3. Nature - Climate tipping points – too risky to bet against
<https://www.nature.com/articles/d41586-019-03595-0>
4. Journal of Industrial Relations – Environmental bargaining in Australia
<https://journals.sagepub.com/doi/abs/10.1177/0022185618814056>
5. ACTU Congress18 – Climate, Energy and Just Transition
<https://www.actu.org.au/media/1033980/climate-energy-and-just-transition.pdf>
6. ACTU Congress 2009 – A Fair Society – Climate Change Policy
<https://www.actu.org.au/media/349558/climate-change-final.pdf>