

Climate Health WA Inquiry

About your submission

Are you responding on behalf of an organisation or group?

- No
 Yes

If yes, please identify the organisation:

Your contact details

The following information will not be published without your permission but enables the Inquiry to contact you about your submission if required.

First name	██████████
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Publication of submissions

Submissions will be published with the name of the submitter unless otherwise indicated below. Do you consent to be identified in the published submission?

- Yes, I / my organisation agree to be identified
 No, I / my organisation request to remain anonymous

Terms of Reference

You are encouraged to address at least ONE of the Terms of Reference as listed below. Please select which item/s you will address:

1. Establish current knowledge on the implications of climate change for health in Western Australia (WA) and recommend a framework for evaluating future implications.
2. Identify and recommend a program of work to manage the implications of climate change for health in WA, which will protect the public from the harmful health impacts of climate change.
3. Identify and recommend a program of work to manage the implications of climate change for health in WA, which will strengthen the preparedness and resilience of communities and health services against extreme weather events, with a focus on the most vulnerable in the community.

- 4. Identify and recommend a program of work to manage the implications of climate change for health in WA, which will reduce the contribution of WA health services to climate change and other detrimental impacts.
- 5. Identify and recommend a program of work to manage the implications of climate change for health in WA, which will enable WA Health services to implement change, including energy efficiency, to a more sustainable model.
- 6. Evaluate the likely benefits (health and wellbeing, social and economic) arising from climate change mitigation strategies, with a focus on WA health services.
- 7. Define the role of the Department of Health in leading public policy on climate change and health.
- 8. Recommend the Terms of Reference, scope and preferred methods for undertaking a climate change vulnerability assessment for the health sector.
- 9. Recommend the Terms of Reference, scope and preferred methods for developing a Climate Change Adaptation Plan for the health sector.

Submissions response field

Please type your response to the item(s) selected above into the field below. Alternatively you may provide your submission as a separate attachment (suggested maximum 5 pages).

The World Health Organization's (WHO) COP24 Special Report on Climate Change and Health cites climate change as "the greatest health challenge of the 21st century"¹. The direct and indirect health effects of climate change have been well researched and documented, and are already being felt across many communities in Australia and surrounds. Those who will feel the impacts of climate change first and hardest are already vulnerable groups in society- the elderly, the socially isolated, Aboriginal and Torres Strait Islander people, people of colour, children, people on low income, people experiencing homelessness, farmers, emergency responders, people already living with health conditions, women and non-binary folk, queer folk, people of non-English speaking backgrounds, people with disabilities, and newly arrived migrants and refugees, among others. As such it is vital that these groups of people are included the co-design of climate health policies, programs, and adaptation.

Here in WA some of the direct impacts of climate change on health that are already being felt are:

- An increase in physical and mental illness, injury and death due to extreme weather events such as flood, drought, bushfires, cyclones, and increased temperatures and heatwaves²
- Physical displacement, mental health impacts and post-traumatic stress associated with extreme weather placing increased demand on health, emergency and community services³

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- Increased pressure on health care services and facilities, and damage to healthcare facilities due to extreme weather events, as well as other indirect effects of climate change, as discussed below

Some of the current indirect impacts of climate change on health in WA include:

- An increase in mental health issues such as anxiety and depression, particularly amongst the younger generation around the effect of climate change on their future, as well as the lack of societal responses to the threat of climate change⁴. On a personal level, having grown up in a time when global warming was already recognised as a threat to life on Earth, and the effects of climate change are already being felt, the appalling disregard and lack of action from higher authorities has had a significant negative impact on my mental health and wellbeing. Every extreme weather event I hear about, as well as news of government approvals for new coal and gas projects brings a sense of despair and depression, whilst growing evidence on the rise in emissions, especially from WA's gas projects, has led me to have anxiety issues. The threat of climate change has become the biggest concern to me and is taking over other aspects of my life. Speaking to young people around me, especially friends in high school and uni, I know that my experience is not unique.
- An increase in infectious disease transmission, particularly for mosquito borne diseases due to changes in rainfall and increases in temperature
- Alterations in the distribution of other vector-, water- and food-borne infectious diseases
- Declining water quality, water availability, and loss of aquatic biodiversity threatening food and water security, quality, and affordability, thereby exacerbating existing health inequalities⁵. Farmers are already struggling with drought affecting their crop yields and livestock, an issue which is having direct impacts on the mental health and wellbeing of farmers, and which will have flow-on effects in the wider community such as food insecurity⁶. People experiencing homelessness, people on low income, people in rural and remote areas, are amongst several of the vulnerable groups who will be first and most affected by food shortages due to the rising prices of food that will result with food insecurity.
- An increase in respiratory disease and allergies due to an increase in air pollution and aeroallergens⁷. This has already been noted anecdotally from

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several friends and co-workers who have commented on experiencing far more asthma attacks than ever before, which has been affecting their ability to carry out their every-day tasks, including going to work.

- Damage to properties, including homes, and displacement by people living in low lying and coastal communities due to erosion and rising sea levels, as well as regional communities due to drought, all of which will bring a range of health challenges in the future, including psycho-social ill-health. The people of Geraldton⁸ and North Fremantle are already dealing with soil erosion⁹.
- An increase in workplace injuries, fatigue, heat induced discomfort, reduced alertness and other occupational health risks from temperature rise, especially for outdoor workers and those working in non-cooled indoor environments.
- Other health impacts related to changes in social and economic systems, including conflicts arising from scarce resources, and migration. Drought and lack of access to fresh water played a significant role in the conflict in Syria, which resulted in the deaths of almost half a million Syrians, and created several million climate refugees and migrants¹⁰. Whilst we may not find ourselves in the same position in the immediate future, we are likely to become the place of refuge for many of the people already affected. This will put additional strain on our resources.
- An increase in stress on resources as more energy is required to cool homes and other buildings, including health care infrastructure, especially during heatwaves is likely to cause power outages which may have detrimental health impacts, especially on those already vulnerable- the unwell, people on low income, the elderly and children¹¹.

In October 2018 the Intergovernmental Panel on Climate Change (IPCC) released a report warning that there is only 12 years for global temperature rise to be kept at a maximum of 1.5°C¹². The report found that even half a degree more (that is, 2°C), will significantly increase the risks of floods, drought, and extreme heat and poverty for hundreds of millions of people across the globe, all of which would have a devastating effect on human health, as described in the section above. This means that authoritative and highly trusted bodies such as health professionals and the WA Health Department have a key role to play in leading the public narrative and debate about climate change and mitigation efforts. By

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drawing the link between the climate crisis and health, calling for urgent emissions decline, highlighting added benefits of reducing emissions for other health issues such as pollution-related heart and lung disease and obesity, and leading the cultural shift away from fossil fuels, WA Health can and should show real and visible leadership in the advocacy of climate mitigation

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WA Health can also lead by example by increasing health sector sustainability through a variety of means:

- Adopting mechanisms to facilitate collaboration between WA Health and other government departments and empowering health professionals to speak up about the link between environmental degradation and health
- Development and implementation of a monitoring and evaluation program on climate change and its impacts on health here in WA
- A reduction of greenhouse gas emissions and waste in new and existing hospitals and other health services and infrastructure¹⁴. The International Council of Nurses (ICN) released a position statement in 2018 which included a number of recommendations that could be transferable to WA Health as a whole, including supporting incentives for healthcare workers and services to promote climate change mitigation practises¹⁵.
- Leading a whole of government cognitive shift to investments in infrastructure and public policies that have a low environmental impact. Some examples are:
 - Well-designed urban transport systems that reduce the use of motor vehicles and encourage active transport will in turn reduce urban air pollution, and therefore respiratory disease, as well as support physical activity and mental health.
 - Well-designed energy efficient housing that not only reduce energy consumption but also reduce exposure to cold and heat, and infectious and vector-borne diseases.
 - Policies and support for individual choices that moderate the consumption of animal products, as animal agriculture is a significant contributor to greenhouse gas emissions, can result in a reduction in cardiovascular disease.
- Divesting financial resources from climate changing fossil fuel investments to clean, healthy, low carbon investments, similar to the health industry's

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divestment from the alcohol and tobacco industries¹⁶. Divestment is a sensible way for WA Health to align it's investments with its values of leadership and it's vision of delivering a sustainable health system for all West Australians. Divestment can also help shape public policy and limit the influence of energy companies, as well as reallocate investment to companies leading the transition to a more sustainable economy¹⁷. Seventeen local government entities in WA have already begun divesting from fossil fuel funding industries¹⁸.

- Similar to divesting from fossil fuel funding industries, WA Government or contracted health services should publicly reject sponsorship or advertising from fossil fuel companies for health facilities, programs, research, events, and staff programs.
- Play a key role or be a key stakeholder in regulating emissions and shifting away from fossil fuels for energy production. "Electricity generation that is powered by clean energy sources such as solar, wind or hydro power, reduce both climate and pollution emissions, created by coal and diesel fuels"¹⁹.
- Encourage a transition to support and promote lifestyles that are healthy for the planet and the individual, such as an increase in access to green spaces, development of energy efficient buildings and infrastructure, and development of accessible and low-cost active transportation such as cycling paths, pedestrian friendly streets. These sorts of measures not only reduce urban pollution and greenhouse gas emissions, as well as climate change adaptive capacity, they also reduce rates of obesity, diabetes, respiratory disease, cardiovascular disease and mental illness²⁰.

While climate change is the greatest challenge to human health in the 21st century, tackling climate change could also be "the greatest global health opportunity of the 21st Century"²¹. We are the first generation to feel the impacts of climate change, but the last generation who have the power to do anything about it. If the IPCC's projection last year of 12 years to make dramatic changes and reduce carbon emissions and limit global warming to 1.5°C is anything to go by, WA Health, as an authoritative body, has a significant role to play in climate mitigation, difficult as it may be. While some of the recommendations I have submitted here may seem ambitious, the climate emergency we are in demands ambitiousness. The cost to not do all that we can now will be far too great.

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<https://apps.who.int/iris/bitstream/handle/10665/276405/9789241514972-eng.pdf?ua=1>

2

<https://www.der.wa.gov.au/images/documents/your-environment/climate-change/adapting-to-our-changing-climate-october-2012.pdf>

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<https://pursuit.unimelb.edu.au/articles/mental-health-in-a-changing-climate>

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<https://www.millenniumkids.com.au/wp-content/uploads/2019/02/Young-People-and-Climate-Change.pdf>

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<https://pdfs.semanticscholar.org/f038/94d16eb13738c2f9b3a748d5dea4f8e4ef88.pdf>

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<https://www.watoday.com.au/national/western-australia/it-s-a-moonscape-wa-farmers-battle-freak-drought-in-the-south-west-20181128-p50iv2.html>

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https://www.dea.org.au/wp-content/uploads/2017/02/DEA_Climate_Change_Health_Fact_Sheet_final.pdf

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<https://www.abc.net.au/news/2019-07-31/erosion-washing-away-beaches-up-and-down-wa-coast/11359006>

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<https://www.communitynews.com.au/fremantle-gazette/news/port-beach-closed-due-to-erosion-in-north-fremantle/>

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<https://journals.ametsoc.org/doi/full/10.1175/WCAS-D-13-00059.1>

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<https://link.springer.com/article/10.1007/s11524-018-0296-9>

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<https://www.ipcc.ch/sr15/>

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<https://journalofethics.ama-assn.org/article/mitigating-impact-climate-change-human-health-role-medical-community/2017-12>

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<https://www.chausa.org/docs/default-source/general-files/climateandhealth.pdf?sfvrsn=6>

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<https://www.icn.ch/sites/default/files/inline-files/ICN%20PS%20Nurses%252c%20climate%20change%20and%20health%20FINAL%20.pdf>

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https://d3n8a8pro7vnmx.cloudfront.net/caha/pages/57/attachments/original/1507456050/CAHA-DEA_Investing_in_Health_final-02.pdf?1507456050

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<https://walga.asn.au/getattachment/Policy-Advice-and-Advocacy/Environment/Climate-Change/Climate-Change-Projects-and-Resources/Divestment-Information-Paper-FINAL-030217.pdf.aspx?lang=en-AU>

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https://www.who.int/phe/climate/conference_briefing_2_promotinghealth_27aug.pdf?ua=1

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