



Climate Health WA Inquiry

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

Inquiry Lead:
Dr Tarun Weeramanthri

Witnesses:

Professor Tony Capon
Director, Monash Sustainable Development Institute

Thursday, 28 November 2019, 9.00 am

[09:00:03]

HEARING COMMENCED

5 DR WEERAMANTHRI: Okay, we might start, thank you. Professor Capon, I'd like to thank you for your interest in the Inquiry and for travelling to Perth to appear 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. I will begin by
10 introducing myself for the record. My name is Tarun Weeramanthri and I've 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, and so please make sure that your phone is on silent or
15 switched off.

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
20 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 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
25 terms of reference and information on giving evidence to the Inquiry. Before we begin, do you have any questions about today's hearing?

PROF CAPON: No, I don't, thank you, Dr Weeramanthri.

30 DR WEERAMANTHRI: Could I ask you just to state your name and capacity in which you are here today?

PROF CAPON: Yes. My name's Professor Tony Capon and I'm the Director of the Monash Sustainable Development Institute.

35 DR WEERAMANTHRI: Thank you. Professor Capon, would you like to make a brief opening statement?

PROF CAPON: Yes. I'd just like to acknowledge the importance of this Inquiry for Australia and for the people of Australia and future generations of Australians, because the health impacts of climate change are increasingly well understood, and it's really important that all of our tiers of government think about what this means for the way they do their business. So
40 I commend the work of the Inquiry and appreciate it.

45 DR WEERAMANTHRI: Thank you. This is good timing for this hearing in terms of the release of a couple of recent reports.

PROF CAPON: Yes.

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[09:02:34]

5 DR WEERAMANTHRI: And so if we could start with the 2019
Report of The Lancet Countdown on Health and Climate Change, which was
released on November the 16th, and that's the international or global report.
And part of its title was ensuring that the health of a child today is not defined
by a changing climate. The choice of those words suggest a narrative of some
sort. So can I ask you, what is the story being told and what are the methods
that underpin that story globally?

10 PROF CAPON: Yes, thanks very much for that question.
As you say, this time of year is now an important time of year in the field of
health and climate change because, each year, *The Lancet* Countdown is
publishing a report on the tracking of progress on health and climate change
15 around the world. And they'll be continuing to do this through until 2030, at
least. The core theme this year in the report is that we need to be thinking
much more clearly about what our decisions now and in the future mean for the
health of children and the health of future generations of people more
generally. And this has clearly been inspired by the work of people like Greta
20 Thunberg and other young people around the world who are trying to get
decision makers to act more urgently on climate change to protect and promote
future health.

25 The report, essentially, makes the case that if we don't change, a child born
today may experience a world that's four degrees warmer than the
pre-industrial age. That's a remarkable transformation, and again, a case for
more urgent action. The reason that *The Lancet* makes this case is that children
are among the worst affected by climate change already and into the future,
30 whether it's declines in food productivity, food security, undernutrition, which
can have permanent effects, of course, in children, whether that's permanent
physical effects, stunting and intellectual development implications. Children
are also more susceptible to diarrhoeal disease, to the more severe forms of
dengue, to the health impacts of air pollution and extreme weather events,
whether they're extreme heat events and other types of extreme weather event.

35 So that's a core message of the report. But importantly, there is another
narrative in the report, and that is that the future for a child born today could be
quite different if we do act and take effective action in line with the Paris
Agreement, aiming to keep the warming well below two degrees. That would
40 require the phase-out of coal as rapidly as is practical, a greater uptake of
electric vehicles, resulting in cleaner air in our cities, safer cities. And by
reducing the extent of climate change, helping to prevent those consequences
for the food system. The report found that there has been some progress, that
in countries like China, for example, we're starting to see a decline in the share
45 of energy that is made by the burning of coal. We're seeing increases in
renewable energy uptake. And we're seeing increases in electric vehicle uptake
in some parts of the world. But an underlying message is that the response is
still inadequate.

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DR WEERAMANTHRI: If I could – thank you. If I could just take you to a couple of points that I picked out, and there's - - -

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PROF CAPON: Yes.

DR WEERAMANTHRI: - - - a lot of information in the report. The first is that this international collaboration builds on three decades of work around the world. And I think you started off by saying in your opening statement something around the well-established links between health and climate change. Could you just talk about that, kind of, depth of experience, because some people will hear this as a new issue?

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PROF CAPON: Yes. And that's a very important point, in fact, and Australia is very relevant here, because the Australian environmental epidemiologist, Tony McMichael, was the first epidemiologist to make clear the relationships between health and climate change. And one of his books, *Planetary Overload*, was published in 1993, more than 25 years ago now. And around that time, Tony McMichael left Australia – he had been based at the University of Adelaide – to a new base at the London School of Hygiene and Tropical Medicine in the UK, where he established a world leading program on health and climate change and spent a further decade based there in London, working very closely with the Intergovernmental Panel on Climate Change, the IPCC, to bring health into their reporting and tracking processes.

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So as you can see from that, there is quite a history in the work. Australia is very relevant. And since that time, there have been research groups established in leading universities around the world. And as you note, they are represented in the authorship of this global report, from all regions of the world now. Certainly there is some insufficient research money in this space. And I'm well aware, as you are, Tarun, that NHMRC is thinking through at the moment, you know, what the options might be to ensure that there is sufficient investment in research and the development of sufficient research capacity in this country, and more widely around the world.

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DR WEERAMANTHRI: So we'll come to the Australian report in a second. But I'm also keen to really encourage people to read the international report, because it puts the Australian reporting in some context.

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PROF CAPON: Yes.

DR WEERAMANTHRI: And so, just as an example of that, 'Indicator 1.2: Health and extreme weather events', talks about wildfires across the globe. And, you know, we're obviously focused on bushfires in Australia at the moment. But this finding says that 152 of 196 countries saw an increase in the annual daily population exposure to wildfires in recent years compared to the earlier part of the century.

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5 So it's that kind of comparative data that is important. As quite a remarkable number of countries who are reporting, would you like to talk about the, kind of, coverage of this international report?

10 PROF CAPON: Yes. The report aims to be comprehensive in terms of inclusiveness of countries around the world, but clearly, that's limited by the availability of data. So for some indicators, it's possible to get better data than for others. But part of the reporting process is to continually improve the data and the tracking processes as well. But as you say, I mean, here in Australia at the moment, certainly on the east side of Australia, we're very concerned about the coming fire season. And it's brought it home, I think, in Australia, into much sharper focus this year.

15 DR WEERAMANTHRI: Thank you. Just a couple of other quick points. On page 1871 of *The Lancet* publication, it talks about the climate change health links discussion being actually led internationally by small island developing states. So that's obviously of relevance to Australia, given its position in the Indo-Pacific.

20 PROF CAPON: Yes. And in fact, overnight I've just come in from Suva in Fiji, where we have a research program funded by the Wellcome Trust looking at water supply and sanitation in informal settlements in Fiji and nature-based interventions to protect health in that context. And it's clear that people living in small, low-lying island countries in our region, on the Pacific side, but also on the Indian Ocean side here, are among the most vulnerable in the world, and so it's great that they are having a stronger voice in the discussions. And it is disappointing, I think, for many Australians, that we, as a country, are not responding comprehensively to these challenges. We're partially responding in terms of investing in supporting adaptation in these contexts, but we're not reflecting on our own behaviour and its flow-on impacts for people in other countries.

35 And here, I guess, the most obvious example is that we seemingly continue to rely on the selling of coal to other countries for a substantial part of our export income, when there are alternatives for that if we embraced a transition to renewable energy. Clearly, we can't stop this overnight, but we have to start planning for it, and that is possible, and it's important that our governments engage in this discussion.

40 DR WEERAMANTHRI: Professor Capon, at the same time as the international report was released, you were a co-author of a linked *Medical Journal of Australia-Lancet Report on Health and Climate Change in Australia*. Can you talk us through some of the main findings of that report that relate to the terms of reference of this Inquiry, this Inquiry being focused on the health sector and Western Australia?

[09:14:40]

5 PROF CAPON: Yes. The *MJA Lancet* Countdown report is another annual tracking process. Notably, it's the first nationally downscaled tracking process as a partnership with *The Lancet* Global Countdown and, I guess, as a sidebar, the fact that we were able to commence this process two years ago is really part of Tony McMichael's legacy in Australia, because with his very important work over decades, he built capacity around the country.
10 And so, in each state, there is at least one active group working on health and climate change, including leading figures here in Western Australia. So with my colleagues, Paul Beggs and Ying Zhang—Paul, a geographer based at Macquarie University in Sydney, and Ying, a public health physician based at the Sydney School of Public Health—I established this collaboration when I
15 came back from the UN in 2016. And this is the second of the reports in the tracking process.

The subtitle of this year's report, “A turbulent year with mixed progress”... it reflects the political context this year in Australia with our national election,
20 with some strong focus on climate change, reflecting the increasing concern among Australian people about climate change, including its health impacts. Some of the things we found this year include that vulnerability to heat related extremes from climate change continue to increase, and this partially reflects an aging population in Australia, and the prevalence of chronic diseases among
25 older people. And the fact that the majority of Australians, about 90 per cent—in fact, the vast majority—live in urban areas where there is potential for particular risks from extreme heat in the context of urban heat islands. And we, of course, see this in greater Perth. And I know there are concerned public health professionals here in Perth about the impact of the urban heat island in
30 the context of a changing climate on health.

It's getting hotter in Australia, and we're concerned about the intensity, duration and frequency of heat waves, and wildfire, and exposure we've already referred to in the global report—also extremely important here in Australia. And
35 notably, mental health impacts—which we have an indicator for in the Australian report—that is not yet reported globally. And that reflects some expertise in Australia in this area of mental health. And it might be something we could explore a bit more later in this conversation.

40 In terms of adaptation planning, we did note this year that the Queensland Government now has a plan for climate change and health. And as I mentioned at the outset, it's very good to see this current Inquiry from the WA Government. But not sufficient engagement at the national level and not all the states as active as they might be. We are seeing leadership from cities, though,
45 and that's positive. In terms of health sector emissions, as you know, it's been estimated that seven per cent of all Australia's carbon emissions are attributable to the work of the health system—the hospitals, the other health care services,

the general practices, the pharmaceuticals and medical devices that we use in the formal health system.

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5 And I think this is an area where there is great opportunities for us to do further work, and we're delighted that Professor David Pencheon will be visiting Australia next year. And I understand that he may have the opportunity to meet with this Inquiry down the track.

10 The public and political engagement—I guess, in essence, we would say increasing public concern, but as yet, that's not translating into the political engagement that we need to see. Although it was notable that just last week, the Shadow Health Minister for Australia spoke at the University of Sydney about health and climate change, when he gave a lecture in the Faculty of
15 Economics. So, you know, a beginning of political engagement, but we need to see a lot more. This is not a party political issue. I think we would all agree that all parties have failed us in this context, and we need them all to step up.

20 DR WEERAMANTHRI: Professor Capon, thank you for that. Could I take you to Box 2, which is climate change and health attribution? So in our public presentations that we've done at forums in Western Australia, we've made the distinction between climate and weather.

25 PROF CAPON: Yes.

DR WEERAMANTHRI: And weather being a one-off event, and climate being a pattern. But you often see the question asked, “can any one event be attributed to climate change?”, which seems to me to be a somewhat curious mixture of a question about a single event and a question about a
30 pattern, and possibly, isn't quite the right framing of the question. But you also address this issue through some methodological work, which may be, you know, in progress. Could you just tell us about your thinking about extreme event attribution?

35 PROF CAPON: Yes. This work is being led by our colleagues from the University of New South Wales, where there is a National Centre on Climate Science. And it comes to the heart of that question of how much of, for example, the heat impacts on health are attributable to a changing climate, as against to an established pattern. And clearly, this has become a bit
40 of a distraction, in many ways, in Australia. As health people, what I often say is that our role is not to become experts on climate, weather, climate science, changes in climate. Our responsibility is to protect and promote the health of people in the context of the exposures they have, from climate exposures as they exist, and what is changing, and what may change further in the future.

45 So the question of how many of these events are attributable is really outside my wheelhouse, if you like, but my responsibility is to do my best, with our

colleagues, whether they're in government or in universities or elsewhere, to protect and promote health in this context.

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One thing I would say is that my colleague, Tony McMichael—who I've referred to before—his view was that the important message was that when we're thinking about things like heat extremes, these are being amplified by climate change. We don't need to be obsessed, if you like, by the attribution of a particular event, but they're being amplified in frequency, intensity and duration by climate change. And that's what's important in terms of preparedness for the future and the urgency of the response.

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DR WEERAMANTHRI: Just getting back to the mental health indicator, Section 1.5 of your report, and you said, that this is an indicator in the Australian report, but not in the international one as yet. And it's quite complicated and complex data.

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PROF CAPON: Yes.

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DR WEERAMANTHRI: Hard to, kind of, pitch into a single message; there's lots of variables in there. For the purposes of the Inquiry—possibly, the importance is that we have picked up a range of descriptions of mental health effects which we will put into the final report in people's own words. But, I suppose, the importance of this is that there is a mental health indicator being developed, even though it's not perfect. How do you approach - - -

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PROF CAPON: Yes.

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DR WEERAMANTHRI: - - - this kind of issue?

PROF CAPON: Yes. When I think about the mental health impacts of climate change, I often think about relationships between people's lives, their livelihoods and their wellbeing. And so if we talk about one potential pathway that I think many people in Australia are very concerned about, with the prolonged drought that we're seeing on the east coast at the moment, but also in other parts of the country, we're seeing drying of the soil in that context, declines in agricultural productivity in many regions. And that means that there's declining incomes for farmers and declining incomes in farming communities. And this has flow-on implications for the mental health of farmers and farming communities. And as you'd know, we're concerned about rates of depression, rates of suicide, in farming communities, not just in Australia, but in India and elsewhere around the world.

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And so that's how I think about mental health in this context, that it's, if you like, it's a flow-on consequence of the sorts of changes that we're seeing, loss

in the context of extreme weather events, whether it's a cyclone in North Queensland, for example, or the northwest here of Western Australia.

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The loss that's associated with that, whether it's the loss of material possessions or whether it's loss of lives, or whether it's disability that may result from injuries in that context, there are mental health implications from these changes that we're seeing.

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DR WEERAMANTHRI: So I might pick up on that whole issue of... just going from mental health to, if you like, media reporting. And you've seen in Australia in the last few years a greater consistent focus on mental health as an issue. And picking up on Section 5.1 of your *Lancet* Countdown, both internationally and in the Australian report, it's 'Media coverage of health and climate change'. Now, your data goes to mainly 2018, but there's more recent data which shows a pickup in media coverage in 2019, particularly following the release of the IPCC 1.5 report,¹ and, maybe, the other societal things.

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So I was struck by the fact that initiatives such as Covering Climate Now, which is a media initiative across media organisations to give a more consistent, evidence-based coverage to climate, is leading to a, kind of, greater focus and consistency of media coverage, as opposed to the episodic coverage in prior years. And maybe there's a lesson there in terms of the health sector's attention to this issue needs to be more consistent. Because what we've seen, I believe, is an episodic attention of the health sector to this issue.

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PROF CAPON: Yes.

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DR WEERAMANTHRI: Sorry, that's a long, long preamble to the question, which is, is there a lesson we can learn from how the media is covering climate change now to how the health sector needs to give consistent attention to this issue?

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PROF CAPON: Yes, I think that's a very important point, because we do, in public health, tend to be reactive to crises; that's understandable. So when we have an extreme weather event, for example, a heatwave period, perhaps combined with fires and air pollution, or whether it's a prolonged drought, you know, we pay attention during that time. But once that period passes, then we do sometimes return to, if you like, business as usual in the way we work. And so I think it is critical that climate and weather, and its implications for health, becomes a core part of the way we do business in health and in the health system. And one of the things that we're working on

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¹ This refers to *The Special Report on Global Warming of 1.5°C*. The full title of the report is: *Global Warming of 1.5°C, an IPCC special report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty*.

at the moment is, how do we bring this into health worker education—whether that's medical education, or whether it's other health workers—so that we improve the capacity and the capability of the workforce to bring this into their day-to-day work.

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And it's quite interesting, in fact, if you reflect back historically 2,000 years ago or more, in ancient Greece, Hippocrates, of course—considered the father of our profession of medicine—was writing books, including a book called *On*
10 *Airs, Waters, and Places*. So Hippocrates, 2,000 years ago, was speaking to his patients. He was thinking about how they lived and where they live. And he was making ecological deductions about the relationships between weather, climate and health in that context. And if we fast forward to now, we've certainly got remarkable new technologies in medicine, enviro-medicine.
15 We've got new toxicological methods, we've got new genomic methods. We've got new epidemiological methods. We're very well equipped.

But perhaps we've left some things behind, as well. Left those learnings that we need to reclaim and bring them more centrally back into our work, in what
20 we might call an eco-social understanding of health to complement biomedical understanding. It's not to say that biomedical is unimportant, it's to say that eco-social is also important. We've been quite good at the social determinants of health, but we've seemingly forgotten the ecological determinants, whether its climate stability, whether it's biodiversity, including microbiological
25 diversity, whether it's ecosystems more generally. These are fundamental for human health, wellbeing and flourishing. And we need to reclaim that and make it more central in the way we practice health and medicine in this country and around the world.

30 DR WEERAMANTHRI: So trying to reflect and learn, as you've said, could you perhaps reflect on your time between—I think it is between 2009 and 2011—when you were the founding convener of the National Climate Change Adaptation Research Facility, a funded research network for human health. What were its main outputs? Because we've seen some in
35 Western Australia when we've gone and - - -

PROF CAPON: Yes.

40 DR WEERAMANTHRI: - - - sort of, canvassed the literature. And what useful lessons can be applied today? And part of the reason I'm asking is that we have heard from others in this series of hearings that momentum in this area was lost in Australia after that, and could be, and needs to be, quickly regained.

45 PROF CAPON: Yes. The NCCARF, from funding that was provided to eight different sectoral networks back in 2009, did give a, if you like, an impetus to more engagement by researchers around the country. And I was greatly honoured to be the founding convener for the network that

was established, with human health and climate change based at ANU where Tony McMichael was my mentor. So I think one of the key things that came from that work was the importance of being clear that there are quite an array of health implications from climate change.

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10 And we categorise these into three broad groupings. The direct health impacts, which, if you like, are the most evident. The health impacts of extreme weather events, for example, whether they're heat waves, tropical storms and cyclones, droughts, bushfires. It's clear that those extreme weather events can claim lives and they can also cause injuries and other harms to health. So that's relatively, readily understandable. And the broader question becomes, how do you protect health in that context? How do you strengthen emergency preparedness frameworks and public health? And chief health officers have a key role already.

20 The second category are the indirect health impacts of climate change, and we've divided these into three subcategories. The first of these were the changes to physical systems and processes. And perhaps a good example of that would be air pollution. So in a city like Perth, on any given day, there is a level of air pollution that comes, much of it, from the motor car and other vehicles that are used to transport people and goods around the city. And so where does climate fit into that? Well, the weather conditions on the day affect the extent of the air pollution. For example, on a particularly hot day, we get higher levels of ozone formation at the ground level. And this has a potential for greater health impacts for people; for example, children with asthma.

30 So it's an interaction between a physical system that's already operating in the city and a changing climate. And so this is one example of a change to a physical system and process where climate change is relevant. The second subcategory of indirect health impacts are the changes to biological systems and processes. And here we might point to potential health risks from mosquitoes and other vectors. So potential for changing distribution and abundance of mosquito vectors, which can carry a range of potential pathogens for humans. The third subcategory are the broader changes to ecosystem structure and function. And this might be, for example, constraints on microbes and the potential from a changing climate and their relevance to new infectious diseases more generally.

40 The final category of health impacts of climate change are what we call the flow-on effects for health from climate change. And I alluded to these when we were speaking about mental health before. So we have those direct pathways to health. We have those three categories of indirect pathways to health. But all of those impacts have additional consequences, often mediated through changes to people's incomes, potential for loss of livelihoods in this context, and also potential for displacement. We referred to low-lying communities before, whether that's low-lying communities here in WA or in our neighbouring countries, and what that might mean in terms of Australia's

policies to provide a safe haven for people from our region who may need to move as a result of a changing climate.

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5 So that was one thing that came from the work we did with that network, was really explicating that further, and engaging researchers and policymakers in the extent of the challenges, so that we can get our head around it. We also, I think, helped to make the case for new funding on research in the space, working closely with the NHMRC and CSIRO, who were well engaged at this
10 time in health and climate change research. There are a number of published outputs, including themed issues of Australian journals. The New South Wales *Public Health Bulletin* was one example, and the *Asia Pacific Journal of Public Health* had a supplement in 2011. There was, at the time, I think, quite a lot of media interest, policy interest. And on the positive side of all of this,
15 the health and climate change positive story, if you like, the co-benefits for health, from the transition to sustainable ways of living—we hosted a conference at the Australian Academy of Science in June 2010 on precisely this theme, and there's a themed issue that flows from that as well. So it was, really... I guess that network was an effort to stimulate more interest and
20 engagement from as wide a community of scholars and policymakers as we could.

DR WEERAMANTHRI: So you mentioned a couple of the academic outputs there - - -

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PROF CAPON: Yes.

DR WEERAMANTHRI: - - - amongst a number of other outputs. And so can you reflect—based on your involvement with environmental and climate issues over many years—can you reflect on the links and/or boundaries
30 between academics and academic institutions on the one hand, and advocacy groups on the other?

PROF CAPON: Yes. I mean, this is often brought up, as
35 it seems that people feel that... or some people feel that academics shouldn't be involved in advocacy. It's quite interesting to reflect on that from a public health point of view, and particularly where I was based at the University of Sydney, where there's been a long history of advocacy in public health, including around tobacco and its health harms. People like Professor Simon
40 Chapman, for example—very eminent Australian public health advocate—and there is a science of advocacy and how you achieve the change. Because for many things, we already have the knowledge. We need to focus more on how we achieve the change in that context.

45 And so when I think about the role of academics, I think we have three broad responsibilities. First is to build knowledge, and in this context, I think policy-relevant knowledge is enormously important. Secondly, we need to be working to build capacity, whether that's for professionals who are already in

the system, or whether it's for future generations, through the training courses in university. But importantly, we need to show leadership and engage, and that requires advocacy. We have to speak out.

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And this would historically have been called, perhaps, the public intellectual responsibility of an academic. And platforms like *The Conversation* provide a structure as a basis for some of that advocacy. But there's no doubt in my mind that all academics have a responsibility to speak out, because we don't want the findings just being inside the academy, people talking to each other. It's very much about engaging with people and making decisions and supporting those people as best we can.

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DR WEERAMANTHRI: So we've just got a few minutes left, so I've just got one last question for you to consider. It kind of goes back to your starting point, which is about, there's an urgency to act. And this report comes out in... will be given to the Minister in early 2020. And we've been asked to provide a path forward for the health sector in Western Australia, and that's where our conclusions and recommendations will go. And we're certainly thinking of framing it in terms of the next decade. And that's a, kind of, convenience from a 2020 to 2030 kind of perspective, fits in with the IPCC 1.5 report, and I think others are thinking in terms of similar framing of this as an issue. Is that a useful framing for you? Because clearly, there will need to be work done after that, you know, and every bit makes a difference. And I've seen some slight recent criticism of that framing as potentially saying, you know, it's all or nothing and that can be dangerous in itself. Have you reflected on that at all?

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PROF CAPON: Yes. I think we have to be sophisticated enough to think at different time horizons. The global report of *The Lancet* Countdown encourages to think ahead to the life of a child born today, which hopefully, in this country, would be 80-plus years. So *The Lancet* report's wanting us to think that far ahead, but also to think what we need to do now, you know, when we wake up in the morning and we come to our job in the WA Health Department or another agency of government in this country, what can we be doing today to improve the situation for people currently alive, and also for people about to be born? So I think 10 years is realistic. I think governments can often think that far ahead; it doesn't always have to be about the next election cycle. And we have had some leaders... I made the comment earlier that our governments have failed us, and I think clearly that is a generalisation. But there are some very thoughtful people in all parliaments of Australia, and we need to be supporting those people, working with them.

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Recently, or you'd be likely aware, that in the Australian Parliament, there's a re-established group on Friends of Climate Action. And those folk come from all parties, including the Independents. And so I think one of the strengths of an Inquiry like this, focused on health and climate change, is it needn't be political, because we all have to reflect on these things. By bringing a health

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lens to climate and climate change, it helps us understand the urgency, because people are already being affected.

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5 People are already dying in these extreme weather events that are being amplified in frequency and intensity. So it helps us understand the urgency, it helps us personalise the problem, so we don't think of climate as an abstract thing, climate change as an abstract future thing, because it makes it real, it makes it personal. And there are personal stories to tell and stories to
10 understand how we can help.

And thirdly, the health and climate change message is useful because we can turn it around. There's a positive story to tell if we do act urgently and effectively. And that's the other message from this year's *Lancet* Countdown
15 report, that we needn't leave a legacy of four degrees of warming. It is still possible for us to change. And here, just yesterday and today in WA, there's the Resources Technology Showcase about possible futures and economic opportunity for people in Western Australia, including for young people. And if we had more time to talk today, I'd offer some reflections on Ross Garnaut's
20 new book, you know, *Superpower: Australia's Low-Carbon Opportunity*, which is really about the possibilities and the livelihoods for future generations of Australians, which will support their health and wellbeing if we embrace this change. Because there are opportunities here, business opportunities, that we need to seize, and if we don't have the conversations, then we'll miss those
25 opportunities. And that'll be another bad legacy, not just a much warmer climate, but also missed economic opportunities for future generations of West Australians and other Australians.

DR WEERAMANTHRI: Professor Capon, thank you very much
30 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 deemed to be correct. While you cannot amend your evidence, if you would like to explain
35 particular points in more detail or present further information, you can provide this as an addition to your submission to the Inquiry when you return the transcript. And once again, thank you very much for your evidence.

40 PROF CAPON: Thank you very much, Dr Weeramanthri.

HEARING CONCLUDED