Submission to the Government of Western Australia Inquiry into the impact of climate change on health in WA

Dear Prof Weeramanthri,

I am delighted to hear that you will be holding an enquiry into such an important matter. I am reminded that WA was one of the first states to publish research and policy recommendations in this area over a decade ago see: Health impacts of climate change: adaptation strategies for Western Australia, in 2008. In order not to reinvent the wheel, it is important to consider if (and how) the recommendations of this document were implemented, and to identify new areas of concern that may not have been well-known or understood since that time.

This earlier document presented a suite of adaptation strategies in a risk matrix format and identified a level of uncertainty in each stage of the assessment process. Unfortunately, since this time, the risks to health have increased due, in large part, to federal government inaction on climate and energy policy constraining any individual state's ability to implement change with an integrated approach.

In the last decade, climate and health researchers have clarified some of the 'uncertainties' identified in this document. They have also uncovered some areas of even greater concern that are of direct relevance to WA. The disproportionate impact of climate change on the health of lower socio-economic groups, on women, the young and elderly - and on Indigenous Australians (Green et al 2009) have become clear. The additional health burden caused by air pollution, either from dust, fires or industrial pollution will only serve to exacerbate these problems as climate change will increase our fire weather and, climate extremes are likely to increase the risks to health in WA just as it will elsewhere across the nation (Dean & Green 2018).

Although national in scope, the Climate and Health Alliance's Strategy (2017) document provides a very useful guide of what actions need to be taken as soon as possible, and is a useful reminder of the need to ensure that in carrying out adaptation, the impacts of the health services sector’s emissions are minimised.

Finally, as noted in Green et al (2017), there is a serious funding issue around the inability for researchers to work in the climate and health space. This has occurred despite the fact that the NHMRC identified this as a research weakness in need of ‘urgent investment’ over 25 years ago.

There are a number of co-benefits to climate, energy and health policy that WA, and Australia, have been missing out on due to a lack of concerted research and health policy integration. This situation is tragic in the face of a climate emergency. We can and should be doing more. If my background and experience could be of any help to further your endeavour, I would be delighted to contribute my time.

Yours Sincerely,

Donna Green

My subject expertise is climate impacts on health and disproportionate impacts. My publications on this topic can be found at: https://www.climatehealth.info and https://www.donnagreen.org

References

Climate and Health Alliance's Strategy (2017) Framework for a national strategy on climate, health and well-being for Australia.