INTRODUCTION & EXECUTIVE SUMMARY

The Environmental Defender’s Office WA (EDOWA) is making this submission to the Climate Health Inquiry from the perspective of over 20 years’ experience in matters of public interest environmental law and the regulation of the resources sector. While we do not assume any expertise in regards to public health policy, we recognise the significant body of scientific literature, both local and global, proving the negative health consequences of climate change, and the interconnection literature between the health sector and many other governmental and industrial sectors.

Therefore, the focus of this submission addresses the third aspect of the Terms of Reference (defining the role of the Department of Health (DoH) in leading public policy on climate change and health) with regard to making policy recommendations to both DoH itself, and other departments.

Specifically, the submission will address the role of the regulation of greenhouse gas emissions and fracking in mitigating climate change and subsequently alleviating climate health issues, as well as other general strategies DoH might employ to do so.

BACKGROUND

As acknowledged above, Western Australia, much like the rest of the world, is vulnerable to unprecedented local and public health risks due to the steadily warming climate.\(^1\) Globally, climate change and its impacts will have adverse effects on land, food and fresh water availability and quality, air pollution levels, extreme weather event risks, and numerous other environmental and social factors.\(^2\) This will subsequently increase the risk of a number of physical and mental illnesses, including cardiovascular disease/heart failure, heatstroke, malnutrition, water-and-air-borne diseases,\(^3\) anxiety and depression.\(^4\)

In the United States, clean energy and transportation policies (if implemented) are estimated to prevent nearly 295,000 premature deaths.\(^5\) Closer to home, climate health impacts are already being felt, with increased climatic rainfall and subsequent drinking water contamination leading to nearly 5,500 residents in Havelock North, New Zealand, falling ill with campylobacteriosis.\(^6\)

On the other hand, climate mitigation strategies are predicted to have an overall positive and immediate effect on population health. These include improved air quality, new agricultural practices

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leading to better diet-based health,\(^7\) promotion of active transportation leading to increased physical health,\(^8\) as well as decreased risk of negative impacts resulting from sudden environmental, social and residential change.

Climate mitigation strategies and planning have often proved insufficient for public health institutions in the European Union to effectively combat climate change and its health effects, however. The European Academies Science Advisory Council recommended that public health institutions also educate and communicate the impact of climate change on human health, which in turn will both increase the effectiveness of mitigation strategies, and combat misinformation and obfuscation of climate change issues by other vested interests like the resources industry.\(^9\)

**RECOMMENDATIONS**

**HEALTH CONSIDERATIONS IN ENVIRONMENTAL IMPACT ASSESSMENTS (EIA)**

The WA Environmental Protection Authority (EPA) has established that interference to health and welfare from issues such as noise, odour and dust is a chief consideration in determining the environmental impact of a project.\(^10\) The EPA has further qualified that it needs to take a “holistic approach to human health to which EIA of significant proposals and schemes can contribute by ensuring that human health is not materially affected by the development activity.”\(^11\)

In line with these guidelines, \underline{EDOWA} recommends that DoH liaise with the EPA to ensure that when undertaking EIA for proposals with significant GHG emissions, the EPA consults with DoH on the likely contribution of significant proposals to WA’s impact on climate change and subsequently on public health. Where DoH considers this contribution to be material, it should advise that the EPA recommend against the relevant proposal, and where it considers the contribution to be minor, it should advise the EPA of potential health risks and recommend mitigation strategies that can be implemented to avoid and manage them.

**HEALTH CONSIDERATIONS IN GREENHOUSE GAS EMISSION REGULATION**

Scientific literature as it stands has noted the impact of greenhouse gas emissions on climate change both globally and locally. In WA it has been established that greenhouse gas emissions have contributed to decreased rainfall in WA’s South-West, increasing average temperatures (between 0.1 and 0.2 °C per decade since 1950), and increasing sea surface temperatures (by 0.6 °C).\(^12\) If concentrations of greenhouse gases continue to increase it is predicted climatic drying and warming in WA’s South-West will increase, leading to permanent drying and subsequent loss of freshwater ecosystems, affecting health, recreation and the Australian way of life.\(^13\)

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\(^8\)T. Xia et al. ‘Traffic-related air pollution and health co-benefits of alternative transport in Adelaide, South Australia’ (2015) 74 *Environ Int* 281-290.


\(^10\)Environmental Protection Authority, *Environmental Factor Guideline – Social Surroundings* (Guideline, 2016).

\(^11\)Environmental Protection Authority, *Environmental Factor Guideline – Human Health* (Guideline, 2016).


\(^13\)Chambers et al, ‘Climate change and Western Australian aquatic ecosystems; Impacts and adaptation responses’ (2013) National Climate Change Adaptation Research Facility.
In view of this, [name] recommends that proposals such as those received by the EPA be subjected to robust and comprehensive assessment, with DoH consulted on health issues arising both directly from emissions and from the emissions’ contribution to climate change. If a proposal’s greenhouse gas emissions exceed acceptable standards and limits, or will otherwise lead to negative impacts on human health, DoH should advise against approval.

**EDUCATION AND COMMUNICATION ON CLIMATE HEALTH ISSUES**

As noted above, public health climate mitigation strategies must be complemented by public education programs and increased communication of health issues resulting from climate change. [name] recommends DoH commit to educational programs and media that detail the increasing impact of climate change on human health, and incorporating such information into existing public health services and education. Where possible, DoH should communicate the risk of climate change and subsequent health problems from industrial proposals such as mining and fracking plans, in order to combat misinformation from such interests. Such communication would bring the impacts on human health into climate change policy discussions, historically absent at both federal and State levels.

**CENTRALISED CLIMATE CHANGE PLANNING AND MITIGATION**

In lieu of overarching legislation reinforcing the consideration of climate change on public and private industrial planning, such as that proposed by the Climate Change Act 2017 (Vic), [name] recommends DoH be consulted in planning decisions inter-departmentally to promote adaptation and mitigation of climate change and subsequently improve human health. This would be in line with the recommendations of the Independent Scientific Panel Inquiry into Hydraulic Fracture Stimulation in WA. The Panel recommended in its Final Report that DoH review and advise fracking companies on health risks arising from site-specific hydraulic fracture stimulation, as well as analyse the social impacts of any activities associated with fracking in order to understand potential physical and mental health impacts.14

An analysis of the impacts, social or otherwise, of industrial endeavours would be incomplete without consideration of both climate change and its effects on human health. [name] recommends that DoH adopt a proactive approach in this regard and consult with other departments to help mitigate climate change and its ever-increasing threat to human health.

**COMPREHENSIVE CLIMATE ADAPTATION PLANNING AND INITIATIVES**

Even if global temperature increase is limited to below 1.5°C, despite evidence revealing that Australia’s current initiatives are likely to see an increase of 2°C or more,15 the impacts of climate change will still be felt. As climate adaptation and health initiatives in WA stand, focused as they are on heatwave response, they are unlikely to be sufficient to deal with other extreme weather events, food and water quality issues and increased chance of disease.16 Accordingly, [name] recommends that DOH take a forward looking approach to these problems and begin to implement plans and services to deal with them, alongside expanding access and depth of current climate adaptation initiatives. This would involve establishing comprehensive climate adaptation planning and initiatives.

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**CLIMATE CHANGE-RELATED LITIGATION AND LIABILITY**

Internationally, there continues to be a rise in litigations associated with climate change\(^{17}\). Such litigation has included legal challenges to governments and private entities both on the basis of alleged failures to carry out legal duties to mitigate climate change, and on the basis of harm suffered from the impacts of climate change. The scope and frequency of climate change related litigation is likely to continue to grow, and may extend to lawsuits founded on the basis of harm suffered as a result of impacts to health. **EDOWA** notes that proactive strategies and measures to mitigate both the causes of climate change and the attendant risks to public health associated with climate change can ameliorate risks of liability in the event of climate change litigation, and recommends that DoH adopt such proactive measures and strategies, and assist other agencies in doing so.

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\(^{17}\) Grantham Institute, *Global trends in climate change litigation: 2019 snapshot* (Report July 2019)