

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The following information will not be published without your permission but enables the Inquiry to contact you about your submission if required.

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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).**

As Francis Menton noted in his recent article:

If you follow closely the subject of hypothesized human-caused global warming, you probably regularly experience, as I do, a strong sense of cognitive dissonance. On the one hand, you read dozens of pieces from seemingly authoritative media sources, as well as from important political officeholders, declaring that the causal relationship between human CO<sub>2</sub> emissions and rapidly rising global temperatures is definitive....

On the other hand, you studied the scientific method back in high school, and you can't help asking yourself the basic questions that that method entails:

- What is the falsifiable hypothesis that is claimed to have been empirically validated? You can't find it!
- What was the null hypothesis, and what about the data caused the null hypothesis to be rejected? You can't find that either!
- Where can you get access to the methodology (computer code) and the full data set that was used in the hypothesis validation process; and are those sufficient to fully replicate the results? You can't find these things either!

Note that there have been major after-the-fact adjustments to the principal data sets that are used to claim rapidly warming global temperatures and to justify press releases claiming that a given year or month was the "hottest ever." You look to see if you can find details supporting the data alterations, and you learn that such details are not available.

The IPCC climate sensitivity is about one order of magnitude too high, because a strong negative feedback of the clouds is missing in climate models. If we pay attention to the fact that only a small part of the increased CO<sub>2</sub> concentration is anthropogenic, we have to recognize that the anthropogenic climate change does not exist in practice. The major part of the extra CO<sub>2</sub> is emitted from oceans [6], according to Henry's law. The low clouds practically control the global average temperature. During the last hundred years the temperature is increased about 0.1°C

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because of CO<sub>2</sub>. The human contribution was about 0.01°C. We have proven that the GCM-models used in IPCC report AR5 cannot compute correctly the natural component included in the observed global temperature.

Until we can get some actual science and calm the alarmists (who cover the lack of proof with much noise and fury, but little or no actual science) we cannot rationally act to solve a problem we have such little true understanding of. Therefore to implement any changes or waste time and money for something which we do not understand (and may not even exist) is expensive, foolish, and futile.

**Please complete this sheet and submit with any attachments to: Climate Health WA Inquiry**