

28 March 2021

Rod Carr Commission Chair Climate Change Commission WELLINGTON Via online format

Dear Professor Carr.

Re: He Pou a Rangi Climate Change Commission 2021 Draft Advice for Consultation

## About the New Zealand Society of Anaesthetists (NZSA)

The NZSA is a professional medical education society which represents over 650 anaesthetists in New Zealand. Our members include specialist anaesthetists in public and private practice, and trainee anaesthetists. Our key roles are advocacy, facilitating and promoting education, and strengthening networks of anaesthetists nationwide.

### Overview

The NZSA, through our Environmental & Sustainability Network, welcomes the opportunity to submit on the CCC's consultation. We agree with the report's view that "If we act now, we can create a thriving, climate resilient and low emissions Aotearoa" and concur that current government policies do not put the country on track to meet our recommended emissions budgets and 2050 targets. We strongly support an all of government response to reduce emissions and to mitigate the effects of climate change in New Zealand. We are however concerned at the omission of health in the draft report, which is a key aspect of a far reaching and effective climate change response – we need to ensure that health and health equity issues are considered, and have a voice through effective representation, to advance New Zealand's climate change mitigation and adaptation strategy. Additionally, the Treaty of Waitangi must be a central feature of this strategy and Māori representation is vital.

# Comments

# Health, wellbeing, and equity

There have been multiple calls for health outcomes and health equity to be part of the climate change conversation, however there is almost no mention of these issues in the Climate Change Commission's (CCC) draft advice to the Government about poverty, wellbeing, and health.

The report developed by the CCC is a well written document and very readable, and we commend the inclusive approach to encourage the changes it recommends our society must make. However, it is technocratic and does not explore what the changes will mean for people, society, and wellbeing. The work streams in the report are based on technical solutions, responding to specific legislative requirements.



There is an attempt (albeit small) to focus on the Treaty of Waitangi, and recognition that a New Zealand way of approaching climate change solutions could be immensely valuable.

There appears to be a strong political will to improve equity. The Ministry of Health understands that New Zealand needs to address societal inequity and has recommended that an equity lens be used across health policies. The Minister of Health has talked about the importance of improving equity also, raising this at his talk at the Association of Salaried Medical Specialists conference late last year. The Labour Government has also emphasised wellbeing, as exemplified by its 'wellbeing budget.' Those at greatest risk from the impacts of climate change in New Zealand include the most vulnerable population groups (e.g. Māori, Pacific, children, the elderly and those on low incomes) so considerations around equity must be paramount when implementing changes to mitigate climate change.

## Public health expertise

Our "one big thing" is that we believe that the healthcare system must have a strong voice on climate change. The health group with the best grasp of what climate change means for New Zealanders' health, wellbeing and equity are those working in Public Health. However, all those working in the health sector can have valuable input. It is vital to also have Māori represented, and to strengthen the report's focus on the Treaty. It is certainly true that indigenous people have more to lose from climate change and stand to gain a great deal if the pathway to zero carbon emissions includes health as a measurable parameter.

What is good for health is almost always good for the climate, and the converse is also true.

We endorse the recommendation of Ora Taiao (NZ Climate and Health Council), of which we are a member, to appoint two public health experts to the board of the Climate Change Commission, including one Māori public health expert. We also agree with the recommendation that the Commission form a technical advisory group on health. While there is an increasing evidence base of the health impacts of climate change internationally (see for example the Lancet Countdown¹), a better understanding of the risk and effects of climate change on health in Aotearoa is needed. Additionally, it would be of great benefit to develop a climate and health action plan which adopts a cross sectoral approach enabling the co-benefits of climate and health action to be realised.

With respect to the six big issues questions posed by your consultation process:

 Do you agree the proposed emissions budgets put us on course to meet the 2050 target?

We are neutral, in that we agree the budgets appear to put us on a path, but we disagree with the lack of immediate ambition and action. Any delay in emissions reductions will contribute to deepening health, social, and economic inequities. The societal responses to climate change are congruent with those to create a fairer,

<sup>&</sup>lt;sup>1</sup> https://www.lancetcountdown.org/2020-report/



- healthier society; the more immediate the actions, the sooner we can reduce some of our social and health inconsistencies.
- 2. Is this a fair balance between current and future generations? We strongly disagree. Much of today's social wealth is derived from fossil fuel exploitation, and much of tomorrow's cost is from the same source. Two concepts, tikanga and intergenerational equity, give us the moral directive to act now, and reduce the harm we inflict upon future generations. Much of that harm is already locked in, but failure to act early on greenhouse gas release only exacerbates the damage we inflict on our children and grandchildren.
- 3. Are the NDC proposals compatible with the 1.5° goal? We are neutral with respect to this issue, but our concern remains that failure to make deeper, earlier cuts simply increases our risk of overshooting the target with exponentially greater health risks (ref). As a wealthy, developed nation, NZ is surely obliged to do more than the average? A strong early pivot provides business and service sectors a head start in innovation, technical leadership, and economic opportunities.
- 4. Should we be prioritising new native forests?

  Strongly agree. This should include all native habitats, including wetlands, and the assurance that no further deforestation and wetland drainage occurs post 2025.
- 5. What policy interventions are most urgent to meet emissions budgets?

  A multidisciplinary health advisory group is needed *prior* to adopting the suggested policies, to ensure that health and social impacts are not created by blind acceptance of price signals and investment policies.
- 6. Are the budgets to 2035 ambitious and achievable? We strongly agree that they are achievable; we strongly disagree that they are ambitious. Mitigating the impending health catastrophe of climate change requires early and ambitious action. Delays will lead to further costs in terms of disease, suffering, and illness amongst our most vulnerable. Given that the most significant fraction of the carbon footprint of healthcare is imported (in the form of drugs, disposables, and packaging) and that travel is the second largest component, we need to develop innovations and responses earlier than 2035. Once again, public health expertise on the Climate Change Commission can enable a more integrated approach, with less "collateral damage," that is, health issues inflicted upon our children and our most vulnerable members of society.

### **Summary**

In summary, the NZSA's concerns are three-fold. Failure to incorporate health and wellness into the CCC's proposals must be remedied. The Treaty of Waitangi gets a mention; it must become central to new Zealand's response to climate change. A failure of early ambition will cost our society and our people in terms of health, happiness, and options.

Thank you for the opportunity to comment. We appreciate the CCC's stated commitment to genuine consultation and to "consider all evidence we receive through consultation" and the CCC's willingness to change any part of its work in light of this. We are happy to answer questions on our submission.



Yours sincerely

Dr Sheila Hart NZSA President

References <a href="https://www.ipcc.ch/sr15/chapter/spm/">https://www.ipcc.ch/sr15/chapter/spm/</a>