



CLIMATE^{AND}
HEALTH
ALLIANCE

Submission to Review of the EPBC Act 2020

Contact:

CAHA Executive Director
Fiona Armstrong
fiona.armstrong@caha.org.au
0438900005
www.caha.org.au

About the Climate and Health Alliance

The Climate and Health Alliance (CAHA) is a national charity and the peak body on climate change and health in Australia. CAHA is an alliance of organisations within the health sector working together to raise awareness about the health risks of climate change and the health benefits of emissions reductions.

The membership of CAHA includes a broad cross-section of health sector stakeholders with around 40 member organisations, representing healthcare professionals from a range of disciplines, as well as healthcare service providers, institutions, academics, researchers, and consumers. Information about CAHA's membership and governance can be found at www.caha.org.au.

The Climate and Health Alliance has produced a significant number of reports and publications to assist policymakers and inform health stakeholders and the wider community understand the links between climate change and health, and to guide decisions regarding policy and solutions.

These include the [Human Health and Wellbeing Adaptation Plan for Queensland](#); [Framework for a National Strategy on Climate, Health and Well-being for Australia](#) and the preceding [Discussion Paper](#); a [Review of Health and Climate Change Literature](#) for the City of Melbourne; a joint report on divestment [Healthy Investments](#) (with Doctors for the Environment); the seminal report [Coal and Health in the Hunter: Lessons from One Valley for the World](#); a multi-stakeholder [Joint Position Statement and Background Paper on Health and Energy Choices](#); a joint report 'Our Uncashed Dividend' (with The Climate Institute) on the health benefits of reducing greenhouse gas emissions; Discussion Paper for the [Roundtable on the Health Implications of Energy Policy](#) and a subsequent [Briefing Paper](#) on the same topic.

CAHA produced a film on the risks to health and climate from coal and gas, [The Human Cost of Power](#); and has conducted many innovative and ground breaking public events, including a series of Greening the Healthcare Sector Forums, including several [Healthcare Environmental Sustainability Forums](#) with Western Health and Institute for Hospital Engineers Australia; the [Our Climate Our Health Seminar](#), featuring an innovative thought experiment: [Imagining 2030 as a healthy low carbon world](#); a [Public Seminar on Protecting Health from Climate Change](#) (jointly hosted with University of NSW); and a national [Forum on Climate and Health: Research, Policy and Advocacy](#). CAHA also contributes to many conferences, community dialogues, and forums, both nationally and internationally on these issues.

For more information about the membership and governance of the Climate and Health Alliance, please see Appendix A. For further information see www.caha.org.au

Human health and the environment

The World Health Organization estimates that one quarter of the global burden of health is attributable to environmental causes (Prüss-Üstün, 2006). Continued global population growth, unsustainable use of natural resources, changes to land use, deforestation, and generation of industrial polluting waste is likely to continue this growing trend.

The Environmental Protection and Biodiversity Conservation Act (EPBC Act) does not currently acknowledge the **fundamental links between the health of the planet (and natural ecosystems and biodiversity) and the health of humans** (COHAB Initiative, 2010).

As the Environmental Protection Agency in Victoria has noted: “The **health of the Australian population is linked to the state (or health) of our natural environment**—the air we breathe, the water we drink and bathe in, and the soils our food grows in” (EPA Victoria, 2017).

The right to health is critical to the discussion

As a party to the International Covenant on Economic Social and Cultural Rights, **Australia is obliged to recognise the right of everyone in Australia to the highest attainable standard of physical and mental health**, and to take steps to realise this by all appropriate means to the maximum of its available resources.

This right is included in **Australia’s obligations under the Paris Agreement, for example, to integrate our ‘right to health’ in national climate change responses** (UNFCCC, 2015).

The right to health should be a central guiding tenant to the aims and outcomes of the Act.

While the EPBC Act explicitly references ecologically sustainable development, it **fails to acknowledge human health in the context of ecologically sustainable development**.

Health is one of the most important indicators of sustainable development. The third Sustainable Development Goal (SDG): Good Health and Wellbeing includes a sub-goal which points to environmental drivers and solutions to substantially reduce “the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination” (United Nations, 2015).

Australia’s report on progress towards achieving the SDGs states that **governments in Australia “recognise the importance of healthy ecosystems and socio-economic factors to human health**, with an interlinked, holistic approach that focuses on the underlying determinants of health, consistent with linkages between SDG 3 and many of the other SDGs” (including those promoting healthy environments - in particular SDGs 13–15). **However, there is no information**

available on how these other SDGs will be linked and tracked against Australia's SDG 3 priorities (Brolan, et al, 2019).

Shortcomings of current definitions and approaches

The Discussion Paper notes that the Act “supports only constrained consideration of the social, economic and environmental costs and benefits that relate to some key elements of ecologically sustainable development”.

While the financial cost to business and government of biodiversity loss and inefficient regulation is robustly addressed in the Act and the Discussion Paper, the **cost of environmental degradation on people' physical and mental health and the health system, and strong links between Indigenous health and environmental factors do not appear to be a consideration** (Green, D et al, 2014).

The EPBC Act could deliver better outcomes for the environment and biodiversity (and Australian society and the economy) if **a definition of ecologically sustainable development was included in the Act that acknowledged the fundamental importance of a healthy natural environment for human health and wellbeing**. This would then ensure that policies to aid the protection and conservation of the natural environment and biodiversity were guided by an understanding of the value – and motivated by the importance – of a healthy natural environment on human health and wellbeing.

The current definition and application of **cost benefit analysis as a method of determining 'value' is inadequate, and fails to consider the natural value of ecosystems and biodiversity**. It is applied only to the incremental effects of a proposal under consideration, not the accumulated effects over time and/or space of multiple similar proposals, and rarely considers the differential costs and benefits i.e. the winners and losers. These issues must be tackled if cost-benefit analysis is to be a useful tool in environmental and health assessment, and points to the need for ecological accounting to take into account other less tangible and immediate costs and values. **The inclusion of intergenerational and intragenerational equity as a principle could help guide decision-making that incorporated these considerations.**

CAHA welcomes the consideration of “Indigenous peoples' knowledge and role in the management of the environment and heritage” and the intent to include Indigenous peoples and organisations in future consultations, as outlined in the Terms of Reference. Beyond acknowledging the relationship of Indigenous peoples with the environment, however, the connection between poor health outcomes for Indigenous communities, particularly chronic disease, and changing ecosystems (including temperature increase) must be addressed. If the review is aiming to ‘modernise’ the Act, the mental and physical health of Indigenous Australians must be of greater significance. It is fundamental that **Indigenous representatives must be part of the decision-making process.**

We urge consideration of a **rights-based approach to nature** in the review of the EPBC Act, drawing on the examples of New Zealand where natural ecosystems have been awarded the legal status of a person, and Ecuador, where a charter of 'The Rights of Nature' has been adopted into the Constitution.

The consequences of failing to consider health impacts

The following points illustrate the tangible ways in which insufficient environmental protection results in negative human health outcomes, and how the EPBC Act could be utilised to prevent such outcomes.

Air pollution

- In 2016, the UN reported that, "Ambient air pollution from traffic, industry, power-generation, waste-burning and residential fuel combustion resulted in around 4.2 million deaths" (UN Statistics Division, 2019).
- In Australia the EPBC Act has the potential to reduce morbidity and mortality from poor air quality by allowing for robust and enforceable federal and subnational laws that act to limit air pollution.
- A 2014 report from Climate and Health Alliance on the human health impacts of pollution from coal production in the Hunter Valley found the health damages from five coal fired power stations cost the state of NSW \$600 million per annum (Armstrong, 2015).
- If human health impacts are included in the assessments of social costs and benefits under the EPBC Act, health outcomes from air pollution could provide some of the empirical evidence to assess the efficacy of the Act, which is identified as "very difficult" to assess in the Discussion Paper.
- Where there is insufficient evidence to ensure safety (AMA, 2013), the precautionary principle should be employed in relation to the EPBC Act – but this must go beyond the current criteria which refers to "threats of serious or irreversible environmental damage" include decisions in which environmental change may negatively impact on human health.

Biodiversity, vector-borne and zoonotic diseases

- Lessened biodiversity, unsustainable land use and the wildlife trade have been identified as contributors to ecosystem change and as a result, zoonotic diseases (which transfer from animals to humans) (COHAB Initiative, 2010).
- Ebola, SARS, MERS, bird flu, Zika, and new novel coronaviruses like COVID-19 (Vidal, 2020) are part of a trend of increasing infectious diseases that can be in part attributed to habitat loss and climate change.
- Biotic exchange, the spread of invasive alien species and disease organisms through increased trade, travel and tourism, also contributes to the trend (Millenium Ecosystem Assessment, 2005).
- This points to the implications of failing to protect ecosystems and biodiversity, and the massive social and economic disruption that can arise in relation to pandemics.

Ecosystem services and human health

- Throughout human evolution, we have been totally dependent upon nature and the ecosystem services it provides. The Millennium Ecosystem Assessment (MA), was called for by the United Nations Secretary-General Kofi Annan in 2000.
- Environmental conservation efforts have traditionally emphasised the plight of endangered animals and the loss of potentially useful natural products, but placed little emphasis on the preservation of essential ecosystem services (Hill-Cawthorne, 2019).
- The MA developed the most authoritative conceptualization of the relationship between human well-being, human health, and nature, drafted through an international collaboration of more than 1360 scientists, collating and assessing relevant literature for a four-year period (2001–05).
- This group identified four main forms of ecosystem 'services': provisioning, culturally enriching, regulating, and supporting, as described below:
 - Provisioning: Freshwater, food crops (e.g., wheat fields, rice paddies, market gardens), timber and fibre crops (cotton, bamboo), biofuels (e.g., from corn and sugarcane), animal products (e.g., sheep flocks, chicken farms), aquaculture ponds (fish stocks), medicinal products (e.g., codeine, pyrethrum), mangroves (fish nurseries)
 - Regulating: Forests on slopes that stabilize soil, lessening erosion; coastal protection from floods, storms and (partially) tsunamis (carbon stabilization); some cases of infectious disease limitation (e.g., Lyme disease, malaria in some cases, onchocerciasis)
 - Culturally enriching: Inspiration (charismatic landscapes and species, e.g., coral reefs, tiger reserves, old- growth forests), spiritual refreshment (sacred groves), religious observation, ancestral links, ceremonial decorations
 - Supporting: Soil fertility and nutrient recycling (microorganisms, earthworms, fungi), pollinators (insects, birds, bats), insect control (birds), seed dispersers (bats, birds, apes, elephants), detoxification, and nutrient recycling
- Key findings of the MA noted that over the past 50 years, humans have changed ecosystems more rapidly and extensively than in any comparable period of time in human history, largely to meet rapidly growing demands for food, fresh water, timber, fibre and fuel.
- The changes that have been made to ecosystems have contributed to substantial net gains in human well-being and economic development, but these have been achieved at growing costs in the form of the degradation of many ecosystem services, increased risks of nonlinear changes, and the exacerbation of poverty for some groups of people.
- The Assessment warned that these problems, unless addressed, will substantially diminish the benefits that future generations obtain from ecosystems.
- The MA points to the importance of the concept of **planetary health** which identifies "the need for integration of social, economic, environmental and health knowledge" (Whitmee, 2015).

Recommendations

The Climate and Health Alliance calls for decisions regarding environmental protection and biodiversity conservation policy to **include the assessment of implications for human health** and acknowledgement of the **fundamental dependence of human health and survival on healthy ecosystems**.

This can be achieved in the Act by:

- Evaluating human health impacts (positive and negative) as an indicator of efficacy.
- An additional element of the Act, outlined in Figure 3 of the discussion paper, that recognises that the health of humans is dependent on the health of ecosystems.
- Giving greater prominence to the significance of current and future human health in the definition of ecologically sustainable development, Section 3A of the Act.
- Broadening the objects of the Act such that natural environments deemed worthy of protection go beyond that of “national environmental significance”, given that all natural ecosystems have inherent value, and their loss leads to negative outcomes for humans and other species at local, national and global scales.
- The EPBC Act should make provision for consideration of human health impacts arising from changes to land use, degradation and loss of natural ecosystems not just in relation to expanding protected areas.
- Introducing a requirement that proposals considered under the Act involve an independent Health and Environmental Impact Assessment.
- Health outcomes could be defined as a matter of national environmental significance, or a ‘trigger’ as described in Part 3 of the Act.
- Removal or scaling back the use of offsets.
- Removal of any self-regulation of industry in protection of the environment - independent and arm’s length monitoring, evaluation and reporting on outcomes is required.

However, given the limitations of the current Act, **we support calls for a new generation of strong environmental laws and institutions** to govern it that genuinely protect our rivers, reefs, forests and wildlife, increase biodiversity and regulate pollution.

Consultation with public health, environmental health, planetary health and Indigenous experts, representatives of health organisations, and meaningful participation of communities should be an integral part of the process of developing environmental policy and legislation. The Climate and Health Alliance would welcome the opportunity to be a part of further discussion.

APPENDIX A

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