CLIMATE AND HEALTH ALLIANCE

Submission to the Environment Protection and Biodiversity Conservation Amendment (Streamlining Environmental Approvals) Bill 2020

November 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 47 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 **Healthy, Regenerative and Just** policy agenda, released in 2020; **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

Our concerns

Poor, undemocratic, process

The Climate and Health Alliance would like to put on record our concern about the poor process undertaken in the consultation, drafting and approval of these amendments to the EPBC Act. Given the importance of this Act for Australia on several levels, including endangered species protection, human health, and natural resources preservation, the negligence in this process is both surprising and dangerous: to human health and democracy itself.

There are several indications that the federal government is treating the EPBC review and subsequent amendment as a box-ticking exercise, rather than a genuine effort to strengthen our environmental protection and biodiversity conservation laws.

The amendments proposed by Minister Ley were rushed through despite a review of our environmental laws being under way and not yet completed.

This is despite the independent review's interim report finding that "*Australia's natural environment and iconic natural assets are in an overall state of decline and are under increasing threat. The current environmental trajectory is unsustainable*."

The independent review's interim report makes it clear: we must be strengthening our environmental protection laws, not weakening them.

And now the process to review those amendments has been rushed, and occurred without offering stakeholders a reasonable period with which to review the amendments and declare any concerns.

The Senate Environment Committee agreed on Thursday, November 12 to a new Senate Inquiry into the EPBC legislation that was passed by the House of Representatives in September. Submissions to the inquiry are due on Wednesday 18 November, just six days later**,** and the reporting deadline is on November 27. A deadline of 4 working days for submissions is an unrealistic window to allow meaningful submissions.

In addition, the Environment Department instructed the Office of Parliamentary Counsel to begin drafting changes to the legislation *eleven days before receipt of the interim report of the review.*

This signals serious disregard for a process to which more than 30,000 stakeholders submitted detailed input. Discussions between the West Australian Premier and the Prime Minister relating to the bilateral approval process, facilitated by the bill, occurred in February of this year, also preceding the review and consultation process.

It appears that the federal government is only interested in a result that is predetermined, thereby making a mockery of thousands of stakeholders who engaged in the review process in good faith.

Our ongoing concerns regarding the legislation

The review of the Act by Graeme Samuel concurred with the position of many who have been concerned about the health of the natural environment for decades, and what comprehensive reviews of our environment and biodiversity have shown - that our track record and approach to protecting our magnificent environment is extremely poor.

Australia leads the world in the extinction of our unique animals. We have destroyed our iconic ecosystems like the Murray Darling Basin and the Great Barrier Reef, and our land clearing has led to the loss of most of the country's top soil.

Now as we have failed to tackle climate change, we are destroying millions of hectares of land and billions of animals with unprecedented mega bushfires.

We are destroying the very foundations for human health and wellbeing - access to clean air, soil and water.

These are the things that our environmental laws are designed to protect. The reason we want to protect them is not (entirely) because those creatures are cute and we like looking at trees - it's because our economy, society and population cannot exist without them.

In May, more than 180 health professionals and 19 health groups published an open letter to Minister Ley, warning a failure to recognise the fundamental connection between human health and the natural world in the EPBC Act put us at risk of further public health crises, like the COVID-19 pandemic.

We urge this Committee to consider this Open Letter as you undertake the review of the amendments to this legislation (see page 6-11 attached below).

Considerations for the Committee

We urge the Committee to consider carefully whether you can support a Bill that was:

a. drafted through an extremely poor process;

b. ignores the submissions previously provided and ignores the scientific evidence; and

c. fails to provide the environmental protections Australia needs to safeguards its natural assets and by extension human well-being.

We also call on you to urge the government to publicly release the Final Report of the EPBC review before the Committee's reporting deadline.

For the substantive input into the bill, we refer you to our submission to the EPBC Act Review (see page 12-18 below).

Our recommendations

Our key recommendations in regard to the process are:

- The EPBC Act can only be meaningfully assessed and approved together with a full package of reforms to be considered by Parliament, including a full suite of legally enforceable National Environmental Standards; an independent regulator for compliance and enforcement; and robust accountability and transparency requirements for government decision-making.
- Any new national environmental standards should be made available for extended public scrutiny before being put to Parliament.

Our prior submission in May 2020 appears below (p12-18).

Thursday 21 May 2020

Hon Sussan Ley MP
PO Box 6022
House of Representatives
Parliament House
Canberra ACT 2600

To the Hon. Sussan Ley MP and the Independent Review Panel

We the undersigned are health and medical professionals and organisations who work to protect and promote human health. We wish to draw attention to the current review of the *Environmental Protection and Biodiversity Conservation Act 1999* (EPBC Act) and its importance to the health of Australians.

Human health and wellbeing are fundamentally dependent on the health of the natural world. Healthy, biodiverse ecosystems provide us with clean air and water, food and fibre; regulate our climate, pests and diseases; and are the source of most of the medicines we rely on. They also provide places for recreation, psychological rejuvenation and spiritual connection. Connecting with nature leads to happier, healthier communities[1].

Conversely, as biodiversity and ecosystems decline or are lost, the benefits that nature provides to humans are compromised and human health and wellbeing suffer.

We note that the EPBC Act review is occurring during a period where Australia has experienced back-to -back crises of extraordinary scale in the 2019-2020 'Black Summer' bushfires and now the COVID-19 pandemic. These events highlight the fundamental interdependence between humans and the natural world and the consequences for human health when this is ignored.

It is widely accepted that the summer's fires were in large part fuelled by human induced climate change.

The fires caused unprecedented loss of animal life and ecological devastation, but also direct loss of human life, physical injuries and the displacement of many thousands of people. The prolonged smoke pollution over eastern Australia is estimated to have resulted in over 1300 presentations to emergency departments with asthma, more than 3000 hospitalisations for

[1] Victorian State Government Department of Environment Land Water and Planning. Victorian Memorandum for Health and Nature. https://www.environment.vic.gov.au/biodiversityvictorian-memorandum-for-health-and-nature (2017)

heart and lung problems and 417 excess deaths[2]. The mental health impacts are likely to be evident for decades.

Climate change, biodiversity loss and human health were not widely considered to be related at the time the EPBC Act was enacted in 1999. However, it is now understood they are inextricably linked.

The devastating COVID-19 pandemic is thought to have originated in pathogens from other species, as with other infectious diseases before it such as Ebola, SARS and Hendra virus. At the heart of this transmission is a disregard for animal welfare and destruction of habitats, with wildlife treated as a commodity and human communities encroaching on previously undeveloped areas.

We must protect the natural environment in order to prevent further and potentially even more deadly pandemics.

The EPBC Act has failed to achieve its objectives of protecting Australia's environment and promoting ecologically sustainable development and biodiversity conservation. Australia currently has the second highest rate of biodiversity loss in the world[3] and is globally recognised as a land clearing and deforestation 'hotspot'[4].

Our scarce water resources are in decline, threatening the survival of numerous rural and regional communities, our agricultural productivity and our food security. Some of our marine habitats, including the Great Barrier Reef, face collapse.

Climate change, one of the biggest threats to our natural environment, biodiversity and to human health, is not considered by the EPBC Act at all.

The degradation of Australia's natural environment and loss of our unique biodiversity is in effect a dismantling of our life support systems.

By failing to properly protect our environment, we fail to protect ourselves.

In reforming Australia's environmental laws, we urge that:

- **Human health considerations are kept front and centre.** While our precious natural environment deserves protection for its own sake, human health and wellbeing also depend upon it.

- **An entirely new generation of environmental law is considered, as developed by the Australian Panel of Experts on Environmental Law.** Much greater and more robust environmental protections will be required if we are to survive and thrive as a community into the future.

- **The institutions responsible for developing and delivering national environmental law include individuals with public health expertise.** This will ensure our environment and our health are seen as an integrated and indivisible whole

[2] Borchers Arriagada, N. et al. Unprecedented smoke-related health burden associated with the 2019–20 bushfires in eastern Australia. *Med J Aust*. doi: 10.5694/mja2.50545. [Epub ahead of print]

[3] Waldron A., Miller D.C., Redding D., et al. Reductions in global biodiversity loss predicted from conservation spending. *Nature*. 551; 364-367 (2017)

[4] World Wildlife Fund. WWF Living Forests Report: Chapter 5: Saving Forests at Risk. https://c402277.ssl.cf1.rackcdn.com/publications/793/files/original/Report.pdf?1430147305 (2015)

Yours Sincerely,

Fiona Armstrong
Founder and Executive Director
Climate and Health Alliance
www.caha.org.au
0438900005
fiona.armstrong@caha.org.au

A/Professor Katherine Barraclough
Board member and Victorian Chair
Doctors for the Environment Australia
www.dea.org.au
0422974857
admin@dea.org.au

Individuals

Professor Peter Doherty AC
Professor Fiona Stanley AC
Dr Rosemary Stanton OAM
Dr David Shearman AM
Professor Peter Sainsbury
Ms Christine Walker
Dr Rosalie Schultz
Dr Dimity Williams
Dr Lai Heng Foong
Ms Lucie Rychetnik
Dr Carly Hollier
Ms Jennifer Brown
Dr Anumitra Mirti
Dr Kate Charlesworth
Ms Ann Borda
Dr Joanne Walker
Ms Romaine Rutnam
Dr Richard Yin
Dr Ashu Jhamb
Dr Nadia Vargas
Dr Lizzie Skinner
Dr David King
Dr Graeme McLeay
Dr Eugenie Kayak
Dr Ben Ewald
Dr Kristen Pearson
Dr Sujata Allan
Dr John Iser
Dr Shervin Tosif
Mr Hayden Burch
Ms Grace Simpson
Dr Catherine Pendrey
Dr Tom Clemens
Dr Jessica Kneebone
Prof Jennifer Philip
Dr Bruce Hocking
A/Prof Tilman Ruff AO
Dr David Nicholson
A/Prof Vicki Kotsirilos AM
Dr Felicity Dent
Mr David Proud
Professor Melissa Haswell
Ms Radhika Mehra
Dr Geralyn McCarron
Ms Shanika Palawaththa
Dr Alyssa Vass
Dr Magdalena Simonis
Dr. Amita Roy
Mr. Alexander Eggleston
Dr Rob Hosking
Dr Paul Yates
Ms. Ruzna Samsudeen
Dr Brett Montgomery
Dr Jeremy Broad
Dr Mary Tapsall
Professor Bruce Armstrong AM
A/Prof Ken Harvey AM
Dr Raymun Ghumman
Dr Dean Cowie
Dr Dina LoGiudice
Dr Jan Anderson
Ms Catrina Sturmberg
Dr Vahid Master
Dr Emma-Leigh Synnott
Dr David Learmont-Walker
Ms Gwen Stil
A/Prof Rosemary Masterson
Dr Greg Rowles
A/Prof Alison Street AO
Dr Sally Lapin
Dr Andrew Edwards
Dr Celia Bagshaw
Dr Deborah Vallance
Dr Buddhini Abeysiri
Dr Graeme Dennerstein
Dr Ying Zhi Gu
Mr Connor Fisher
Dr John Campbell
Dr Jessica Anderson
Dr Ella Flecker
Dr Elizabeth Bashford
Dr Katherine Poulsen
Ms Raagini Mehra
Dr Helen Kerr
Dr Roger Peverill
Dr Thanya Pathirana
Dr Robin Collin
Dr Annabel Wyburn

Dr John Campbell
Dr Megan Downing
Dr Michael Williams
Dr Cara Odenthal
Dr Pamela Douglas
Dr John Barry
Dr Mark Norrie
Dr Sophie Adams
Ms Jessica Wang
Dr Ross Jennens
Dr Marianne Cannon
Dr Colin Campey
Dr Helmut Schoengen
Dr Rebecca Tuma
Dr Zala Skrbis
Dr Katherine Jarosz
Dr Malcolm Altson
Dr Lisa Stanton
Mr Harsh Desai
Dr Genevieve Cowie
Dr Mike Forrester
Dr Monika Coha
Dr Jennifer Davidson
Dr Jennifer Mills
Dr Ohnmar John
Dr Malcolm McKelvie
Dr Karen Kiang
Ms Sarah Van Orsouw
Dr John Merory
Dr John Van Der Kallen
Dr Mary Jessop
Dr Simon Judkins
Dr Rebekah Adams
Ms Casuarina Mills
Dr Rachel Hawker
A/Prof Linda Selvey
Professor Lynne Madden
Dr Pia Brous
Dr James Nolan
Dr David Harley
Dr Alexandra Bernhardi
Professor Michelle McLean
A/Prof Richard Matthews
Dr Lucy-Jane Watt
Professor Sotiris Vardoulakis
Dr Peter Elepfandt
Dr Catherine Brimblecombe
Dr Bhakti Vasant
A/Prof Joseph Ting
Professor Rufus Clarke
Dr Lynda Vine
Dr Arnagretta Hunter
Mr Ross Robertson
Ms Stefanie Pidcock
Dr Roger King
Dr Catherine Videon
A/Prof Marion Carey
Dr Jennifer Bryce
Dr Cora Mayer
Dr Roslyn Brooks
Dr Nicole Tan
Dr Jennifer Altermatt
Ms Caryse Fong
Dr Emma Skowronski
Dr Ann Whitehouse
Dr Tracy Schrader
Dr Marissa Daniels
A/Prof Kate Wyburn
Dr Julian Cassar
Dr Petrina Barson
Dr Sarah Cheong
Dr Katherine Carasco
Ms Meghan King
Dr Ramin Zadeh
Dr Samuel Fraser
Dr Marie Healy
Dr Isabella Panettiere
Dr Joanne Sahhar
Dr Claire Cupitt
Dr John Bonning
Dr Gillian Deakin
Dr Matthew Sypek
Dr Martina Meyer-Witting
Dr Tim Woodruff
Ms Anthea White
Ms Jennifer Phung
Dr Anne Stanaway
Dr Mary O'Shea

Organisations

Doctors for the Environment Australia
Climate and Health Alliance
Public Health Association of Victoria
Health Nature & Sustainability Research Group
Deakin University
Women's Health in the North
Central Australian Rural Practitioners Association
Gender and Disaster Pod
Australian Association of Social Workers
Australian Healthcare & Hospitals Association
Australasian Epidemiological Association
Australian Health Promotion Association
Children's Healthcare Australasia
Victorian Medical Women's Society
Australian Health Care Reform Alliance
Australian Medical Students' Association
Australian Federation of Medical Women
Australian Institute of Health Innovation
Doctors Reform Society

CLIMATE AND HEALTH ALLIANCE

Submission to Review of the EPBC Act 2020

May 2020

Contact:
CAHA Executive Director
Fiona Armstrong
fiona.armstrong@caha.org.au
0438900005
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
Climate and Health Alliance Board

Amanda Adrian, President, Governance Committee Chair
Dr Rebecca Patrick, Vice-President
Ms Kim Daire, Treasurer, Finance Committee Chair
Dr Ingrid Johnston, Secretary, Research and Policy Committee

Dr Joanne Walker, Research and Policy Committee Chair
Mr Michael Wheelahan, Deputy Treasurer, Governance and Finance Committee
Mr David Zerman, Independent Director
Ms Fiona Armstrong, Executive Director
Dr Lucie Rychetnik, Research and Policy Committee
Dr Frances Peart, Governance Committee
Dr Ying Zhang, Research and Policy Committee
Katherine Middleton, Governance Committee

CAHA Member Organisations

Abilita
Australian Association of Social Workers (AASW)
Australian College of Nursing (ACN)
Australian Council of Social Service (ACOSS)
Australasian Epidemiological Association (AEA)
Australian Healthcare and Hospitals Association (AHHA)
Australian Health Promotion Association (AHPA)
Australian Institute of Health Innovation (AIHI)
Australian Women's Health Network (AWHN)
Australian Medical Students' Association (AMSA)
Australian Nursing and Midwifery Federation (ANMF)
Australian Primary Health Care Nurses Association (APNA)
Australian Psychological Society (APS)
Children's Healthcare Australasia
Codesain
CoHealth
ConNetica Consulting
Consumers Health Forum of Australia (CHF)
CRANA*plus*
Doctors Reform Society (DRS)
Women's Health in the North (WHIN)

Friends of CAHA
Health Consumers NSW
Healthy Futures
Health Issues Centre (HIC)
Health Nature Sustainability Research Group (HNSRG)
Health Services Union (HSU)
Koowerup Regional Health Service (KRHS)
Medical Scientists Association of Victoria (MSAV)
Naturopaths and Herbalists Association of Australia (NHAA)
Pharmacists for the Environment Australia (PEA)
Public Health Association of Australia (PHAA)
Psychology for a Safe Climate (PSC)
Royal Australasian College of Physicians
Queensland Nurses and Midwives Union (QNMU)
School of Public Health, University of Sydney
School of Public Health & Social Work, Queensland University of Technology
Services for Australian Rural and Remote Allied Health (SARRAH)
Victorian Allied Health Professionals Association (VAHPA)
Women's Health East (WHE)

Expert Advisory Committee

Associate Professor Grant Blashki, Nossal Institute for Global Health
Professor Colin Butler, Visiting Fellow, Australian National University
Professor Tony Capon, Professor of Planetary Health, University of Sydney
Dr Susie Burke, Senior Psychologist, Australian Psychological Society
Professor Garry Egger, School of Health & Human Sciences, Southern Cross University
Professor David Karoly, Leader, Earth Systems and Climate Change Hub
National Environmental Science Program, CSIRO
Professor Stephan Lewandowsky, School of Psychology, University of Western Australia
Dr Peter Tait, Convenor, Ecology and Environment Special Interest Group, Public Health Association
Professor John Wiseman, Melbourne Sustainable Societies Institute

References

AMA. (2013, May 23). *AMA calls for coal seam gas health checks*. Retrieved from Australian Medical Association: https://ama.com.au/media/ama-calls-coal-seam-gas-health-checks

Armstrong, F. (2015) Coal and Health in the Hunter: Lessons from One Valley for the World, Climate and Health Alliance: http://d3n8a8pro7vhmx.cloudfront.net/caha/legacy_url/53/Climate-and-Health-Alliance_Report_Layout_PRINTv2.pdf?1439938112

Brolan, C. E. et al. Med J Aust (2019) 210 (5): 204-206. || doi: 10.5694/mja2.50040

COHAB Initiative. (2010, October 25). *COHAB policy brief 1.* Retrieved April 5, 2020, from Co-operation on Health and Biodiversity: http://www.cohabnet.org

Environmental Health News. (2020, March 20). *Coronavirus, climate change, and the environment*. Retrieved from Environmental Health News: https://www.ehn.org/coronavirus-environment-2645553060.html

EPA Victoria (Environmental Protection Authority Victoria) 2017. Human health. Melbourne: EPA Victoria. https://ref.epa.vic.gov.au/your-environment/human-health

Green, D. and Minchin, L. (2014) Living on climate-changed country: Indigenous health, well-being and climate change in remote Australian communities. Ecohealth Jan 2014. DOI: 10.1007/s10393-013-0892-9

Hill-Cawthorne G, Negin J, Capon T, et al (2019), Advancing Planetary Health in Australia: focus on emerging infections and antimicrobial resistance BMJ Global Health;4:e001283.Millenium Ecosystem Assessment. (2005). *Ecosystems and Human Wellbeing: Biodiversity Synthesis.* Washington DC: World Resources Institute.

Prüss-Üstün A, Corvalán C. Preventing disease through healthy environments: Towards an estimate of the environmental burden of disease. World Health Organization. 2006. Geneva. Available from: http://www.who.int/entity/quantifying_ehimpacts/publications/preventingdisease.pdf

UN Statistics Division. (2019). *Ensure healthy lives and promote well-being for all at all ages*. Retrieved from Sustainable Development Goals: https://unstats.un.org/sdgs/report/2019/goal-03/

UNFCCC. (2015, December 12). *United Nations Framework Convention on Climate Change.* Retrieved from The Paris Agreement: https://unfccc.int

United Nations. (2015). *Goal 3: Ensure healthy lives and promote well-being for all at all ages*. Retrieved from Sustainable Development Goals: https://www.un.org/sustainabledevelopment/health/

Vidal, J. (2020, March 18). *Destroyed Habitat Creates the Perfect Conditions for Coronavirus to Emerge*. Retrieved from Scientific American: https://www.scientificamerican.com/article/destroyed-habitat-creates-the-perfect-conditions-for-coronavirus-to-emerge/

Whitmee S, Haines A, Beyrer C, et al. (2015) Safeguarding human health in the Anthropocene epoch: report of the Rockefeller Foundation-Lancet Commission on planetary health. Lancet;386:1973–2028.doi:10.1016/S0140-6736(15)60901-1