



CLIMATE AND
HEALTH
ALLIANCE

Submission to the Australian
Government
Feedback on the Gas Led Recovery
Plan

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Contact

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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 and its members work together to raise awareness about the health risks of climate change and the health benefits of emissions reductions and adaptation.

The membership of CAHA includes a broad cross-section of health sector stakeholders with 50 member organisations, representing healthcare professionals from a range of disciplines, as well as healthcare service providers, institutions, academics, researchers, and consumers. Further information about CAHA's membership and governance is available in Appendix A.

CAHA is a member of the Global Climate and Health Alliance, a member of the World Health Organization Civil Society Working Group to Advance Action on Health and Climate Change, and a strategic partner of the international non-government organisation, Health Care Without Harm.

The Climate and Health Alliance has produced a significant number of reports and publications to assist policymakers and health stakeholders and the wider community understand the links between climate change and health, and to support evidence-based decisions regarding policy and solutions. These documents are all publicly available on our website.

CAHA has produced a film on the risks to health and climate from coal and gas, [The Human Cost of Power](#); a [Background Briefing Paper](#) and [Joint Position Paper](#) on *Health and Energy Choices*, and has conducted many innovative and ground breaking public events, including (since 2012), an annual 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 (with University of NSW); and a national Forum on Climate and Health: Research, Policy and Advocacy.

For further information see www.caha.org.au

Introduction

The COVID-19 pandemic continues to disrupt our society and economy. In September 2020, in a bid to re-set the economy the Australian Government announced its gas fired recovery plan framed around three actions areas: unlocking supply, efficient transportation and empowering consumers. Aspects of the proposed plan include setting new gas supply targets with states and territories, opening new gas basins and exploration for more, funding for CSIRO's Gas Industry Social and Environmental Research Alliance, and a range of measures for avoiding a shortfall in supply, infrastructure and ensuring gas users get a reasonable price. Of note, the Australian Government have indicated that if the private sector does not invest in gas infrastructure, it will step in. In addition to these measures, the Australian Government are also proposing to establish an Australian Gas Hub at Wallumbilla in Queensland. The Australian Government are seeking consultation on the proposed plan in order to understand issues that require consideration in developing measures for the plan and to identify who should be consulted on the detail of individual measures.

Australia is currently facing a myriad of wicked problems, two of which are the COVID-19 pandemic and the Climate crisis. The proposed gas fired plan is incongruent with actions required for Australia to rapidly move to a net zero carbon economy. If the plan were to go ahead this will not only negate and impede any effort made to reduce greenhouse gas emissions but will also add to climate change and health impacts from gas production and development. As outlined in our Background Briefing Paper¹ and Position Paper on Health and Energy Choices² (2014), we highlight our concern for the health risks that mining of fossil fuels has on health and wellbeing and specifically that:

The mining, processing and burning of fossil fuels for transportation and the production of electricity has significant and under-recognised detrimental effects on human health and well-being related to: the release of localised pollutants; impacts on air, soil and water quality; water and land availability; adverse social impacts; adverse economic impacts; and by contributing to climate change. (CAHA Health and Energy Choices: Position Paper pg. 3, 2014).

These documents were published seven years ago, and since that time, there have been many research reports documenting increased climate change and health related impacts. These include (but are not limited to) devastating natural disasters, droughts, fires and floods, poor air quality, mass extinction rates and biodiversity loss, ocean acidification, water scarcity, changes in disease patterns (particularly zoonotic disease like COVID- 19), social disruptions and forced migration. Climate change is described as the great risk multiplier. All of the issues listed here are predicted to increase, and in some cases to more than double in frequency and severity. The experience of bush fires and COVID-19 alone have exposed systemic

¹ See Background briefing paper here: https://d3n8a8pro7vhmx.cloudfront.net/caha/legacy_url/144/Health-Energy-Choices-Bkgd-Briefing-Paper-201411081.pdf?1439938214

² See Position paper here: https://d3n8a8pro7vhmx.cloudfront.net/caha/legacy_url/141/Health-Energy-Choices-Position-Paper-201411082.pdf?1439938212

inadequacies, increasing social inequity and impacts to social and emotional wellbeing. A gas led recovery will address neither of these issues.

The Australian government has an opportunity to invest in measures that will produce co-benefits for health, the economy, and the environment. A gas led recovery does not fit this remit.

Responses to the consultation note

General information about the project including cost, size, location, project type, timeframes, and stage of development.

The gas led recovery plan should not go ahead primarily due to the amount of health and wellbeing impacts it would lead to, as outlined below.

The gaps or constraints that it would address.

Rather than addressing gaps or constraints, the plan would exacerbate them.

The gas led recovery plan would increase the gap between meeting the carbon emission targets as set out in the Paris Agreement and achieving the Sustainable Development Goals.

If this plan were to proceed, Australia would be constrained by further delaying taking action to reduce greenhouse gas emissions and increasing global warming and getting further behind in its requirements to meet the Paris Agreement.

Australia's economy would also be affected by this decision as many countries and businesses are now implementing their plans to divest from fossil fuels and transition to a low carbon economy, to leave Australia with its fossil fuelled stranded assets (particularly the proposed gas infrastructure, such as pipelines and gas hubs). Therefore, investing in the gas led recovery would be a waste of taxpayer resources.

Benefits of the project including opportunities or co-benefits that could emerge.

There are no benefits to the gas led recovery plan for the reasons outlined below. Any available resources should be targeted to renewal energy.

The barriers or risks associated with the project, or gas infrastructure developments more broadly, and how they could be overcome.

There are many risks associated with this project proposal.

Risks include:

1. Gas production and development accelerates climate change.

Natural gas is a fossil fuel and predominantly methane. Scientists report that although methane lasts a shorter time (approximately nine years) in the atmosphere,

it is 86 times more potent than carbon dioxide in its global warming potential when averaged over 20 years and 28 times higher over 100 years³.

As a greenhouse gas, it contributes significantly to greenhouse gas emissions and climate change. Climate change is the greatest health risk in the 21st century and as outlined in CAHA's *Climate Change is a Health Issue Briefing Paper No. 1*⁴ threatens the health and wellbeing of the population through:

- increased frequency, intensity, and duration of extreme weather events
- increased air pollution and airborne allergens
- increased prevalence of food, water, and vector-borne pathogens.
- reduced availability of food and fresh water
- sea level rise
- loss of biodiversity; loss of inhabitable land
- dislocation; forced migration; loss of homelands and familiar landscapes
- economic hardship
- increased conflict and
- contributes to an increased risk of infectious diseases, cardiovascular disease, respiratory disease, asthma, allergies, mental illness, psychosocial impacts, violence, poor nutrition, injury, poisoning and mortality.

2. Gas production and development harms our health (in addition to contributing to climate change).

Communities across Australia are being adversely affected by unconventional gas exploration and production, transportation, and combustion of fossil fuels in many ways including:

Physical health issues

- The process of hydraulic fracturing used in unconventional gas mining involves the use of many chemicals, some of which are associated with negative short- and long-term health effects⁵. These chemicals are associated with increased cardiovascular, respiratory, neurological, reproductive, cancer, endocrine and kidney disorders, cancer, and with higher frequencies of low birth weight, extreme premature births, higher-risk pregnancies, and birth defects⁵
- Gas used in homes is associated with respiratory conditions including childhood asthma.⁵

Psychological distress

- farmers are subjected to a broad range of occupation-specific stressors due to Coal Seam Gas concerns resulting in mental health morbidity and increased risk of suicide⁵
- risk of displacement⁵

³ Saunios, M et al. 2020. The Global Methane Budget 2000–201. *Earth Syst. Sci. Data*, 12, 1561–1623

⁴ Climate and Health Alliance. (2018) *Climate Change is a Health Issue Briefing Paper No. 1*

⁵ Climate and Health Alliance (2014) *Healthy Energy Choice Background Paper* and Climate and Health Alliance (2021) *Health Impacts of gas Briefing paper*- In Press.

- distress related to concerns about adverse health impacts⁵
- costs associated with environmental damage and declining land values⁵
- concerns regarding noise and air pollution⁵
- social divisions and inequalities between those benefiting from the industry and those who do not, including those due to adverse economic impacts on other industries. For example, the gas plans for Narrabri in NSW are fracturing communities, not building, or empowering them⁶.
- reduced affordability and access to accommodation, (and not reducing prices)⁷, and
- 'solastalgia'⁸ the distress associated with the destruction or loss of 'place'⁹.

Social harms

- distress and disempowerment related to asymmetries of power and influence between mining companies and individuals and communities over access to information and resources.
- increased road traffic accidents due to sudden and significant increases in vehicular transport.
- increased demands on local services without corresponding investment in infrastructure or human capital¹⁰.

Threats to water security and quality

The production of coal and unconventional gas threatens water supplies and water quality which also pose risk to health. These impacts include:

- the loss of water due to extraction of large volumes of water impacts surface and groundwater systems and the depressurisation of the coal seam gas changes pressure in adjacent aquifers that reduces water flows, increases land subsidence, affects irrigation and grazing lands damages ecosystems, and pollutes waterways¹¹.

Views or information about changes in demand over the short to medium term, including the benefits, if any, of co-locating existing or new demand with sources of supply.

Increasing use of fossil fuels includes gas, is not responsible for health, the environment, or the economy. It is also unnecessary and goes against international

⁶ McCutcheon, P Santos coal seam gas project in Narrabri splits town as government announces \$2b plan [https://www.abc.net.au/news/2020-02-11/santas-coal-seam-gas-narrabri-split-\\$2-billion-government-plan/11954262](https://www.abc.net.au/news/2020-02-11/santas-coal-seam-gas-narrabri-split-$2-billion-government-plan/11954262), (Tues Feb 11th, 2020).

⁷ Climate and Health Alliance (2014) Healthy Energy Choice Background Paper. Climate and Health Alliance (2021) Health Impacts of gas Briefing paper- In Press.

⁸ A term coined by environmental philosopher Glenn Albrecht.

⁹ Climate and Health Alliance (2014) Healthy Energy Choice Background Paper. Climate and Health Alliance (2021) Health Impacts of gas Briefing paper- In Press.

¹⁰ Climate and Health Alliance (2014) Healthy Energy Choice Background Paper and Climate and Health Alliance (2021) Health Impacts of gas Briefing paper- In Press.

¹¹ Ibid.

recommendations¹². Renewable energy sources (wind and solar and storage) are already reported to be the cheapest technologies, now and in the future, and are cheaper than gas, carbon capture, and nuclear technologies.¹³ The world's leading renewable energy experts agree that a transition to 100% renewable energy as soon as 2030 is technically possible and economically beneficial¹⁴. Australia with its abundance of renewable energy resources should be at the forefront of this change, not holding it up through extending fossil fuels past their use-by date.

Finally, any short-, medium-, or long-term benefits must include plans for a just transition from fossil fuels to renewables and consider how those employed in the fossil fuel industry and the communities that depend on them will be supported to transition to the emerging net zero carbon economy and the new industries and opportunities they will bring. The gas led recovery plan offers no such solutions. Beyond Zero Emissions have developed a comprehensive guide to creating over a million jobs in the Green economy -including the renewable energy sector, transport, resource recovery, education and training and research, retrofitting buildings, land use and manufacturing and mining (note not mining for fossil fuels)¹⁵.

Recommendations

Instead of a gas led recovery, we call on the Australian Government to invest in measures outlined below that will contribute to a healthy, regenerative, and just society and economy and post COVID-19 recovery:

1. **Support healthy and resilient communities.** Enhancing the capacities of communities to anticipate their climate risks and reduce impacts on health and well-being in their communities. Supporting community resilience to avert future potential health and climate crises. As such, sustainable, food, energy, land use, water, safeguarding ecosystems and cultural heritage, a just and fair transition plan for a million jobs in the green economy must be made a priority.
2. **A sustainable and climate-resilient health care sector.** A low/zero carbon, environmentally sustainable, climate-resilient health sector which can effectively respond to the health impacts of climate change and unforeseen health emergencies, including new infectious diseases and/or pandemics.
3. **Health-promoting and emission-reducing initiatives.** Measures that reduce the risks to people's health and well-being while simultaneously reducing greenhouse gas emissions and avoiding air pollution. Measures include the rapid investment in renewable energy and storage, early closure

¹² International Renewable Energy Agency. *Renewable Energy Can Support Resilient and Equitable Recovery*. <https://www.irena.org/newsroom/pressreleases/2020/Apr/Renewable-energy-can-support-resilient-and-equitable-recovery>

¹³ Graham, P., Hayward, J., Foster, J. and Havas, L. 2020, GenCost 2019-20, Australia

¹⁴ Global100 RE Strategy Group. Joint Declaration of Global 100% RE Group. <https://global100restrategygroup.org/>

¹⁵ Beyond Zero Emissions (2020) The Million Jobs Plan: A unique opportunity to demonstrate the growth and employment potential of investing in a low-carbon economy. https://bze.org.au/research_release/million-jobs-plan/

of fossil fuel power stations and mines, improved air quality standards, monitoring and reporting and mandating the use of social health impact assessments (that include climate change health impacts) in existing extractive industries, active transport and healthy and sustainable diets.

4. **Emergency and disaster-preparedness.** Supporting the identification of vulnerable populations and gaps in infrastructure to adequately prepare for the impacts of climate change and compound crises, such as future health threats.
5. **Education and capacity building.** Educating and raising awareness of the health impacts of climate change within the health workforce and the wider Australian community so they can adopt health-protective adaptation behaviours and realise the health benefits of reducing emissions. Equipping health professionals and the community with knowledge and tools to prepare for potential concurrent climate and health emergencies, and by using the budget proposed for the gas led recovery for investing in health-promoting and emission-reducing initiatives.
6. **Leadership and governance.** Establishing effective governance arrangements for implementing climate change and health initiatives at the national level.
7. **Research and data.** Supporting Australia's health and climate research capacity to evaluate specific health threats, priority needs and to monitor trends and opportunities for maximising multi-sector benefit.
8. **Thriving ecosystems.** Restoring and safeguarding Australia's ecosystems, recognising that intact ecosystems are the fundamental base of human health and livelihoods. This includes more stringent environmental protection legislation, investment in carbon capture and storage, regenerative agriculture and embedding Indigenous knowledge in all of the above points.



Final comments

There is a simple solution to avoid the risk, constraints and barriers outlined in our submission, and that is to not go ahead with the proposed gas led recovery plan and invest in health benefiting energy infrastructure instead, such as renewable energy, electric vehicles, sustainable housing, water management, regenerative agriculture and sustainable food systems and the circular economy.

Policies to promote access to non-polluting and sustainable sources of energy have great potential both to improve public health and to mitigate (prevent) climate disruption.¹⁶

¹⁶ Haines, A et al. Policies for accelerating access to clean energy, improving health, advancing development, and mitigating climate change *Lancet* 2007; 370: 1264–81.

APPENDIX A

Climate and Health Alliance Board

Dr Rebecca Patrick, President
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CAHA Member Organisations

Abilita

Australian Association of Gerontology (AAG)

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 Indigenous Doctors' Association (AIDA)

Australian Institute of Health Innovation (AIHI)

Australian Women's Health Network (AWHN)

Australian Medical Students' Association (AMSA)

Australian Nursing and Midwifery Federation (ANMF)

Australian, New Zealand and Asian Creative Arts Therapies Association (ANZACATA)

Australian Primary Health Care Nurses Association (APNA)

Australian Psychological Society (APS)

Australasian College of Health Service Managers (ACHSM)

Central Australia Rural Practitioners Association (CARPA)

Children's Healthcare Australasia

Codesain

CoHealth

ConNetica Consulting

Consumers Health Forum of Australia (CHF)

CRANaplus

Doctors for Nutrition

Doctors Reform Society (DRS)

Friends of CAHA

Health Consumers NSW

Healthy Futures

Health Issues Centre (HIC)

Health Nature Sustainability Research Group (HNSRG)

Health Services Union (HSU)

Kooweerup Regional Health Service (KRHS)

Medical Association for Prevention of War (MAPW) Australia

Medical Scientists Association of Victoria (MSAV)

Naturopaths and Herbalists Association of Australia (NHAA)

NSW Nurses and Midwives' Association (NSWNMA)

Pharmacists for the Environment Australia (PEA)

Public Health Association of Australia (PHAA)

Psychology for a Safe Climate (PSC)

Royal Australasian College of Physicians (RACP)

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)

Veterinarians for Climate Action (VFCA)

Victorian Allied Health Professionals Association (VAHPA)

Women's Health East (WHE)

Women's Health in the North (WHIN)

Women's Healthcare Australasia