

## AUSTRALIAN ENERGY MARKET COMMISSION.

Submission: NATIONAL GAS AMENDMENT (NORTHERN GAS PIPELINE - DEROGATION FROM PART 23) RULE 2019

I wish to make a submission in support of the rule change request to revoke the exemption to the National Gas Rules that Jemena has been granted on its Northern Gas Pipeline (NGP). It is my submission that Jemena must comply with the requirements for providing information, as well as dispute resolution procedures set out in Part 23 of the National Gas Rules

### QUESTION 1: MONOPOLY PRICING OUTCOMES

Do the regulatory arrangements applicable to the NGP under the access principles produce similar outcomes to the access regime under Part 23 of the NGR with respect to constraining the exercise of market power by a pipeline service provider?

#### Answer 1

Absolutely not. Without regulator oversight on access and pricing Jemena has the ability to charge more than twice the determined reasonable rate of return and to raise prices merely by informing the Minister. The market abuse capabilities in this unregulated uncontrolled monopoly are profound and patently detrimental to prospective users. While there is a set and binding arbitration scheme under the AER to oversee access and pricing disputes, Jemena can unilaterally terminate arbitration disputes without penalty or recourse. Part 23 of the NGR was developed specifically to constrain the exercise of market power by pipeline providers. It should be applied.

### QUESTION 2: INFORMATION ASYMMETRY OUTCOMES

Do the regulatory arrangements applicable to the NGP under the access principles produce similar outcomes to the access regime under Part 23 of the NGR with respect to information asymmetry?

#### Answer 2

No. Measures for information disclosure are stronger under Part 23 of the NGR in comparison to the NGP access principles. The information disclosure requirements under Part 23 of the NGR specifically aimed at reducing the information asymmetry that users and prospective users can face in negotiating with a pipeline service provider must be applied.

### QUESTION 3: SPECIAL CIRCUMSTANCES IMPACTING THE NGP

Are there any special circumstances regarding or impacting the NGP due to which the application of the Part 23 framework for non-scheme pipelines may be inappropriate? What are these circumstances, and how may they impact on the NT and/or east coast gas market?

#### Answer 3

No, there are no special circumstances impacting the NGP making the application of the Part 23 framework inappropriate. On the contrary there are special circumstances making the application of the Part 23 framework critically essential.

Jemena is currently under investigation by the Australian Taxation Office for potential tax evasion in the order of half a billion dollars.<sup>i</sup> The appropriate regulatory framework should always be applied in all circumstances and certainly in this case there should be no exceptions to a framework aimed at restricting inappropriate monopoly practices and pricing.

#### QUESTION 4: REGULATORY COMPLEXITY

Does the proposed rule lead to an increase or a decrease in the complexity of the regulatory arrangements?

Answer 4

Removal of the exemption would decrease the complexity of the regulatory arrangement, simplify and streamline the rules and provide protection and certainty to consumers.

#### QUESTION 5: COSTS AND BENEFITS

What are the likely costs and benefits associated with the proposed rule for market participants within the NT and the east coast gas markets?

Answer 5

One of the pertinent questions really is: is the pipeline economically feasible in its own right with proper oversight of pricing by the Australian Energy Regulator (AER)? It is my submission that it is only financially feasible on the back of unregulated and uncontrolled price gouging of consumers possibly to the extent of several billion dollars.

Since one of Jemena's stated aims in raising capital was to "promote (shale) gas exploration and production in the NT" it follows that removal of the Part 23 exemption would also adversely impact the economic case for the unconventional gas industry in the NT.

Jemena acknowledges the risks of climate change to its own operations and pipeline assets and the subsequent risk of disruption of gas supply to consumers. The risks and costs extend much further. As determined by the Independent Scientific Inquiry into Hydraulic Fracturing in the Northern Territory, (page 230, page 239 final report) if fracking proceeded the climate change risk as a result of lifetime emissions were deemed unacceptable. Jemena claims significant gas could flow from the NT for 150 years and hence it would contribute to both unacceptable climate and health impacts and unquantified climate and health costs. Climate change has been labelled the "biggest global health threat of the 21<sup>st</sup> century," with significant risks specific to children's health.<sup>ii</sup> As clearly articulated by Professor Fiona Stanley in Doctors for the Environment Australia's publication 'No Time for Games': *"Failure to act responsibly on climate change will have dire consequences for our children's well being and the impacts of inadequate action for their children verge on the apocalyptic and are too scary to contemplate."* *"it is our children who despite being the least responsible for causing it will unfairly bear the brunt of the impacts."*<sup>iii</sup>

Below are short extracts from No Time For Games, Children's Health and Climate Change, Summary report update 2018.

### Increased temperatures and heat waves

- Rates of emergency department presentations increase 6- to 25-fold during heatwaves for fever, gastroenteritis, asthma, hormone and metabolic diseases and nervous system diseases (Lam, 2007; Xu et al., 2014).
- The risk of preterm birth increases during extreme heat events, with greatest effect during late-pregnancy (Wang et al 2013, Strand et al 2012, Mathew et al 2017).
- Extreme temperatures affect children's (and adult's) ability to engage in outdoor activities and exercise, further exacerbating Australia's obesity epidemic.
- Extreme temperatures has also been demonstrated to decrease learning productivity and lead to poorer exam scores at school (Goodman et al 2018)
- Climate change-related recurrent illness, undernutrition, psychological stress, and ultraviolet radiation exposure may all lead to impaired paediatric immune function (Swaminathan et al 2014).

### Extreme weather events

- Australia is one of the most climate vulnerable countries of the developed world according to the Fragile Planet report released by global bank HSBC (March 2018), based on World Bank and International Disaster Database data. It concludes that Australia had the largest percentage rise of death attributable to extreme weather events in the developed world over the past 20 years, whilst at the same time the proportion of the population impacted has surged from 3.25 to 15.2/1,000 (HSBC 2018).

### Air pollution, asthma, and allergens

- Asthma is the most common long-term medical condition in Australian children, with 1 in every 9 children suffering from the disease (AIHW 2009, AIHW 2011). The current global increase in childhood asthma could be partly explained by increased exposure to allergens in the air as a result of climate change (Beggs & Bambrick, 2005), as well as current levels of air pollution.
- Fossil fuel-generated air pollution is estimated to cause 1,500 premature deaths across all age groups and approximately 1,250 emergency department presentations or hospital admissions for childhood asthma or respiratory illness every year in Australia's four biggest cities alone (Morgan, Broome & Jalaludin, 2013).

### Food and nutrition

- Increasingly frequent and severe heatwaves, extreme weather events, and drought are already having a significant effect on food prices and production in Australia, with climate change affecting the overall quality and availability of a wide range of staple foods (Climate Council 2015). For example:
  - Between 2005-2007 the price of vegetables and fruits increased by 33% and 43% respectively in Australia due to drought and extreme weather events (ABS, 6401.0 Consumer Price Index, Australia, September 2007).
  - Cyclone Larry (2006) destroyed 90% of the North Queensland banana crop, affecting supply for nine months and increasing prices by 500%.
  - Heat stress has been shown to reduce cow milk yield by 10-25% and up to 40% in extreme heatwave conditions.
  - Australia is facing its smallest winter crop in 10 years (e.g., wheat and other cereal grains, pulses, canola), with a 23% reduction nationally compared to last year, an average of 30 to 50% reduction in yields in areas of eastern Australia where there are yields at all, and a 50% reduction in exports (Rabobank 2018).

### Diarrhoeal disease

- Persistent associations have been demonstrated between increased temperatures and increased rates of childhood diarrheal illness in Australia and globally (Ghazani 2018, Xu 2014, Carlton 2016).
- The World Health Organization (WHO) estimates an additional 48,000 deaths from diarrhoea annually by 2030-2050, most of which will be in children (WHO Quant Risk Assess 2014).
- The future health cost of Salmonellosis is expected to increase from AUD\$29.9 million without climate change to AUD\$31.9 million under climate change scenarios in Central QLD from 2016 to 2036 (Stephen 2017).
- Under predicted increases in temperature due to climate change, cases of food-borne bacterial gastroenteritis (e.g., Salmonella, Campylobacter and E. coli) are expected increase up to 60% (from 205,000 to 335,000 cases annually) in Australia by 2050, of which many will be children (Bambrick et al. 2008).

### Vector-borne disease

In Australia, the risk of vector-borne diseases such as dengue, Ross River virus, and Barmah Forest Virus, Murray Valley, Hendra, and Australian bat lyssavirus is expected to increase or vary from their current geographic distributions due to changes in temperature, precipitation and humidity, leading to increased rates of encephalitis and systemic illness (Naish 2014, Naish 2013, Britton 2016).

- Dengue is the fastest growing vector-borne disease, with half of the world's population currently at risk (WHO 2015). This is anticipated to increase to 5 billion people by 2050 with continued climate change. The burden of disease and the majority of deaths are highest among children (Akachi 2009).

### Impacts on the health of Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander communities face continued significant health inequities, brought to prominence by Australia's Closing the Gap campaign. The poorer health outcomes of these groups are well documented and widespread, including lower life expectancy and higher rates of mental illness, noncommunicable chronic disease, infant mortality, nutritional issues, and infectious disease (AIHW 2018). Lower socioeconomic conditions, poorer access to health services, and stronger traditional/cultural ties to the land and natural environment (i.e., connection to country) make Aboriginal and Torres Strait Islander communities uniquely vulnerable to the impacts of climate change (Green 2014, Bowles 2015).

- There have been very few studies to date examining climate change health impacts specifically on these populations and even fewer amongst their children. Those that exist demonstrate:
  - Diarrheal admissions are estimated to increase by 10% amongst Aboriginal children in central Australia by 2050 (McMichael et al, 2003).
  - Hot or cold temperature extremes have differing effects on hospitalisation for respiratory illness between Indigenous and non-Indigenous people, and that increased vulnerability to climate change arises from an increased underlying risk to respiratory disease and an already existing greater health burden (Green et al 2015).

The [Human Health and Wellbeing Climate Change Adaptation Plan for Queensland](#) (September 2018) acknowledges that heat stress among children and the elderly as a result of climate change is the major concern for Queensland's health sector and recommends the "*redirection of subsidies that support activities harmful to health and climate stability, and application of levies or taxes on external drivers*". The exemption of Part 23 can be considered an effective subsidy as it provides a financial advantage to this fossil fuel project. It is inappropriate that the exemption should be permitted and it should be revoked.

Dr Geralyn McCarron  
12 December 2018

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<sup>i</sup> <https://www.abc.net.au/news/2018-05-25/ato-investigating-jemena-financing-nt-queensland-gas-pipeline/9797038>

<sup>ii</sup> <https://www.thelancet.com/journals/lancet/article/PIIS0140-6736%2809%2960935-1/fulltext>

<sup>iii</sup> <https://www.dea.org.au/wp-content/uploads/2018/11/NTFG-Summary-and-Update-2018-11-18-Final.pdf>

# NO TIME FOR GAMES

*-It's Time to Act!*

**Children's Health and Climate Change**

**Summary Report Update 2018**



# Contents

Introduction	3
<hr/>	
Background	4
<hr/>	
Australia's current greenhouse gas emissions commitment	4
<hr/>	
Climate change and the health of children	5
<hr/>	
Key points	
Increased temperatures and heat waves	6
Extreme weather events	6
Air pollution, asthma, and allergens	7
Food and nutrition	7
Diarrhoeal disease	8
Vector-borne disease	9
Mental health	9
Impacts on the health of Aboriginal and Torres Strait Islander peoples	10
Impacts on rural health	11
Impact on healthcare infrastructure	12
Population displacement and conflict	12
Child protection issues	13
Injustice/inequity	13
<hr/>	
What the health profession is already doing	15
<hr/>	
Support the No Time For Games pledge	16
<hr/>	
References	17
<hr/>	
Contact Us	23

## Introduction

Climate change is *the* greatest threat to human health in the current century, with our children living in a world of rising temperatures and increasing extreme weather events. Children are especially vulnerable and face growing threats from communicable diseases (diarrhoea, vector-borne diseases) and non-communicable diseases (asthma, malnutrition), injuries, and mental health impacts because of the changing climate and related extreme weather events.

Climate change amplifies inequity both in Australia and globally, so people already at greater risk of ill-health are likely to suffer disproportionately more of the negative health consequences, compared to those who are better resourced and/or have easier access to health, economic, and social services.

In Australia, rural communities and Aboriginal and Torres Strait Islander populations are at risk of greater adverse impacts from climate change. Disruptive changes in global climate may have dramatic impacts on large populations, leading to large scale migration with the growing potential for conflict and associated health risks.

Mitigating climate change through reducing greenhouse emissions is now urgent, as is adequate adaptation aiming to minimise the impacts of climate change through planning, preparation and investment of resources.

Health professionals have important roles to ensure that they are well-informed, demonstrate personal and professional action to reduce emissions, advocate for protection from and minimising climate change related adverse health impacts, and promote the health co-benefits of reducing emissions such as cleaner air and active transport. Health professionals are well placed to use their knowledge and standing to advocate for policies that meet greenhouse gas emission targets and for adaptation plans to reduce the health impacts on present and future generations from predicted changes in our climate. The future of our children's health depends on it.

*"Failure to act responsibly on climate change will have dire consequences for our children's well being and the impacts of inadequate action for their children verge on the apocalyptic and are too scary to contemplate."*

*"it is our children who despite being the least responsible for causing it will unfairly bear the brunt of the impacts."*

*Former Australian of the Year, Professor Fiona Stanley*

## No Time For Games; background

When Doctors for the Environment Australia (DEA) first published *No Time for Games: Children's Health and Climate Change* (NTFG) in the lead up to the Paris 2015 United Nations (UN) Climate Change Conference (COP 21), it was much more than just a report. It was an urgent appeal to protect the health of our children (*DEA 2015*).

NTFG made it clear that we must make much deeper greenhouse gas emission cuts if we are to be serious in our duty to protect children's health from climate change, and to take full advantage of the health and economic benefits this brings while avoiding the costs associated with failure to act.

The purpose of this update is to appraise new information about the impacts on child health from climate change in Australia and globally since the original 2015 report, to re-emphasise and elaborate upon the vulnerabilities of certain groups of children already mentioned in the original report, and to encourage the widespread engagement of health professionals.

## Australia's current greenhouse gas emissions commitment

In 2015, Australia committed to reducing its greenhouse gas emissions by 23-28% below 2005 levels by 2030, as its contribution to the Paris Agreement.

This commitment, however, has been deemed insufficient for Australia to fulfil its global responsibility to keep warming to less than 2°C above pre-industrial levels and thereby avoid irreparable damage to our health and wellbeing, economy, and security (*Climate Change Authority 2015*).

Alarmingly the Intergovernmental Panel for Climate Change (IPCC) is now recommending a more stringent target - that global warming be contained to 1.5°C - citing that impacts to natural and human systems are already widely observed, and that the difference between a 2°C versus 1.5°C threshold translates into several hundreds of millions of people living in climate-related poverty (*IPCC 2018*).

This will require that the global population reduce its emissions by 45% (of 2010 levels) by 2030 and reach zero net emissions by 2050 (*IPCC 2018*).

Of note, Australia has the highest per capita emissions amongst all of the Organisation for Economic Co-operation and Development (OECD) countries and is the 16th highest greenhouse gas emitter in the world (Garnaut 2008, CCA 2014, IEA Energy Atlas 2018).

## Climate change and the health of children

Climate change has been labelled by the Lancet as "*the biggest health threat of the 21<sup>st</sup> century*" (Lancet 2009).

It increasingly threatens the very foundations of children's health - clean air and water, adequate food, control of infectious disease, and social and economic stability.

Climate change is already responsible for an estimated 250,000 to 400,000 deaths per year (*DARA 2012, WHO Quant risk assessment 2014*), of which almost 90% are children (*McMichael & Campbell-Ledrum 2004, Zhang 2007*).



Children are more vulnerable than adults to environmental risk factors and fluctuations, including extreme heat, floods, infectious diseases, food insecurity, poorer water quality, and increased air pollution and allergens (*Bunyavich 2003, AAP COEH 2015*).

Children are smaller than adults, and their different and more sensitive physiological, behavioural, and developmental requirements increase their exposure and risk of both acute and long-term adverse impacts on their health.

## Key and updated points from DEA's 2015 *No Time For Games* report

### Increased temperatures and heat waves

- The number of days >35°C expected to increase 2.5- to 20-fold across Australia by 2100 (*Garnaut 2008, CSIRO 2008*).
- Rates of emergency department presentations increase 6- to 25-fold during heatwaves for fever, gastroenteritis, asthma, hormone and metabolic diseases and nervous system diseases (*Lam, 2007; Xu et al., 2014*).
- The risk of preterm birth increases during extreme heat events, with greatest effect during late-pregnancy (*Wang et al 2013, Strand et al 2012, Mathew et al 2017*).
- Extreme temperatures affect children's (and adult's) ability to engage in outdoor activities and exercise, further exacerbating Australia's obesity epidemic.
- Extreme temperatures has also been demonstrated to decrease learning productivity and lead to poorer exam scores at school (*Goodman et al 2018*)
- Climate change-related recurrent illness, undernutrition, psychological stress, and ultraviolet radiation exposure may all lead to impaired paediatric immune function (*Swaminathan et al 2014*).

### Extreme weather events

- The number of reported weather-related natural disasters globally has tripled since the 1960s (*WHO 2014*), with an estimated 60,000 deaths (in all age groups) and 175 million children affected annually (*Save the Children 2007*).
- In 2016, an estimated 23.5 million people were displaced from their homes due to extreme weather events (*Internal Displacement Monitoring Centre 2017 Global Report*).
- Australia is one of the most climate vulnerable countries of the developed world according to the *Fragile Planet* report released by global bank HSBC (March 2018), based on World Bank and International Disaster Database data. It concludes that Australia had the largest

percentage rise of death attributable to extreme weather events in the developed world over the past 20 years, whilst at the same time the proportion of the population impacted has surged from 3.25 to 15.2/1,000 (*HSBC 2018*).

- Following weather related or other natural disasters, mental and emotional distress experienced by children and adolescents include post-traumatic stress disorder and higher rates of sleep disturbance, bedwetting, aggressive behaviour and sadness. Exacerbations in depression, anxiety and stress have also been observed (*Abramson, Garfield, & Redlener, 2007; Ahern et al., 2005*).

## Air pollution, asthma, and allergens

- **93%** of the world's children currently breathe polluted air and live in areas that exceeds WHO's ambient air pollution (PM<sub>2.5</sub>) air quality guidelines.
- Asthma is the most common long-term medical condition in Australian children, with 1 in every 9 children suffering from the disease (*AIHW 2009, AIHW 2011*). The current global increase in childhood asthma could be partly explained by increased exposure to allergens in the air as a result of climate change (*Beggs & Bambrick, 2005*), as well as current levels of air pollution.
- Fossil fuel-generated air pollution is estimated to cause 1,500 premature deaths across all age groups and approximately 1,250 emergency department presentations or hospital admissions for childhood asthma or respiratory illness every year in Australia's four biggest cities alone (*Morgan, Broome & Jalaludin, 2013*).
- Traffic-related air pollution is associated with reduced foetal growth, low birth weight (*Li 2017, Rich 2015*), slower attainment of developmental milestones and reduced cognitive function (*Sunyer 2015, Grineski 2016*).
- A 2018 study in the US revealed that children in prams and strollers are exposed to up to 60% more traffic-related air pollution compared with adults because of their height in relation to vehicle exhaust systems (*Sharma 2018*).

## Food and nutrition

- Increasingly frequent and severe heatwaves, extreme weather events, and drought are already having a significant effect on food prices and production in Australia, with climate change affecting the overall quality and availability of a wide range of staple foods (*Climate Council 2015*).

For example:

- Between 2005-2007 the price of vegetables and fruits increased by 33% and 43% respectively in Australia due to drought and extreme weather events (*ABS, 6401.0 Consumer Price Index, Australia, September 2007*).
  - Cyclone Larry (2006) destroyed 90% of the North Queensland banana crop, affecting supply for nine months and increasing prices by 500%.
  - Heat stress has been shown to reduce cow milk yield by 10-25% and up to 40% in extreme heatwave conditions.
  - Australia is facing its smallest winter crop in 2018 in 10 years (e.g., wheat and other cereal grains, pulses, canola), with a 23% reduction nationally compared to last year, an average of 30 to 50% reduction in yields in areas of eastern Australia where there are yields at all, and a 50% reduction in exports (*Rabobank 2018*).
- Presently 11% (815 million) of the global population is undernourished and 25% of children (155 million) are stunted (*FAO 2017*). An estimated 25+ million more children are expected to be undernourished with 95,000 additional child deaths annually and 7.5 million children stunted by 2030-2050 (*Lloyd et al 2011, IFPRI 2009, WHO Quant Risk Assess 2014*).

## Diarrhoeal disease

- Persistent associations have been demonstrated between increased temperatures and increased rates of childhood diarrheal illness in Australia and globally (*Ghazani 2018, Xu 2014, Carlton 2016*).
- The World Health Organization (WHO) estimates an additional 48,000 deaths from diarrhoea annually by 2030-2050, most of which will be in children (*WHO Quant Risk Assess 2014*).
- The future health cost of Salmonellosis is expected to increase from AUD\$29.9 million without climate change to AUD\$31.9 million under climate change scenarios in Central QLD from 2016 to 2036 (*Stephen 2017*).
- Under predicted increases in temperature due to climate change, cases of food-borne bacterial gastroenteritis (e.g., *Salmonella*, *Campylobacter* and *E. coli*) are expected increase up to 60% (from 205,000 to 335,000 cases annually) in Australia by 2050, of which many will be children (*Bambrick et al. 2008*).

## Vector-borne disease

In Australia, the risk of vector-borne diseases such as dengue, Ross River virus, and Barmah Forest Virus, Murray Valley, Hendra, and Australian bat lyssavirus is expected to increase or vary from their current geographic distributions due to changes in temperature, precipitation and humidity, leading to increased rates of encephalitis and systemic illness (*Naish 2014, Naish 2013, Britton 2016*).

- Worldwide, experts anticipate increased transmission of vector-borne and viral diseases such as malaria, dengue, Zika virus, West Nile, influenza, SARS, MERS, avian flu, amoebic meningoencephalitis, and coccidioidomycosis, which will lead to increased rates of encephalitis, respiratory disease, and systemic illness (*AAP 2015, McMichael and Lindgren 2011, Naish 2014, Naish 2013, Mirsaedi 2016*).
  - 70-85% of malaria deaths already occur in children under the age of 5 years (*WHO World Malaria Report 2011-2017*).
  - An estimated 60% of the world's population will live in a malaria-transmission zone by 2100 (*WHO World Malaria Report 2011-2017*).
  - Child mortality from malaria is predicted to increase by up to 20% by 2100 (*Dasgupta 2018*) with the WHO estimating an additional 60,000 deaths from malaria annually by 2030-2050 (*WHO Quant Risk Assess 2014*).
- Dengue is the fastest growing vector-borne disease, with half of the world's population currently at risk (*WHO 2015*). This is anticipated to increase to 5 billion people by 2050 with continued climate change. The burden of disease and the majority of deaths are highest among children (*Akachi 2009*).

## Mental health

The WHO reports that between a third and half of all the people (including children) exposed to natural disasters or conflict will develop mental distress such as post-traumatic disorder (PTSD), depression, anxiety, panic disorders, sleep disturbances, learning difficulties, and substance abuse (*WHO 2001, Garcia et al 2016, Kar et al 2009*).

Children's ongoing brain development makes them more vulnerable to emotional trauma and mental health effects of climate change-related bushfires, floods and droughts. Their mental distress tends to last longer and can be much worse than the direct physical effects (*Ahern et al 2005*).

The specific impacts of trauma on child development are multifactorial, and depend on pre-existing coping

mechanisms, support structures, and the timing and age of exposure.

- A study of children and adolescents following a Category 5 cyclone demonstrated that almost 20% of children and 8% of adolescents were still suffering moderate-severe symptoms of PTSD 18 months after the event (*McDermott 2014*).
- In the US, a longitudinal study of children who were affected by a natural disaster (fire, tornado, flood, hurricane, earthquake) before age 5 years showed increased risk of mental health disorders in adulthood, particularly anxiety disorders (*Maclean 2016*).
- Cobham et al. confirm that parent-related variables and family environment were likely to be risk or protective factors for children (e.g., parental adaptive vs maladaptive coping mechanisms) following extreme weather events (*Cobham et al 2016*).
- Childhood stress and traumatic events have been demonstrated to have adverse long-term effects on cognitive functioning, learning ability, and academic achievement (*Pfefferbaum et al 2016, Sprung 2008, Pynoos et al 2006*).
- Disaster-related prenatal maternal stress is increasingly associated with cognitive, motor, and speech delay in infancy and early childhood (*King and Laplante 2005, King et al 2012, Moss et al 2017*).

## Impacts on the health of Aboriginal and Torres Strait Islander peoples

Aboriginal and Torres Strait Islander communities face continued significant health inequities, brought to prominence by Australia's *Closing the Gap* campaign.

The poorer health outcomes of these groups are well documented and widespread, including lower life expectancy and higher rates of mental illness, non-communicable chronic disease, infant mortality, nutritional issues, and infectious disease (*AIHW 2018*).

Lower socioeconomic conditions, poorer access to health services, and stronger traditional/cultural ties to the land and natural environment (i.e., connection to country) make Aboriginal and Torres Strait Islander communities uniquely vulnerable to the impacts of climate change (*Green 2014, Bowles 2015*).

- There have been very few studies to date examining climate change health impacts specifically on these populations and even fewer amongst their children. Those that exist demonstrate:
  - Diarrheal admissions are estimated to increase by 10% amongst Aboriginal children

in central Australia by 2050 (*McMichael et al, 2003*).

- Hot or cold temperature extremes have differing effects on hospitalisation for respiratory illness between Indigenous and non-Indigenous people, and that increased vulnerability to climate change arises from an increased underlying risk to respiratory disease and an already existing greater health burden (*Green et al 2015*).

More research in this area is needed if we are to adequately address this health equity gap that will inevitably widen with increasing climate change.

## Impacts on rural health

As with Aboriginal and Torres Strait Islander communities, rural and remote communities will be disproportionately affected by climate change, which will compound the inequities they already experience (*Berry et al. 2011a, Hughes and McMichael for the Climate Commission 2011*).

Rural, regional and remote communities (particularly the agricultural and mining industries) rely more heavily on the land and natural environment for their livelihoods as compared with those living in cities, so those living in these areas (including children) are more likely to be exposed and vulnerable to the increasing climatic risks of storms, floods, heatwaves, fires, and drought, and their consequences.

- Climate change is expected to heighten the impact of aeroallergen and allergic respiratory illness from either heat or flooding (pollens and/or moulds), zoonotic and rodent-borne illnesses, and helminthic and diarrheal disease in children living in rural areas (*International Public Health Journal special issues on Climate Change and Rural Child Health 2011*).
- While rural communities have proved resilient over time in the face of disaster and drought, recent experiences in relation to the prolonged drought have shown that climate variability contributes to significant mental health vulnerability (*Berry et al., 2011b, Hughes and McMichael for the Climate Commission 2011*).
- Research into developing rural community health risk assessments for climate change demonstrated that bushfires, depression and waterborne diseases were identified by community members in rural Tasmania as their greatest health concerns (*Bell et al 2015*). In South Australia, the concern about extreme heat events predominates (*Williams et al 2013*).
- Adolescents living in drought-affected rural areas are particularly exposed to (*Stain et al 2011*):

- poor educational, social, and health outcomes due to disintegration of social circles as friends migrate to urban areas;
- sacrificing educational opportunities viewed as too costly;
- the relative lack of mental health services in remote areas.

## Impact on healthcare infrastructure

Increasing burden of disease requires added services from our health system, leading to higher demands on mental health, primary care, and hospital services. Healthcare facilities, their staff and the services they provide are also at risk in extreme weather events.

- In Brisbane, paediatric and adult emergency department visits are expected to increase by up to 2,300 and 1,200 visits respectively by 2060 due to an increased number of hot days, with excess costs of AU\$120,000-\$1,200,000 (aged 0-64 years) and AU \$96,000-\$786,000 (aged >65 years) (*Toloo 2015*).
- The thunderstorm asthma event in Melbourne Nov 2016 saw a 75% increase in ambulance call-outs with approximately 80% being highest acuity ('Code 1'), 60% increase in presentations and 670% increase in respiratory-related presentations to hospital Emergency Departments, leading to an almost 1000% increase in asthma-related admissions (*Vic DHHS 2017 report*).
- The Queensland 2010/2011 floods required the Queensland and federal governments to provide \$18.1 million to repair damage to health facilities (*Queensland Health 2011*).

## Population displacement and conflict

Military and security experts now recognise the impact of climate change on population movements and on global stability, with approximately 70% of nations explicitly citing climate change as a national security concern (*Environmental Justice Foundation 2017 Beyond Borders, Australian Senate Report 2018*).

- Climate change is predicted to become the biggest driver of population displacement by mid-century, forcing an estimated 150 to 200 million people to move by 2050 (*C. McMichael, Barnett & McMichael 2012*).
- As stated earlier, an estimated 23.5 million people were displaced from their homes due to extreme weather events in 2016 (*Internal Displacement Monitoring Centre 2017 Global Report*).

- While perhaps not caused directly by climate change, disputes over scarce water, food and arable land resources can be aggravated by climate change, escalating political instability and conflict (*Bowles 2015*).
  - The ongoing conflicts in the Darfur region of Sudan, Arab Spring in 2010, and the current Syrian civil war all have roots in drought, poor agricultural yields, and/or tensions over inhabitable land.
  - Globally, there have been 115 conflicts over water rights since 2010 (*Pacific Institute, <http://worldwater.org/water-conflict/>*).
  - 2017 saw a record number of people (almost 70 million) forcibly displaced by conflict as refugees, asylum seekers, and internally displaced persons, of whom 52% were children (*UNHCR Global Trends 2017*).

The current degree of population movement has already caused significant social, political, and economic upheaval for both source countries and those countries hosting migrants worldwide, which is predicted to worsen with ongoing climate change.

For children, tremendous physical and mental health problems arise from displacement, disruption to family, home, and schooling, conflict and war (*C. McMichael et al. 2012*).

## Child protection issues

Child protection issues are under-recognised as a negative consequence of climate change:

- Studies from both industrialised and low-middle income countries demonstrated increased rates of physical, emotional, and sexual abuse, maltreatment, and neglect after extreme weather events (*Bartlett 2008, Rezaeian 2013, Keenan 2004, Biswas 2010*).
- Girls are particularly affected, as they are often subject to sexual harassment and abuse in the chaos following extreme weather events. They often give up educational opportunities for more immediate low-income labour and activities and are often sold into early marriage (in low-middle income countries) or turn to other occupations such as the sex industry to help relieve family financial pressures (*Plan 2011*).

## Injustice/inequity

Children face the biggest climate change related injustice - a transgression of intergenerational equity. Their growing bodies and minds make them more vulnerable to their surrounding environment, while their

bodies are less able to cope with physical and psychological stresses and harms.

Children are the least responsible for greenhouse gas emissions, are least able to influence action on climate change, and yet they will be exposed to its impacts for the duration of their lifetimes. Not only do children have the most to lose in terms of present and future health, and quality of life standards, but they will also inherit a world which has been diminished in terms of resources, safety, and opportunity, unless effective swift action is taken to address our climate change emergency and protect their future.



## What the health profession is already doing

Doctors for the Environment Australia (DEA) has advocated for mitigation of greenhouse gas emissions and highlighted the health impacts of climate change and environmental degradation for almost 18 years. Following its Mission to 'Protect health through care of the environment', DEA has produced the 2015 *No Time For Games* Report as well as several related Fact Sheets; *Climate change and health in Australia*; *Heatwaves and health in Australia*; *Severe storms, floods and your health*; *Bushfires and health in a changing environment* (DEA 2015, DEA16, DEA17).

Also, in Australia, the Australian Medical Association (AMA), the Royal Australasian College of Physicians (RACP) and the Royal Australasian College of Surgeons (RACS) have all issued statements recognising climate change as a threat to human health and calling for action (AMA 2018, RACP 2016, RACS 2018). The Council of Presidents of Medical Colleges distributed a communique in 2018 *Managing and Responding to Climate Risks In Healthcare* endorsed by eleven medical colleges (CPMC 2018). Australia's Climate and Health Alliance (CAHA) has developed a Framework for a National Strategy on Climate, Health and Wellbeing for Australia (CAHA 2017).



The negative health impacts of climate change have also been recognised by other distinguished medical organisations globally such as the American Academy of Pediatrics (AAP), American College of Physicians (ACP), UK National Health Service, the Canadian Medical Association and Health Canada, the Lancet and British Medical Association, the British Medical Journal (BMJ), the UK Health Alliance of Climate Change, the US Medical Society Consortium on Climate and Health and others (*The Lancet* 2017, *BMJ* 2018).

## DEA is asking health professionals across Australia to support the No Time For Games pledge

To protect the health of current and future generations of children, we need to prevent the projected future escalation of climate change by taking urgent action now to reduce greenhouse gas emissions.

Pledge to support:

- An urgent, far more proactive, effective and whole of government approach to climate mitigation to ensure significant health benefits for children.
- Strengthening our primary, emergency, rural and mental health services to increasingly be able to respond to children affected by climate change (eg during heatwaves).
- Greening our health care systems, in which health professionals are well placed to be a driving force to significantly reduce greenhouse gas emissions and waste.
- Considering divestment as an effective tool for diverting funds away from fossil fuel-related activities which undermine the fundamentals of health, towards cheaper alternatives such as renewable energies.

*"We hope that this document, which like the original No Time For Games report is based on evidence and reason and motivated by justice and duty to protect our children's health from climate change, will empower doctors and students to use their voice."*

*#NoTimeForGames Campaign Coordinator (2018), Dr Ingo Weber*

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**About Doctors for the Environment Australia**

Doctors for the Environment Australia (DEA) is an independent, self-funded, non-government organisation of medical doctors in all Australian States and Territories.

Our members work across all specialties in community, hospital and private practices and public health.

We work to prevent and address the diseases local, national and global-caused by damage to our natural environment. We are a public health voice in the sphere of environmental health with a primary focus on the health harms from pollution and climate change.



Healthy planet,  
healthy people

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