

**Submission by Doctors for  
the Environment Australia  
to the Climate Change  
Authority on the future  
remission targets Australia  
should commit to as part of  
an effective and equitable  
global effort to achieve the  
objective of the UNFCCC  
(Article 2) or subsequent  
agreement to which  
Australia is a party**

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67 Payneham Road  
College Park SA 5069  
P 0422 974 857  
E [admin@dea.org.au](mailto:admin@dea.org.au)  
W [www.dea.org.au](http://www.dea.org.au)

Healthy planet, healthy people.

**DEA Scientific Committee**

Prof Bob Douglas AO  
Prof David de Kretser AC  
Prof Robyn McDermott  
Prof Hugh Possingham  
Dr Rosemary Stanton OAM

Prof Stephen Boyden AM  
Prof Dave Griggs  
Prof Stephen Leeder AO  
Prof Peter Newman AO  
Prof Lawrie Powell AC  
Dr Norman Swan

Prof Peter Doherty AC  
Prof Michael Kidd AM  
Prof Ian Lowe AO  
Prof Emeritus Sir Gustav Nossal AC  
Prof Fiona Stanley AC  
Prof David Yencken AO

## Summary

Doctors for the Environment Australia recommends that Australia commit to a reduction target on 2020 levels of at least 40% by 2025 and 95% by 2050.

These targets are based on the severe consequences for human health and well being if global warming is not confined to two degrees.

Since the constraint of emissions will have many health co-benefits and therefore cost savings, there will be some reduction in the costs of mitigation and adaptation.

In our submission to the Climate Change Authority Caps and Targets Review in May 2013 Doctors for the Environment Australia (DEA) outlined the health imperatives to reduce Australia's emissions as quickly as possible, and therefore we put a strong case for increasing Australia's 2020 emissions reduction target from 5% to 25%.

[http://dea.org.au/images/uploads/submissions/Caps\\_and\\_Targets\\_Review\\_Submission\\_05-13.pdf](http://dea.org.au/images/uploads/submissions/Caps_and_Targets_Review_Submission_05-13.pdf)

With seven years to go we reasoned that there was time to deliver on this target with the advent of the carbon price, the RET and CEFC having an increasing impact on the development of renewable energy. The carbon price has now been abolished and the surge in renewable energy has been stalled by policy uncertainty. Under present conditions Australia will be fortunate to deliver 5% reduction on 2020 levels by 2020.

We note the arguments by the Climate Change Authority to indicate the target should be at least 15% by 2020.

<http://climatechangeauthority.gov.au/files/files/Target-Progress-Review/Targets%20and%20Progress%20Review%20Final%20Report.pdf>

We maintain that with leadership from all political parties Australia is technologically and financially able to attain a target of 40% by 2025 and we maintain this must be the target for the reasons detailed below.

Emissions reduction targets below 40% by 2025 are **not** adequate to meet Australia's international commitment to limit global warming to 2°C and will consequently fail to protect the health, lives and wellbeing of Australians from the greater impacts of climate change that are expected to ensue.

We therefore make the following recommendation for Australia to go forward to the United Nations negotiations in Paris this December. **That Australia commit to a reduction target on 2020 levels of at least 40% by 2025 and 95% by 2050.**

These may hold some chance of holding warming below 2°C and will encourage other nations to commit to commensurate targets.

These targets are based upon the imperatives for urgent action based on the increasingly concerning scientific findings of warming and our recognition as doctors that implications for human health and wellbeing are alarming. The targets we recommend are ambitious but achievable by Australia and for psychological reasons we have not used a target range. It should also be noted that delayed action will be far more costly in economic and health terms: [http://www.climateinstitute.org.au/verve/\\_resources/AustraliasPost2020EmissionChallenge\\_FINAL\\_LM.pdf](http://www.climateinstitute.org.au/verve/_resources/AustraliasPost2020EmissionChallenge_FINAL_LM.pdf)

## 1. The Science of climate change

This imperative for ambitious targets is driven by accumulating evidence from diligent researchers that the world is warming faster than previously thought.

It is now thought that global temperatures will rise more rapidly following the recent hiatus where observed surface temperatures have risen less than model projections whereas ocean temperatures have risen more rapidly. The Pacific Decadal Oscillation (PDO) phase variation carries some responsibility for this finding.

<http://www.nature.com/nclimate/journal/v4/n10/full/nclimate2341.html>

And a change in the PDO which may be occurring now will cause acceleration in land warming. This could confer one degree centigrade of warming commencing 2020 as described in the Pacific Northwest National Laboratory (PNNL) study.

<http://www.nature.com/nclimate/journal/vaop/ncurrent/full/nclimate2552.html>

CCA will be aware that we are not climate scientists but we have members of our team who have served on the IPCC and maintain a watch on and an understanding of climate science literature. Suffice it to say that our concerns generated by the science are summarised above and we feel no need to add to the evidence that CCA is already fully cognisant of.

## 2. The Health Imperative

Every doctor who reads the medical literature relating to climate will know of the far reaching adverse effects for our health, some of which are already evident. The world's major public health bodies all recognise the seriousness of this situation with the World Health Organization's Dr M Chan, Director-General stating "*Climate change is one of the greatest challenges of our time. Climate change will affect, in profoundly adverse ways, some of the most fundamental determinants of health: food, air, water. In the face of this challenge, we need champions throughout the world who will work to put protecting human health at the centre of the climate change agenda.*"

It is therefore our responsibility to our patients and the collective community to manage this as a public health emergency.

Our concerns about the medical effects of climate change are best summarised in an *Open letter to the Hon Tony Abbott MP* published in the Medical Journal of Australia late 2014; the team consisted of 12 senior members of the profession, 7 of whom were members of DEA led by the late Tony McMichael who was a founding member of DEA.

<https://www.mja.com.au/journal/2014/201/5/open-letter-hon-tony-abbott-mp>

*There are serious risks from climate change to the health of populations everywhere — widely documented in national and international scientific assessments. The risks include, but extend well beyond, intensified heatwaves, floods, fires and the spread of disease-bearing mosquitoes. Regional food yields and hence child and adult nutrition are at risk. Water shortages threaten the quantity and quality of drinking water, hygiene and agriculture. Warming and acidification of oceans endanger marine food sources. Infections such as gastroenteritis increase with warming, as do levels of important hazardous air pollutants. Threats to rural and coastal assets and livelihoods will adversely affect mental health.*

*Adverse health outcomes related to climate change are already evident in many regions of the world. By mid century, serious health risks are likely to be widespread, particularly in vulnerable communities, including in Australia. Workloads and economic and logistical demands on the nation's health system will also rise as these impacts increase.*

For a summary of medical impacts see our Policy on Climate Change and Health authored by McMichael, Shearman and Williams.

[http://dea.org.au/images/general/DEA\\_Climate\\_Change\\_and\\_Health\\_Policy\\_05-13.pdf](http://dea.org.au/images/general/DEA_Climate_Change_and_Health_Policy_05-13.pdf)

It is fair to say that the medical profession is now alarmed by both the existing medical impacts of climate change and by future prospects for health and well being in the recognition that existing action by governments has done nothing to deviate emissions from their progressive rise.

Around the World the profession is increasingly expressing its concerns. In the UK the British Medical Journal has taken the lead and the BMA (British Medical Association) recently divested from fossil fuel investment. There is widespread concern and action from Doctors organisations in the USA and Canada. In Australia this week the President of the Australian Medical Association Brian Owler said that any failure to act was "intergenerational theft".

<http://www.businessspectator.com.au/news/2015/3/12/policy-politics/climate-failure-intergenerational-theft-ama>

### **3. The Health co-benefits:**

Climate change not only poses major threats to our health, but it also provides a great opportunity to act on other public health issues.

The major greenhouse gas emitting processes are also responsible for other significant adverse health effects. These include; pollution (especially air pollution) from fossil fuel combustion, mining and processing for electricity generation and transport; inactivity related to car commuting; loss of ecological services from deforestation and change of land use.

Adopting renewable energy, greater public transport use, preserving forest and wetlands and switching to more sustainable agricultural practices therefore provide a win-win where greenhouse gas emissions are reduced and a range of other health benefits are gained.

If these secondary effects, or co-benefits, were captured in the accounting of energy, transport and food production, then the economic assessment of acting on climate change would look very different indeed.

### **4. Targets of 40% by 2025 and 95% by 2050**

It is our duty to assess impacts and say as doctors and scientists what we believe is necessary. This is the basis of medical treatment and we should say so and not be swayed by the attitudes and lack of ability of weak and sceptical governments.

The fact is that many nations are now well ahead of us in the transition to a low carbon economy. We do not have to lag behind, we have the natural resources that can enable this transition to be effected in Australia right now and compete in associated emerging technologies. Billions of dollars are being poured into fossil fuel developments which simply cannot be used when carbon budgets are constrained to mitigate climate change.

For these reasons we suggest that CCA adopts targets of this order to signify the necessary action for it is not our duty to address political expediency, rather it is our duty to say what is necessary.

We note that in our visits to Parliamentary representatives that "ranges" rather than specific targets are used. We would advise that whilst ranges are used to reflect the uncertainty of outcomes in scientific projections, they are not appropriate for targets, which by their nature must be absolute if they are to be achieved.