

10 April 2023

Email: [climatechange@recfit.tas.gov.au](mailto:climatechange@recfit.tas.gov.au)

To whom it may concern,

**Re: Public consultation on the Draft Climate Action Plan 2023-25**

Thank you for the opportunity to offer comment on the draft Climate Action Plan 2023-25. As the only doctor's organisation that represents doctors across all disciplines, it will not surprise you to know that we come to this consultation unashamedly from a health perspective, as we increasingly see the impact of climate change events on the health and well-being of our patients.

While we were pleased with the inclusion of the impact of climate change on health and young people in the amended *Climate Change (State Action) Act 2008*, we remain concerned that the health impacts of climate change, both mental and physical, are still not at the forefront of government's thinking.

Climate change has been declared by the World Health Organisation (WHO) to be the biggest threat to health, yet health is barely mentioned in this document. For example, in the introduction to the climate change action plan, there is no specific mention of the impact of climate change events on health. AMA Tasmania believes health impacts must be understood as a stand-a-lone issue from economic, environment and social impacts. Health is a foundational community asset, already under threat with the combinations of poor community health literacy, a high burden of disease and a health system already stressed at every level.

AMA Tasmania would like to see specific planning for climate change fuelled disasters and extreme weather events to consider health impacts: acute and long-term, physical and mental, and the increased demands on the whole health system, not just the Tasmanian government provided services.

Climate change harms fall hardest on the most vulnerable: young people and the elderly, people living with chronic diseases or disabilities, pregnant women, those struggling to survive on low incomes, and others, all of whom need particular attention. While it may be implied in the Action Plan statement: 'Supporting actions to protect priority populations from the impacts of climate change such as extreme weather events', it is not clear who the priority populations are and whose actions it is supporting. Then there is the question, whose job is it to make sure there are any actions to support? Something as important as this needs clear definition followed by specific investment and commitment.

To address this more thoroughly, AMA Tasmania suggests the inclusion of a fourth goal - 'The Protection of the Vulnerable'. This would include our most vulnerable human populations: our poorest, particularly those already homeless or close to it, the very old and very young, those with

existing poor health, those subject to domestic violence, our First Nations people, those living alone or socially isolated or in rural and remote areas. It would also include vulnerable species, habitats and ecosystems. This added goal would provide further focus for real action; actions from the macro, some of which are in the draft plan to drive down overall emissions, to actions in the micro, such as programs for schools that address the mental health impacts of the fear of climate change on a child's future, and inclusion of information in pre-natal classes of the harm of bushfire smoke on a foetus and how to mitigate the harm when faced with a bushfire event. It would also ensure the delivery of health care is considered in disaster management.

Experience with natural disasters has revealed serious planning gaps, particularly in the provision of primary health care. During the fires on the mainland in 2019/20, GPs were left to set themselves up in garages or other non-practice venues, using borrowed generators or batteries. They had to make-do with very little formal support and do the best they could to provide health care to evacuees, often without access to medication or medical records. Other service providers, such as community pharmacy and community nursing, were scrambling to do the same, sometimes while their own houses were burning down. Therefore, our suggested fourth goal would include planning for the provision of all medical services in the case of disasters. It should also be an action under this goal to ensure collaboration with the Department of Health, linking into their work through the Healthy Tasmania Strategic Plan, as well as other plans across government. For example, we note that currently every single vehicle coming from the south of the state must traverse or cross Macquarie Street to get to the Royal Hobart Hospital. This is an unacceptable vulnerability in a disaster scenario and should be part of infrastructure planning with the increased risk of natural disasters occurring due to climate change.

An important health issue not addressed in the draft plan, which needs further elaboration in our submission, is that of the impact of climate change and related threats to mental health, especially in young people and in those who have experienced a disaster. Eco-distress is very real and contributes to poor mental health outcomes, particularly when in combination with other stresses. These include high heat days when both domestic violence and Emergency Department presentations rise. Talking about eco-anxiety does not make it worse. Doctors and teachers need support to help their patients and students, where the mental health impact is already high. We would like to see specific investment in the provision of resources to provide evidence-based tools to respond to these demands. This should include innovations in how this care could be delivered as traditional one-on-one psychological care is simply not available at the scale required.

Overall, the lack of focus in the draft plan on health care is concerning. The risks to health are huge and include things we have not had to deal with before like the incursion of diseases associated with warmer weather. We expect increased high pollen count days in combination with higher winds and temperature adding to allergic disease, and more mould exposure and related illnesses after floods and heavy rain. Supply chain issues for medication are already problematic. The evidence is strong around poor air quality from wildfire smoke directly harming people's health and particularly that of unborn and newborn babies. And then there is the harm related to everyday pollution, for example for households using gas for cooking and/or heating. Concerningly, it is still legal to have unflued gas heaters in Tasmania.

We must also consider the impact of population growth. The population of Tasmania is expected to increase by at least 80,000 in the next ten years, mainly from overseas. Traditionally, if a community has been hit by a disaster, the impacted inhabitants have largely had families or friends to stay with. This will not be the case for these newcomers - where is the planning for them? Or, for the inevitably increased population of locals who have become homeless as a result? With housing already in short

supply, it is hard to imagine housing supply will be sufficient to cover homelessness brought about through a natural disaster.

Finally, we appreciate the effort that has gone into the action plan so far and the progress made, but it is disappointing that there are no actual targets, and little reference to robust independent science-based assessment of current emissions. Therefore, it is going to be difficult to assess the outcomes of this plan. We would like to see real targets with real monitoring and reporting as this is the most pressing crisis humanity has ever faced. While Tasmania plays a small part in what requires a global response, we can be a world leader in this space if we plan for and respond well to the challenges climate change is throwing at us.

A plan must also be dynamic and nimble, able to adapt to changing circumstances. We would encourage you to establish a formal mechanism in the action plan to enable the passing of new ideas or information about developments, innovations, or resources to the Action Plan team throughout the period of the plan. We would welcome the opportunity to be able to continue to contribute to positive planning for our collective safer future.

Thank you once again for the opportunity to participate in this consultation process.

Yours sincerely



Dr John Saul  
President AMA Tasmania