

Subject: ZCB submission Dr. Matthew Jenks

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Submitter: -

Dr. Matthew Jenks

I am an anaesthetist at Southern District Health Board. I work in a health care system that is a significant contributor to the problem of climate change. Research published in the Lancet medical journal in 2017, estimates that the Australia health sector emissions make up 7% of Australia's total greenhouse gas emissions. It is likely to be a similar proportion in New Zealand. Anaesthetists contribute a large part of this climate pollution through the energy needed to power the buildings we occupy, our anaesthetic gases, as well as the large amount of medical equipment and pharmaceuticals we use.

I strongly support the Zero Carbon Act/Bill (ZCA) as I believe it can facilitate addressing the climate pollution caused by the health care system. Similar climate change legislation in the United Kingdom has reduced health sector emissions by 11% since it was introduced. I therefore support the Act with the following key messages: -

- The government should set an emissions reduction target in law now.
- The target should be based on the most up to date climate science.
- The target should be strengthened, as required, based on advice from the Commission.
- The target must be met by reductions in New Zealand emissions only.
- The emissions reduction target must be consistent with global warming of no more than 1.5⁰C.
- Health, health equity and the substantial health co-benefits of effective climate change mitigation and adaptation, should be considered in the design of the Act and the targets set by the commission.

This will give the New Zealand health care sector the certainty it needs to take effective steps to reduce its climate change impact. More detailed answers to the 16 questions the Ministry for the Environment has set for discussion on the ZCA are included below

1. What process should the Government use to set a new emissions reduction target in legislation?

The government should set the target in law now, with the ability to make the target stronger in response to the Commission's early advice. The target should be based on the most up to date climate science, on our international obligations and on principles of global equity. The New Zealand health sector needs certainty and transparency so that it can begin to take appropriate action to address its climate change impact.

2. If the Government sets a 2050 target now, which is the best target for New Zealand?

A recent draft report (IPCC Special Report on Global Warming of 1.5⁰C) finds substantial differences in harmful effects, including health, when comparing 1.5⁰C warming to 2⁰C above pre-industrial levels. Therefore an emissions reduction trajectory consistent with no more than 1.5⁰C, based on the most up to date climate science, is strongly recommended.

3. How should New Zealand meet its targets?

Domestic net emissions reductions only. Relying on international emissions units will undermine decisive domestic action. The New Zealand health sector, (as well as other sectors, businesses, iwi, communities, households) needs certainty about domestic emissions reduction targets, so that we can take appropriate action. If we rely on international emissions units, NZ misses out on the health and health equity co-benefits of effective climate change action domestically (better public and active transport infrastructure, plant based agriculture, reduced air pollution from fossil fuels, homes that are warm and dry due to insulation and energy efficient heating).

4. Should the Zero Carbon Bill allow the 2050 target to be revised if circumstances change?

The target should only be altered to increase climate action ambition in response to updated scientific recommendations.

5. The Government proposes that three emissions budgets of five years each (ie, covering the next 15 years) be in place at any given time. Do you agree with this proposal?

Yes

6. Should the Government be able to alter the last emissions budget (ie, furthest into the future)?

The last budget should be able to be reduced if needed in response to the latest climate science. The only mechanism by which emissions budgets should be able to be increased is through changes to the Act through usual parliamentary process. The ZCA should also permit any Government to act so NZ can emit less than budgeted.

7. Should the Government have the ability to review and adjust the second emissions budget within a specific range under exceptional circumstances?

The last budget should be able to be reduced if needed in response to the latest climate science. The only mechanism by which emissions budgets should be able to be increased is through changes to the Act through usual parliamentary process. The ZCA should also permit any Government to act so NZ can emit less than budgeted.

8. Do you agree with the considerations we propose that the Government and the Climate Change Commission take into account when advising on and setting budgets?

No. The Climate Commission's Emissions Budgets must be consistent with the best possible chance of limiting global warming to 1.5°C degrees and the greater responsibility of well-resourced nations like NZ, with Budget considerations limited to:

- A. Scientific knowledge about climate change, sea level rise and ocean acidification
- B. Obligations under Te Tiriti o Waitangi
- C. Global leadership, including international equity

9. Should the Zero Carbon Bill require Governments to set out plans within a certain timeframe to achieve the emissions budgets?

Yes

10. What are the most important issues for the Government to consider in setting plans to meet budgets? For example, who do we need to work with, what else needs to be considered?

The most important issues to consider are Te Tiriti o Waitangi obligations and equity within Aotearoa-NZ. This means health equity is essential in planning and monitoring. All regressive policies (including ETS settings) must be effectively offset for vulnerable communities.

The substantial co-benefits to health from well designed reduction and mitigation must be considered. Research published in the New Zealand Medical Journal indicates the direct and indirect health effects of climate change will have a greater impact on those already suffering from disadvantage and poorer health in New Zealand - children, elderly, low-income, Māori and Pacific populations, and people living with disabilities, acute or chronic illnesses. Climate action that prioritises health equity has significant potential to reduce existing, and prevent future health inequities (e.g. better and affordable public and active transport infrastructure, plant based diets, reduced air pollution from fossil fuels, homes that are warm and dry due to insulation and energy efficient heating).

11. The Government has proposed that the Climate Change Commission advises on and monitors New Zealand's progress towards its goals. Do you agree with these functions?

Yes.

12. What role do you think the Climate Change Commission should have in relation to the New Zealand Emissions Trading Scheme (NZ ETS)?

The Commission should advise the Government on ETS policy settings so that New Zealand emits within budget. The Commission must also identify the extent of regressive impacts from proposed ETS settings, and propose effective complementary policies which fairly compensate vulnerable households.

13. The Government has proposed that Climate Change Commissioners need to have a range of essential and desirable expertise. Do you agree with the proposed expertise?

Yes, but health expertise amongst Commissioners is needed too. In particular Commissioners with a knowledge of health and the health equity impacts of climate change and what represents equitable climate change action.

It is also essential that the Commission is founded on partnership with tāngata whenua and upholds obligations under Te Tiriti o Waitangi.

14. Do you think the Zero Carbon Bill should cover adapting to climate change?

Yes. Adaptation must be a separate advisory working group, to avoid overtaking the Commission's top priority of climate change mitigation. Again, Commissioners with a knowledge of health impacts of climate change are essential to this working group, given the need for effective adaptation strategies to reduce the impact of climate change on health. A health adaptation plan must be put in place that covers both health sector adaptation and health-protecting adaptation in other sectors.

15. The Government has proposed a number of new functions to help us adapt to climate change. Do you agree with the proposed functions?

Yes. Adaptation must be dealt with by a separate working group, to avoid distraction from the top priority of mitigation. A health adaptation plan must be put in place that covers both health sector adaptation and health-protecting adaptation in other sectors.

16. Should we explore setting up a targeted adaptation reporting power that could see some organisations share information on their exposure to climate change risks?

Yes. A targeted adaptation reporting power could start with voluntary reporting in the first year, and require compulsory reporting in subsequent years.

If required I am happy to speak to this submission.

Dr. Matthew Jenks