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Climate Change Consultation Contribution
Ministry for the Environment
PO Box 10362
Wellington 6143
climate.contribution@mfe.govt.nz

Submission on *New Zealand's Climate Change Target* Department of Preventive and Social Medicine

About the Department of Preventive and Social Medicine

The Department of Preventive and Social Medicine is one of the oldest of its kind in the world. The first Lecturer in Medical Jurisprudence and Public Health took up his post in 1886. The Department has grown to have the largest staff in the University of Otago. It has greatly expanded in both teaching and research activities, as well as in its engagement with the community at both national and local levels. The Department has developed a strong research ethos and now constitutes one of the strongest centres of public health research in Australasia. We have a strong commitment to taking an active part in health policy at a national level.

Introduction

1. The science is clear, with almost all climate scientists agreeing that some level of climate change is inevitable; even the normally conservative World Bank has warned that 4C warming by 2100 is distinctly possible if further mitigating action is not taken (World Bank *Turn down the heat*, 2013). The NZ government Intended Nationally Determined Contribution (INDC) document frames climate action as currently very costly. The costs of climate impacts will far outweigh the costs of action now. According to the most recent Report of the Intergovernmental Panel on Climate Change, inaction will lead to widespread and irreversible impacts globally. These impacts are already evident in different parts of the world; water availability is a case in point. To respond to this, we believe the New Zealand government needs to think well beyond any immediate economic impacts and act in the best interests of the health, economic well-being, and quality of life of NZ generations to come. Some might consider it immoral not to act.

Recommendations

1. We strongly urge the government to re-think the INDC document. An appropriate goal should be for carbon emissions in NZ have to a clear peak and then planned reductions to

achieve a zero carbon target before 2050. The government needs to achieve this by setting out clear goals and measurable outcomes for evaluation.

2. NZ generally punches above its weight in terms of international contributions. There is no reason why we cannot lead the way in terms of planning credible emissions reductions.
3. The health of the world's peoples depends on a healthy climate for all. Fairness demands that we share the costs and benefits of action fairly, both nationally and internationally. Climate change is very likely to most affect those with the least resources in our society, namely those individuals already experiencing economic and social hardship. Action needs to take these people into account, both in terms of impacts and unintended consequences.
4. Health costs need to be factored in to the Government's projected costs. Public health would seem to be a highly relevant cost of inaction in terms of impacts to the health and wellbeing of individuals, their families and communities (an example are the deaths due to heat stroke in India's current drought), and to the flow on impacts to NZ's work productivity.
5. We understand that to limit climate change to a two degrees centigrade target, we must cut our emissions by at least 40% by 2030 compared with 1990; and that we need to cut these by at least 95% by 2050. We request that the Government's target is consistent with the degree of global action required to achieve this.
6. In the short term, policies to mitigate climate change will have benefits to NZ. Such policies would help achieve action to shift from the individualised use of cars to more active and public transport; better domestic energy use; and phasing out fossil fuel mining.

Thank you for the opportunity to submit on this critical public health issue.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Robin Gauld', with a long, thin tail extending downwards.

Robin Gauld
Professor and Head of Department
Preventive and Social Medicine