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Submission to The Ministry for the Environment:
Te hau mārohi ki anamata
Transitioning to a low-emissions and climate resilient future

Tēnā Koutou

The College of Nurses Aotearoa (NZ) Inc, welcomes the opportunity to comment on the Emissions Reduction plan (ERP). The College is a professional organisation of New Zealand nurses. We aim for excellence in nursing practice and health care delivery by supporting nurses in their ongoing professional development. We develop strategic consumer alliances with the aim of creating 100% access and zero disparities in Aotearoa New Zealand health care. We provide a leading voice for the nursing profession and professional commentary on issues which affect nurses, and also the health of the whole community. The College membership comprises registered nurses and nurse practitioners and is supported by a bi-cultural Board. The College is an Organisational member of OraTaiao: The NZ Climate and Health Council with whom we have conferred for this submission.

We wish to make the following comments:

1. What are the most important things to consider in developing Aotearoa's Emission Reduction Plan?

Human health and wellbeing must be at the heart of Aotearoa's Emissions Reduction Plan.

The College of Nurses Aotearoa (NZ) supports the intent of the ERP but would like to see more ambition. Climate change poses the largest threat to human health in the 21st century. The plan as it stands describes a continuation of the recent history of the Zero Carbon Bill through the Climate Change Commission process of having little or no regard for either the effects of climate change on health or, more importantly, the health and wellbeing co-benefits from well-designed climate action. Health is barely mentioned. We need a clear plan as to how to maximise the health gains for the public and within the health sector.

We are concerned that delays and extended consultation pushes out the time frame for taking action, increases the pace of change required and diminishes the public's trust. Strong climate action to reduce our reliance on fossil fuels offers the greatest opportunity to

improve health and health equity. Well-designed health-centred climate action will maximise both the health-benefits and emissions reductions (1)

There are clear benefits from public health policy which supports behaviour change and makes healthier choices easier. Healthy equitable climate policy that promotes affordable active transport, sustainable food systems and healthy homes can substantially reduce the burden of non-communicable diseases in Aotearoa New Zealand and contribute to reducing health inequities. The ERP must recognise, quantify and optimise these important health co-benefits.

The right to the highest attainable standard of health is recognised in the UN Declaration on Human Rights (2), and hauora (health and wellbeing) (3) is one of the taonga guaranteed to all citizens under te Tiriti o Waitangi. Health and wellbeing must be a top priority, including mental health given the known mental health effects of climate change (4,5).

We therefore ask that the ERP seizes the opportunity to include more specific references to health and note that public health and evidenced based policy must be prioritised over corporate and industry interests or pressure.

The nursing profession in Aotearoa New Zealand is a 60,000 strong workforce with direct access to the public and a key role in health advocacy and patient education. Less than 50% of nurses work in District Health Boards, with the majority working in cross sector agencies such as corrections, defence and schools. Other areas include NGOs, private providers, aged care, Plunket, family planning, Iwi providers, primary care, education and regulation to name but a few. This means nurses are able to impact broad areas of public health and wellbeing to which few others have access.

As Minister Shaw has the authority to decide on the representation of health expertise, either directly to the Ministry, or to the Climate Change Commission, the College recommends a continuing strong call for adequate health representation, including public health expertise, to those bodies planning our climate change response. Nurses are highly trusted health professionals and it would be prudent to include nursing in policy development and implementation, further strengthening the engagement of the public and social acceptability of change. Investing in public health policy and the health workforce that provides care and education to the public would bring cost savings in the long run and be money well spent.

One example of this is further investing in Nurse Practitioners who can deliver expert health services at a fraction of the cost of funding locum general practitioners. More investment in primary health care would reduce the costs and burden on the hospital system.

There is scope to include sustainability in the New Zealand Nursing Council competencies and Code of Conduct, which all nurses must abide by and to teach climate and health co-benefits as a core part of the nursing degree, which supports behaviour change both within the profession and onwards to the communities they serve. Messages from nurses about climate action are stronger because they are evidence based and framed in risk communication language that is specific to the community. Nurses also have the ability to lead and increase the social license of positive action and help promote health benefits. Nurses are also optimistic in times of adversity and support people through change.

The benefits of public health expertise in response to the Covid-19 pandemic has been clearly demonstrated, resulting in Aotearoa New Zealand being viewed as a world leader in public health. However, at present our emissions targets are deemed “Highly Insufficient” to reach the goal of net zero emissions by 2050 for the Paris Agreement (6). There is an opportunity for us to be world leaders again with a bold and ambitious public health response to climate action.

Invest in Aotearoa

Invest in urgent climate emission cuts here in Aotearoa now. Offsetting emissions with forestry expansion and land-use change must not be used to delay the necessary decarbonisation needed.

The principles of both intergenerational equity and tikanga require the current generation to do everything possible to stop climate breakdown and reduce the harm we inflict on future generations (7). Although children are mentioned in the introduction from Minister Shaw there is little in the policy planning that is specific to them. Children deserve to be centred in these policy decisions. The United Nations Committee on the Rights of the Child has said that “climate change is one of the biggest threats to children’s health and exacerbated health disparities.” (8). Failing to implement healthy and equitable climate policies now accepts an avoidable burden of ill-health in future generations, disproportionately affecting already marginalised children (9). The risk of a 1.5°C overshoot and crossing tipping point boundaries may create an irredeemable situation for future generations. This is an unfair risk to which they must not be subjected.

This plan has to work, it must be fit for purpose. The purpose of Aotearoa’s climate legislation is to fairly contribute to limiting global warming below humanly adaptable 1.5°C and to achieve net zero long-term emissions by 2050. Early action matters most. The next few years are crucial to keeping the 1.5°C window open.

Post-COP26, Aotearoa New Zealand must scale up our current Nationally Determined Contribution (NDC) from disguised domestic emissions cuts of around 7-9% below 2005 levels by 2030 on a net-net basis. This enhanced NDC must be primarily met by the Emissions Reduction Plan.

Te Tiriti o Waitangi based and Equitable

Every part of this plan must be based in te ao Māori and Tiriti partnership - resourced and representative, and with Māori leadership to the fore. We are pleased to see te ao Māori is given more attention, but it can be further strengthened. The discussion is too often on “partnership” without any firm plan regarding giving proper agency and a guarantee of tino rangitiratangato to Māori leadership and groups.

This is particularly important in the health sector with the impending establishment of the Māori Health Authority, which could be used as an example for the rest of the public sector of a commissioning body which will have real clout and ability to lead.

Aotearoa’s worst climate polluting companies must be fully accountable now - especially the top ten companies who account for most of Aotearoa’s emissions. We note that there is discussion around equity for supporting low-income households, but what about the ethical

responsibility of ensuring high income households do their fair share, as those with higher incomes tend contribute more to certain emissions e.g. travel and consumption of luxury goods and services.

2. What new initiatives to include in Aotearoa's Emissions Reduction plan?

The ERP must prioritise real measures that reduce vulnerability now, so that low emissions living is easy and affordable for everyone. That includes affordable housing, adequate incomes, decent jobs, healthcare, education and enabling environments.

Our ERP needs an urgent and comprehensive plan to help the agricultural sector improve their emissions.

A clear plan to guide health sector emission reductions- the health sector is the largest greenhouse gas emitter in the public sector. This will need the incorporation of a sustainability unit in the new Health NZ and Māori Health Authority structures, along the lines of the Greener NHS system in NHS England.

F-gases are a particular area of focus for the health sector, due to their presence in anaesthetic gases and metered-dose inhalers. This is completely absent from the discussion document, which focuses solely on refrigeration and air-conditioning.

3. What do you see as the main opportunities and impacts of emission reduction policies in Aotearoa?

The longer we delay making cuts in our emissions the more drastic action will need to be taken. Although our emissions are a small part of the global total, we have an ethical obligation as a developed nation, with one of the highest emissions per capita, to take prompt climate action. The results of well-designed action will be a healthier, more resilient and more equitable Aotearoa. The health benefits must not be underestimated, and can be a crucial driver of behaviour change as they will be realised far earlier than any climate benefit. Without more ambitious emissions reductions, we risk deepening health, social and economic inequities and unrest.

Health co-benefits must be counted in evaluating mitigation strategies. Global and local evidence shows health-centred climate action self-funds in health gains - before counting savings from avoided climate changes (10).

Extra information under specific headings:

i. Transport

The new transport targets set for 2035 are too little and too late. We are however pleased to see an increased focus on active transport compared with the Climate Change Commission advice. We support the minimum target reduction of 20% of Vehicle Kilometres Driven but recommend the target be brought forward to 2030. However, in order to achieve the best health outcomes this needs to be coupled with a defined increase in active transport.

Active transport:

- We recommend a minimum of an absolute increase of 10% in each active mode or a doubling of active transport (cycling and walking) modeshare- whichever is larger- in all urban areas with a population over 10,000 by 2030.
- Investment and development of completely interconnected cycling and walking infrastructure must be available to meet this minimum goal, along with extensive links between active and public transport routes.
- Mode shift to cycling needs to be supported by incentivising the rapidly accelerating uptake of electric bikes and through safe cycling infrastructure such as separated cycling lanes and quiet streets (11). The College strongly supports this to reduce accidents and injuries from lack of dedicated cycle lanes throughout the country especially rurally.

Public Transport:

- Fund free public transport for everyone under 25, plus community services card holders, effective immediately.
- Electrified public transport needs major investment as a public health good.
- There should be enhanced quality and access to public transport.
- The population is expanding rapidly, vast areas of housing construction are seen around the country, especially in Auckland. Yet the public transport options to the edges of Auckland are non-existent.
- Ensure easy and affordable access for disabled people.
- The introduction of a nationwide travel card could help normalise public transport use and make it easier for people to travel nationally.
- Only zero-emission buses should be purchased as of now. Current contracts for purchase of ICE buses should be the subject of Governmental review and ways sought to cancel these in favour of zero-emission buses.

Rail:

- Focus on restoring our national rail network to suit a range of users, e.g. commuters, tourists, for families, that offer a range of timetabled services, including reintroducing the night train.
- Sign off light rail construction contracts in all our main cities by July 2023.

Roads:

- We recommend no further motorway investment, and a target reduction in private vehicle ownership of 10% by July 2023, with an immediate and concomitant increase in funding for urban public transport, community car-share schemes, rail investment and intercity non-aviation transport options.

Private vehicles:

- Use should be curtailed through measures such as increased parking charges, zero emissions zones, widespread adoption of 'traffic calming' measures and reduced speed limits.

- Private vehicles should be regulated as a health hazard including the advertising of high emissions vehicles such as fossil fuel powered SUVs.
- All light vehicles entering the country should be zero emissions by 2030 (only battery electric vehicles).
- We support a feebate scheme to support this transition.
- Policy advice on charging infrastructure should be strengthened to allow comprehensive networked access to urban and rural areas to support widespread uptake of affordable lower range electric vehicles.
- We strongly support the phase-out of the importation or assembly of all internal combustion engine light vehicles by 2030 at the latest. This must apply to all light vehicles, whether or not a non-ICE version is available. It is crucial that the definition of light vehicles be strengthened, as some models of large utes are already approaching the 3.5 tonne limit.
- Consideration must be given to stopping the importation of used ICE vehicles earlier to avoid Aotearoa New Zealand becoming a dumping ground for these.
- Due consideration and planning must also be given to a just transition away from ICE-vehicles, as an accelerating shift will run the risk of poorer families being left with stranded assets with an increasing cost to run.

Schools:

- Need safe active transport corridors that avoid any arterial traffic and extensively traffic calmed suburban streets through street redesign (e.g. the Future Streets Te Ara Mua project) and speeds restricted to around 20 – 30 km/hr or less on suburban streets.
- Recommend extensive infrastructure investment in safe road crossings and cycle/scooter lanes.
- We strongly support the conversion of road space to active and public transport space, especially in suburban areas where children go to and from school.

ii. Energy and industry;

Change is coming, the question is how we embrace, plan and approach the change as a country. Those living now have benefitted from easy access to the energy from fossil fuels which raises an intergenerational issue of fairness. As we shift towards a lower energy economy there will need to be policy action to encourage the shift to cleaner energy resources. There needs to be an understanding that as we have a lower Energy Return On Investment (EROI) we will not be able to maintain the status quo of energy consumption.

We recommend a target of 2025 for the end of coal-use within Aotearoa. This will need a rapid expansion of the government's current plan to replace or repurpose coal-boilers to renewable fuels within the public sector, a similar plan to support private sector reduction and an accelerated plan to expand renewable electricity generation.

In order to optimise the health gains from reduced air pollution, the aim must be to replace coal-fired boilers with electric heating and measures to reduce heat loss whenever possible, as distinct from wood-pellet boilers.

iii. Building and construction

We broadly support the recommendations around building and construction. Elimination of air pollution from fossil fuel burning and better insulated warm homes could offer significant health benefits.

We support emissions caps for all public buildings, and a rapid scale-up of grants and support to private homeowners to adequately insulate properties.

We support urban intensification of homes that are well designed for people, not just for profit.

iv. Agriculture

Cutting climate pollution needs every sector and every climate-damaging gas.

The new strategies for agriculture and food systems are unambitious, disappointing and lack detail. Although responsible for nearly half of Aotearoa New Zealand's emissions (48%), agriculture is given a mere four pages and doesn't discuss the recommendations of the Climate Change Commission. It would seem fair and reasonable to at least consider reviewing the national herd size and stocking rate reduction and what costs and benefits this could have.

Aotearoa should be a world-leader in pivoting to climate friendly food production. Although Government policy will not be enough to meet the full extent of emissions reductions we need strong policy levers to enable change that is both careful and in pace with the urgency of the climate crisis. Given the changes that are required to the agricultural sector, the capacity and wellbeing of farmers needs to be centred throughout the transition. Farmers themselves must have buy-in and feel supported through the entire process, which is a key principle to a just transition and climate justice. Their wellbeing must also be centred given the need to improve and support the mental health of our farmers in Aotearoa. We recommend the Government develop a strategy that outlines how farmers will be supported towards a zero-carbon future.

Immediate and rapid reduction of artificial fertiliser use will help reduce climate emissions, improve waterways and reduce groundwater pollution. There is increasing acknowledgement of the links between nitrate drinking water pollution and colorectal cancer (12).

Aotearoa New Zealand's lands must be used for food production that is healthy for humans and reduces climate pollution. The College believes the ERP must be more transformative in regards to the food and agricultural system that is equitable, improves health, and is based in te Tiriti. Our system of producing and exporting food for people overseas to such an extent that it is damaging to our own environment is not in the best interest of our future and we face reputational risk around this. There is also potential for major disruption as consumer preferences are changing, in part due to environmental concerns.

Unhealthy diets are a major contributor to increasing rates of non-communicable diseases including heart disease, diabetes and cancers. At the same time, global industrialised food production is threatening local ecosystems and pushing the limits of the Earth's natural systems. The EAT-Lancet Commission's report (13) describes a universal healthy reference diet where people have enough food, it is predominantly plant based and has a minimal intake of animal source foods, refined grains and highly processed foods. The New Zealand

College of Public Health Medicine has released a comprehensive policy statement on Sustainable Healthy Food Systems which could guide this update (14).

There needs to be a ban on new dairy conversions with support to re-convert existing farms to more sustainable models. This means diversity within farms and much more plant-based foods. A plant-based diet is potentially more cost-effective than an omnivore or pescatarian diet within middle to upper-income countries, such as Aotearoa. A population shift to healthier and more sustainable diets can therefore support reductions in our unnecessarily high food insecurity rates (1 in 5 children).

The current Healthy Eating and Activity Guidelines (for all age groups) must prioritize sustainable diets and food productions. Robust criteria for sustainable and healthy food must be included in all food-related procurement policies.

Food sovereignty (people's right to their own food systems including culture and production) must feature in our understanding of well-being. The Government also needs to address rising economic disparities so that people are enabled to make healthy food choices.

The use of fossil fuel derived energy within the food production system, for example in milk drying with coal boilers needs a specific focus and rapid phase-out.

v. Forestry

For forestry planting we acknowledge and support the Ministry's position and agree that it must not be used to unnecessarily delay decarbonisation, but don't let the gains in one area slow down ambition in other areas. Native forests offer ecosystem rehabilitation and protection, and we depend on the health and biological richness of the living world. We support the significant increase in new native forests and the assumption that no further native deforestation occurs from 2025. All native habitats must be incorporated into this approach. For example, wetlands and tussock should be recognised for their role in storing carbon and be protected from destruction. Our approach to forestry must consider how Mana Whenua will be enabled to act as Kaitiaki. We support the development of this policy in conjunction with an increased focus on emission reduction rather than offsetting. We advise an increased stress on native forest plantation and restoration, as recommended by the Climate Change Commission.

vi. Waste

The College broadly supports more funding for education and behaviour change initiatives to help households, communities and businesses reduce their organic waste (for example, food, cardboard, timber). The public needs education around climate change and climate action that is accessible and doesn't "dumb it down" or become green-washing. People must not be made to feel individually guilty when we need systemic change to reduce fossil fuel use and fair contributions from businesses and those who contribute most to climate pollution.

Hospitals generate a significant amount of waste and procurement is the major source of healthcare emissions. All hospital processes and procurement policies must take this into consideration. In England, the NHS has set ambitious and detailed targets in "Delivering a 'Net Zero' National Health Service" (15). This document could form the basis of a Ministry of Health plan to transform our health service.

Masks are creating issues in the hydro processes around the world, and the vast amount of waste from mask usage has suddenly become an area which requires scrutiny to assess how recycling and / or disposal can be approached (16).

There should be an investment and coordination of sustainability officers across Health NZ to ensure change is occurring strategically throughout the country.

Ka Ora, Ka Ako ensures a healthy school lunch for children and reduces food insecurity. This programme could pave the way for providing healthy, sustainable food at all schools and kura and reduce waste from packaging.

vii. F-gases

F-gases are a significant contributor to healthcare emissions, via anaesthetic gases or metered-dose inhaler propellants (17). We advise two measures- an establishment of a Sustainability Unit within the new Health NZ and Māori Health Authority to oversee and guide the clinical decisions that will need to be made to achieve health sector decarbonisation, and a target ratio of a minimum use of dry powder inhaler to metered dose inhaler of 70:30 (from the current 30:70) by 2030, this being an already clinically-beneficial indication.

Summary

Nursing can offer a significant contribution to our climate response. We are the largest health workforce in Aotearoa New Zealand, we are well trusted and work with people in a myriad of settings. I would also like to acknowledge the contribution from College members who contributed to this submission within the constraints of busy working lives during the pandemic response.

The health of people and the planet must be at the heart of the ERP; we need more investment in climate action and must ensure the plan is Te Tiriti based and equitable. Caring for people and the environment, means doing the right thing, even if it's hard. We encourage the ministry to be ambitious and get cracking, we have a lot of work ahead!

Ngā mihi



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References

- (1) Hamilton, I. et al. (2021) The public health implications of the Paris Agreement: a modelling study. *The Lancet Planetary Health*. 5(2), E74-83.
- (2) United Nations (1948) Universal Declaration of Human Rights. GA Resolution 217A (III), UN GAOR. Resolution 71, UN Document A/810. 1948, United Nations: New York.
- (3) Reid, P. & Robson, B. (2007) Understanding health inequities in Robson, B. & Harris, R. (eds). *Hauora: Māori standards of health IV. A study of the years 2000-2005. Te Rōpū Rangahau Hauora a Eru Pōmare*: Wellington. 2 March 2021
- (4) Berry, H. et al (2010) Climate change and mental health: a causal pathways framework. *Int J Public Health*. 55: 123-132.
- (5) Royal Australian and New Zealand College of Psychiatrists (2020) Addressing the mental health impacts of natural disasters and climate change-related weather events. Position statement. Available at: <https://www.ranzcp.org/news-policy/policy-and-advocacy/position-statements/addressing-mental-healthimpacts-natural-disasters> (Accessed 23/02/2021)
- (6) Climate Action Tracker <https://climateactiontracker.org/countries/new-zealand/> Accessed 24/11/2021)
- (7) Mary Robinson Foundation (2015) Meeting the needs of Future Generations: Applying the principle of intergenerational equity to the 2015 processes on climate change and sustainable development. Position paper. Dublin. Available at: https://www.mrfcj.org/wpcontent/uploads/2015/09/MRFCJPositionPaper_MeetingtheNeedsofFutureGenerations_12August2015.pdf (Accessed 23/02/2021)
- (8) United Nations Committee on the Rights of the Child. General Comment No. 15 (2013) on the right of the child to the enjoyment of the highest attainable standard of health (art. 24), 17 April 2013, UN Doc. CRC /C/GC/15 [Internet]. Geneva. Geneva: United Nations Committee on the Rights of the Child; 2013.
- (9) Bennett H, Jones R, Keating G, Woodward A, Hales S, Metcalfe S. Health and equity impacts of climate change in Aotearoa-New Zealand, and health gains from climate action. *NZ Med J*. 2014;127(1406)
- (10) Chan Fung Fu-Chun, M. (2021) Accelerating towards net zero emissions: the most important global health intervention. *The Lancet Planetary Health*. 5 (2), e64-e65
- (11) Macmillan, A., Woodward, A., et al. (2014) The Societal Costs and Benefits of Commuter Bicycling: Simulating the effects of specific policies using system dynamics modelling *Environmental Health Perspectives*, 122(4)
- (12) Ward, M. et al (2018) Drinking water nitrate and human health: an updated review. *Int J Environ Res Public Health*. 15(7): 1557. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6068531/> (accessed 25/02/2021).
- (13) Willett, W. et al (2019) Food in the Anthropocene: the EAT–Lancet Commission on healthy diets from sustainable food systems. *The Lancet Commissions*. 393 (10170), 447-492. Available at: <https://www.thelancet.com/commissions/EAT> (Accessed 28/02/2020)
- (14) New Zealand College of Public Health Medicine (2020) Sustainable, Healthy Food Systems Policy Statement. Available at: https://www.nzcpmh.org.nz/media/142943/2020_sust_healthy_food_systems.pdf (Accessed 25/03/2021)
- (15) NHS (2020) Delivering a ‘Net Zero’ National Health Service <https://www.england.nhs.uk/greenernhs/wp-content/uploads/sites/51/2020/10/delivering-a-net-zero-national-health-service.pdf>

(16) Estrada, M. A. R. (2020). The Quantification of Disposable Masks Pollution Worldwide.
<https://doi.org/10.13140/RG.2.2.35732.94085/1>

(17) Beasley, R. (2020) NZ Adolescent and Adults Asthma Guidelines. Asthma and Respiratory Foundation NZ: Wellington. Available here. (accessed 24/11/2021)