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Tēnā koe

## **He Pou a Rangi Climate Change Commission 2021 Draft Advice for Consultation**

Tōpūtanga Tapuhi Kaitiaki o Aotearoa, New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the draft advice prepared by the He Pou a Rangi Climate Change Commission (CCC) for Aotearoa New Zealand.

NZNO is the leading professional nursing association and union for nurses in Aotearoa New Zealand, representing 51,000 nurses, midwives, students, kaimahi hauora and health workers on professional and employment matters. NZNO embraces Te Tiriti o Waitangi and contributes to the improvements of the health status and outcomes for all Aotearoa New Zealanders through influencing health, employment, and social policy development. Furthermore, we share the intent of the Ministry of Health's definition of equity which equally applies to NZNO work across professional, industrial and member activities.

As the largest of the organisations representing workers in the health sector, our urgent concern is for how benefits for the health and wellbeing of communities can be maximized by the change proposed. As a Te Tiriti partner, we expect health equity. Ethical, cultural, education, and economic obligations under Te Tiriti o Waitangi are fundamental to accelerating towards a zero emissions future for the health of our people. The narrative acknowledging Māori and Pacific communities significantly impacted by climate change must be extended and prioritised.

Nursing and health perspectives on climate change is the focus of NZNO's consideration of the draft advice and submission and endorses that of Ora Taiao New Zealand Climate and Health Council of which NZNO is a member. It shares Ora Taiao's expectation of realizing the opportunity to put the health co-benefits of responding to and minimizing the impact of climate change at the centre of our approach. A 'just transition'<sup>i</sup> approach, endorsed by the Paris Agreement must be co-designed with our te Tiriti partners and embed equity in order that policy action can reduce death and disease across communities regardless of socio-economic status. The structural, technological, economic and behavioural interventions required across the social, cultural, economic and political contexts must leave no one behind and strengthen marginalized communities who will bear the brunt of the effects of transitioning to 'a thriving, climate-resilient and low emissions Aotearoa'.

Benefits of lower emissions have been well described and we would expect that communities will benefit by promoting active transport (walking and biking), subsidised public electric transport which reduce traffic accidents, illness due to sedentary lifestyle i.e cardiovascular disease, diabetes,

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cancer and illness due to air pollution.

A more detailed consideration of the possible unintended consequences on whānau of the changes proposed needs to consider for example access to and expense of installing more environment friendly heating and cooking systems. A high proportion of families and whānau are unlikely to be able to afford solar panel heating. The use of inadequate or expensive heating systems or no heating is one of the leading causes to an increase in whānau poor health and premature death particularly in terms of respiratory diseases, and eventually other health comorbidities. Reducing emissions by building sustainable warmer homes will also have co-health benefits for our already marginalised population.

Socio-economic status being a key indicator of health wellbeing and resilience, will be impacted by shifts in employment trends. Changes in sectors such as agriculture, where reducing emissions in food production by promoting less red meat consumption, will improve health by lessening cardiovascular disease, diabetes and cancer, need to be developed in a way that household incomes are not further compromised.

It is critical that CCC looks to Māori indigenous knowledge for the best ways in responding to climate change. There is an urgent need for health solutions, generated locally and nationally acknowledging strategies, models, and frameworks that consider a broader range of environmental health consequences of climate change that impact on the health and wellbeing of many communities, some more than others particularly Māori and Pacific. For instance, wastewater system overflows and water quality are a public health concern, particularly for rural areas and those isolated communities with high deprivation and lower-socio economic status. The disproportionate threats to Māori range from burden of disease, poorer access to and quality of health care and the constraints imposed that restrict the unique relationships that Māori in particular share with the natural environment. We cannot address climate-related health impacts for Māori (and all indigenous communities) without examining the broader systemic context of marginalisation, dispossession, racism, and colonisation.

Introducing frameworks to reduce carbon emissions designed for the populations most affected, ensures that any assessment will be intuitive to the communities that it is intended to support. Furthermore, adopting local strength based approaches to compliment other universal frameworks ensures a broader collective, integrative response to health and sustainability within particular environments and communities. For instance, the Mauri Model Decision Making Framework is a matauranga Māori sustainability and wellbeing assessment framework that supports local decision making. This model informs the cultural, social, health, and science factors contributing to climate change. Health and health justice must be at the centre of climate change action by Aotearoa New Zealand and must be a cross party strategy.

The recent Lancet publication<sup>ii</sup> reports on a modelling process which uses *health pathway scenarios* to assess the benefits of using health outcomes in addition to science, economics and policy analysis in calculating the benefits of climate change targets and concludes that 'placing health in the design, assessment and implementation of policy responses to climate change provides the opportunity to ratchet ambition towards the goal of 'well below 2°C' in a way that maximizes good health and wellbeing.' (Hamilton et al, 2021 p. e82). The health sector in Aotearoa New Zealand needs to be supported by policy and resource to lead in modelling the transition to low emissions. As an example, the New Zealand government recommends government and healthcare procurement to improve their environmental sustainability and reduce their negative impacts on the environment but lacks specific mandated targets to drive change.

NZNO wishes to acknowledge the detail in the draft advice, well supported with evidence which presents the science of climate change in a compelling and persuasive manner. Health and health outcomes must be central to Aotearoa New Zealand's climate change strategy and our public health specialists and nursing leadership must be resourced to be at the centre of all plans to mitigate the health effects of climate change. This organisation looks forward to working with the CCC and Government to embed health equity which must emerge from the planned transition to a '... thriving, climate-resilient and low emissions Aotearoa ...' (CCC, 2021, p.9).

Nāku noa nā

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<sup>i</sup> <https://etu.nz/justtransition/>

<sup>ii</sup> [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(20\)30249-7/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(20)30249-7/fulltext)