
Who should pay for the increased costs of health care system as a result of climate change?

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Some years ago I was discussing the lack of Canadian action on climate change with a young man who confided that he was suffering from Lyme disease, which he had contracted in a region that not long ago had been free from the disease. For me, that young man remains the face of the health impacts of climate change.

The humanitarian organization [DARA estimates](#) that climate change is already causing 400,000 deaths a year (including 4500 deaths per year in Canada).¹ The [World Health Organization has warned](#) that it poses “unacceptable risks” to global health.² The impacts of rising temperatures on increased heat waves, drought, threats to water sources, and spread of disease (including Lyme disease) are just a few of the ways that public health is affected by climate change.

While we need to continue working to reduce global greenhouse gas emissions and transition to a low-carbon future, it is also increasingly important to adapt to rising global temperatures, to understand our vulnerabilities and build more climate-resilient communities. Climate adaptation refers to efforts to anticipate and reduce the negative consequences of expected climate change effects. To minimize loss of life and other human health effects, adaptation measures must include measures to avoid and address the health-related impacts of climate change.

As the [BC government](#) suggests³,

There are many specific actions that physicians, nurses, emergency responders, patient care support services staff, and other frontline health care providers can take to adapt to climate change. These actions often fall within the day-to-day responsibilities of frontline health care providers, and align with the goals of the larger health care community: improving health and well-being outcomes for all British Columbians.

BC’s focus on action by individual health care professionals, while commendable, ignores the broader societal changes required to prepare for the expected health impacts of climate change. A commission [convened by the Lancet medical journal](#) in 2009 wrote:

A new advocacy and public health movement is needed urgently to bring together governments, international agencies, non-governmental organizations (NGOs), communities and academics from all disciplines to adapt to the effects of climate change on health. ... The recognition by governments and electorates that climate change has enormous health implications should assist the advocacy and policy change needed to tackle both mitigation and adaptation.

National, provincial and local governments are engaged in climate adaptation planning, including many that will also have public health and safety benefits (for example, many measures relating to extreme weather will also protect drinking water and sea-level protection measures may prevent contaminated sites from being flooded). However, it is important to note that a [2015 review](#) found that the provinces (with the notable exception of Quebec) could identify few specific adaptation measures aimed at protecting public health.⁴

Yet public health concerns related to climate change are already being felt, particularly among members of society who are already facing other challenges. Experience and research has shown that [health impacts related to heat waves, for example, are felt more severely among socially vulnerable populations,⁵ such as seniors or low-income families](#), in part because they may live in areas with fewer trees, or may spend more time indoors in their homes. Better

understanding these relationships will help shape public health responses.

Health care professionals – and anyone who is concerned about public health – need to help build the public health movement that Lancet called for almost a decade ago.

That movement needs to talk about how climate change is already harming Canadians and plan what needs to be done, both in terms of reducing fossil fuel pollution and in addressing the impacts, and coming impacts, of climate change.

Costs of future health care and public health measures

We also need to ensure that health authorities follow through on plans aimed at addressing the health impacts of climate change. Too often, it is difficult for cash-strapped government agencies to justify spending money today to prevent tomorrow’s problems. Public health professionals need to participate in a broader conversation about how climate change is costing, and will cost, our society – and how we will pay for those costs. Health care is already a major cost for Canadians, even before factoring in climate change.

At West Coast Environmental Law, we’ve been demanding⁶ that any discussion of climate change address the contribution of the fossil fuel economy to the costs that we are paying. Right now fossil fuel companies – and the investors and governments that back them – are assuming that oil, gas and coal remain profitable because someone else (i.e. taxpayers) will pay the eventual costs of climate change.

Now, of course, we all contribute to climate change and will need to help pay for the resulting costs. But Chevron, Exxon, BP and others have made huge profits from selling the fossil fuels that cause climate change, so we need to demand that they pay a fair share.

Until they do, these companies will have every incentive to continue doing what they have been doing: misleading the public on climate science, sitting on patents that could reduce fossil fuel use, and lobbying against real climate action while making massive profits.

Local governments have begun this conversation. Five BC municipalities including the capital city, Victoria, have sent letters to fossil fuel companies pointing out that they owe a share of the costs that those communities will incur due to climate change. In the United States, New York City is one of several local governments making the same point in the courts.

The health care system is going to incur major costs due to climate change – and those costs should not be borne by climate victims or by Canadian taxpayers alone.

Canada is fortunate to have more resources to devote to health care **and** to respond to climate change than many countries. But the insatiable global appetite for fossil fuels and the resulting rate of climate change will stretch both to a breaking point.

We need to start a conversation about preparing our health care system for a changing climate, and [about how society will pay for the associated costs](#).

--- AG is working with an environmental organization.

References

- 1 DARA. Climate Vulnerability Monitor. <https://daraint.org/climate-vulnerability-monitor/climate-vulnerability-monitor-2012/> (accessed March 09, 2018)
- 2 Neira M. World Health Organization. Media Centre. Climate change: An opportunity for public health. <http://www.who.int/mediacentre/commentaries/climate-change/en/> (accessed Mar 09, 2018). (2017).
- 3 BC Ministry of Environment. Frontline health care. Addressing climate and health risks in BC. https://www2.gov.bc.ca/assets/gov/environment/climate-change/adaptation/health/final_climate_and_health_backgrounder_frontend_health_care.pdf (accessed Mar 09, 2018).
- 4 Austin, S. E. *et al.* Public health adaptation to climate change in Canadian jurisdictions. *Int J Environ Res Public Health* **12**, 623-651, doi:10.3390/ijerph120100623 (2015).
- 5 Wesson, D. R. Psychedelic drugs, hippie counterculture, speed and phenobarbital treatment of sedative-hypnotic dependence: a journey to the Haight Ashbury in the Sixties. *J Psychoactive Drugs* **43**, 153-164, doi:10.1080/02791072.2011.587708 (2011).
- 6 Programs & Campaigns. Climate and Energy. Climate Law in Our Hands. West Coast Environmental Law. <https://www.wcel.org/program/climate-law-in-our-hands> (accessed Mar 09 2018).