

**Jason and Rachel Roach**  
outline the health impact  
of climate change

# CLIMATE CHANGE

## key points

**A**cknowledging that some Christians feel that climate change is being over-emphasised, the authors argue that we should establish the facts, review our response, and see concern for the environment as service to its creator and as an opportunity for the gospel.

**G**lobal temperature is rising significantly and it is more than 90% certain that most of the warming is due to the observed increase in man-made greenhouse gas emissions.

**P**ractical suggestions in a health care context are made for tackling the causes. Public health must be seen as a priority, and must become more proactive, as globally we tackle the effects.

*'This is a moral issue... if we allow it to happen, that is deeply unethical'*

Al Gore, *An Inconvenient Truth*

**C**limate change has undoubtedly become the new gospel issue of our age. It claims that our chief problem is neglect of the earth, and that salvation for us and the planet hinges on our repentance. David Walker is absolutely right when he says that 'inasmuch as the "climate change gospel" stands independent of the gospel of Jesus Christ ... it is a false gospel'.<sup>1</sup> Salvation does not lie in nursing our dying planet back to health, but in the Lord Jesus Christ.

However, John 14:15 tells us disciples of Jesus Christ must obey his commands, and if concern for the environment is a neglected area of our service of the creator, it is indeed right that we recover it. We need to ask then, what are the facts, and what is our role (if any) in alleviating the consequences?

### The facts

Since the industrial revolution began more than 150 years ago, the average global surface temperature has risen by 0.76°C. This warming is leading to disrupted seasonal weather patterns and an increased frequency and severity of extreme events. In different parts of the world this means more heatwaves, more floods and droughts, and more intense storms and hurricanes. According to the

Intergovernmental Panel on Climate Change<sup>2</sup> there is more than 90% certainty that most of the warming is due to the observed increase in man-made greenhouse gas emissions.<sup>3</sup> Many of the national science academies of the world (including those in the USA) have publicly pledged their agreement.<sup>4</sup>

### Should we care?

First, the Bible affirms that our Lord Jesus eternally rules the physical and spiritual realms.<sup>5</sup> It is mistaken to think that our 'dominion'<sup>6</sup> gives us *carte blanche* to use the earth's resources however we like – they still belong to God.<sup>7</sup> The dominion God intends is a responsible dominion that 'cares',<sup>8</sup> remembers where our resources come from, and uses them with the wider interests of humanity in mind.<sup>9</sup>

This need not be seen as a distraction from other priorities such as evangelism. We routinely balance many responsibilities as Christians, such as taking time to love our spouses or doing our work diligently. We rightly recognise that this earth is in some senses temporary, but so are our marriages and our jobs! In other words, that in itself is not a reason to disobey God's instructions for discipleship.

Secondly, God commands us to love our neighbours as ourselves. He specifically rebukes those who try and define 'neighbour' too narrowly;<sup>10</sup> after all, he provides practical resources for billions



each day.<sup>11</sup> Climate change impacts our poorest and most vulnerable 'neighbours' most severely. These are the very people we are instructed to show particular care for.<sup>12</sup>

### Health implications

While in some regions climate change may lead to fewer deaths in winter, scientists consider that most of the health implications are negative.<sup>13</sup> Emerging evidence shows that climate change has:<sup>14</sup>

- altered the distribution of some infectious disease vectors
- altered the seasonal distribution of some allergenic pollen species
- increased heatwave-related deaths (eg 35,000 excess deaths in Europe in 2003)<sup>15</sup>
- increasing burden from malnutrition and diarrhoeal, cardio-respiratory, and infectious diseases
- increased morbidity and mortality from heatwaves, floods, and droughts
- changed distribution and transmission season of some disease vectors
- substantial burden on health services

All these will be greatest in low-income countries. In all countries, those at greater risk include the urban poor, the elderly and children, traditional societies, subsistence farmers, and coastal populations.

### What we can do

Tackling climate change requires effective action in all areas of society, from international bodies down to individuals. As Christians we must of course recognise that there are many important issues that need addressing in our world. However, if we are to be a distinctive community then we must consider how to respond to the ethical issues that face us today. Practically, responding to the climate change problem mainly requires us to do what we already do but to do it *differently*.

Whenever we seek to respond to climate change, in any area of life, we need to view what we are doing from a different perspective, by asking two questions:

- How can we reduce the greenhouse gas emissions produced by this action/department/church etc? (Thereby tackling the *cause* of climate change)
- How can we reduce the negative consequences that are going to arise as a result of climate change for people we are working with in this sector/geographical area? (Thereby tackling the *effects* of climate change)

### Tackling the causes

Whether we are thinking about a hospital, a surgery, our church, or home, the answers to the first question are often similar. There is a wide range of practical (often simple) steps we can take to reduce our greenhouse gas emissions, or 'carbon footprint', and lots of information is available on how to do this. Three key areas to think through are:

## Responding to the climate change problem mainly requires us to do what we already do but to do it differently

1. **Energy use:** 70% of energy use in primary health care is attributed to heating, so optimising thermostat and air conditioning settings, combined with checking natural ventilation and insulation, is essential. In addition, turning off lights and stand-by functions and using energy saving light-bulbs will provide substantial savings.
2. **Transport:** 5% of UK road transport emissions can be traced to NHS-related journeys. Therefore, where feasible, driving less or when necessary driving in a way that reduces fuel consumption will help. Promoting and developing car-share and public transport initiatives, perhaps by providing bicycle storage and changing facilities, may encourage this.



If concern for the environment is a neglected area... it is indeed right that we recover it

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2. The IPCC was established to provide the decision-makers and others interested in climate change with an objective source of information about climate change
3. IPCC, Summary for Policymakers. In: *Climate Change 2007: The Physical Science Basis. Contribution of Working Group I to the Fourth Assessment Report of the Intergovernmental Panel on Climate Change*. Solomon S *et al.*, Eds. Cambridge University Press, Cambridge, 2007
4. Royal Society, *Joint science academies' statement: Global response to climate change*, Royal Society Statement, 2005
5. Colossians 1:15-20. Jesus' bodily resurrection also affirms that the physical realm is integral to God's plan for the universe
6. Genesis 1:26-28
7. Romans 8:21
8. Genesis 2:15
9. eg Leviticus 19:9; Matthew 5:44-45
10. Luke 10:27, 36-37
11. Matthew 5:44-45
12. Deuteronomy 15:11. See also Leviticus 23:22; 1 Kings 21; Proverbs 14:31; Psalm 72:2,4,12-14; Galatians 2:9-10





3. **Waste disposal:** reducing (using email and telephone communication and electronic storage rather than paper), reusing (eg using reusable coffee/water cups in surgeries rather than paper or styrofoam ones), and recycling (eg collection bins for patients and staff, using refill printer cartridges).

These actions may sound familiar, and run the risk for some of being over-familiar, but we must not become numb to them. They *will* make a difference. For example, with around a quarter of the UK's emissions coming from the energy used to run our homes, these simple steps would have a significant impact if we all did them. Health care institutions also have enormous power to reduce emissions, particularly the NHS as one of the largest employers in the world.<sup>17</sup>

In our workplaces and churches we need people who are asking questions and pushing for change – could you encourage your team to recycle, or your church to change their light-bulbs? Could you raise a few key points in a professional meeting or with your church leader? Even just asking the relevant staff what policies are already in place can help to raise the profile of the issue. It often works well if there is a group of like-minded people from across an organisation who work together to identify areas for change. Coming up with innovative ideas to motivate and inspire people is really important.

### Tackling the effects

Minimising the negative effects of climate change is perhaps more complicated, and certainly very context-specific. In this case, strengthening public health services will need to be a central component of our response.<sup>18</sup> Doing so is the only way to ensure our public health interventions will be robust anyway. But what could this mean specifically?

First, public health services will increasingly need to anticipate risks, becoming more proactive rather than reactive. For example more heatwaves will necessitate improvements to housing, management of chronic diseases, and care of the elderly and vulnerable.<sup>19</sup> Therefore participation in public health will need to broaden, for example, to climate scientists, urban planners and housing specialists. A few countries have already developed warning systems for imminent heatwaves and floods.<sup>20</sup>

Secondly, current public health projects need to be screened for future risks to climate change, to ensure they improve the wellbeing of communities in the long-term.<sup>21</sup> This is a complex task, and there will be some uncertainties.<sup>13</sup> Nevertheless disease protection strategies must be reviewed and strengthened, and communication to the public must be enhanced, to raise awareness of the increased risks of food-borne diseases and allergic disorders.<sup>22</sup>

As we take stewardship seriously  
we may well gain opportunities  
to explain the gospel

Thirdly, with increasing frequency and severity of natural disasters particularly affecting developing countries, there will no doubt also be an increased need for expertise and practical assistance on the ground. Health professionals could consider devoting a block of time to an area of the world recovering from disaster, or be on standby for new ones.

### Conclusion

Even if we take a pessimistic view of our ability to tackle climate change, our response amounts to basic discipleship. This means we cannot excuse ourselves from doing it any more than we can excuse ourselves from fighting lust, envy and greed. In addition, as we take stewardship seriously we may well gain opportunities to explain the gospel.<sup>23</sup>

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