



**Submission to the  
Standing Committee on Industry, Science, and Technology (INDU)  
Federal Government's Response to the COVID-19 Pandemic  
June 19, 2020**

This submission is being offered on behalf of **Creating Healthy and Sustainable Environments (CHASE)**, the **Ontario Public Health Association (OPHA)**, and the **Canadian Public Health Association (CPHA)**.

**As public health professionals, we see the post-COVID-19 economic recovery plan as an opportunity to avoid the public health crisis presented by climate change. As such, we believe that it is imperative that the recovery plan support and hasten the transition to a low-carbon, sustainable and equitable economy by:**

- Phasing out fossil fuel subsidies;
- Investing in, and promoting, the electrification of vehicles, public transit, infrastructure for active modes of transportation, transit-supportive development policies, and telecommuting;
- Investing in, and promoting, energy efficiency and renewable forms of energy;
- Investing in, and promoting, a sustainable and low-carbon food and agricultural sector;
- Funding just transition policies and programs to support an equitable transition for farmers, workers, and communities impacted by the shift to a low-carbon economy;
- Investing in community resilience by ensuring that the needs of vulnerable populations, Indigenous people and racialized communities are given priority for investments directed at housing, transportation and other social determinant of health factors;
- Enhancing and sustaining funding, through HealthADAPT or a similar program, for local and regional climate change health impact assessments and adaptation plans, and to support best practice information sharing between public health units in different regions of the country;
- Funding pan-Canadian and inter-jurisdictional coordination to: standardize surveillance and reporting of climate-related health impacts (such as heat-related deaths) to better identify and prioritize actions to protect health; develop knowledge translation strategies based on consistent, clear and accurate messaging to inform the public; and generate public health response plans that minimize the health impacts of climate change and realize the health co-benefits of climate action;
- Increasing funding for research on the mental health impacts of climate change and psychosocial adaptation opportunities; and

- Ensuring funding is provided to the public health sector to prepare for climate change impacts through efforts to increase resiliency (i.e. risk assessments, readiness to manage disease outbreaks, sustainable practice).

**As disruptive as the pandemic has been to the health and well-being of Canadians, it pales in comparison to the disruption that will occur if we allow global warming to continue unabated.** In the last few decades, we have seen an increase in the frequency and intensity of extreme weather events in Canada, rising sea levels on three coastlines, and melting permafrost in the far North, as global warming has approached [1 degree C](#).

For example, in 2018:

- Tens of millions of Canadians from Vancouver Island to Newfoundland were exposed to extreme heat with some regions hitting a humidex in the [mid-40s](#);
- Residents in downtown [Toronto](#) were exposed to temperatures equal to, or exceeding, 30°C for 21 days; nearly double the 30-year average of 12.2 days per year that stood until [2005](#);
- Sixty-six people in Quebec died as a result of prolonged heat [wave](#);
- British Columbia declared a state of emergency as it fought to contain nearly 600 wildfires at [one time](#);
- Millions of Canadians from Vancouver, Calgary and Edmonton were exposed to air pollution rated as “high risk” or “very high risk” for [days at a time](#) because of wildfires;
- Flooding in British Columbia resulted in the evacuation of 5,000 [residents](#);
- A flash flood filled the St. John River in New Brunswick with raw sewage and dead animals and damaged 150 roads, bridges and [culverts](#); and
- An ice storm resulted in power losses for 500,000 residents in Ontario and 100,000 in [Quebec](#).

**While climate change poses physical and mental health risks for all Canadians, it poses a greater risk for our most vulnerable populations.** The elderly, those who have chronic diseases, and those who live on low incomes have been, and will be, the hardest hit by heat waves, flooding, wildfires and/or rising food prices. People in the far North will have to contend with increasing food insecurity as melting permafrost and unstable ice roads reduce their access to traditional foods and supplies from the [South](#). In communities where poverty is racialized, climate change will deepen the health inequities that are already experienced by these populations.

**In 2018, the Intergovernmental Panel on Climate Change (IPCC) detailed the catastrophic impacts that could be expected if we allow global warming to reach 1.5 and 2 degrees C.** Among the many statistics provided in its 800-page report is one which indicates that [hundreds of millions more people](#) will experience climate-induced poverty with 2 degrees of global warming than would at 1.5.

**The IPCC has concluded that, globally, we must reduce climate emissions by about 45% of 2010 levels by 2030 and to net zero by 2050 if we are to limit global warming to [1.5 degrees](#).** As a wealthy country that is among the top ten emitters of climate [emissions](#), Canada has a moral obligation to cut emissions more deeply than other nations. The major sources of climate [emissions](#) in Canada are the oil and gas sector, responsible for 25% of our domestic emissions, the transportation sector (25%), electricity generation (11%), heavy industry (11%), buildings (11%) and agriculture (10%). Actions will need to be directed at each of these sectors.

Energy and financial analysts, [Ralph Torrie](#), Celine Bak and Toby Heaps, have found that by investing \$10 billion per year over the next decade, the Federal government could create more than five million job-years of employment by greening Canada’s power grid, electrifying the transportation sector, and upgrading our homes and workplaces by 2030. **They found that these investments would put us on the path to a net zero future,**

save Canadians \$39 billion per year in gasoline, heating and electricity bills, while creating millions of high quality [jobs](#).

**These investments also have the potential to produce significant and immediate health benefits for Canadians and healthcare savings for government.** In 2019, Health Canada estimated that air pollution from human activity in Canada is responsible for 14,600 premature deaths, 2.7 million asthma symptom days, and 35 million acute respiratory symptom days each year. They valued the health-related impacts at [\\$114 billion per year \(2015\)](#). Investments, policies and programs directed at [electrifying vehicles](#), improving public transit, [phasing out coal- and gas-fired power plants](#), improving the energy efficiency of homes, workplaces and industries, and reducing emissions from the oil and gas sector, would avoid many early deaths, reduce rates of heart disease, asthma and lung cancer, and cut healthcare costs for [Canada](#), while reducing climate emissions. For example, a recently completed study found that the electrification of all cars and SUVs in the Greater Toronto and Hamilton Area could prevent [313 premature deaths every year](#), while reducing GHG emissions by 7.6 mega tonnes annually.

Chronic diseases cost governments in Canada approximately \$200 billion per year in treatment and lost-time<sup>1</sup>. Increased levels of physical activity resulting from investments in [public transit, cycling and walking](#), as well as the promotion of [diets rich in plant-based proteins](#), would save lives, reduce rates of heart disease, diabetes and cancer, and cut healthcare costs, while reducing [climate emissions](#).

**If properly directed, these investments could also reduce health inequities in our society.** Investments in public transit, bike lanes, low income housing and Indigenous communities could produce health and social benefits for low-income populations. If paired with re-training and re-tooling funds, these investments could also help transition workers, industries and communities impacted by the phase-out of fossil fuels and the technologies that rely on them.

The COVID economic recovery plan provides us with an opportunity that could not have been anticipated. The investments needed to invigorate our economy can also help us avoid catastrophic climate change, increase the resiliency of our communities, improve the health of our citizens, and create a more equitable society.

Yours sincerely,



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<sup>1</sup> Public Health Agency of Canada (PHAC). Undated. Against the Growing Burden of Disease. Presentation by Kimberly Elmslie Director General, Centre for Chronic Disease Prevention, PHAC. <http://www.ccg-h-csih.ca/assets/Elmslie.pdf>