Climate Emergency, COVID-19: Introduction to 'Global Emergency'

This issue of *Social Alternatives* was originally conceived as focusing on the climate emergency which was looming as the most serious threat in many millennia to all life on earth. Many governments have responded so slowly and inadequately that even the limited, insufficient aim of keeping global warming below 1.5°C to 2°C seems unattainable. Far from reacting to the emergency with more ambitious goals, some governments like the US and Brazil took their countries down a denialist path. President Trump has withdrawn the US from the Paris Agreement.

Australia, though still clinging to fossil fuel, joined the Paris Agreement, but with a very limited target of 26-28% reduction of its 2005 greenhouse gas emissions levels by 2030. There is strong doubt that Australia will reach this target as the Commonwealth Government has not adopted any meaningful plan to reach its 2030 let alone its 2050 targets. Evidence was given to the Royal Commission that the cataclysmic bushfires of 2019 and 2020 were predictable, were related to climate warming in Australia and the bushfire season had extended by several months per year (see Braganza's evidence 2020; Joshi 2020) Despite this, Energy Minister Angus Taylor's recently released roadmap Harnessing new technology to grow jobs and the economy and lower emissions does not evoke confidence with its focus on unproven technological solutions (including discredited carbon capture and storage) rather than cheaper and proven clean energy (Taylor 2020; O'Malley and Foley 2020).

As it became increasingly clear that international action was failing to limit global warming to 1.5°C, young people began to realise the consequences climate change would have for their future. They began a series of school strikes which, along with the Climate Extinction protests, spread around the globe in a desperate attempt to persuade governments to act on accelerating climate change before it is too late.

Climate Emergency

Evidence has continued to mount that warming is happening now and proceeding at a faster rate than initially forecast. Feedback mechanisms are hastening

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the warming process. Glaciers and ice sheets are melting at an accelerated rate (NASA 2020). Analysis of the climate models being developed for the sixth IPCC assessment report resulted in questioning whether previous climate models had underestimated potential climate change, if so, heating would be more extreme (Grose and Arblaster 2020). We are at a point where even limiting warming to 2°C may be unattainable. With the operation of climate inertia, it will take many decades for the full impact of our current emissions to be felt and many decades of limiting them before global warming could be affected. The IPCC *Global Warming of 1.5°C* Report catalogues in devastating detail the impacts global warming of 1.5°C will have and how much worse it will be at 2°C (IPCC 2018).

The consequences of allowing global warming to continue to accelerate are so appalling that the failure of governments to act demonstrates a staggering ineptitude whose consequences are too awful too contemplate. Even a cursory examination of the empirical evidence recorded in the IPCC reports and current observations reveal the effects of climate change. The hottest temperatures in recorded history, the warming, acidification and rising of sea levels, the inundation of coastlines and river deltas, more extreme weather events and devastating bushfires.

Much of the focus on the impacts of climate change have been on the direct outcomes but there are other insidious effects. Climate change is really bad for your health. 'The climate crisis is making people sicker-worsening illnesses ranging from seasonal allergies to heart and lung disease' (Holden 2019: np). Climate change effects have begun to materialise and will become worse as 'projected climate change is expected to alter the geographic range and burden of a variety of climatesensitive health outcomes and to affect the functioning of public health and health care systems' (Haines and Ebi 2019: 263). This has been understood for many years but unlike the immediate impact of COVID-19, it has not been seen as urgent enough to provoke action. WHO (2018) predicts that between 2030 and 2050, 250,000 deaths a year attributable to climate change will occur.

As the climate warms, health will be increasingly affected and the impact of extreme heat events will continue to grow. In Australia, heatwaves have been 'the most lethal of all our natural disasters' while the heatwave in Europe in 2003 is estimated to have contributed to the loss of around 50,000 lives (McMichael and Lal 2015). Higher temperatures cause more pollution in the atmosphere leading to more deaths from heart and respiratory diseases. Plants produce more pollen for longer seasons increasing asthma and other respiratory diseases (Holden 2019). Heat and increased CO2 in the atmosphere will result in changes to the geographic range of food crops and in a decrease in yield and nutritional quality (Haines and Ebi 2019: 266) Heatrelated diseases like salmonella will increase.

Other health problems will also be exacerbated by climate change. Skin cancers are increasing, mental health problems rise as disasters such as cyclones, floods, fires and forced relocations escalate. Infectious diseases are increasing their geographical footprint, particularly vector borne diseases like malaria, dengue fever, zika, west Nile and Lyme disease carried by mosquitos, midges and ticks whose ranges are expanding (McMichael and Lal 2015, Holden 2019).

Global Pandemic

While this issue on climate change was under preparation another global emergency emerged with immediate and devastating impact. COVID-19 is the first worldwide pandemic for a century. A virus with a terrifying capacity to multiply and kill, one which has as yet no known preventative or vaccine and very limited treatments. It leaves a legacy of severe health problems in many of those affected and its long-term consequences are still unknown. This virus is often contagious before symptoms are felt and in many has mild or no symptoms making it extremely difficult to contain short of locking down whole populations. It has infected millions. The numbers keep rising so rapidly that figures that are accurate one day are entirely overtaken the next. As this issue goes to production almost 22 million people have been infected and 774,034 have died (John Hopkins 2020).

Just as the virus seems to be supressed, outbreaks have re-occurred in many countries. While lockdowns and travel bans have so far proved to be the only way of containing the virus, they have had devastating effects on economies and the lives of citizens worldwide, plunging many into poverty as their jobs disappear. This has made some governments reluctant to act and even to reject the existence and danger of COVID-19 with catastrophic consequences for their citizens. It has also led some governments to lift restrictions too quickly only to face another outbreak such as in South Korea, Spain and Greece.

There are inconsistencies in recorded figures as they are affected by the capacity of health systems, the amount of testing done and the willingness of regimes to portray accurate figures. Poorer countries with more limited health systems have reduced capacity to both test and treat. Worldometer has calculated the number of lives lost per million of population. This reveals staggering differences in the capacity or willingness of governments of even wealthy countries to take effective action. The countries with the highest infection rates are currently the USA, Brazil and India with the US death rate per million being 532. The the United Kingdom and Sweden, despite their well-developed health systems, have 685 and 571 deaths per million respectively. China's dramatic response of a total lockdown has seen the country first hit by the virus record three deaths per million. Smaller countries deemed to have had successful outcomes include New Zealand with four deaths per million, and Taiwan with only 0.3 per million. Australia had been relatively successful in containing COVID-19. However following the second wave in Victoria, Australia's death rate jumped from six to fourteen per million. (Worldometer 2020).¹

Australia is fortunate in being protected by distance and oceans but errors have been made by both federal and state governments. The federal governments delay in banning entry from Europe and the United States and the mishandling of passengers from the Ruby Princess by the NSW Health Department contributed to the initial rise in cases. The federal government, NSW and some oppositions pushed to end the closure of the state borders of the four states and one territory that implemented them, despite these being the jurisdictions that were most successful in containing the virus. Victoria's damaging failure with its hotel quarantine resulted in another substantial outbreak. However, the Federal Government was held largely responsible for the subsequent disaster in private aged care homes for which they were responsible. In this renewed outbreak cases and deaths in Victoria exceeded the worst days of the initial infections. As of late July, borders in the smaller states remain partially or fully closed and NSW, initially critical of its neighbours, has now closed its border to Victoria.

Global management of the COVID-19 crisis is in the hands of the World Health Organisation (WHO). It has faced extensive criticisms of its actions particularly from the United States Government – it was too slow to act, it wasn't critical enough of the Chinese leadership, it hadn't allowed Taiwan membership. Xu Yi-chong and Weller's article in this issue elaborates on these criticisms and assesses their validity. President Trump was at the forefront of such criticism which many allege was to divert attention from his own government's handling of the pandemic. He subsequently withdrew the US from the WHO. Only Australia gave any support to Trump's allegations floating a bizarre proposal to send 'weapons' type inspectors into China. This proposal received no support from the other members at the World Health Forum, nor did Donald Trump's assault on the organisation. Instead, a motion strongly supportive of the WHO was passed at the May World Health Forum by the member states and the WHO was authorised to oversee the review (Wintour and Borger 2020).

Global Emergency

In response to the devastations of COVID- 19, this issue evolved into Global Emergency. It starts with articles and commentaries relating to the climate emergency then transitions via a comparative paper to articles on the pandemic caused by COVID-19. The issue begins with a foreward from Emeritus Professor Ian Lowe who published an article in the first edition of *Social Alternatives* and later was joint editor of an issue and author of an article on 'Globalisation and Social Justice' (Lowe 1977; 2004). He cautions that vested interests and right-wing politicians fixated on economic growth continue to ignore the scientific evidence on climate change. While the Morrison Government and the ALP 'continue to promote the toxic meme of growth', there is no prospect of slowing climate change.

In an impassioned article Michael Buky provides the current context of increased global warming whose effects are 'appearing more quickly than originally forecast'. He highlights the failure of government policies in general and the Coalition government in Australia in particular who 'deny and dally' while insurance actuaries are charting higher insurance premiums and identify areas that will become uninsurable. He designates climate change as a 'super wicked problem' that threatens our very existence as failure to act decreases the possibility of successful mitigation. He asks how such a disastrous policy failure could occur and identifies disinformation campaigns by business, lobbyists and ideologues, as causes of the failure of politicians to accept the scientific evidence.

In her article 'Climate Justice: Who bears the burden and pays the price?' Kadi Warner focuses on the lack of justice to poor and developing countries who have contributed little to historic global greenhouse gas accumulations but will bear a disproportionate part of the cost. Their lack of bargaining power has allowed wealthy developed countries to frame climate change as benevolent assistance rather than as just recompense for the harm done to developing nations by the emissions of wealthy nations. Without acknowledgement of climate justice principles underpinning access to financial support, Warner argues that the terms for access to finance will be those decreed by the countries primarily responsible for climate change rather than terms that meet the requirements of developing countries in need of assistance. She concludes that this will leave millions at risk without the resources to build the adaptive capacities they will need to survive the ravages of climate change.

Kathryn English and Claudia Baldwin in 'How Climate Knowledge and Emotions Influence Community Advocacy' explore the understanding and emotional engagement of members of the Noosa Biosphere to gain understanding of motivation to take action on climate change. They note that to achieve the Paris target, greenhouse gas emissions need to decline by at least 45% by 2030 but the Australian Government has little effective policy in place to limit or reverse these emissions. The authors examine research on factors affecting attitudes to climate change and the role community organisations can play. They then focus on the Noosa Biosphere as an example of a community organisation that could be 'particularly valuable in disseminating information to their communities'. Through semi-structured interviews and free association tasks with members they examine cognitive and emotional responses to climate change to help understand the perceptions of community advocates and how their effectiveness in promoting action on climate change could be improved. Their research revealed that factual understanding of causality and effects was advanced, but emotive responses indicated that some participants viewed climate change action as outside their control; such negative reactions could limit community action. The information revealed in their study indicates that such studies could be 'a valuable vehicle for understanding cognitive and emotional connections to climate change' and be a starting point for facilitating community engagement and action.

In his commentary 'Rethinking us: Civil society, civility, climate change and the great unravelling', Richard Hil turns his attention to the reason for Australia's dilatory action on climate change. He sees unwise sceptics 'heavily overrepresented among our political elites', many of whom continue to deny the relationship between climate change and our recent catastrophic bushfire season. In this they are actively supported by the procoal Murdoch media and the failure of journalists in other outlets including the ABC to make the political leadership accountable for their failure to curb emissions. He fears we have 'lost the war against planetary extinction'. In conclusion he notes the need to rebuild civil society and renew our sense of community and civility.

David Ritter dwells on the loss caused by the extensive bushfires of 2019-2020 which destroyed vast areas of the country and 'extinguished so much life'. Almost 80% of Australians were affected by the unprecedented

damage caused by the fires and toxic smoke that spread across our biggest cities. He notes that these disasters were caused by climate change driven by the burning of fossil fuels and tree clearing despite Australia having the resources and technology to shift to clean energy. He argues that Australia is being held back by 'a malign complex of vested interests'. Even as the fires raged and the seas heated a sustained effort was made by these interests to minimise the role of climate change in the disasters. While the government listened to the scientists when the COVID-19 pandemic hit they still will not do so on climate change. Indeed, he notes that the commission established for a COVID-19 recovery plan is overseen by an oil and gas executive. It has flagged government underwriting of an expanded gas industry 'ignoring this historic opportunity to build a better future with cheaper solar and wind power'.

In their paper 'Learning from Dual Global Crises: COVID-19 and climate change', Claudia Baldwin and Kathryn English analyse the two current global crises comparing similarities and differences that 'may reveal opportunities for better outcomes in the lengthy process ahead'. Both present 'multi-dimensional challenges that, if not mitigated, are projected to reap unimaginable devastation'. COVID-19's instant threat has 'elicited an immediacy of response not yet granted to climate change'. The authors analyse the crisis through seven propositions. In summary these are: business as usual is not acceptable; timeliness is critical; policy decisions need to be based on evidence; preparations need to be based on expert advice; integrated multi-level governance is most effective; communities can survive change and adapt and finally a sense of shared humanity globally is essential. They note that the episodic nature of the many deaths that have occurred in Australia as a result of climate change has obscured the cause. Acting on climate change will involve a modest cost compared to the cost of inaction. They conclude that political will and support gained from research and review of the responses to COVID-19 provide an opportunity for systemic action to address climate change.

Xu Yi-chong and Patrick Weller in their article 'International Organisations and State Sovereignty: The World Health Organisation and COVID-19' examine some of the allegations levelled at the WHO and argue that most of these criticisms were unwarranted, based on a failure to understand the difference between the WHO as an international organisation directed by its 194 member states and the Secretariat, the technical organisation that is charged with implementing the responsibilities and policies relating to global health delegated to it by its member states. They note that many of the criticisms are nor factually correct or are political, based on decisions not within the authority of the Secretariat but in the hands of the member states. Through an examination of the WHO's charter and its actions in the COVID-19 crisis the authors conclude that much of the criticism is ill-founded and factually incorrect. 'Global health needs a global institution and the WHO needs support against ill-informed or self-interested critiques' if it is to effectively carry out its essential role. Xu Yi-chong has addended a timeline of COVID-19 events from the first identified case to 15 April 2020.

The themed part of this issue concludes with the article 'COVID-19 and Regional Health: We're all in this together?' by Sue Charlton. Here the author examines the devasting impacts of the rapid spread of COVID-19, globally and on Australia. She considers the management of previous pandemics, the federal government and national cabinet's control of this pandemic and the different responses of the states. The focus then narrows to the impact of the virus on regional South Australia. Here, previous policy decisions had created some special challenges in management of such a health crisis for a regional health area relying on international medical staff and cross-border evacuations that is now faced with border closures. She considers the impact of social distancing and isolation, the difficulties and opportunities provided by tele-medicine and potential inequities for patients with poor access to the internet or little digital literacy. The article concludes with a consideration of potential long-term effects on regional Australia from this pandemic.

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End Notes

Questions have been asked about Worldometer's methodology but their deaths per million calculation is a useful guide.

Reported COVID-19 Statistics From WHO, John Hopkins and Worldometer, 17-August 2020.

WHO Coronavirus Disease (COVID-19) Dashboard **Confirmed Cases** – 21,549, 706

Deaths 767.158

Source World Health Organisation, Data last updated: 2020/08/17, https://covid19.who.int/table

JHU CSSE-Covid Dashboard

Total Cases - 21, 885, 286 Total Deaths 737,126 Source John Hopkins University of Medicine, Coronavirus Resource Centre, https://coronavirus.jhu.edu/

Worldometer

Total Cases 22, 043, 483 **Deaths** 777.076

Source, Worldometer 2020 'Covid-19 Coronavirus Pandemic', 2020/08/17, https://www.worldometers.info/coronavirus/

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Swansoft

I counted 21 black swans,

necks a ship-prow arch in the centre of the briny lake.

The squiggled fingers of the littoral trees reached skyward,

a spindled twist of bark.

Dead branches clawed, fallen, at the water,

white as bone or seasucked shell.

The swans were the wariest;

first to swim as we approached while

the pelicans, cormorants, sandpipers

stood unruffled.

And in the centre stillness

water stretching outwards in a tessellation of salt

I was myself

and not myself

unravaged and cleansed.

The storm later on the beach blew my thoughts clear

teased the sadness from my

skull til I laughed on the sand,

crisp headed

and thunder crescendoed and lightning bloomed into

wave upon wave of rain

unspooling down

this little earth-burnt body made whole.

And the clouds crack

unpeeling

the bluest of skies and

jet-inked swans on the water.

HESTER J. ROOK, SYDNEY, NSW