

## **NOTES FOR AN ADDRESS BY**

Dr. Isra Levy, Chief Medical Officer and Director  
Office for Public Health  
Canadian Medical Association

---

Presentation to the House of Commons  
Standing Committee on Environment  
and Sustainable Development

Ottawa, Ontario  
June 12, 2006

ASSOCIATION  
MÉDICALE  
CANADIENNE



CANADIAN  
MEDICAL  
ASSOCIATION

*A healthy population...a vibrant medical profession*  
*Une population en santé...une profession médicale dynamique*



Mr. Chair, Honourable Committee Members, good afternoon.

My name is Dr. Isra Levy, and as a public health physician and the Chief Medical Officer and Director in the Canadian Medical Association's Office for Public Health, I am pleased to be participating in your roundtable today. With me is Mr. John Wellner, Director, Health Policy at our sister organization the Ontario Medical Association.

CEPA is, of course, a key piece of Environmental Legislation, but we at the CMA see it to be primarily about health.

Similarly, Canada's doctors see the topic of today's hearings, "Measuring CEPA's Success" in terms of the impacts on our medical practices and, more particularly, on our patients. To us the measurement of success that matters is good health in our patients. And unfortunately I must tell you that we still see the negative impacts of environmental degradation on our vulnerable patients every day.

We are pleased to participate in this review of CEPA, because for us, the measure of health benefits and health outcomes, over the short or long-term that stem from reduced exposure to environmental contaminants is an important measure of our health as a nation.

The Canadian Medical Association, first founded in 1867, currently represents more than 63,000 physicians across the country. Our mission includes advocating for the highest standard of health and care for all Canadians and we are committed to activities that will result in healthy public policy. The environment, as a determinant of health, is a major concern for the general public as well as health care providers.

And health outcomes are **directly** linked to the physical environment in many, many ways. We know from the crises in Walkerton, Collingwood, North Battleford and many First Nations communities, the devastating effects that contaminated water can have on individuals and families.

We know from the smog health studies undertaken by the OMA, Health Canada and others, about the public health crisis of polluted air in many parts of Canada. And it is a crisis. We are now in a position where science allows us to more clearly show the long-term, lifetime burden of morbidity caused by some of these pollutants; we now know that there are thousands more premature deaths caused by air pollution in Canada than has previously been appreciated.

We are learning that central Canada is not the only place that has a smog problem. The OMA has shown, through its Illness Costs of Air Pollution model, that it is plausible to think in terms of substantial costs to the health and pocketbooks of Canadians because of environmental risks across the country.

The CMA has developed many environmental policies that are pertinent to our CEPA discussion today.

- Prior to Canada's ratification of the Kyoto Protocol, the CMA urged the Prime Minister to commit to choosing a climate change strategy that satisfies Canada's international commitments while maximizing the clean air co-benefits and smog-reduction potential of any greenhouse gas reduction initiatives.

We realize that pollution prevention initiatives can have many health benefits and that pollution sources seldom emit contaminants in isolation. The smoke that you see, and often emissions that you can't see, represent a cocktail of potentially harmful substances.

- The CMA has committed to working with the federal Ministers of health and the Environment to develop national strategies to reduce the unacceptably high levels of persistent organic pollutants amongst the peoples of the Arctic coast.
- We have asked Environment Canada and Health Canada to initiate a review of the current Canadian one hour guideline for maximal exposure level to both indoor and outdoor NO<sub>2</sub> and recommend that the federal Environment and Health Ministers commit their departments to improved health-based reporting by regularly updating the health effects information for pollutants of concern.

Let me return to the issue of measuring success though –

Doctors understand the concept that success from an intervention can be nuanced. In the case of disease, physicians know and accept that the benefit of treatment is not always cure of a patient. Sometimes we just reduce their symptoms, or slow their rate of decline.

But when treating the natural environment, so critical to human health, we suggest that you cannot accept a palliative solution. We must aim for cure. We urge you to commit to measures of success in terms of real improvement, rather than merely accepting slight curtailments in the “inevitable increase” of environmental contamination.

The issue of greenhouse gas reduction is one that illustrates this point. Just as slowing the progression of a disease can never be considered a cure, referring to an “inevitable increase” in emissions and attempting only to limit the growth of those emissions, cannot result in true success by any measure.

We have seen ‘good news’ press releases on environmental initiatives from various federal and provincial governments, but the news isn't always worthy of praise.

Although there have been some great environmental successes that Canadians should be proud of, the measure of overall success — on all contaminants of concern — has only been incremental at best.

For example, when policy makers speak about industrial emission reductions of any kind, they often refer to “emissions intensity” – the emissions per unit of production, rather than total, overall emissions. To be health-relevant, the only meaningful way to report emissions reductions is to present them as “net” values, rather than the all-to-common “gross” valuation. An emission reduction from a particular source is only health-relevant if we can guarantee that there is not a corresponding emissions increase at another source nearby, because it is the absolute exposure that an individual experiences that affects the risk of an adverse health effect.

This issue becomes especially tricky with regional pollutants like smog precursors, because you may have to take the whole air shed into account. For this reason, cross-jurisdictional pollution control initiatives are very important in Canada – and that means federal oversight. In fact, to our understanding, that is what CEPA does, it gives the federal government jurisdictional authority, and, dare I say, obligation to act to protect the health of Canadians.

To the CMA, and we believe to most Canadians, the real measure of success is a reduction in the illnesses associated with pollution. It is not just important how we measure this ultimate success, but how we measure our progress towards it.

Environmentally related illness is essentially the combined result of exposure and vulnerability.

We are vulnerable because we are human beings; each human being has different physical strengths and weaknesses. Some vulnerabilities to environmental influences are genetic, and some the results of pre-existing disease. There is not much that government can do about this part of the equation.

Our exposure, on the other hand is related to the air we breathe, water we drink and food we eat. This is where CEPA comes in. This is where your role is critical, and where the measures of success will be the most important.

Proxy measures for the health outcomes that matter **must** be relevant from a health perspective. Health-based success can only be measured by quantifiable reductions in the exposure levels of contaminants in our air, water and foods.

Canada has historically relied only on guidelines for contaminants of concern, memoranda of understanding with polluters and voluntary goals and targets. Our American neighbours prefer legally binding standards, strict emission monitoring, and pollution attainment designations. While there may be some benefit to the Canadian approach, we are clearly behind in this area. In many parts of the U.S., counties try desperately to avoid “non-attainment” designations based on the ambient air pollution target levels. If they are designated to be a non-attainment zone they risk loss of federal infrastructure transfer payments.

In Canada, we have Canada-Wide smog Standards for 2010 – but of course these are non-binding, have no penalties for non-attainment, provide loopholes for any jurisdictions claiming cross-border pollution influences and allow provinces to opt-out with a mere three months notice. We must be more forceful. Indeed sufficient evidence exists on the health effects of a wide-range of CEPA-Toxic substances (smog precursors, for example) to justify more forceful action to reduce exposures. And there are many more chemicals of concern, for which all the evidence may perhaps not yet be in, but which require a precautionary approach in order to prevent potential human harm.

So, although the presentation of environmental information (e.g., ambient pollution levels in a State of the Environment report, or a health-based Air Quality Index) is beneficial and may provide information that enables Canadians to reduce their exposures, ultimately this is not enough.

The CMA believes that although enhanced environmental monitoring or pollutant exposure studies are important to our understanding of some contaminants, such studies in and of themselves will not improve the health of our patients. The true measure of success would go beyond reporting the danger, to actually reducing the danger. The CMA believes that is the purpose of CEPA.

We look forward to working with you to improve CEPA and ensure that the measures of CEPA's success will benefit the health of our patients across Canada.

## Joint CNA/CMA position statement on environmentally responsible activity in the health sector

### Purpose

The purpose of this statement is to express the commitment of both the Canadian Medical Association (CMA) and the Canadian Nurses Association (CNA) to increasing environmentally responsible activity within the health sector, thus helping to reduce the impact of environmental degradation on health and thus preserve our ecological assets for current and future generations.

A healthy environment is fundamental to life and attention to the effect of the environment on human health is imperative if we are to attain the goal of health for all. To achieve concrete results, environmental responsibility must be practiced at the individual level, in the workplace and in the home.

Economic activity in the health sector makes up close to 10% of Canada's gross national product; as such the health sector's impact on the environment is great. The express purpose of health care is to increase the well-being of citizens. The health sector, however, contributes significantly to environmental degradation through the high use of energy and disposable items, and through technology such as sterilization equipment, which contributes to the depletion of the ozone layer by releasing chlorofluorocarbons (CFCs) into the atmosphere. The challenge is to minimize this burden on the environment, by integrating environmentally responsible practices into the delivery of health care.

This statement offers a vision of a "green" health sector and identifies strategies which both individual nurses and physicians and their associations can use to help them achieve this vision.

### Vision of "Green" Health Sector

In a "green" health sector, minimizing the impact on the environment would be a priority for individuals and organizations within the health care system in their day-to-day practice at all levels of decision making.

While there are both health and financial reasons for reducing the negative impact of health sector activity on the environment, the most telling argument is ethical. The health sector, above all others, should be conscious of the health impacts of its own operations and should seek to be as environmentally responsible as possible.

As decision makers, care givers and role models for healthy behaviour, nurses and physicians should encourage and implement measures to achieve environmental responsibility in the settings where they practice, and in the health care system in general.

### Challenges to the "Green Vision"

Many challenges impede the achievement of this vision, including:

- failure to recognize the extent and urgency of the problem;
- low priority given to environmentally responsible practice among organizations;
- lack of awareness of available guidelines for environmentally responsible practice;
- unavailability of tools and structures to help guide the health sector in this area;
- high, short-term cost of new "green" technologies and programs; and.

©1994 Canadian Medical Association. You may, for your non-commercial use, reproduce, in whole or in part and in any form or manner, unlimited copies of CMA Policy Statements provided that credit is given to the original source. Any other use, including republishing, redistribution, storage in a retrieval system or posting on a Web site requires explicit permission from CMA. Please contact the Permissions Coordinator, Publications, CMA, 1867 Alta Vista Dr., Ottawa ON K1G 3Y6; fax 613 565-2382; permissions@cma.ca. Correspondence and requests for additional copies should be addressed to the Member Service Centre, Canadian Medical Association, 1867 Alta Vista Drive, Ottawa, ON K1G 3Y6; tel 888 855-2555 or 613 731-8610 x2307; fax 613 236-8864. All policies of the CMA are available electronically through CMA Online (cma.ca).

- existing factors that encourage wasteful practice, for example:
  1. increased diagnostic tests and paper work related to fear of litigation;
  2. lifestyle and values that are difficult to change (for example, the convenience of disposable products).

CNA and CMA believe these challenges must be addressed and will support and encourage activities that achieve environmentally responsible activity.

## The Role of Health Professionals

### Individual Practitioners

Physicians, nurses and other health professionals are in an excellent position to provide leadership in implementing the principles of reduce, reuse, recycle and recover and re-educate. In individual practice, this could involve:

- minimizing paper and other office waste, for example, working to halt delivery of “junk mail” and to rationalize packaging practices of suppliers,
- avoiding indiscriminate use of disposable equipment,
- using energy as efficiently as possible,
- recycling plastic containers and other recyclable material,
- observing safe disposal practices, for:
  1. biomedical waste,
  2. plastic and nonrecyclable general waste,
  3. outdated medication, and
- encouraging health facilities to adopt environmentally friendly organizational policies, including:
  1. establishing strong and effective environmental improvement committees,
  2. in-house training in sound environmental practices,
  3. purchasing policies that emphasize safety and environmental soundness,
  4. creating a safe working environment, and
  5. taking a lead role in implementing these policies where they exist.

In addition to environmental responsibility at the practice level, health professionals should serve as catalysts for change by becoming involved in activities in their community, such as advocating that decision-makers review the environmental impact of a proposed project before approving it.

### Professional Associations

The CNA and CMA believe that environmentally responsi-

ble activities within the health sector should be supported and encouraged. Associations could provide leadership in the following ways:

- information sharing:
  1. supporting and encouraging educational initiatives for individual practitioners on environmentally responsible practices in a variety of health care settings;
  2. sharing information on successful practices nationally and between professional groups;
  3. encouraging research by health professionals and others on:
    - a) the environmental determinants of health e.g. health effects of contaminants; and
    - b) ways the health sector can move towards environmentally responsible practices, e.g. minimizing waste production and practising safe waste disposal;
  4. supporting the efforts of all Canadians to find environmentally responsible ways to perform their daily activities.
- lobbying individual legislators and governments regarding the need to:
  1. initiate stricter legislation, e.g., reduce carbon dioxide emissions, and ban all uses of CFCs before the end of this century;
  2. initiate pricing policies which reflect the full environmental costs of goods and services;
  3. provide incentives to promote the use of more energy efficient technologies and non-polluting energy sources; and
- encouraging international professional bodies and their members to lobby their governments to promote sustainable environments; e.g., address the problem of toxic waste disposal in the Third World.

## Conclusion

Protection of the environment is a health issue. The public perceives health professionals to be highly credible sources of information on health and the environment. The Canadian Medical Association and Canadian Nurses Association view a “green” health sector as part of the bigger vision of a healthy environment in which people and societies choose to “tread lightly on the earth” in all their activities. We believe that health professionals should encourage greater environmental responsibility in all Canadians, and begin by setting the example of responsibility in their own personal and professional lives.