



Stop ringing the alarm; it is time to get out of the building!

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Abstract

The volume of calls for governments and public health officials to take concerted action on climate change has become almost deafening. Public health researchers and practitioners need to look beyond what we *know* about the health impacts of climate change, to what we are *doing* as our part in contributing to holding global temperature rise to under 1.5°C. This commentary reflects on the common threads across the articles of a special section in this issue of the *Canadian Journal of Public Health*, “Moving on IPCC 1.5°C”, which sought examples of bold research and action advancing climate change mitigation and adaptation. Among the articles, there are signs that the public health community is gaining momentum in confronting the climate crisis. Three critical lessons emerged: the need for institutional change from the top of public health, the essential power of community in intersectoral action on climate change preparedness, and the importance of centring Indigenous wisdom to decolonize colonial legacy systems. We encourage readers to move public health research and practice from an instrumental relationship with nature to one of reverence and sacred reciprocity.

Résumé

Le volume des appels aux gouvernements et aux autorités de santé publique à agir de concert face aux changements climatiques devient assourdissant. Au-delà de ce que nous *savons* des effets des changements climatiques sur la santé, les chercheurs et les praticiens en santé publique doivent examiner ce que nous *faisons* pour maintenir la hausse de la température mondiale en deçà de 1,5 °C. Dans ce commentaire, nous réfléchissons à la trame commune des articles d’une rubrique spéciale dans ce numéro de la *Revue canadienne de santé publique*, « Réaction au cri d’alarme du GIEC », qui sollicitait des exemples d’études et de mesures audacieuses pour faire progresser l’atténuation des changements climatiques et l’adaptation à ces changements. Dans les articles de la rubrique, il y a des signes que la communauté de la santé publique se mobilise pour faire face à la crise climatique. Trois leçons essentielles s’en dégagent : la nécessité d’un changement institutionnel au sommet de la santé publique, le pouvoir essentiel de la communauté dans l’action intersectorielle de préparation aux changements climatiques, et l’importance de miser sur la sagesse autochtone pour décoloniser les systèmes hérités du colonialisme. Nous encourageons nos lecteurs à faire passer la recherche et la pratique en santé publique d’une relation instrumentale avec la nature à une relation de révérence et de réciprocité sacrée.

Keywords Climate change · Public health · Intersectoral collaboration · Indigenous Peoples

Mots-clés Changement climatique · santé publique · collaboration intersectorielle · peuples autochtones

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It has become a truism to say that climate change is the defining issue of our time. For public health, calls to action have been sounding for the past two decades. Most notably in Canada, the Canadian Public Health Association (CPHA, 2015; Hancock et al., 2015) issued a comprehensive report and accompanying discussion document, *Global Change and Public Health*, which outlined in clear terms the gravity of the present situation: we are already *well* beyond the safe operating boundaries of Earth’s biosphere and not only are

human activities changing the climate, such changes are deeply interconnected to other potentially civilization-ending ecological impacts, including global ecotoxicity, resource depletion, mass species extinction, and ocean acidification.

More recently, on October 4, 2019, CPHA's formal policy and position statement on climate change and human health called on governments and public health officials to take concerted whole-of-society action, noting that "We are the last generation that has the opportunity to make the changes needed to avoid catastrophic climate change. Climate change must be treated like the public health emergency that it is." (CPHA, 2019, p. 9). The 2019 report of the *Lancet Countdown* laments that the world has continued along a "business as usual pathway", reporting on dismal progress across all indicators of action to address the human and ecological impacts of a changing climate (Watts et al., 2019). The volume of these and myriad more alarms that beckon for concerted global action has become almost deafening.

Yet, the tone of these voices reveals an underlying exasperation toward public health inaction. The CPHA discussion document for one, written as a follow-up to the 1992 report of the same title, laments, "Regrettably, the past two decades have been marked by a business-as-usual societal posture, with little attention to the ecological determinants of health on the part of population and public health professionals and organizations as a whole" (CPHA, 2015, p. 7). Five years later, the situation has only worsened for global ecological decline and its human consequences (Berchin et al., 2017; Global Climate Change: Vital Signs of the Planet, 2020; Intergovernmental Science-Policy Platform on Biodiversity and Ecosystem Services, 2019). These urgent calls to action seem to have been little more than background noise in a field steeped in an orthodoxy that sees planet Earth as little more than goods and services for human progress and health rather than seeing we humans as one part of an ecological whole.

Special section—Moving on IPCC 1.5°C

In the face of this bleak outlook and call for change, it is time to look beyond our preoccupation with what we *know* (or do not know) about the health impacts of climate change, to what we are *doing* (or not) as public health researchers and practitioners in Canada (and around the world) as our part in contributing to holding global temperature rise to under 1.5 degrees. Our call for papers, "Moving on IPCC 1.5°C", echoes the zeitgeist of the 2018 Intergovernmental Panel on Climate Change report, which calls us to act decisively now with bold shifts to sustainability if we are to keep the global temperature average to 1.5°C above pre-industrial levels (IPCC, 2018). We urgently need to mobilize forms of public health research capable of directly closing the "know-do" gap in responding to the climate crisis. The call for papers sought to propel Canadian researchers to share examples

of such bold action, providing conceptual, empirical, and/or practice-based research that reports on "concerted efforts among academic and community leaders to embrace intersectoral, community-based, and Indigenous-centred approaches in public health research and practice" (Masuda et al., 2019, p. 2). Critically, from the perspective of climate justice, we wanted examples of public health action that aim to resolve longstanding health inequities related to the unsustainable and climate-warming status quo. In their totality, the contributions we received are encouraging. There is some room for optimism that, reading across the papers, we are bearing witness to a gathering momentum among new and veteran leaders alike within the public health community in Canada, often linked internationally, to take bolder action to confront this existential and ecological crisis before us.

This special section includes four articles that reflect on the importance of *institutional leadership* in implementing climate change content, guidelines, and action for public health. In their examination of climate change training opportunities in Canadian public health schools, Castleden et al. (2020) identified more obstacles than facilitators to implementing education about the relationship between climate change and human health. Within professional practice, Guillaumie et al. (2020) highlight that institutionalizing commitment to sustainable nutrition in a way that substantially changes internal practices is a crucial factor influencing the uptake of sustainable nutrition into public health work routines. Regarding the knowledge exchange gap in climate change and health research/practice, El Amiri et al. (2020) present an emerging and public health-led Canadian community of practice that, with no core funding, has fostered increased intersectoral leadership on climate change with equity and inclusion principles at the forefront. Finally, Sanderson et al. (2020) contribute to the nascent efforts of Ontario public health organizations on climate change education and public outreach. They present an evidence-based climate change communication campaign with the aim of increasing public support for climate action that had a successful first phase and now is working toward centring equity-focused considerations for the upcoming phase. Taken together, these four articles re-emphasize the urgent need for change at the top for future institutional action to rapidly and appropriately create professional readiness on climate change responses while simultaneously pursuing and supporting bottom-up efforts to fill current institutional gaps.

The significance of a *whole-of-society* public health response is another major cross-cutting theme in the papers of this special section. In discussing public health adaptation to extreme heat events, Kafetty et al. (2020) reflect on the role of social connections as a key protective asset for climate change adaptation focused on older adults. While interventions rooted in social connections are already widespread in other areas of public health, this paper makes a strong case for retooling

existing promising practices to address climate change impacts such as extreme heat events. In a similar vein, Hayes et al. (2020) examine health and social service responses to the 2013 Southern Alberta flood in High River, Alberta. Considering the long-term mental health impacts of this climate-induced disaster, their paper shows that while High River residents were thankful for the support received, they also called for more coordinated long-term responses that respect the community agency within decision-making. Further exploring the theme of grassroots and non-traditional public health allies, Murray and Poland (2020) examine the “Lighthouse Project”, an innovative community climate resilience project in three Southern Ontario cities led by Faith & the Common Good, a national interfaith network. This paper surfaces urgent insights into what public health ought to be considering to backstop the existing capacities of frontline staff engaged in place-based collaborative community development. Collectively, these three papers illustrate the essential value of community connection and leadership for better preparing Canadians to prepare and respond to climate change impacts on their lives.

The final two articles provide what we consider to be the most critical shift needed in public health—that is, a shift toward a definitively *anti-colonial praxis*, whether in institutional transformation, in leading whole-of-society action, or in fact changing the way public health is conceived entirely vis-à-vis disavowing its colonial legacy. Lewis et al. (2020) make a compelling case on the need for a radical revision of public health from the ground up. Focusing on the examples of Canada and Aotearoa New Zealand, the authors underscore that public health organizations in both industrialized settler-colonial countries are long overdue to engage with Indigenous knowledges (IK) respectfully. Centring the Indigenous women who are so often at the forefront of grassroots climate change action, Lewis et al. (2020) lament that the leadership of these women is not visible at formal institutional levels of governance. This commentary reminds us of the need for Western stakeholders to listen to the feminist IK principles that will show our way forward toward planetary resilience on climate change. At a more local level, Poland et al. (2020) present a promising methodology for engaging the general—namely settler-colonial—public in visioning what a sustainable future can look like within an urban context in Toronto. The authors show that seeding citizen engagement processes with Indigenous ways of knowing has the potential for settlers to listen “in a good way” to the knowledge contributions of IK—a more intimate but, if such conversations can be scaled up, powerful contribution toward supporting our collective capacity to embrace the transformative changes that are required for a sustainable future.

This latter lesson warrants further reflection. As Lewis et al. (2020) emphasize in this section, failing to radically revise our public health response to the climate crisis through Indigenous

worldviews and knowledges will only perpetuate colonization, “leading us further down the path towards global ecological collapse”. It is clear that the changing climate is itself only a tipping point: a signal of the much more existential crisis of impending ecological collapse that, according to many informed minds, promises an early end to what is now widely referred to as the Anthropocene (Costanza et al., 2007; Ehrlich and Ehrlich, 2013; Tainter, 1988). It is also important for us to recognize that our problems do not begin at the tip of a tailpipe or of a smokestack. Rather, they are the result of decisions made over generations by the powerful few that have enrolled societies around the world into a highly unsustainable and inequitable capitalist competition for perpetual growth over sustainability, private accumulation over the common good, and individualized self-actualization over social solidarity. A within-capitalism approach will not solve the problem that capitalism has created. Hence, we support the call to rename the Anthropocene as the Capitalocene (Haraway, 2015; Moore, 2017).

While the advent of industrialization marks the beginning of our current climate predicament, the problems that have caused climate change today began long before we learned to burn fossil fuels. To do our part to escape the Capitalocene requires that public health look outside of a capitalist ideology of perpetual growth through the ever-escalating colonial land theft that has created the world we know today. To do this, we can follow the countless Indigenous Elders around the world who carry the wisdom we need to realize a post-capitalist future (Clarkson et al., 1992; Redvers et al., 2020). In this process, respectfully engaging with Indigenous knowledges, acknowledging Indigenous rights, and returning Indigenous lands will be essential for realizing the transformative changes that will guarantee planetary health (Hathaway et al., 2020; Poland et al., 2020). We can also look to Indigenous youth, who have taken up the call to lead the energy transition toward a just and sustainable future (Indigenous Climate Action, 2020). As Dené scholar Nicole Redvers reminds us, the value of Indigenous (environmental) knowledge is not in its appropriation to track the demise of ecological landscapes (as fated “canaries in the coalmine”) or to better “manage” the fallout of contemporary capitalist-colonial modes of existence, but as a potent reminder that places matter for their intrinsic value as expressed in the notion of “all our relations” (Redvers, 2018).

Conclusion

As we write this commentary, we find ourselves unavoidably caught up in the question of what it means to issue yet another call to action in 2020, and what such calls presume about the nature of social change that can be driven by evidence and reason in the so-called post-truth era where politics, policy, fake news, and fiction intermingle in sometimes alarming

ways (Yassi et al., 2019). By issuing this special collection of papers, we hope to open the doors to the fire escape, encouraging our fellow public health champions—researchers, practitioners, and perhaps most urgently, policymakers and citizens—to get out of the burning building that is the status quo and into a greener, sustainable, decolonized, and just future. Together, the small collection of papers gathered as part of this special call are but nine drops in a waterfall of action-based research that is needed to mobilize the required epistemic shift to prepare public health for the cataclysmic health impacts that are already being felt across the country and around the world. We have drawn three critical lessons from these modest contributions: (1) the crucial need for institutional change at the top of public health; (2) the value of working together, harnessing the power of community in intersectoral action on climate change preparedness; and above all, (3) the importance of centring Indigenous wisdom in support of a radical agenda for the true decolonization of the current colonial capitalist world system that undergirds all forms of human and ecological oppression. We note that none of these are novel or new, nor are we the first to call for these.

We would be remiss if we did not point out that the contributions we received represent actors working in large part “outside” of existing public health institutions or supports, creating communities of practice at the margins of the profession, proposing bold, decolonizing orientations, and mobilizing small groups of community leaders and grassroots organizations toward collaborative acts of Indigenous allyship and transformative action. Arguably, the earnest efforts described in these papers are happening *despite* not *because* of the existing public health system in Canada, a system that continues to be largely beholden to conventional priorities and proximal risk management approaches (Poland et al., 2011).

The call to action here, if there is one, is therefore to move public health from an instrumental relationship with nature to one of reverence and sacred reciprocity that arguably includes and goes well beyond what some have termed “regenerative sustainability” (Robinson and Cole, 2015). Because, as noted above, sustainability is not so much a technical or political problem, but a relationship problem. And anyone who has been around for a while knows that relationships are not so amenable to the use of carrots and sticks in vain attempts to manipulate, cajole, browbeat, incentivize, and otherwise “make” change happen; rather, they thrive on mutual respect, reciprocity, kindness, and yes that four-letter word we are too often reluctant to utter in professional and academic circles: love.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

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