Global Health Professionals Call for Transition Away from Coal

On behalf of health professionals around the world, we call on the G7 nations to accelerate the global transition away from coal-fired electricity.

Eliminating air pollution from coal-fired power plants provides immediate and significant air pollution-related health benefits and health care savings. A coal phase-out also slows climate change, thereby reducing current and future illnesses and deaths from heat waves, droughts, malnutrition, flooding, air pollution and wildfires.

Who Are We?

We are 82 organizations from 30 countries who represent more than 300,000 doctors, nurses and public health professionals, as well as public health advocates who support them. Our work involves caring for the sick and the dying, preventing chronic diseases, injuries and illnesses, and promoting the health and well-being of all citizens. **A list of the supporting organizations is provided at the bottom of this statement.**

Coal and Health

Coal-fired power stations are a significant source of air pollution. They release large volumes of health-damaging substances including sulphur dioxide, nitrogen oxides and fine particulate matter that can travel long distances. Exposure to these pollutants significantly increases the risks of developing cardiovascular and respiratory diseases, leading to hospital admissions and premature deaths.

On a global scale, outdoor air pollution is responsible for approximately 3.7 million premature deaths per year from heart disease, strokes, chronic obstructive pulmonary disease, lung cancer and acute lower respiratory infections among children (WHO, 2014).

Coal plants are responsible for a significant share of these health impacts. For example, pollution from coal power in the United States contributes to approximately 13,200 premature deaths per year, as well as 9,700 additional hospitalizations and 20,000 heart attacks (CATF, 2010). In the European Union, it has been estimated that coal plants produce up to 43 billion EUR in health costs annually (HEAL, 2013).

Coal-fired power plants are also a major source of mercury, which accumulates through the aquatic food chain and adversely affects the central nervous system, particularly for children exposed prenatally.

Alternatives to Coal

Renewable energy, energy conservation and energy efficiency are readily available alternatives to coal power that reduce negative health impacts. Momentum is building as a number of G7 jurisdictions are already taking action on coal:

- Ontario, Canada, completed a total phase-out of 7,560 megawatts of coal power in 2014
- Oregon passed legislation in March 2016 to phase out coal power by 2040 and New York state announced that it will phase out coal power by 2020
- Alberta, Canada, announced that it will phase out 6,200 megawatts of coal power by 2030
- The United Kingdom announced in November that it will be coal free by 2025, and coal plants are already coming off the system
- France, Germany, the United Kingdom and the United States have restricted financing for overseas coal-fired plants except in rare circumstances

The mix of power sources that could replace coal varies by location. Renewable energy sources are growing quickly, and technologies like wind power have become cost-competitive with coal and natural gas in many jurisdictions (COP21, 2015). Energy savings and efficiency are also playing a major role in reducing reliance on fossil fuels.

Climate Change and Health

Coal-fired power is also a significant contributor to climate change, which the World Health Organization calls the greatest threat to global health in the 21st century (WHO, 2016). Climate change affects many of the determinants of health, ranging from the quality of air to the safety and security of food and water supplies (Watts et al., 2015), and it is already resulting in many premature deaths worldwide (DARA, 2012). The WHO estimates that climate change will result in 250,000 additional premature deaths per year by 2030 from heat stress, diarrhea, malaria and malnutrition (WHO, 2014a).

Many of the actions needed to tackle climate change can create both immediate and long-term health benefits. The second Lancet Health and Climate Change Commission concluded that significant health benefits are associated with the transition to renewable energy, active transportation, sustainable agriculture and energy-efficient buildings (Watts N et al., 2015). For example, it is estimated that the actions needed to keep global temperature increases below 2°C would prevent 40,000 premature deaths per year in the EU, 20,000 per year in the U.S. and 1.1 million per year in China by reducing exposure to fine particulate matter in the air (Day et al., 2015).

Business-as-usual emissions projections show temperatures irrevocably increasing above safe levels by 2050–2100. This would leave us vulnerable to the most severe outcomes in terms of malnutrition, drought, natural disasters and conflict — which affect both health and health systems.

The agenda of the 42nd G7 summit in Japan includes a discussion of ways to strengthen the response to public health emergencies and to ensure the provision of lifelong health care services. By phasing out coal power, we can produce significant immediate and long-term health benefits around the world by improving air quality, reducing emissions of mercury, and slowing climate change.

Health professionals are trained to respond in a timely manner to fast-moving and chronic diseases, and our actions save lives. In order to protect the health and lives of millions around the world, we urge G7 nations to take a leading role in the global transition away from coal.

References

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Signatory Organizations

Canada (G7)

BC Health Coalition
Canadian Association of Physicians for the Environment (CAPE)
Canadian Coalition for Green Health Care
Canadian Lung Association
Canadian Public Health Association (CPHA)
Heart and Stroke Foundation
Learning Disabilities Association of Canada (LDAC)
Ontario Public Health Association (OPHA)
Ottawa Public Health
Registered Nurses' Association of Ontario (RNAO)
The Asthma Society of Canada
Toronto Public Health
Upstream

France (G7)

C2DS Comité pour le développement durable en santé
International Union Against Tuberculosis and Lung Disease

Germany (G7)

MEZIS (Mein Essen Zahl Ich Selbst)
Verein demokratischer Ärztinnen und Ärzte (Association of Democratic Doctors)

Italy (G7)

Comitato SpeziaViaDalCarbone
Associazione Medici per l'Ambiente - ISDE Italia (Doctors for the Environment Italy)

United Kingdom (G7)

Centre for Sustainable Healthcare
Climate and Health Council
Medact
Medsin-UK

United States (G7)

Allergy & Asthma Network
Center for Climate Change and Health/Public Health Institute
Dignity Health
HackensackUMC
Health Professionals for a Healthy Climate
Kentucky Environmental Foundation
Maryland Environmental Health Network
Physicians for Social Responsibility (National)
Physicians for Social Responsibility, Chicago
Physicians for Social Responsibility, Maine
Physicians For Social Responsibility, Pennsylvania
Physicians for Social Responsibility, Tennessee
Physicians for Social Responsibility, Wisconsin

Physicians for Social Responsibility, Washington
Program on Climate and Health
Seattle Children's Hospital
ThedaCare
Vital Strategies
Wisconsin Environmental Health Network

Global

Independent Directorate of Local Governance (IDLG) – **Afghanistan**
Climate and Health Alliance – **Australia**
Doctors for the Environment Australia – **Australia**
Doctors Reform Society – **Australia**
The Australian Health Promotion Association – **Australia**
The Royal Australasian College of Physicians **- Australia**
Public Health Foundation of Bangladesh – **Bangladesh**
Ministry of Health – **Burundi**
BCH Africa Cameroon – **Cameroon**
Cameroon Public Health Association – **Cameroon**
Fundación Red Colombiana Para La Defensa Para La Defensa de Los Derechos Humanos, El Medio Ambiente y La Paz – **Colombia**
Association for Ragweed free Hungary – **Hungary**
Indian Medical Association, Andhra Pradesh State Branch – **India**
Africa Initiative for Sustainable Development – **Kenya**
Human Health – **Kyrgyzstan**
Toxic Action Network Central Asia – **Kyrgyzstan, Tadjikistan, Uzbekistan**
Forum for Human Rights and Public Health-Nepal (Friendship-Nepal) – **Nepal**
International Network On Children's Health, Environment and Safety (INCHES) – **Netherlands**
OraTaiao: The New Zealand Climate and Health Council – **New Zealand**
Public Health Association of New Zealand – **New Zealand**
Africa Clean Energy Summit – **Nigeria**
La Ruta del Clima – **Peru**
No Planeta B – **Peru**
Health Care Without Harm - Asia – **Philippines**
One for Nursing Empowerment - Philippines – **Philippines**
Philippine Medical & Law Students' Alliance – **Philippines**
One Degree Serbia – **Serbia**
Health Department XÃtiva-Ontinyent – **Spain**
Ärztinnen und Ärzte für Umweltschutz, AefU – **Switzerland**
International Society of Doctors for the Environment – **Switzerland**
NCD Alliance – **Switzerland**
Mom Loves Taiwan Association – **Taiwan**
CSYM Hudma Mtandao – **Tanzania**
Amis des Etrangers au Togo (ADET) – **Togo**
Nations Institute INDC – **Tunisia, Morocco**
Turkish Medical Association – **Turkey**

International

Global Climate & Health Alliance (GCHA)

Health & Environment Alliance (HEAL)
Health Care Without Harm
International Federation of Medical Students' Association (IFMSA)
The International Persistent Organic Pollutants Elimination Network (IPEN)