SUMMARY

Introduction

Doctors for the Environment Australia (DEA) is a voluntary association of medical doctors and students determined to tackle the immense challenges of anthropogenic climate change, and environmental degradation and destruction that threaten human health and well-being. There is an urgent need for transformational change in place of business as usual - and that it has a responsibility to increase its own response.

DEA is respected by politicians and bureaucrats because of the quality of its research, submission writing and advocacy. However, being listened to is not enough to achieve transformation at the scale needed. DEA will amplify its research and advocacy work by becoming involved in campaigning in its own right and with others. A growing level of public interest in climate change, and environmental degradation and destruction opens space for DEA to exercise moral and scientific authority in the national debate, and to connect with people who want to see action. The health angle on the climate emergency provides a less polarising bridge to an entry point for the ‘unconvinced’ on our climate emergency and environmental stressors.
The world is witnessing a myriad of threats to our environment that are negatively impacting on human health, including biodiversity loss, land degradation, air pollution and shrinking availability of fresh water. However, the overarching environmental threat is the climate emergency, as it amplifies the threat to many of these and other ecological systems.

The medical journal, *The Lancet*, established commissions to study the link between climate change and health. They concluded that the climate emergency is the greatest threat to human health over the coming century. The climate emergency and environmental degradation and destruction threaten to reverse 50 years of advances in human health. Increased extreme weather events, poor air quality and changes to oceans, sea levels and rainfall in turn reduce productivity, create food and water insecurity, fuel conflict and induce migration leading to physical and mental health consequences.

**Global impact**

Climate disruption is already being experienced, with mean global temperatures approximately 1 degree above the long-term average. The world has experienced the highest global temperatures for 4 years in a row (according to World Meteorological Organization State of the Global Climate in 2018). In that period, there had been a record number of climate-related extreme weather events: heatwaves, droughts, fires and floods.

In 2015, the United Nations COP meeting on climate change made a breakthrough in gaining consensus about the need to keep global heating below 2 degrees, with an aspirational target of 1.5 degrees (Paris Agreement). Countries made non-binding agreements on greenhouse gas reduction targets, with agreement to meet again to increase targeted reductions in emissions.

In resource-rich countries, such as Australia, USA and Poland, and industrialising countries with large domestic reserves such as India and China, the shift away from dependence on fossil fuels has been difficult. In these countries polarisation along political grounds has increased, creating a false dichotomy of jobs versus the environment.

 Australians have been experiencing many effects of the climate crisis, such as severe droughts in NSW and South Australia, unprecedented bushfires across the nation, floods in Queensland, and water shortages and fish kills in the Murray Darling basin. This lived experience has accelerated demands for action by diverse sections of the community. There remains a highly politicised approach to climate policy and a subsequent lack of action in Australia, and there are a number of key fossil fuel developments that have mobilised large sections of the community in opposition, most prominently the Adani Carmichael mine in Queensland. This in turn has led to a backlash against climate activists by those who see Adani and related mines as crucial to their economic future.

Overall however, rapid disruption from the climate emergency is driving increased public and political action, from the global level to the local. Excessive air-pollution in China has spurred on the huge growth in renewable energy, particularly wind power. In Australia, the summer bushfires of 2019/20 and their associated smoke-induced illnesses have brought the health impacts of climate change to the forefront of public attention, acting as a powerful driver for emission reductions.
PART II
Strategic Framework 2020 – 2025

STRATEGIC AIM: Human health is at the heart of the climate emergency response

**Change Goal 1**
Public awareness and campaigning
- **Objective 1** Develop campaign capacity
- **Objective 2** Increase community mobilization

**Change Goal 2**
Public and political influence
- **Objective 3** Increase influence + educational impact
- **Objective 4** Amplify public voice
- **Objective 5** Strengthen brand

**Change Goal 3**
Organizational transformation
- **Objective 6** Secure sustainable income
- **Objective 7** Grow membership
- **Objective 8** Strengthen financial management
- **Objective 9** Transform governance
- **Objective 10** Secure appropriate staffing levels

By 2025 DEA will have contributed to widespread public recognition that human health is being seriously harmed by the climate emergency and environmental degradation and destruction.

By 2025 DEA will have increased and strengthened its public policy and scientific capacity, leading to improved policy outcomes and actions. It will be the ‘go to’ organization on climate related health impacts, policies and practices.

By 2020 DEA will raise over $500,000, and by 2025 DEA will be a self-funding, $2 million organization with greater power and influence. It will have strengthened governance and management, and established an effective fundraising program. DEA will have recruited 5% of all Australian doctors as financial members and 10% of medical students.
Change Goal 1

By 2025 DEA will have contributed to widespread public recognition that human health is being seriously harmed by the climate emergency, and environmental degradation and destruction.

This will require sustained multi-level campaigning:

- A global climate health emergency campaign that is flexible and agile.
- Capacity to engage with specific community campaigns, bringing in DEA expertise with powerful supportive messages.
- Visibility of a substantial network of doctors in all states underpinning campaigns.

Rationale: Doctors have the credibility and potential power as a profession to influence public opinion and public policy when they are well organized and broadly connected with communities. DEA will aim to campaign in its own right and in alliances with others.

OBJECTIVE 1

Develop a meaningful campaign capacity

By 2023 (mid-point of Strategy) DEA will be part of a leadership alliance promoting the climate health emergency campaign at the local, national and international levels; with governments, businesses and communities.

Actions:

- Build a national and international network of like-minded doctors and medical professionals to lead a healthy-climate campaign.
- Establish a public engagement department to run campaigns, raise funds, strengthen media and social media.
- Establish a campaigns committee of the Board.
- Research and develop/adapt movement-building campaign strategies, drawing on learning from successful campaigners in Australia and overseas.

Measures of success:

Doctors’ networks are established in key identified local and international communities active in relation to DEA campaigns.

Campaigns committee and staff in place and functioning.

OBJECTIVE 2

Increase mobilization

By 2022 DEA will have developed a reliable local community mobilization model and created spaces for allies and partners to collaborate. DEA will also participate in campaigns led by others, bringing its ‘medical angle’ to them.

Actions:

- Participation in local community organizing and training.
- Conduct effective campaigns.

Measures of success:

Increased public awareness of climate-health link.
Change Goal 2

By 2025, DEA will have increased and strengthened its public policy and scientific capacity, leading to improved policy outcomes and actions. It will be the ‘go to’ organization on climate related health impacts, policies and practices.

**Rationale:** The core of DEA’s power is its knowledge base and expert members. Change Goal 2 aims to strengthen further the research and advocacy functions by bringing together researchers as a public policy team (or knowledge hub/platform) on environment-health policy matters. This group will provide coherence, consistency, policy direction, and leadership of DEA’s research, policy development, and advocacy.

**OBJECTIVE 3**

**Increase DEA’s influence and educational impact at both the political and public levels, leading to improved policy outcomes and actions.**

Generate political and public demand for leading-edge climate-related health information. Provide information for use by DEA, allies, partners, and for public-facing and private policy making.

**Actions:**
- Research and write submissions.
- Lobby decision-makers.
- Host and attend conferences / educational meetings.
- Engage with mainstream and social media.
- Provide active support for allies and partners.

**Measures of success:**
Increased influence on decision-makers at all levels, leading to improved policy outcomes.
Increased public demand for DEA resources and consultation.

**OBJECTIVE 4**

**Increased public voice**

DEA will communicate environment/health issues effectively in the media and political spheres to increase awareness of DEA and its issues. DEA will become the ‘go-to’ environment/health organization for expert comment in mainstream and social media.

**Actions:**
- Increase awareness of DEA within the medical profession.
- Recruit influential doctors with high public profiles and increase their engagement with DEA.
- Engage with stakeholders with similar values, such as other NGOs, climate-aware companies etc.
- Engage with other potentially receptive organizations.

**Measures of success:**
Increase in brand recognition
Change Goal 3
By 2020, DEA will raise over $500,000, and by 2025 DEA will be a self-funding, $2 million organization with greater power and influence. It will have strengthened governance and management, increased membership, and established an effective fundraising program.

OBJECTIVE 6
Secure sustainable income
By 2025, DEA will be an efficient and financially sustainable organization with a core staff to support and empower its membership and their volunteer activities to deliver DEA’s objectives. DEA will aim to have an income of around $2m to cover costs and investment in fundraising.

Actions:
- Develop and implement a fundraising strategy.
- Secure a sustainable income base to fund the Strategic Framework 2020-2025 in its entirety by 2025.

Measures of success:
Progress towards financial sustainability – $500,000 budget secured by end of 2020/21 financial year.

OBJECTIVE 7
Grow membership
By 2025 DEA will have a significantly increased membership that is diverse, representative and highly engaged. DEA will have recruited 5% of all Australian doctors as financial members and 10% of medical students.

Actions:
- Conduct promotional activities.
- Develop campaigns that have secondary recruitment goals using telemarketing and 1-on-1 conversations at state level.

Measures of success:
By 2025, DEA will have recruited 5% of all Australian doctors as financial members and 10% of medical students.

OBJECTIVE 8
Strengthen financial management
DEA will be a financially transparent and accountable organization with sound financial management.

OBJECTIVE 9
Transform governance
By 2023, DEA will have transitioned the Management Committee into a governing Board. The Board will transform itself into a smaller governing Board, delegating management and more executive tasks to staff.

OBJECTIVE 10
Secure appropriate staffing levels
As resources become available, DEA will employ staff to augment and support the work of DEA’s volunteers.