



Committee Secretariat

Environment Committee
Parliament Buildings
Wellington

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E ngā rangatira, tēna koutou,

Please find below a submission on the Fast-track Approvals Bill (hereafter the Bill) on behalf of Climate Health Aotearoa (CHA) national research centre. **We urge the Environment Select Committee to reject this Bill in its entirety.** CHA would like to make an oral submission to the Environment Select Committee in support of our submission.

About Climate Health Aotearoa

[Climate Health Aotearoa](#) (CHA) is a multi-institutional national research centre, which fosters te-Tiriti-grounded collaboration across Aotearoa among research, policy, and end user groups. With more than 60 members, our centre includes national and international leaders in environmental health. More specifically, the centre includes much of the climate change and health expertise nationally, including in the areas of: the health impacts of climate change; health-related climate change adaptation; benefits and harms of climate change mitigation policies and actions; and health sector adaptation and mitigation.

CHA consideration of the Fast-track Approvals Bill

CHA opposes the Fast-track Approvals Bill in its entirety. The Bill poses substantial threats to public health by overriding decades of environmental protections, threatening Māori rights to health, and undermining health equity more broadly. The lack of health safeguards in the Bill is of deep concern. The Bill bypasses essential public and public health scrutiny of projects, while explicitly promoting environmentally damaging projects with unquestionable long-term negative effects on communities and the natural environment. Instead, the Bill gives primacy to economic growth, ignoring that economic growth is useful only while in service to people's wellbeing, and so long as it does not undermine that wellbeing now or for future generations.

The Bill does not meet obligations under Te Tiriti o Waitangi, including Tiriti rights in environmental governance, and therefore public health governance, including being inconsistent with the requirements to te Tiriti in the RMA itself. As noted in the Treaty Impact Analysis for the Bill, there has been inadequate engagement with iwi, hapū and Māori entities in development of this Bill. While there has been some discussion with some Māori groups, this has been limited and falls well short of what would be expected for a Bill of this significance. The fact that the Bill does not include a Treaty clause is unacceptable given the clear potential conflicts with the articles and principles of Te Tiriti in the absence of such a clause. Further, the Bill does not even require consideration of the Treaty clauses in relevant legislation under which the need for approvals arise (e.g., the RMA, EEZ Act and the Conservation Act). The lack of a Treaty clause creates uncertainty as to how people exercising functions and powers under the Act will apply the Treaty, which poses a significant threat to Māori rights and interests. Upholding kāwanatanga obligations under Te Tiriti is fundamental to hauora Māori, Māori health equity, and for the health of the whole population.

Instead of a Treaty clause, the Bill focuses on Treaty settlements, Māori lands and iwi consultation. This is deeply concerning for public health, since breaches of te Tiriti relating to land, water and our more-than human relations have harmed and continue to harm Māori health and therefore everyone's health. Article Two of Te Tiriti guarantees Māori rangatiratanga, self-determination, over their land and their taonga. In the Bill, there are only two instances wherein rangatiratanga can be exercised. These are if the proposal relates to land falling under a completed Treaty Settlement, or if customary rights are held under the Marine and Coastal Areas Act. By focusing only on these lands, the Bill ignores the rights, including the right to health, of all Māori living outside of these circumstances.

The Bill is also problematic in relation to provision for iwi and hapū "consultation" and involvement in hearings panels. First, it limits the iwi, hapū and Māori organisations and communities who can have a say by listing specific entities. This will undermine broader Māori rights and violate the Treaty principle of participation. Second, the timeframes allowed for consultation largely preclude meaningful input from iwi, hapū and Māori communities. We know from the 2020 Report of the Resource Management Review Panel that relying on involvement of iwi and hapū at the consenting stage places an impossible burden on under-resourced (financial and personnel) iwi and hapū organisations, which is why that report recommended more effective and efficient partnership in the long-term planning processes required by local government under the RMA. In addition to severely constrained timeframes, there is no indication in this Bill that iwi and hapū will be adequately resourced for the input required. The Bill makes it clear that their involvement in

hearings panels would also forcefully undermine existing negotiated and legislated governance partnerships, further breaching te Tiriti obligations.

The Bill is inconsistent with holistic approaches to environments and health in te ao Māori, where articulations of health are intricately connected with the land, ecosystems and other species through whakapapa (ancestry and kinship). Relationships with particular landscapes and ecosystems conferred by whakapapa, as well as the relational uses for food, fibre, shelter, reciprocal trading and hosting, are all longstanding explicit building blocks of Māori wellbeing. For example, Ngāi Tahu's conceptualisation of mahinga kai underpins existing shared management and is central to Ngāi Tahu culture. *"It is central to the relationships with places, species and resources, to the cultural, spiritual, social and economic well-being of Ngāi Tahu. Mahinga kai is the customary gathering of food and natural materials, which includes the practices and customs involved in such gathering and the places where those resources are gathered. It is a vehicle for the transfer of traditional knowledge from generation to generation and is the cornerstone of manaakitanga, the tikanga of providing hospitality to manuhiri. Mahinga kai includes the way resources are gathered, the places they are gathered from and the actual resources themselves."*¹

Fast-tracking projects will not only exacerbate environmental health inequities directly, but also be detrimental to whakapapa and contribute to the ongoing alienation of Māori from land, economic opportunities, and continue to pollute wild food sources, breaching te Tiriti. Examples such as Te Mana o te Wai in the National Policy Statement for Freshwater 2020, and existing iwi partnership models for environmental governance demonstrate that when te Tiriti and Mātauranga Māori is put at the centre of environmental governance, this enhances the protection and promotion of everyone's health, which is the basis of other kinds of prosperity, including economic prosperity.

Human survival and everyone's health relies on the integrity of fundamental local and global environmental systems, including clean drinking water, safe air to breathe, a stable climate, healthy wild and cultivated food sources and food systems, and well-functioning biodiversity. Robust legislation and democratic processes governing land use and environmental pollution are vital for safeguarding people's lives and their health, and the existing resource management legislation is explicitly built on this understanding. The Resource Management Act (RMA) plays a crucial role in reducing the risk of widespread disease outbreaks and pollution-related deaths and serious harm, while also shaping built

¹ Te Rūnanga o Ngāi Tahu and Te Papa Atawhai Department of Conservation 2005 Te Waihora Joint Management Plan. Mahere Tukutahi o Te Waihora Part 3: Management p.104-105
<https://www.doc.govt.nz/globalassets/documents/about-doc/role/policies-and-plans/te-waihora/te-waihora-full.pdf>

environments that underpin overall well-being and healthcare system resilience for the whole population.

We have learnt globally and nationally from a lack of good democratic governance of pollution that this causes countable and accountable deaths and serious harm. Global examples include the 1984 Bhopal chemical disaster, when a poorly-governed pesticide plant released toxic methyl isocyanate, which is estimated to have caused somewhere between 3,000 and 16,000 deaths and over half a million injuries over time, followed by judicial proceedings and substantial legal costs in both India and the US. In 2014, the drinking water crisis in Flint, Michigan highlights how the very removals of democratic process and economic primacy proposed in this Bill led in that instance to a public health and environmental justice crisis of bacterial contamination, Legionnaires disease, lead poisoning and carcinogen exposure risking the health of a whole city's population. Criminal proceedings against individuals in government are ongoing in this case.

That we have largely been protected from such mass environmental disasters in Aotearoa New Zealand is a direct result of the protections that RMA and its associated policy frameworks and planning processes provide. On the other hand, several recent events demonstrate that our resource management architecture still needs **review and strengthening** from a public health perspective. This strengthening was already well underway in the independent reviews and substantial expertise and work that led into the Natural and Built Environment Act 2023 and the Spatial Planning Act 2023 recently repealed. Two of the most notable of these recent events highlight the importance of strong, Tiriti-based land use governance to protect public health, especially in the face of climate change.

The Havelock North campylobacter outbreak in 2016 is thought now to have affected more than 8000 people as a result of a combination of poorly governed land use change, extremes of dry followed by heavy rainfall, and poor drinking water source management. At least four people died, and more were left permanently disabled. While Taumata Arowai provides stronger regulation of drinking water treatment and supply, the Havelock North outbreak re-emphasised that drinking water protection requires catchment and water source management through better land use governance under natural and built environment legislation.

A year ago, Cyclone Gabrielle had much more complex effects on public health, including causing deaths by injury and drowning, upending basic building blocks of health like safe housing, clean drinking water and access to food (including damaging mahinga kai), as well as completely cutting off access to healthcare. The Ministerial inquiry into Land Use in Tairāwhiti that followed Cyclone Gabrielle demonstrated that poor land use governance not

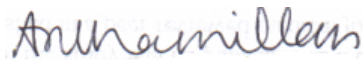
only increases the climate pollution that is driving more severe weather events, but also making the effects worse when they do happen.

The public health harms caused by these global and local examples were preventable. Maintaining and strengthening our current systems of environmental governance is crucial to that prevention, particularly in the face of climate change. On the other hand, circumventing them as proposed in this Bill will increase the risk of these kinds of major public health disasters. The proposed Bill contains no meaningful environmental health safeguards and overrides existing safeguards, including protections of fundamental human health needs like drinking water. The Bill would allow Ministers to greenlight projects, without recognising the serious risks they pose to people's safety, their lives and their health.

Currently, public health expertise is involved in providing a safeguard at a range of levels in the current system, including as partners in long-term planning by councils, as submitters during resource consent application hearings, as expert witnesses in Environment Court, and as partners in national standard setting and policy-making. While inadequately mandated by the RMA, at each of these stages, there are opportunities to highlight risks and potential benefits for health to local government, so that changes can be made to prevent death, widespread illness and serious injury, and also to promote health and health equity. The involvement of communities in these processes is also critical for highlighting harms early, as they are often the first to notice when things are going wrong.

The Bill also largely ignores the greatest threat to public health facing us, climate change, which has complex direct and indirect effects on health, as illustrated by Cyclone Gabrielle. In its lack of a requirement for projects to comply with emissions reductions obligations, and in its specific encouragement of further exploration and extraction of fossil fuels in S17(3), the Bill does not meet our international obligations under the Paris Agreement, and also the government's own legal obligations under the Climate Change Response (Zero Carbon) Amendment Act 2019. This is also grossly irresponsible from a public health perspective. Rising temperatures, ocean acidification and sea level rise are already worsening health issues through their impacts on extreme weather events, air quality, water and food security, livelihoods, access to healthcare and the spread of infectious diseases. Oil and gas projects and new roading projects have been explicitly listed by ministers as among those eligible for the fast-track approval process. As major contributors to climate change, approval of these types of projects fail to protect health from the direct effects of fossil fuel exploration, extraction and burning, as well as the health effects of climate change.

For these reasons, we strongly recommend that to protect the public's health, this Bill is rejected in its entirety by Environment Select Committee, and that further work is done to ensure that the recommendations of the previous substantive review of resource management are implemented, including those that ensure meaningful te Tiriti-based partnership in environmental governance for public health.



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