

Claimant
JP Veltman
First
3 December 2017

IN THE HIGH COURT OF JUSTICE
QUEEN'S BENCH DIVISION
ADMINISTRATIVE COURT

Claim No: CO/

B E T W E E N :

THE QUEEN

on the application of

- (1) PLAN B. EARTH**
- (2) CARMEN THERESE CALLIL**
- (3) JEFFREY BERNARD NEWMAN**
- (4) JO-ANNE PATRICIA VELTMAN**
- (5) LILY [REDACTED] JOHNSON**
- (6) MAYA YASMIN CAMPBELL**
- (7) MAYA DOOLUB**
- (8) PARIS ORA PALMANO**
- (9) ROSE NAKANDI**
- (10) SEBASTIEN JAMES KAYE**
- (11) WILLIAM RICHARD HARE**
- (12) MHB (A CHILD) BY HIS LITIGATION FRIEND DHB**

Claimants

- and -

SECRETARY OF STATE FOR BUSINESS, ENERGY AND INDUSTRIAL STRATEGY

Defendant

- and -

THE COMMITTEE ON CLIMATE CHANGE

Interested Party

FIRST WITNESS STATEMENT OF JO-ANNE PATRICIA VELTMAN

I, JO-ANNE PATRICIA VELTMAN, of [REDACTED] SHALL SAY AS FOLLOWS:-

1. I am a children's doctor and mother living in Norwich. I have been deeply concerned about climate change since April 2014, as I explain below. I therefore make this statement in support the claim for judicial review brought by Plan B. Earth ("Plan B"), me and others against the defendant Secretary of State for Business, Energy and Industrial Strategy for failing to revise the UK's carbon target pursuant to his powers under the Climate Change Act 2008.
2. Except where otherwise stated, the facts and matters set out in this witness statement are within my own personal knowledge. Where they are not, I identify the source of my understanding and belief. It will also be clear from the context where certain statements are matters of opinion, and I have endeavoured to explain the bases of those opinions.

My background and my reasons for supporting the challenge

3. I am mother to a teenage daughter. I am a British citizen but also consider myself to be a global citizen. Since 2010 I have worked as a Specialty Doctor in the field of childhood diabetes and obesity at Norfolk and Norwich University Hospital. I am also trained in child mental health and in systems-complexity thinking.
4. Prior to 2014 I paid little attention to climate change. I considered it a serious issue but I was not unduly concerned. I believed that climate change was an issue for the future, and that national governments and the United Nations were managing it. Furthermore I believed, as one single individual, there was little I could do to make a difference. Looking back I see myself then as grossly ill-informed, but I did not know the extent of what I did not know.
5. My perspective changed completely in April 2014 when I read an editorial in the British Medical Journal entitled "Climate Change and Human Survival". This stated that the

Lancet / UCL Commission had identified climate change as *"the biggest global health threat of the 21st century"*. It further stated, *"Business as usual will increase carbon dioxide concentrations [to levels] by 2100 with a 50:50 chance that this will deliver global mean temperature rises of more than 4 degrees. It is now widely understood that such a rise is incompatible with an organized global community."* I was led to an essay piece by Nobel Peace Prize winner E. Chivian *"Why Doctors and Their Organisations Must Help Tackle Climate Change"* and *"Climate Change: Health Impacts and Opportunities"*. I was astounded and became only more concerned so after extensive follow up reading, which included publications from the Intergovernmental Panel on Climate Change, other reputable medical and scientific reports and the Guardian newspaper. I also learned much from watching the first season of an award-winning documentary series *"Years Of Living Dangerously"* (directed by James Cameron), which illustrated clearly the human impacts of climate change.

6. I could not understand how I had previously been so unaware, and the lack of communications by the Government regarding the risks we are running is one of my concerns. Whilst I take some personal responsibility for my own omissions in this regard, as a busy working single mother, information was certainly not available to me in the mainstream that would have alerted my attention. I realize that, since the Paris Agreement, public awareness may now be increasing; however in 2014 I presumed that I was unlikely to be alone in my lack of understanding.
7. *"Informed consent"* is an important concept in health care, and rightly so. People expect to be told the truth, even if the news is difficult. They expect to be given all the information regarding possible treatments and possible consequences of various actions, including inaction, so they are empowered to make informed decisions. I think there are parallels when thinking about climate change. I do not feel that information has been

made readily available in the mainstream, in a way that has presented sufficiently, the seriousness of the issues, or the urgency with which we need to act.

8. As a doctor I realized that, in a similar way as the body depends on a carefully controlled environment (pH, salts, blood sugar, temperature etc.) to maintain health, this is essentially the same for all life on the planet and the natural life support systems we depend on, including climate. From my personal reading, together with my background in systems-complexity thinking, my understanding is that the life support systems of our planet are all interconnected and there are trigger points where rapid and unexpected changes may occur.
9. In the human body, damage to one organ or physiological system can obviously be a threat to health and life: the greater the extent of the stress or damage, the greater the risk. Multiple organs damaged at the same time leads to rapid deterioration and is a serious threat to life. My understanding is that Earth's life support systems, many of which are being currently stressed, are also highly interconnected and respond similarly. There are also limits to adaptation. For example: the natural carbon sinks (oceans, forests and soil) are simply not able to keep absorbing the amount of carbon humans are emitting: especially when these same carbon sinks are being stressed in other human caused ways, including by global warming itself (ocean warming and acidification, wildfires, temperature related changes in plant diseases, desertification etc.).
10. The Lancet Commission repeated its assertion in its 2015 report "*Health and Climate Change: Policy Responses to Protect Public Health*" that climate change is "*the greatest public health threat this century*" and a "*threat multiplier*" for other global concerns. It also offered reason for hope, however, as it has determined that climate action is also "*probably the greatest public health opportunity this century*". As a doctor I simply cannot understand why progress on effective action on climate change in the UK and globally has continued

to be so slow. From the perspective of public health, as well as individuals' fundamental rights, it appears to me an ethical imperative.

11. In response to these concerns and opportunities, The Lancet Commission has initiated "The Lancet Countdown" to track progress on climate action. The first report was released 31 October 2017 and states:

"The human symptoms of climate change are unequivocal and potentially irreversible – affecting the health of populations around the world today."

"The delayed response to climate change over the past 25 years has jeopardized human life and livelihoods."

"Positive (global) examples in recent years must not mask the dangerous consequences of failing to meet the Paris Agreement, the past two decades of relative inaction, the economies and sectors lagging behind, and the enormity of the task ahead, which leave achieving the aims of the Paris Agreement in a precarious position. Much of the data presented should serve as a wake up call to national governments, businesses, civil society and the health profession. Although the pace of action must greatly accelerate, the direction of travel is set."

12. It is obviously not appropriate for me here to detail all the health impacts from climate change, which can occur as a result of many complex pathways and interactions. However I include, from my own understanding, some specific examples, which I hope illustrate the spectrum of risks climate change poses to human health.
13. Climate change can directly impact health from increases in air pollution, extreme heat and extreme weather events.
14. With regards to extreme heat: vulnerable people include the elderly, babies and children, outside workers, young athletes, pregnant women and people with other diseases such as heart and lung diseases and diabetes. Death rates increase with every degree of temperature, the speed of rise and duration of heat wave. Heat stress causes exhaustion, heat rash, fainting, heatstroke and can lead to heart and kidney failure. Even with

prompt medical care, heat stroke has a high mortality. The EU heat wave of 2003 has been reported as causing between 35,000 and 70,000 excess deaths.

15. There are obvious direct health risks from extreme weather events, such as storms and floods, which include injury and death. However, serious indirect health impacts also occur. For example: as a result of damage to sanitation and health systems, crop destruction, people being forced to move, chemical contamination and the spread of infectious diseases, as well as mental health issues: including anxiety, depression and post traumatic stress. These indirect impacts may have greater overall health impacts on populations than those initially seen at the primary event and I've seen this sharply illustrated by watching the events unfolding in Puerto Rico and other places after recent hurricanes.
16. Climate change can affect allergic diseases including asthma, and also infectious disease patterns. Malaria and Lyme Disease are both vulnerable to a changing climate and are expanding into new areas. Increased temperature speeds up the life cycle of the malaria-carrying mosquito and also mosquito bite frequency: both these factors increase transmission of the disease. The life cycle of the tick that carries Lyme disease, also speeds up with increased temperature.
17. Other indirect health impacts occur as a result to changes in human systems caused by climate change. These include disruptions to food security, social, economic and health systems. Adequate nutrition is crucial to child growth and development and malnutrition have serious life long consequences for cognitive ability, physical and mental health. Maternal and paternal nutrition may also lead to health issues in subsequent generations.
18. Vulnerable countries and specific groups including: the elderly, disabled, women, children, Indigenous peoples and people in poverty are disproportionately and most severely affected by climate change impacts on health. I understand that, in 2012, the

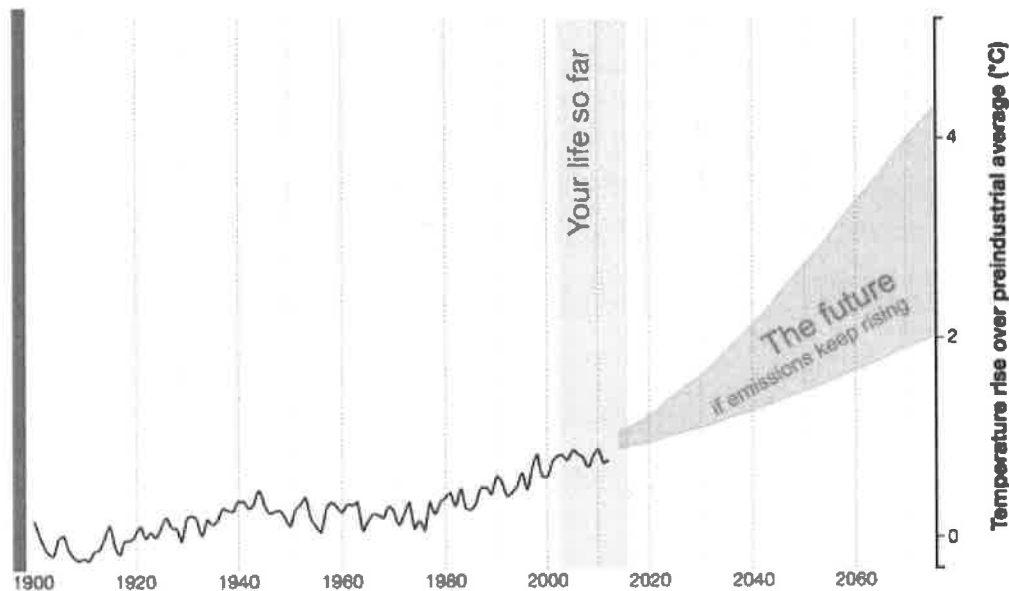
World Health Organization has estimated that children currently suffer more than 80 per cent of the morbidity and mortality produced by climate change. Not only do they represent the largest group of people affected by climate change, they are also more vulnerable than adults to its harmful effects. This, in my view, is one of many clear and distressing examples of discriminatory health impacts of climate change.

19. As well as climate protection, and reducing the public health burden posed by climate change, there are substantial potential additional other benefits of climate mitigation. For example, active travel alone reduces obesity, heart disease, dementia, type 2 diabetes, depression and some cancers. As I see in my own clinical practice, obesity is a serious health issue in the UK in adults and children, with increased risk of diabetes, heart and liver disease, psychological issues and some cancers.
20. For these reasons, it has become clear to me that our climate system is fundamental to the physical and psychological health of human populations everywhere.

Following climate change developments

21. Since becoming deeply aware of climate change in 2014, I have followed national and international developments closely. I have watched in dismay while precious time has been lost as the UK government has reversed and diluted climate- mitigating policies.
22. My understanding of the quantified impacts of the recently published UK "Clean Growth Strategy" is that it does not yet put the UK on track to meet even the carbon budgets already in place. I consider that there is need for increased ambition beyond these targets because of the Paris Agreement and the most recent scientific evidence. From my understanding we also need as great an ambition as possible to allow for additional unexpected or as yet uncalculated emissions, which may occur both nationally and internationally.

23. As noted above, I am very concerned with the impact of climate change on children (among other groups). In this respect I am concerned that the UK Government's failure to act is paying insufficient regard to children's fundamental rights and that the results of this will have a particularly disproportionate impact on them.
24. It is hard for me to speak on this subject as a mother. My daughter is 15 years old. Like parents everywhere, every part of me wants to do everything I can, to protect my child and her future. I know what it is to want a child. She was born after four gruelling IVF cycles. It distresses me when I hear young people questioning whether or not they should have children, in a world with the kind of climate change we are currently on track for.



This is an interactive graph of my daughter's projected lifetime from the NASA climate website (2015).

25. I am seriously concerned for the world my child and our future generations will live in. A world where we are risking a mass extinction; where iconic creatures such as elephants, hippos and tigers may be lost; a world where one third of flowering plant species no longer exist; a world where climate threatens food and water and there is

more conflict, mass migration and global insecurity. I ask myself, if one fifth of Britain was threatened with submersion by 2050 because of sea level rise, as Bangladesh is and through no fault of its own, what would the UK government do? Approximately 130 climate vulnerable nations and the elderly, disabled, children, women, those in poverty and the Indigenous nations are most at risk. I cannot bear that the people who have done the least to contribute to climate change are the ones who are most vulnerable to its severest impacts. Whether my child or another woman's child is at risk, I see little difference. We are all human. We are all stakeholders in the health and well being of our planet.

26. Since 2014 I have also followed the actions of individuals and organisations that have been working to protect us all from climate change. They have given me hope and also direction about how I myself might contribute. In June 2015 I initiated a local community group "Climate Hope Action In Norfolk" which aims to help raise public awareness, network and build climate action locally. We have run a series of events of our own, as well as linking in with national and international campaigns, including the UK Climate Coalition and the United Nations. From my daughter's school we generated a student climate action film, together with a students' letter and petition of 1,100 signatures to the Prime Minister and the United Nations climate talks in Paris. In collaboration with University of East Anglia we are currently screening season 2 of "Years of Living Dangerously" and preparing to launch a local campaign in Norfolk to tie in with the ambitious "Mission 2020" global campaign initiated by Christiana Figueres and others, which aims to bend the global emissions curve by 2020.

27. My position and beliefs have not been formed by reading activist material. Expert scientists and health bodies are not being alarmist, but they are certainly raising the alarm. I feel compelled to bring this action along with Plan B because of the incredible urgency and seriousness of the climate-protecting task we are now facing. Additionally,

many of the solutions already exist but need to be quickly scaled up. As concluded by the Lancet Commission report of 2015, with regards to the situation globally: *“much of the technical expertise, technology and finance required to turn climate change from a public health threat into an opportunity is readily available, but politically restricted.”*

28. In light of the potentially catastrophic consequences of runaway climate change and how much of the global carbon budget we in the UK have already consumed, the precautionary principle demands that we significantly raise our ambition and our effective actions. In this way we can demonstrate true climate leadership and from the country that started the Industrial Revolution, it is my view that we owe the world and especially its children and peoples of vulnerable nations, nothing less.

Costs

29. I understand that the costs recoverable from me in the event that this claim is unsuccessful, are limited by the Aarhus rules, which the Defendant accepts apply to this case.
30. Aside from the concerns that I identify above, my decision to bring this claim as a co-claimant is based on: (a) my understanding that my notional costs liability in the proceedings would be no greater than £5,000; and (b) on the expectation that such funds will be raised through crowdfunding on the CrowdJustice website. If such funds are not raised, or if the Court orders that my potential liability is increased and such additional funds cannot be raised, then I would have no option but to withdraw from the proceedings. I understand that I may be liable for some limited costs up until the point of any such withdrawal, and Plan B has provided me with an indemnity in respect of any such costs if they cannot be funded by Crowdfunding.

31. For the benefit of the Court, I set out a financial schedule and related information in accordance with CPR Rule 45.2 in a confidential annex to this witness statement.

STATEMENT OF TRUTH

I believe that the facts in this witness statement are true.

Signed *J. Veltman*

Jo-Anne Patricia Veltman

Date: *3rd December 2017*