Global Nurse Agenda for Climate Justice

Alliance of Nurses for Healthy Environments (ANHE)
Climate Justice in Nursing Steering Committee 10-20–21

Introduction and Background

This document has been created by an international group of nurses representing seven nursing organizations and two continents’. Developed over a six month period leading up to the twenty sixth meeting of the United Nations Conference of the Parties (COP26) to the climate change accords and the UN Framework Convention on Climate Change. It is inspired by the leadership of the Alliance of Nurses for Healthy Environments who are applying for observer status to the convention and have a long-standing interest in the human and planetary impacts of climate change. Our intention is to draft a document to catalyze discussion and action for all nurses on climate justice.

We realize the urgent need for nurses to play a more significant role in climate justice. The idea of an “Agenda” is conceived to give space for the inclusion of the voices of others in the development of particular actions. We approach our role with humility in positioning this document as a way to stimulate discussion and debate amongst nurses across the globe who are working in international, governmental, regional, and local contexts.

The text for the agenda is modeled after the Principles of Climate Justice inspired by the Bali Earth Summit (2002), the Principles of Environmental Justice (1991), and the Mary Robinson Foundation-Climate Justice organization. Committee members identify several theoretical frameworks for conceptualizing climate justice from a nursing frame: Ways of Knowing in Nursing (Carper, 1978; Swift & Twycross, 2020), the United Nations Sustainable Development Goals, Human Rights, the Rights of Indigenous Peoples, Planetary Health, and the Just Transition Framework. These frameworks help the committee move conceptions of climate justice from empirical to emancipatory, reframing the interconnection of nursing with caring for Nature, and shifting from extractive to regenerative orientations for research, education, advocacy, and practice.

The committee is developing and curating a podcast series devoted to conversations with nurses across the globe with the intention of hearing new voices and ideas for climate justice in nursing. Two podcasts were conducted in Spanish in partnership with ANHE LatinoAmerica. The committee also considered input from a set of previously published ANHE podcasts with leading nurse scholars in climate justice and a bibliography on climate justice in the nursing literature.

The value-filter of the Just Transition framework (2016) provides the inspiration principles within five domains of the agenda: Shift economic control to communities (economics); Advance ecological restoration (ecology); Drive racial justice and social equity (ideologies); Democratize wealth and the workplace and relocalize most production and consumption (politics); and retain and restore cultures and traditions (social systems) while amplifying an intergenerational commitment to the future. What follows is a preamble stating our position and defining terms, followed by the five domains with suggested principles for action, and a brief conclusion for the way forward.
Whereas nurses practice healing at the frontiers and frontlines of human experience; engaging systems, populations, communities, people and the environments they live in for advancing health ecology

Whereas more than 28 million nurses are working on the planet, accounting for 53% of the health workforce**

Whereas the climate footprint attributed to healthcare is equivalent to 4.4% of global net emissions, equivalent to the annual greenhouse gas emissions from 514 coal-fired power plants***

Whereas nurses are present in nearly every clinical encounter with people and support the health of communities across contexts of caring such as schools, businesses, and industries

Whereas human health is integral with the health of the planet

Whereas all people have a right to health; to safe food and agricultural practices; to prevention and protection including products that are free from harmful chemicals; to healthy communities including conditions for living, schooling, working, worshipping, and playing in; to stable shelter; to education; to determine the needs of one’s community and its future; and to a stable climate with healthy ecosystems and thriving biodiversity

Whereas health is determined by the socio-environmental determinants of health

Whereas human ideologies of racism, patriarchy, speciesism, capitalism, and colonialism have driven and maintained unequal distributions of power and downstream health inequities

Whereas human-centered extractive economies, particularly those in wealthier nations, have released excessive greenhouse gas pollution precipitating climate change

Whereas a just transition is necessary to build economic and political power to shift from an extractive economy to a regenerative economy. The transition itself must be just with an equitable distribution of resources for life; redressing past harms and creating new relationships of power for regeneration; and with engagement in holistic and circular (waste free) approaches to production and consumption

Whereas Nature in all its life forms has the right to exist, persist, maintain, and regenerate its vital cycles

Whereas multispecies justice expands the idea and practice of justice to encompass and respond to the destruction of multispecies lifeways, and rejects the idea of human exceptionalism

Whereas planetary health is a transdisciplinary field focused on understanding and addressing the impacts of human disruptions of Earth’s natural systems on human health and all life

Whereas climate change has altered the balance in ecological systems of which humans are an integral part

Whereas frontline**** and fenceline**** communities are more impacted by climate change but are allocated fewer resources for mitigating or adapting to these impacts than other communities

Whereas communities that are marginalized and excluded in relation to their race, class (including economic status), gender, sexual identity, geographic location, occupation, religion, migrant status, age, and ability - experience an inequitable burden of climate health effects

Whereas these same communities and their ecologies hold significant wisdoms for responding to and enduring adverse climate, biological and geological change

Whereas climate migration is a humanitarian issue and not a national security issue

Whereas the roots of these systemic injustices are located in economic, political, sociological, and ideological structures created, maintained, and advanced by humans

Whereas the actions of the powerful to marginalize and exclude are masked by ideologies of personal responsibility for wellness and resiliency

Whereas nurses are ideally situated to collectively identify, mitigate, and transform these systemic injustices in partnership with frontline and fenceline communities at local, regional, and international levels

Whereas nurses are skilled in interdisciplinary collaboration for assessment, diagnosis, planning, implementation, and evaluation in order to restore planetary health for achieving climate justice

Whereas nurses have the relational opportunity to meaningfully engage with humans and environmental systems unjustly impacted by climate change

Whereas meaningful engagement involves recognition, inclusion, and the capabilities required for engagement, including health, control of one’s environment, imagination, play, and affiliation with others

Whereas climate justice for nursing can be defined as “addressing the social, racial, economic, environmental, and multispecies justice issues of the climate crisis through centering the experiences and knowledge of frontline and fenceline communities and safeguarding the rights of Nature to achieve planetary health”

Whereas the Bali Principles of Climate Justice (2002) resolved to build an international movement of all peoples for climate justice

We, representatives of nursing organizations working for a Global Nursing Agenda for Climate Justice resolve to catalyze actions for climate justice from all nurses based on the following principles:


**Frontline communities are those that are often the first to experience the impacts of climate change and who have important insights and skills in coping and policy solutions (Castree & Avery, 2017)

****Fenceline communities are groups living close enough to an industrial or toxic environm to experience harm from the associated pollution (Raderst, 2015)
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**Economics and health**
1. Engage nurses across all sectors to lead climate change and environmental initiatives.
2. Design and maintain circular economies in the greening of healthcare systems and other systems for providing basic needs.
3. Expose corporate greed.
4. Direct the allocation of resources for climate resilience to frontline and fenceline communities.
5. Establish partnerships with communities for adaptation in sustainable food, water, and agricultural practices.
6. Safe working conditions for farmworkers, fisherfolk, and other vulnerable workers.
7. Support a decarbonized, inclusive, equitable, and just transition of economies that encompasses a planetary health framework.

**Ecology and health**
8. Develop deep practices in engaging the self and others with the environment to advance ecological respect, healing, and planetary health.
9. Monitor and translate ecological assessment data on human-related risks and impacts to communities and systems.
10. Adopt the conception of Indigenous communities for the rights of Nature to maintain its ability to recover and defend itself from the actions of human beings (see for example the Godawinda Tayrona Organization).
11. Apply the precautionary principle in decision making related to introducing new technologies and employing old and untested technologies.

**Ideologies and health**
13. Confront worldviews that center racism, classism, sexism, ageism, ethnocentrism, and anthropocentrism.
14. Advance environmental health, planetary health, and human rights in nursing, public health, and healthcare education systems.
15. Apply ways of knowing health beyond the boundaries of empirical knowledge to consider non-hierarchical, post-humanist, and relational orientations towards understanding rupture and repair.
16. Adopt holistic orientations to the intertwining of health, environment, and humans toward Indigenous ways of knowing and care for life.

**Politics and health**
17. Adopt the 17 United Nations Sustainable Development Goals in working at the local, national and international levels.
18. Lead adaptation and mitigation efforts in partnership with policymakers and communities on the frontlines of environmental degradation.
19. Identify government roles in the environment and expose corruption.
20. Organize for infrastructure system change (food, water, air, earth) through participatory action approaches.
21. Transform international and national migration, immigration, asylum, and resettlement policies from concerns for border security to concerns for mitigating the human and ecological impacts of climate migration and advancing migrant health and adaptation.
22. Identify and mitigate the environmental risk factors to which the migrant population is exposed as a result of their displacement and insertion in new contexts.
23. Assure the interdependence of biodiversity and human health is represented in policies.
24. Take collective action integrating western science with Indigenous knowledge holders to decolonize systems and address the effects of colonization.

**Social systems and health**
25. Design healthy social systems, e.g. promote active transportation, green energy, healthy/sustainable food ways.
26. Improve responsiveness of healthcare/population systems to climate events, including health system coding for climate-change related health-status change.
27. Develop and promote emancipatory social and relational systems and practices for intergenerational, intercultural, interdisciplinary, and international collaboration and partnerships.
28. Learn from Indigenous frames for social systems: living well together, being kindhearted and caring, communicating honestly.
30. Transform access to Nature for marginalized populations.
31. Involve and participate with communities in climate justice actions through assessment, planning, activism, mitigation, adaption, & restoration.
Conclusion and Call for a Way Forward

The committee recognizes that this agenda as proposed is incomplete and written by nurses with a Western-orientation. We call for a change in attitude and language in global nursing in respect and engagement of diverse populations through the fostering the formation of action teams, particularly with Indigenous peoples of the world, in all levels and phases of this work to regenerate a more global nursing agenda for climate justice.