Beyond Frozen Ground
Climate Change and Health

Story by Sarah de Leeuw

Maybe it happens when another life jolts your own into a space ruled by the rhythms of Nature. The realization that every being has an impact on every other and that the rivers and tributaries of our own bodies echo those of the only home we will ever know: Planet Earth.

“I was breastfeeding and looking over Great Slave Lake,” recalls Dr. Courtney Howard. “My first daughter and I were not the world’s most natural nursing buddies. I went from running an Emergency Department to nursing this tiny fierce being and contemplating the frozen lake. Then a friend sent an article showing Yellowknife was 2.5 degrees warmer than it was in the early 1940s. I started to wonder—how did evidence match up with stories I’d heard from patients about climate change affecting their ability to gather food from the land? So I booked child-care. I started an extensive lit review on climate change and health.”

Howard’s passionate focus as a family physician on climate change being the single greatest challenge to human health on the globe—which she is quick to point out is now the position of the World Health Organization—didn’t exactly begin with those days of breastfeeding. But her daughters are certainly a recurring theme in her work: “A few months later when I finished off Bill McKibben’s Global Warming’s Terrifying New Math, I found myself curled up in the fetal position around my six month old. I hadn’t really realized we were on track to drastically exceed the goal of keeping climate change within 2 degrees of worldwide warming within her lifetime. It felt like someone had just given her a terrible diagnosis.”

Not one to remain in a fetal position, Courtney decided, in her words, “action is better than anxiety.” So action began. She has presented on climate change and health throughout the NWT and at medical conferences across Canada. She has helped local community NGOs access and understand the medical evidence base around hydraulic fracturing and passed motions at the Canadian Medical Association General Council promoting the health benefits of carbon pricing and committing it to divest its organizational funds from fossil fuels. She represented the Canadian Association of Physicians for the Environment (CAPE) at health meetings in Paris around the COP21 climate negotiations, and is proud to report CAPE is now a founding board member of the Global Climate and Health Alliance. While in Paris, she also presented an open letter signed by over 140 Canadian physicians and medical learners to Federal Minister Catherine McKenna asking the government act urgently for a healthy climate.

Howard recalls, “I couldn’t believe I’d gone through an entire medical course of training without one mention of climate change.”

The potential impact of climate change on health first became palpable for Howard during the six months she spent working on a Doctors Without Borders pediatric malnutrition project. “It was May. It was so hot. The malnutrition emergency in Djibouti had more to do with an international food price spike than climate change, but it was clear that the area was extremely dry. You could count the ribs on the goats and the camels in the countryside. That same year, poor rainfall led to widespread crop failure and loss of livestock...
in the Sahel, with another malnutrition emergency in that area. The potential for climate change to affect food security, and thereby contribute to conflict and population displacement, as we have seen in Syria, is staggering. “Pediatric deaths affect everyone. You always rail against them. But I remember when this particular little baby died, died for lack of food and clean water, and the mother actually thanked me. Just for being with her child. The mother was displaced. No papers, was going to do EVERYTHING possible to stop this women around the world who are not in the position

COVER STORY

Horn of Africa, Dr. Howard argues that thinking

food security, and thereby contribute to conflict and

moment on it was my responsibility to work for other

women around the world who are not in the position
to as easily be heard in the hallways of power. ”

Although Canada’s far-north, and cities like

Yellowknife where Courtney lives, might seem

inconceivably far-away from a tiny nation on the

Horn of Africa, Dr. Howard argues that thinking

about global climate change requires connecting

such places. She says in both places, people are

deply and inseparably connected with land their

lives depend on it. There’s no urban buffer: “When

people [especially Indigenous peoples] talk about

the land up here, it’s almost like they’re talking about

a family member. And they’re worried and

confused about that family member. There are prac-
tical issues. Like if there’s no ice, there are no win-
ter roads. People are terrified their children will fall

through the ice during winter fishing. Caribou herds

are affected and community members are less able

to hunt, which impacts food security, sharing ritu-

als, and people’s sense of self-sufficiency. People are

adapting, but it has real impacts on culture and on

people’s mental health.”

In other words, climate change directly affects the

well-being and belonging of individuals and communities, from Djibouti to the Northwest Territories.

This can be daunting and overwhelming to con-
template, observes Dr. Howard. She points out

though, that once you pick a target and assemble a

team, the vastness shrinks to concrete discussions

about strategy. “The Lancet recently said tackling

climate change is the biggest health opportunity of

our time. Our generation is up to the plate. We need

to simultaneously transition to a low-carbon way of

life and build resilience into the system so we can

weather the storms we can’t now avoid. Physicians

have tremendous connections to their communities—

our voice is needed to help unify various disciplines
to take climate-action.”

Targets are becoming clearer and successes are

being scaled and exported to other locales. “We
developed a ‘Cardiac Commute’ pamphlet that MDs can use to attend their local council meet-
ings and support cycling infrastructure initiatives. Healthy energy is another big one. Phasing out

coal-fired power plants decreases air pollution and

greenhouse gases. Ontario has accomplished this

and Alberta has committed to a phase-out—now we’re aiming for a coal-free Canada. The health-
care sector itself has a huge carbon footprint—we

can work to green healthcare and lead by example. Protecting freshwater is critical. Research, too, is

very important. Up here [in Yellowknife] wildfires

burning in the summer of 2014 created one of the

most significant urban smoke events in Canadian

history. Asthmatics were coming in for ventolin

refills. Everyone was cranky from a summer indoors.

In partnership with the Yellowknives Dene First

Nation and the Ka’a’gee Tu First Nation and Ecology

North, and with supervision by Dr James Orbinski

and Dr Ashlee Cumsolo-Willows, we received a Health

Canada grant and are conducting a mixed methods

project to look at the impact of those fires.”

Still, so much about climate change for Courtney

Howard eventually touches down at the most inti-

mate of scales, in the lived and everyday realities

of women and children and their families. In 2013,

Courtney Howard and her husband, pediatrician

Darcy Scott, supported a national staff team member of Courtney’s from Djibouti to come live with them in

Yellowknife. Ayan, whose name means ‘good luck, or

good charm’ now assists in raising their daughters.

Dr. Howard with Fahima (Ayan) Waiss Chirdon after a CPR training session in Djibouti—long before they knew that Ayan would come to Canada, (photo taken by Tara Marchiori).