

# GLOBAL WARMING WILL IMPROVE YOUR HEALTH<sup>1</sup>

*“Half the work done in the world is to make things appear what they are not.”* —E. R. Beadle<sup>2</sup>

*“To get some broader based support, to capture the public’s imagination...that, of course, entails getting loads of media coverage. So we have to offer up some scary scenarios, make simplified dramatic statements and make little mention of any doubts we may have...each of us has to decide what the right balance is between being effective, and being honest.”* —Stephen Schneider<sup>3</sup>

The Clean Air Act gives the Environmental Protection Agency (EPA) the authority to regulate certain activities that harm human health, writes DDP Director Howard Maccabee, Ph.D., M.D., in comments on proposed rules on CO<sub>2</sub> emissions. The maximal increase in atmospheric CO<sub>2</sub> from combustion of hydrocarbon fuels can *not* harm human health directly; the hypothetical mechanism of harm is through global warming. Many scientists dispute the predictions from the UN IPCC (United Nations’ Intergovernmental Panel on Climate Change) computer models. Even if the models were correct, however, warming would be a net *benefit* to human health. Hence the EPA has no legitimate authority to regulate CO<sub>2</sub> emissions.

The UN IPCC gives an average temperature increase of 4.5°C as a worst-case scenario. There is historical precedent for increases of this magnitude. Stalagmite proxies in South Africa indicate increases of up to 4°C in the Medieval Warm Period (formerly called the Medieval Climate Optimum<sup>4</sup>). Because of the urban heat island effect, large cities have shown temperature increases as much as 3°C (*e.g.* Tokyo 1876-2004) to 4°C (New York City 1822-2000). We thus have data to evaluate the hearth effects of climate change.

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<sup>1</sup> Reprinted from “Warming Improves Health,” *Doctors for Disaster Preparedness Newsletter*, 25(6):1-2, 2008. DDP, 1601 N. Tucson Blvd. Suite 9, Tucson AZ 85716. [www.ddponline.org](http://www.ddponline.org).

<sup>2</sup> Your editor inserted this quote even though he does not entirely agree with it; he thinks the estimate is probably closer to 90%.

<sup>3</sup> Schneider, Stephen, 1989. Speaking on global warming and reported in *Discovery* magazine’s October issue. Schneider was the lead author of the IPCC’s “Assessing Key Vulnerabilities and the Risks from Climate Change” chapter.

<sup>4</sup> Note how the renaming removes any positive implication for warmer weather. The Medieval Climate Optimum was so called because it was a time of abundant food and health. Global warming “alarmists” will not tolerate any truth against their plundering schemes.

In 1995, Thomas Gale Moore published the first of his pioneering efforts, “Why Global Warming Would be Good for You,” and in 1998, “Health and Amenity Effect of Global Warming.” He estimated that a temperature increase of 2.5°C in the U.S. would cause a drop of 40,000 deaths per year from respiratory and circulatory disease, based on U.S. Mortality Statistics as a function of monthly climate change.

In 1997, the Eurowinter Group (W. R. Keatinge, G. C. Donaldson, *et al.*) published “Cold Exposure and Winter Mortality from Ischaemic Heart Disease, Cerebrovascular Diseases, Respiratory Diseases and all Causes in Warm & Cold Regions of Europe.” This was a landmark study that elucidated the mechanisms of serious illness from cold, which are dominated by hemoconcentration, which increases blood viscosity (“sludging”). This can cause death from blockage of vessels serving the heart and the brain, accounting for half of all excess cold-related mortality.

This was followed by “Heart Related Mortality in Warm and Cold Regions of Europe: Observational Study” in the *British Medical Journal* in 2000. These two studies examined mortality as a function of mean daily temperature in Athens, Greece; London, England; and Helsinki, Finland, providing the most comprehensive collection of evidence that mortality *decreases* as temperature *increases*, over most of the current climate range in Europe.

In 2006, A. J. McMichael *et al.* assume, in “Climate Change and Human Health: Present and Future Risks,” that the maximum daily mortality in higher temperature periods will be equal to or greater than the maximum mortality in cold periods, resulting in heat-related deaths increasing far more than the lives saved by warming of the cold periods. This hypothesis is inconsistent with U.S. data showing that mortality due to cardiac, vascular, and respiratory disease in winter is *seven* times greater than in summer. This ratio is about nine to ten in Europe, from the data of Keatinge, *et al.*

The most comprehensive daily all-cause mortality data as a function of the day of the year is from Deschenes and Moretti in 2007. Clearly, mortality is maximum in January and minimum in the warmest months of July and August. This data strongly indicates that warming of average daily temperature would case a decrease in mortality in winter far greater than the slight increase of mortality from summer heat.

In early 2008, the Department of Health of the UK released “Health Effects of Climate change in the UK 2008,” an update of previous reports from 2001/2002, edited by Sari Kovats. They used IPCC models that predicted 2.5°C to 3°C mean temperature increases in the UL by 2100. They found that there was *no* increase in heat-related deaths from 1971-2002, despite warming in summers, suggesting that

the UK population is adapting to warmer conditions. Cold-related mortality fell by more than a third in all regions. The overall trend in mortality for the warming from 1971-2002 was *beneficial*. They state, in summary, “winter deaths will continue to decline as the climate warms.”

The data from the Eurowinter Group (*Lancet* 1997) on mortality versus temperature can be used for a quantitative estimate of mortality benefits from warming. The authors actually drew “straight-line” fits the slope of the data. The slopes from Athens, Helsinki, and London vary between one to two percent decreased mortality per degree Centigrade of warming. This would lead to an estimated 25,000 to 50,000 *fewer* deaths in the U.S. per year of a 1°C temperature rise. This can be compared to 30,000 deaths per year from breast cancer, 30,000 for prostate cancer, or about 40,000 from motor vehicle accidents.

Heat deaths often represent “displacement” (*i.e.* weakened people die a few days or weeks before prior expectation), but deaths due to cold usually result in months to years of life left. Thus the benefits in life expectancy for warming in cold periods may be much more than nine times greater than lifespan lost in warm periods.

The slopes of the data on mortality versus temperature are fairly linear over temperature variations of more than 20°C. Thus the benefit of warming (and the risk of cooling) should be fairly proportional to the temperature change, for climate shifts of more than 2°C to 4°C.

While urban populations have already been exposed, and presumably adapted, to warming due to the urban heat island effect, as described above, there is no comparable “rural cold country-side effect” described in scientific literature, so we cannot be as optimistic about adaptation to cooling. A major drop in climatic temperatures could be more devastating, especially in rural and less developed societies.

### **Europe, Others to Obama: “No, We Can’t”**

After years of complaining about U.S. intransigence on carbon restrictions, it would be ironic if this is Europe’s answer to a demanding package from Obama, writes Phil Bloomer (*New Statesman* 11/14/08). Led by Poland, a number of states are saying that newly proposed standards could wreck their industries and cause massive unemployment. Poland rejected a “bribe” to get it to sign off on the plan by temporarily exempting its coal-fired power plants from having to purchase carbon emissions credits (*AFP* 11/19/08).

Germany is asking for exemptions for its energy-intensive industrial sectors (*Reuters* 11/14/08); Italy says “It’s obvious that goals are

impossible” (Bloomberg 11/14/08); France, which holds the rotating E.U. presidency, says that the E.U. parliament’s proposal to give power generators ten billion euros to explore carbon capture and storage should be scaled back by two-thirds (Reuters 11/14/08).

Australian states are revolting over Prime Minister Rudd’s carbon plan; and one of the world’s largest petroleum companies warns that a \$7 billion gas project could literally be floated out of Australia’s waters to avoid emissions overshoot, says it won’t meet its Kyoto target even by purchasing credits (Bloomberg 11/14/08).

As global warming dies a slow death around the world, the U.K. is becoming increasingly isolated. Search Google for “Benny Peiser” and “mad dogs and Englishmen.”

Apparently wishing to keep England company, Obama declares that “his” EPA will treat CO<sub>2</sub> as a pollutant—though Congress may not act until 2010.

Do all readers get the message? Governments and the media are dangerous to your life, let alone your health.

## QUOTABLE QUOTE

Dr. Lyle Rossiter says the liberal agenda preys on weakness and feelings of inferiority in the population by:

- creating and reinforcing perceptions of victimization;
- satisfying infantile claims to entitlement, indulgence and compensation;
- augmenting primitive feelings of envy;
- rejecting the sovereignty of the individual, subordinating him to the will of the government.

“The roots of liberalism – and its associated madness – can be clearly identified by understanding how children develop from infancy to adulthood and how distorted development produces the irrational beliefs of the liberal mind,” he says. “When the modern liberal mind whines about imaginary victims, rages against imaginary villains and seeks above all else to run the lives of persons competent to run their own lives, the neurosis of the liberal mind becomes painfully obvious.”<sup>5</sup>

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<sup>5</sup> For more than 35 years Dr Rossiter has diagnosed and treated more than 1,500 patients as a board-certified clinical psychiatrist and examined more than 2,700 civil and criminal cases as a board-certified forensic psychiatrist. He received his medical and psychiatric training at the University of Chicago. (WorldNetDaily.com, Nov. 12, 2008. “Liberals Clinically Mad, Concludes Top Psychiatrist.”)