

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 420  
(A-22)

Introduced by: California, American College of Physicians, Maine, Massachusetts, Oregon,  
Washington, Minnesota

Subject: Declaring Climate Change a Public Health Crisis

Referred to: Reference Committee D

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1 Whereas, Ahead of the November 2021 United Nations Climate Summit known as the  
2 Conference of the Parties (COP26), over 200 international health journal editors made an  
3 unprecedented joint statement that “the greatest threat to global public health is the continued  
4 failure of world leaders to keep the global temperature rise below 1.5°C” to prevent catastrophic  
5 and irreversible harms to public and global health<sup>1</sup>; and  
6

7 Whereas, The *Lancet* Countdown on Health and Climate Change has warned that the “rapidly  
8 changing climate has dire implications for every aspect of human life, exposing vulnerable  
9 populations to extremes of weather, altering patterns of infectious disease, and compromising  
10 food security, safe drinking water, and clean air” earning it the title of the “greatest public health  
11 challenge of the 21st century”<sup>2-4</sup>; and  
12

13 Whereas, The U.S. health sector is responsible for an estimated 8.5% of national carbon  
14 emissions– stemming directly from the operations of healthcare facilities (scope 1) and indirectly  
15 from both purchased sources of energy, heating, and cooling (scope 2) and the supply chain of  
16 healthcare services and goods (scope 3)<sup>5</sup>; and  
17

18 Whereas, Our AMA is a member of the Steering Committee of the Action Collaborative on  
19 Decarbonizing the Health Sector, which is part of the National Academy of Medicine Grand  
20 Challenge on Climate Change, Human Health, & Equity; whose four strategic objectives are to:  
21 (1) communicate the climate crisis as a public health and equity crisis, (2) develop a roadmap  
22 for systems transformation, (3) catalyze the health sector to reduce its climate footprint and  
23 ensure its resilience, and (4) accelerate research and innovation at the intersection of climate,  
24 health and equity<sup>6</sup>; and  
25

26 Whereas, In August 2021, the U.S. Department of Health & Human Services announced the  
27 creation of the new Office of Climate Change and Health Equity (OCCHE), tasked with taking on  
28 the health impacts of climate change and its effects such as extreme weather; and  
29

30 Whereas, Our AMA does not currently have a strategic plan to respond to the climate health  
31 crisis and most physician practices are not prepared to decarbonize our practices in alignment  
32 with emerging national goals and regulations; and  
33

34 Whereas, the longer-term health benefits of addressing climate change have been well  
35 documented: preventing roughly 4.5 million deaths, 3.5 million hospitalizations and emergency  
36 room visits and approximately 300 million lost workdays in the U.S. over the next 50 years, and  
37 a rapid shift to a 2°C pathway could reduce the toll of air pollution, which leads to nearly  
38 250,000 premature deaths per year in the US, by 40% in just a decade<sup>7,8,9</sup>; and

1 Whereas, The World Health Organization estimates that direct damage to health (not including  
2 costs of damage mediated by effects on agriculture, water, and sanitation) will reach \$2-4billion  
3 per year by 2030<sup>10</sup>; and  
4

5 Whereas, Across all climate-related risks, children, older adults, low-income communities,  
6 outdoor workers, minoritized communities, and communities burdened by poor environmental  
7 quality are disproportionately affected <sup>11-14</sup>; and  
8

9 Whereas, '*Climate justice*' is a term used for framing global warming as an ethical and political  
10 issue, rather than one that is purely environmental or physical in nature by relating the effects of  
11 climate change to concepts of justice, particularly environmental justice and social justice and  
12 by examining issues such as equality, human rights; collective rights, and the historical  
13 responsibilities for climate change<sup>15</sup>; and  
14

15 Whereas, To avoid the worst consequences of climate change by keeping global warming from  
16 pre-industrial levels to 1.5 degrees Celsius (2.7 degrees Fahrenheit), as outlined by the  
17 Intergovernmental Panel on Climate Change (IPCC) will require global greenhouse gas (GHG)  
18 emissions to have peaked by 2020 and net zero carbon emissions by 2050 at the latest,  
19 highlighting that we are in a "vanishing window of opportunity for meaningful action"<sup>16,17,18</sup>; and  
20

21 Whereas, Physicians are uniquely trusted messengers with a responsibility to advocate for  
22 science-based policies to safeguard health in the face of any public health crisis<sup>19</sup>; and  
23

24 Whereas, Our AMA House of Delegates has adopted multiple policies addressing climate  
25 change (*H-135.919*, [H-135.938](#), *H-135.977*, *H-135.923*, *D-135.968*, *D-135.969*, *H-135.973*), but  
26 these policies fall short of actively coordinating strategic physician advocacy and leadership on  
27 the scale necessary for such a health crisis; and  
28

29 Whereas, In the face of the existential threat that the climate crisis poses, these policies have  
30 not been leveraged to fulfill our AMA's *Declaration of Professional Responsibility* which commit  
31 our profession to "[earning] society's trust in the healing profession" by "[educating] the public  
32 and polity about present and future threats to the health of humanity" and "[advocating] for  
33 social, economic, educational, and political changes that ameliorate suffering and contribute to  
34 human well-being" (*H-140.900*); therefore, be it  
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36 RESOLVED, That our American Medical Association declare climate change a public health  
37 crisis that threatens the health and well-being of all individuals (Directive to Take Action); and be  
38 it further  
39

40 RESOLVED, That our AMA protect patients by advocating for policies that: (1) limit global  
41 warming to no more than 1.5 degrees Celsius, (2) reduce US greenhouse gas emissions, and  
42 (3) achieve a reduced-emissions economy (Directive to Take Action); and be it further  
43

44 RESOLVED, That our AMA develop a strategic plan for how we will enact our climate change  
45 policies including advocacy priorities and strategies to decarbonize physician practices and the  
46 health sector with report back to the House of Delegates at the 2023 Annual Meeting. (Directive  
47 to Take Action)

Fiscal Note: Not yet determined

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The topic of this resolution is currently under study by the Council on Science and Public Health

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## RELEVANT AMA POLICY

### H-135.919 Climate Change Education Across the Medical Education Continuum

Our AMA: (1) supports teaching on climate change in undergraduate, graduate, and continuing medical education such that trainees and practicing physicians acquire a basic knowledge of the science of climate change, can describe the risks that climate change poses to human health, and counsel patients on how to protect themselves from the health risks posed by climate change; (2) will make available a prototype presentation and lecture notes on the intersection of climate change and health for use in undergraduate, graduate, and continuing medical education; and (3) will communicate this policy to the appropriate accrediting organizations such as the Commission on Osteopathic College Accreditation and the Liaison Committee on Medical Education. [Res. 302, A-19]

### H-135.938 Global Climate Change and Human Health

Our AMA: 1. Supports the findings of the Intergovernmental Panel on Climate Change's fourth assessment report and concurs with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor. 2. Supports educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies. 3. (a) Recognizes the importance of

physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes. 4. Encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability. 5. Encourages physicians to work with local and state health departments to strengthen the public health infrastructure to ensure that the global health effects of climate change can be anticipated and responded to more efficiently, and that the AMA's Center for Public Health Preparedness and Disaster Response assist in this effort. 6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change policy decisions related to health care and treatment. [CSAPH Rep. 3, I-08; Reaffirmation A-14; Reaffirmed: CSAPH Rep. 04, A-19; Reaffirmation: I-19]

#### **H-135.977 Global Climate Change - The "Greenhouse Effect"**

Our AMA: (1) endorses the need for additional research on atmospheric monitoring and climate simulation models as a means of reducing some of the present uncertainties in climate forecasting; (2) urges Congress to adopt a comprehensive, integrated natural resource and energy utilization policy that will promote more efficient fuel use and energy production; (3) endorses increased recognition of the importance of nuclear energy's role in the production of electricity; (4) encourages research and development programs for improving the utilization efficiency and reducing the pollution of fossil fuels; and (5) encourages humanitarian measures to limit the burgeoning increase in world population. [CSA Rep. E, A-89 Reaffirmed: Sunset Report, A-00; Reaffirmed: CSAPH Rep. 1, A-10 Reaffirmation A-12; Reaffirmed in lieu of Res. 408, A-14]

#### **H-135.923 AMA Advocacy for Environmental Sustainability and Climate**

Our AMA (1) supports initiatives to promote environmental sustainability and other efforts to halt global climate change; (2) will incorporate principles of environmental sustainability within its business operations; and (3) supports physicians in adopting programs for environmental sustainability in their practices and help physicians to share these concepts with their patients and with their communities. [Res. 924, I-16 Reaffirmation: I-19]

#### **D-135.968 Implementing AMA Climate Change Principles Through JAMA Paper Consumption Reduction and Green Health Care Leadership**

**Our AMA will continue to explore environmentally sustainable practices for JAMA distribution. [BOT Rep. 8, I-19]**

#### **D-135.969 AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies**

Our AMA, AMA Foundation, and any affiliated corporations will work in a timely, incremental, and fiscally responsible manner, to the extent allowed by their legal and fiduciary duties, to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels. [BOT Rep. 34, A-18]

#### **H-135.973 Stewardship of the Environment**

The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in

environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation. (12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues; (15) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (16) encourages expanded funding for environmental research by the federal government; and (17) encourages family planning through national and international support. [CSA Rep. G, I-89; Amended: CLRPD Rep. D, I-92; Amended: CSA Rep. 8, A-03; Reaffirmed in lieu of Res. 417, A-04; Reaffirmed in lieu of Res. 402, A-10; Reaffirmation I-16]