Whereas, toxic heavy metals (THMs) including mercury, lead, cadmium, chromium, and arsenic enter the environment through natural processes as well as via anthropogenic activities such as power plants, landfills, mining, fossil fuel use, urban runoff, and agriculture; and

Whereas, national regulations protecting the public from THM exposure are sporadic, e.g., no air quality standards for cadmium levels, no regulations on heavy metals in soil; and

Whereas, urban farms and gardens are at risk of higher levels of heavy metal contaminants in soil, air, water, and food; and

Whereas, individuals at military bases are chronically exposed to toxic heavy metals due to the use of burn pits; and

Whereas, the World Health Organization (WHO) ranks the US in the top 10 for highest levels of arsenic contamination in groundwater, and dangerous levels of arsenic have been found in drinking water wells in 25 states, exposing over 2 million people; and

Whereas, infant and toddler foods have been found to contain THM levels above recommended limits by the Food and Drug Administration (FDA), although the FDA advises that even low levels of THMs can accumulate in children causing chronic illness; and

Whereas, American Indian persons are exposed to THMs from historic mining sites and on average have higher THM blood levels, associated with heart and lung disease risk; and

Whereas, low-income and minoritized communities are disproportionately exposed to chronically high THM levels from hazardous waste sites and air pollution; and

Whereas, THMs may cause acute adverse effects at high concentrations such as psychosis and multi-organ toxicities, and chronic exposure, even below current regulatory limits, may increase risk for heart disease, stroke, dementia, cancer, and infertility; and

Whereas, the American Heart Association states that THMs are a direct risk factor for cardiovascular disease and recommends protections to prevent public exposure and development of clinical monitoring standards; and

Whereas, inconsistency across thresholds between the FDA, EPA, Agency for Toxic Substances and Disease Registry, and WHO and lack of updates reflecting new research contribute to difficulty in THM regulation and resulting unchecked bioaccumulation; and therefore be it
RESOLVED, that our American Medical Association urge governmental agencies to establish and enforce limits for identified hazardous pollutants and heavy metals in our food, water, soil, and air (Directive to Take Action); and be it further

RESOLVED, that our AMA support efforts to monitor and educate individuals on (a) the chronic effects of exposure to toxic heavy metals including at levels below regulation limits, and (b) the burden of toxicity in communities, especially near urban, Superfund, and industrial sites.

(New HOD Policy)

Fiscal Note: Modest - between $1,000 - $5,000

Received: 4/18/2024

REFERENCES

1. Rahman Z, Singh VP. The relative impact of toxic heavy metals (THMs) (arsenic (As), cadmium (Cd), chromium (Cr)(VI), mercury (Hg), and lead (Pb)) on the total environment: an overview. Environmental Monitoring and Assessment. 2019;191(7). doi:https://doi.org/10.1007/s10661-019-7528-7


RELEVANT AMA Policy

H-135.911 Environmental Health Equity in Federally Subsidized Housing
1. Our American Medical Association acknowledges the potential adverse health impacts of living in close proximity to Superfund sites or other contaminated lands.
2. Our AMA advocates for mandated disclosure of Superfund sites or other contaminated lands proximity to those purchasing, leasing, or currently residing in housing in close proximity to Superfund sites or other contaminated lands.
3. Our AMA supports efforts of public agencies to study the safety of proposed public housing expansions with respect to pollutant exposure and to expand construction of new public and publicly subsidized housing properties on lands without demonstrated unsafe levels of hazardous pollutants. [Res. 415, A-23]

H-135.949 Support of Clean Air and Reduction in Power Plant Emissions:
(1)Our AMA supports (a) federal legislation and regulations that meaningfully reduce the following four major power plant emissions: mercury, carbon dioxide, sulfur dioxide and nitrogen oxide; and (b) efforts to limit carbon dioxide emissions through the reduction of the burning of coal in the nation's power generating plants, efforts to improve the efficiency of power plants and continued development, promotion, and widespread implementation of alternative renewable energy sources in lieu of carbon-based fossil fuels. (2) Our AMA will: (a) support the Environmental Protection Agency’s proposal, under the Clean Air Act, to regulate air quality for heavy metals and other air toxins emitted from smokestacks. The risk of dispersion through air and soil should be considered, particularly for people living downwind of smokestacks; and (b) urge the EPA to finalize updated mercury, cadmium, and air toxic regulations for monitoring air quality emitted from power plants and other industrial sources, ensuring that recommendations to protect the public’s health are enforceable. [Res. 429, A-03; Reaffirmation I-07; Reaffirmed in lieu of Res. 526, A-12; Reaffirmed: Res. 421, A-14; Modified: Res. 506, A-15; Modified: Res. 908, I-17; Appended: Res. 401, A-22]

D-135.022 Addressing Inequity in Onsite Wastewater Treatment
(1)Our American Medical Association supports that federal, state, local, and tribal, governments suspend enforcement of sanitation laws that could result in criminal charges, fines, jail time, and potential property loss for residents who lack the means to purchase functioning septic systems, especially in underserved communities and American Indian reservations. (2) Our AMA supports research by federal, state, and local governments to develop strategies to reduce insufficient wastewater management and eliminate detrimental health effects due to inadequate wastewater systems. (3) Our AMA will work with interested parties to reduce and eliminate inadequate wastewater treatment systems. [Res. 407, A-23]

D- 135.997 Environmental Contributors to Disease and Advocating for Environmental Justice
Our AMA will (1) advocate for the greater public and private funding for research into the environment causes of disease, and urge the National Academy of Sciences to undertake an authoritative analysis of environmental causes of disease; (2) ask the steering committee of the Medicine and Public Health Initiative Coalition to consider environmental contributors to disease and environmental racism as a priority public health issues; (3) encourage federal, state, and local agencies to address and remediate environmental injustice, environmental racism, and all other environmental conditions that are adversely impacting health, especially in marginalized communities; and (4) lobby Congress to support ongoing initiatives that include reproductive health outcomes and development particularly in minority populations in Environmental Protection Agency Environmental Justice policies. [Res. 402, A-03; Appended: Res. 927, I-11; Reaffirmed in lieu of: Res. 505, A-19; Modified: Res. 415, A-23]