AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 409 (A-24)

Introduced by:	Medical Student Section and American Association of Public Health Physicians
Subject:	Toxic Heavy Metals
Referred to:	Reference Committee D
enter the enviro	heavy metals (THMs) including mercury, lead, cadmium, chromium, and arsenic nment through natural processes as well as via anthropogenic activities such as ndfills, mining, fossil fuel use, urban runoff, and agriculture ¹⁻³ ; and
	nal regulations protecting the public from THM exposure are sporadic, eg no air s for cadmium levels, no regulations on heavy metals in soil ⁴⁻⁶ ; and
Whereas, urban soil, air, water, a	farms and gardens are at risk of higher levels of heavy metal contaminants in and food ⁶⁻⁹ ; and
Whereas, indivious whereas, indivious whereas, individual whereas wher	duals at military bases are chronically exposed to toxic heavy metals due to the ¹⁰ ; and
arsenic contami	Yorld Health Organization (WHO) ranks the US in the top 10 for highest levels of nation in groundwater, and dangerous levels of arsenic have been found in yells in over 25 states, exposing over 2 million people ¹¹⁻¹² ; and
limits by the Foo	and toddler foods have been found to contain THM levels above recommended od and Drug Administration (FDA), although the FDA advises that even low can accumulate in children causing chronic illness ¹³ ; and
	ican Indian persons are exposed to THMs from historic mining sites and on igher THM blood levels, associated with heart and lung disease risk ¹⁴⁻¹⁵ ; and
	come and minoritized communities are disproportionately exposed to THM levels from hazardous waste sites and air pollution ^{9,16-23} ; and
multi-organ toxic	may cause acute adverse effects at high concentrations such as psychosis and cities, and chronic exposure, even below current regulatory limits, may increase sease, stroke, dementia, cancer, and infertility ^{1,3-4,24-25} ; and
cardiovascular o	merican Heart Association states that THMs are a direct risk factor for disease and recommends protections to prevent public exposure and clinical monitoring standards ³⁻⁴ ; and
Substances and	sistency across thresholds between the FDA, EPA, Agency for Toxic I Disease Registry, and WHO and lack of updates reflecting new research ficulty in THM regulation and resulting unchecked bioaccumulation ^{12,15, 26} ;

- 1 RESOLVED, that our American Medical Association urge governmental agencies to establish
- 2 and enforce limits for identified hazardous pollutants and heavy metals in our food, water, soil,
- 3 and air (Directive to Take Action); and be it further
- 4
- 5 RESOLVED, that our AMA support efforts to monitor and educate individuals on (a) the chronic
- 6 effects of exposure to toxic heavy metals including at levels below regulation limits, and (b) the
- 7 burden of toxicity in communities, especially near urban, Superfund, and industrial sites.
- 8 (New HOD Policy)

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

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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]