

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 416
(A-24)

Introduced by: California

Subject: Furthering Environmental Justice and Equity

Referred to: Reference Committee D

1 Whereas, climate change disproportionately impacts the most vulnerable;¹⁻³ and

2
3 Whereas, communities of color, communities with predominantly low socioeconomic status,
4 immigrant and refugee communities and Indigenous communities are some of the communities
5 disproportionately burdened by “environmental hazards, unhealthy land uses, psychosocial
6 stressors, historical traumas, and systemic racism,” which can drive environmental health
7 disparities;⁵ and

8
9 Whereas, environmental impact statements and health impact assessments can help
10 communities understand the distribution of environmental burdens and benefits they face and
11 begin re-evaluating how the benefits and costs of environmental resources are distributed;⁵ and

12
13 Whereas, “redlined” areas were neighborhoods that local lenders flagged as high-risk
14 investments by virtue of the neighborhood’s racial and ethnic composition;⁶ and

15
16 Whereas, because of the redlining practices of the 1930s, large sources of pollution, such as
17 industrial plants, major roadways and shipping ports, were sited in and around these targeted
18 neighborhoods and these neighborhoods remain attractive to new polluting projects that require
19 access to cheap land, such as transportation projects;⁷ and

20
21 Whereas, redlining practices allowed for zoning decisions that exposed, and continue to
22 disproportionately expose, communities of color to the damaging effects of pollution and poor air
23 quality;⁸ and

24
25 Whereas, heat islands are urbanized areas that experience higher temperatures than outlying
26 areas and areas formerly graded D under Home Owners’ Loan Corporation policy have on
27 average approximately 23% tree canopy cover today;⁹ and

28
29 Whereas, the Inflation Reduction Act allocated \$3 billion to fund an environmental justice grant
30 program to provide grants to community-based organizations in disadvantaged communities;⁴
31 therefore be it

32
33 RESOLVED, that our American Medical Association support state and local climate-health risk
34 assessments, disease surveillance and early warning systems, and research on climate and
35 health, with actions to improve and/or correct the findings (New HOD Policy); and be it further

36
37 RESOLVED, that our AMA support measures to protect frontline communities from the health
38 harms of proximity to fossil fuel extraction, refining and combustion, such as the best available
39 technology to reduce local pollution exposure from oil refineries, or health safety buffers from oil
40 extraction operations (New HOD Policy); and be it further

1 RESOLVED, that our AMA support prioritizing greenspace access and tree canopy coverage for
2 communities that received a “D” rating from the Home Owners’ Loan Corporation, otherwise
3 known as being “redlined,” or that have been impacted by other discriminatory development and
4 building practice, thereby protecting residents of these communities from displacement. (New
5 HOD Policy)
6

Fiscal Note: Minimal - less than \$1,000

Received: 4/23/2024

REFERENCES

1. Gutierrez K. S., & LePrevost C. E. (2016). Climate justice in rural southeastern United States: A review of climate change impacts and effects on human health. *International Journal of Environmental Research and Public Health*, 13(2), 189. <https://doi.org/10.3390/ijerph13020189>.
2. Portier C.J., Tart K.T., Carter S.R., et al. A Human Health Perspective on Climate Change: A Report Outlining the Research Needs on the Human Health Effects of Climate Change. ENVIRONMENTAL HEALTH PERSPECTIVES and the NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES (April 2010), available at https://www.niehs.nih.gov/health/materials/a_human_health_perspective_on_climate_change_full_report_508.pdf.
3. Vickery J., & Hunter L. M. (2016). Native Americans: Where in environmental justice research? *Society & Natural Resources*, 29(1), 36–52. <https://doi.org/10.1080/08941920.2015.1045644>.
4. *Building a Clean Energy Economy: A Guidebook to the Inflation Reduction Act's Investments in Clean Energy and Climate Action*, THE WHITE HOUSE (January 2023), available at <https://www.whitehouse.gov/wp-content/uploads/2022/12/Inflation-Reduction-Act-Guidebook.pdf>.
5. “Environmental Justice.” *American Public Health Association*. <https://www.apha.org/Topics-and-Issues/Environmental-Health/Environmental-Justice>.
6. Tracy Jan, Redlining was Banned 50 Years Ago. It’s Still Hurting Minorities Today, THE WASHINGTON POST (March 28, 2018), available at <https://www.washingtonpost.com/news/wonk/wp/2018/03/28/redlining-was-banned-50-years-ago-its-still-hurting-minorities-today/>.
7. Darryl Fears, Redlining Means 45 Million Americans are Breathing Dirtier Air, 50 Years After It Ended, THE WASHINGTON POST (March 9, 2022), available at <https://www.washingtonpost.com/climate-environment/2022/03/09/redlining-pollution-environmental-justice/>.
8. Lane, H.M.; Morello-Frosch, R.; Marshall, J.D.; & Apte, J.S. (2022). Historical redlining is associated with present-day air pollution disparities in U.S. cities. *Environmental Science & Technology Letters*, 9, 345-350. <https://doi.org/10.1021/acs.estlett.1c01012>.
9. Locke, D.H.; Hall, B.; Grove, J.M.; Pickett, S.T.A.; Ogden, L.A.; Aoki, C.; Boone, C.G.; & O’Neil-Dunne, J.P.M. (2020). Residential housing segregation and urban tree canopy in 37 US cities. SocArXiv. <https://doi.org/10.1038/s42949-021-00022-0>.

RELEVANT AMA POLICY

H-135.938 Global Climate Change and Human Health

Our AMA: 1. Supports scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes have adversely affected the physical and mental health of people. We recognize that minoritized and marginalized populations, children, pregnant people, the elderly, rural communities, and those who are economically disadvantaged will suffer disproportionate harm from climate change. 2. Supports educating the medical community on the 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 the physical and mental health effects of climate change and 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 adaptation interventions are equitable and prioritize the needs of the populations most at risk. 6. Supports epidemiological, translational, clinical and basic science research necessary for evidence-based global climate change

policy decisions related to health care and treatment. 7. Encourages physicians to assess for environmental determinants of health in patient history-taking and encourages the incorporation of assessment for environmental determinants of health in patient history-taking into physician training. [Modified: CSAPH Rep. 2, I-22; Modified: Res. 424, A-22; Reaffirmation: I-19; Reaffirmed: CSAPH Rep. 04, A-19; Reaffirmation A-14; CSAPH Rep. 3, I-08]

D-135.966 Declaring Climate Change a Public Health Crisis

1. Our AMA declares climate change a public health crisis that threatens the health and well-being of all individuals. 2. Our AMA will protect patients by advocating for policies that: (a) limit global warming to no more than 1.5 degrees Celsius, (b) reduce US greenhouse gas emissions aimed at a 50 percent reduction in emissions by 2030 and carbon neutrality by 2050, and (c) support rapid implementation and incentivization of clean energy solutions and significant investments in climate resilience through a climate justice lens. 3. Our AMA will consider signing on to the Department of Health and Human Services Health Care Pledge or making a similar commitment to lower its own greenhouse gas emissions. 4. Our AMA encourages the health sector to lead by example in committing to carbon neutrality by 2050. 5. Our AMA will develop a strategic plan for how we will enact our climate change policies including advocacy priorities and strategies to decarbonize physician practices and the health sector with report back to the House of Delegates at the 2023 Annual Meeting. [Appended: CSAPH Rep. 02, I-22; Res. 420, A-22]

H-135.939 Green Initiatives and the Health Care Community

Our AMA supports: (1) responsible waste management and clean energy production policies that minimize health risks, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; (5) the establishment, expansion, and continued maintenance of affordable, accessible, barrier-free, reliable, and clean-energy public transportation; and (6) community-wide adoption of 'green' initiatives and activities by organizations, businesses, homes, schools, and government and health care entities. [Modified: Res. 923, I-19; Modified: Res. 516, A-18; Reaffirmed in lieu of: Res. 504, A-16; Reaffirmed in lieu of Res. 402, A-10; Reaffirmation A-09; CSAPH Rep. 1, I-08]

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. [Reaffirmation: I-19; Res. 924, I-16]

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 environmental 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. [Modified: Res. 415, A-23; Reaffirmed in lieu of: Res. 505, A-19; Appended: Res. 927, I-11; Res. 402, A-03]

D-440.912 AMA Public Health Strategy

1. Our AMA will distribute evidence-based information on the relationship between climate change and human health through existing platforms and communications channels, identify advocacy and leadership opportunities to elevate the voices of physicians on the public health crisis of climate change, and centralize our AMA's efforts towards environmental justice and an equitable transition to a net-zero carbon society by 2050. 2. Our AMA Board of Trustees will provide an update on loss of coverage and uninsurance rates following the return to regular Medicaid redeterminations and the end of the COVID-19

Public Health Emergency, the ensuing financial and administrative challenges experienced by physicians, physician practices, hospitals, and the healthcare system; and a report of actions taken by the AMA and recommendation for further action to address these issues at I-2023. 3. Our AMA Board of Trustees will provide a strategic plan or outline for the AMA's plan to address and combat the health effects of climate change at I-2023. 4. Our AMA Board of Trustees will provide an update on the efforts and initiatives of the AMA's gun violence task force at I-2023. 5. Our AMA will continue to support increased funding for public health infrastructure and workforce, which should include funding for preventative medicine-related residency programs, to increase public health leadership in this country. [Modified: BOT Rep. 05, I-23; BOT Rep. 17, A-23]

H-470.953 Evaluating Green Space Initiatives

Our AMA supports appropriate stakeholders in conducting studies to evaluate different green space initiatives that could be implemented in communities to improve patients' health and eliminate health disparities. [Res. 905, I-15]

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. [Reaffirmation: I-19; Res. 924, I-16]

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 environmental 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. [Modified: Res. 415, A-23; Reaffirmed in lieu of: Res. 505, A-19; Appended: Res. 927, I-11; Res. 402, A-03]

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. [Appended: Res. 401, A-22; Modified: Res. 908, I-17; Modified: Res. 506, A-15; Reaffirmed: Res. 421, A-14; Reaffirmed in lieu of Res. 526, A-12; Reaffirmation I-07; Res. 429, A-03]

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. [Reaffirmation I-16; Reaffirmed in lieu of Res. 402, A-10; Reaffirmed in lieu of Res. 417, A-04; Amended: CSA Rep. 8, A-03; Amended: CLRPD Rep. D, I-92; CSA Rep. G, I-89]

DRAFT