The Medical Society Consortium
ON CLIMATE & HEALTH

The American Academy of Family Physicians

The American College of Physicians

The American Congress of Obstetrics and Gynecology

The American Medical Association

The American Academy of Allergy Asthma & Immunology

The American College of Preventive Medicine

The American Geriatrics Society

The Academy of Integrative Health and Medicine

American Podiatric Medical Association

The American Association of Community Psychiatrists

The American Telemedicine Association

The National Medical Association

The Society of General Internal Medicine

American College of Emergency Physicians, CA Chapter

American Medical Women's Association

Society of Gynecologic Oncology

Senator
United States Senate

Dear Senator ,

We are writing on behalf of the Medical Society Consortium on Climate and Health – a group of American medical societies representing more than 450,000 physicians—over half the doctors in the country to urge you **not** to weaken the vehicle emissions or fuel economy standards already established by the Environmental Protection Agency (EPA). The mission of the Consortium is to inform the public and policymakers about the serious harms to the health of Americans caused by climate change, and about the potential to improve the health of all Americans by responding to climate change.

Stronger vehicle emission and fuel economy standards help to protect the health of all who breathe the air in the U.S. The emission standard was strengthened recently by the EPA after extensive research, deliberations, and public process. The fuel economy standard was established by the National Transportation Safety Board so that Americans would get greater fuel economy. **These standards should not be weakened.** Stronger emission standards for vehicles together with better efficiency from the fuel that powers them produce less of the air pollution that is both contributing to climate change and harming our patients.

Some states have gone further toward better standards with the objective of further reducing pollution and better protecting their residents; those states should be permitted to maintain the waiver within the Clean Air Act that permits stronger standards. (Section 207 grants California that waiver; Section 177 allows other states to use that standard).

Furthermore, if the EPA is to continue to offer the American public the air quality protection that is needed, it would be an error to reduce the EPA budget. The EPA should receive full funding.

Over the last decade, we have learned a great deal about the importance of clean air. We know now that children who breathe poor quality air when they are growing up literally have less lung capacity.[1] Their lungs don't develop the way they would if those children were breathing cleaner air. Another thing we have learned is that babies that are developing in utero while their mothers breathe poor quality air are more likely to be premature or low birthweight.[2] Prematurity and low

birthweight are predictive of higher rates of infant mortality, and add significantly to the nation's health costs.

Poor air quality is also harmful for people who have chronic heart and lung conditions. For older adults in particular, poor air quality exacerbates their problems.[3] When air pollution intensifies, people with these conditions are more likely to end up in emergency rooms and hospitals.[4] This is unfortunate for the affected individual and their family; but it is also a strain on the larger community. There are missed days from school or work, lower productivity, and the cost of emergency room visits and hospitalizations. These costs are shared by the entire community. It doesn't always stop at hospitalization. Deaths do occur from these problems; this is the ultimate tragedy for many families and for the health system.

Heat waves and warm days are increasing in number as the result of climate change. This will continue. Each of the last few years has been the hottest on record. This is not an accident; it is a result of human activity that has produced more greenhouse gas than can be absorbed by the oceans. Although air quality has improved in many areas thanks to the 1970 Clean Air Act and the continued work of the EPA, hotter days cause the air quality to deteriorate again and we lose ground. When motor vehicle emissions are exposed to light and heat, excess ozone is produced which irritates the lungs directly and produces symptoms in many people, and leads to the need for medical care. This is of great concern to our medical societies. In the U.S., the pollution that comes from tailpipes is responsible for 30% of the heat trapping pollution that is causing climate change. **Our concern about the short-term effect of tailpipe emissions on air quality and the longer-term effect on the climate lead us to recommend strongly that emissions controls and fuel economy standards should not be weakened. We recommend further that these regulatory standards be administered by a strong fully funded EPA.**

Harmful air pollutants and greenhouse gases must be addressed at their source. Therefore, we ask you to prevent the weakening of air quality standards and cuts to the EPA budget. The health and safety of your constituents demands no less.

If you have any questions about the Consortium, please don't hesitate to contact me in Fairfax, Virginia at 703-993-2086 or by email at msarfaty@gmu.edu..

Sincerely,

Mona Sarfaty, MD MPH FAAFP
Executive Director

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[1] Gauderman et.al. The Effect of Air Pollution on Lung Development from 10 to 18 Years of Age. N Engl J Med 2004; 351:1057-1067.

[2] Stieb, et. al. Ambient air pollution, birth weight and preterm birth: A systematic review and meta-analysis. Environmental Research. Volume 117, August 2012, Pages 100-111

[3] Qian Di, et.al. Air Pollution and Mortality in the Medicare Population. N Engl J Med 2017; 376:2513-2522

[4] Cromar, et. al. American Thoracic Society and Marron Institute Report. Estimated Excess Morbidity and Mortality Caused by Air Pollution above American Thoracic Society–Recommended Standards, 2011–2013. Annals ATS Aug 2016; 13(8): 1195-1201.