

STAT

Doctors must respond to changes in the politics of climate change

By Gary W. Yohe and Kristie L. Ebi

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A section of an ice field is seen from NASA's Operation IceBridge research aircraft above Ellesmere Island, Canada. The ice fields of Ellesmere Island are retreating due to warming temperatures. *Mario Tama/Getty Images*

Ten years ago, public health was a leading reason why lawmakers and jurists united to raise the issue of climate change. Their efforts stand severely threatened today. We call on medical professionals to redouble their efforts to keep the health effects of climate change front and center in the national debate over budgeting priorities.

[National reviews](#)¹ of over 20 years of rigorous research tell us that climate change is a leading driver of increases in heat-caused or heat-exacerbated illness and death, as well as mortal risk from an assortment of calamitous extreme weather events that are already being observed in every corner of the United States. This is one of the fundamental conclusions of the [Third National Climate Assessment](#)² that was released by the White House in 2014.

Public health research is one of the casualties of the recent partisan policy debates on climate science and the war over international agreements. Because mortality and morbidity estimates show dire connections with climate change indicators like heat waves, episodes of unexpected flash flooding, extreme storm events, and the like, this retreat from the climate reality is a critical mistake that will [cost this country lives and billions of dollars](#)³.

Health was top of mind for policymakers in 2007 when the [Supreme Court decided](#)⁴ that the Environmental Protection Agency cannot “abdicate its responsibility under the Clean Air Act to regulate the emissions of four greenhouse gases, including carbon dioxide,” because they “endanger public health and welfare.” The court noted in this decision that the “EPA does not dispute the existence of a causal connection between man-made greenhouse gas emissions and global warming.” Nothing had changed seven years later [when the court decided](#)⁵ that the EPA can regulate greenhouse emissions from all traditional sources. Even the [court’s stay on implementing the Clean Power Plan](#)⁶ in 2016 on issues of cost did not question the EPA’s acceptance of the connection between human activity and endangerment that was written into law by the 2007 opinion.

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But things have changed since Jan. 20, 2017. President Trump signaled his intention to pull the United States out of the [Paris Agreement](#)⁸. He and others have quoted [“alternative facts”](#)⁹ to support the decision by referencing questionable economic analyses and misrepresenting the efficacy of this accord. Scott Pruitt, the new EPA administrator, [refuses to accept](#)¹⁰ human contributions to the observed warming of the climate while, [as USA Today has reported](#)¹¹, his staff methodically scrubs references to climate change from the agency website. In his defense of the president’s decision on the Paris Agreement, Pruitt said [in a televised interview with CNBC](#)¹², “I think that measuring with precision human activity on the climate is something very challenging to do and there’s tremendous disagreement about the degree of impact. So no, I would not agree that it’s [carbon dioxide] a primary contributor to the global warming that we see. But we don’t know that yet, we need to continue to debate, continue the review and analysis.”

In short, the leadership in Washington has demonstrated that it is comfortable with huge budget reductions for research into climate change at the EPA, other agencies, and in the executive branch, ignoring the consequences of those reductions for America’s families and its communities. Six months into the new administration, the outlook is bleak for the future of public health.

Members of the climate science community, as well as growing numbers of state and local governments and major corporations, have begun resisting the administration’s anti-science policies. Medical professionals should follow their lead.

Health workers must expand their recognition and support of the EPA’s role as a public health agency. Now more than ever, they should participate in the lawsuits like [Colorado’s recent successful action](#)¹³ against the EPA’s plan to reconsider the Obama administration rules seeking to clamp down on methane leaks. These types of suits will continue to proliferate if the EPA tries to stop regulating greenhouse gases like carbon dioxide and methane. As individual health care workers, as groups in larger practices and networks, and through their professional organizations, it would be extraordinarily helpful for medical professionals to prepare and file up-to-date amicus curiae (“friend of the court”) briefs at every opportunity. And there are already plenty of opportunities!

Clinicians can be on the front lines of the resistance by making it known to their patients and the public that climate change is an enormous risk to the future of public health. By continuing their own education on the growing climate-related health risks by keeping up with current literature and current events and by tracking climate-related health issues in their own offices, they can educate themselves and their patients about their personal climate-related risks and about the even more dangerous, irresponsible, and politically driven national risks of negative action on climate change emanating from Washington. Informing patients, one by one, of the health risks of a changing climate is surely one of the simplest and most valuable ways that clinicians can take productive action.

The combined medical community can play a pivotal role in opposing efforts to dismiss or ignore the value of rigorous climate-change science. Speaking up against climate denial isn't just scientifically accurate. It is essential for promoting and protecting the health of all Americans, today and in the future.

Gary W. Yohe, Ph.D., is professor of economics and environmental studies at Wesleyan University and lead author for various chapters in the United Nation's Intergovernmental Panel on Climate Change reports. Kristie L. Ebi, Ph.D., is professor of global health and environmental and occupational health sciences at the University of Washington, past head of the technical support unit on impacts and adaptation for the [Fifth Intergovernmental Panel on Climate Change](#)¹⁵, and a lead author of health chapters in various other IPCC reports.

About the Authors

Gary W. Yohe

gyohe@wesleyan.edu¹⁶

Kristie L. Ebi

krisebi@gmail.com¹⁷

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