April 21, 2021

The Honorable Nancy Pelosi
Speaker
U.S. House
1236 Longworth House Office Building
Washington, DC 20515

The Honorable Chuck Schumer
Majority Leader
U.S. Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Kevin McCarthy
Minority Leader
U.S. House
2468 Rayburn House Office Building
Washington, DC 20515

The Honorable Mitch McConnell
Minority Leader
U.S. Senate
317 Russell Senate Office Building
Washington, DC 20510

RE: AAP Priorities for Addressing Climate Change to Improve Child Health

Dear Speaker Pelosi, Minority Leader McCarthy, Majority Leader Schumer, and Minority Leader McConnell:

On behalf of the American Academy of Pediatrics (AAP), a non-profit professional organization of over 67,000 primary care pediatricians, pediatric medical sub-specialists, and pediatric surgical specialists dedicated to the health, safety, and well-being of infants, children, adolescents, and young adults, I am writing to convey the Academy’s priorities for addressing climate change to improve child health.

In clinics and hospitals throughout the United States, pediatricians are witnessing the immediate harms and risks that climate change poses to the health of their patients. The AAP has long called for policies to address the global challenge of climate change and protect the health and wellbeing of children. Underpinning that work is the Academy’s policy statement dedicated to articulating the science behind the ways in which climate change impacts child health and how climate actions can improve child health and health equity.

Climate Change is a Public Health Crisis that Disproportionately Harms Children

Children are uniquely vulnerable to the health impacts of climate change, and any comprehensive response to climate change must take child health into account. Children’s immature physiology and metabolism; critical windows of development; higher exposure to air, food, and water per unit of body weight; unique developmentally appropriate behavior patterns; and dependence on caregivers place them at much higher risk of climate-related health burdens than adults. For example, outdoor air quality that is worsened by climate change can disproportionately impact children’s health because they tend to spend more time outside than adults and their growing lungs are more susceptible to hazardous exposures, among other factors. Climate change impacts child health because it results in more extreme heat waves, worse air quality, and the emergence of infections. The increased severity of extreme weather, including hurricanes, wildfires, and floods, can destroy homes and communities. These events put all aspects of child health at risk, including through creating the potential for toxic stress that can compromise health into adulthood.
Children from underserved communities and communities of color are more susceptible to the health risks posed by climate change. Inadequate investments in these communities, structural racism, and proximity to other environmental hazards contribute to environmental injustice that leaves children at greater risk. A comprehensive response to climate change must promote equity for these disproportionately at-risk communities and must specifically promote policies that protect children from climate change-related harms.

Federal Policy Opportunities to Address the Child Health Impact of Climate Change

While the child health harms of climate change are many, climate actions can benefit child health in the short- and long-term, especially for poorer children and children of color. We have adequate scientific and economic evidence to justify decisive action to advance climate change mitigation that promotes child health. The following are our recommendations across several policy sectors.

De-Carbonizing the Electricity Sector

According to the U.S. Environmental Protection Agency (EPA), power plant emissions generate over one-quarter of all U.S. greenhouse gas pollution. To decarbonize the electricity sector, comprehensive climate legislation and regulations should promote energy efficiency and renewable energy production at the federal, state, and local levels while decreasing incentives for continued production and consumption of carbon-intensive fuels such as coal, oil, and gas.

The AAP supported the Clean Power Plan (CPP) in 2015, and in 2018 and 2019 opposed the EPA’s proposed attempts to undermine its effectiveness. The CPP would have limited carbon pollution from both new and existing fossil fuel-fired power plants. This policy would also have decreased air pollutants from power plants, such as particulate matter, and saved as many as 4,600 lives. In addition, it would have resulted in up to 90,000 fewer asthma attacks in children, and 180,000 fewer missed school days in the year 2030. EPA has clear authority to regulate carbon pollution from power plants, and we continue to urge the administration to promulgate comprehensive regulations to rapidly reduce carbon emissions in the energy sector to complement the needed legislative progress on this issue.

In addition, the AAP supports terminating federal subsidies and tax incentives for the production and transport of coal, oil, and gas, and increasing federal subsidies for clean, renewable energy sources such as wind, solar, and hydropower. The AAP also supports the implementation of an effective and equitable carbon fee and dividend regime to accurately reflect the true health costs of fossil fuel pollution. A recent analysis found that more than 300,000 Americans die each year from air pollution generated from fossil fuel use. It is critical that any such policy regime not undermine essential public health protections in the Clean Air Act, including the EPA’s authority to regulate carbon pollution under section 111(d). EPA’s proven authority to regulate hazardous air pollutants under the Clean Air Act, twice affirmed by the U.S. Supreme Court, is a vital tool to address climate change and protect health.

Due to the urgency of addressing climate change, comprehensive climate legislation must not weaken existing avenues of reducing carbon pollution, such as EPA’s Clean Air Act authority. The AAP would oppose decarbonization legislation that eliminates these essential public health protections.

Reducing Carbon Pollution from Transportation

Transportation emissions already account for more than one-quarter of U.S. greenhouse gas emissions and are expected to rise, making transportation a key priority for climate action. Decarbonizing transportation can also directly benefit child health through improved safety and increased opportunities for physical activity.
best available science suggests that tailpipe emissions may be responsible for 1 in 5 children who develop asthma. Via reduced emissions alone, clean transportation is estimated to prevent 120,000 premature deaths by 2030 and 14,000 annually thereafter in the U.S.

Other studies have shown that the health benefits of lower-emission motor vehicles are increased when combined with the promotion of active travel such as walking or biking, which reduces the prevalence of chronic diseases such as diabetes, dementia, ischemic heart disease, and cancer. The overall health benefits of such transportation strategies have been shown to save billions in public health spending. Comprehensive climate legislation and regulations should include expanding public transportation and increasing construction of safe bikeways and walkways, which reduce greenhouse gas emissions, promote healthy childhood weight through active transportation, and support social cohesion.

Modernizing the Food System to Reduce its Carbon Footprint

Strategies aimed at shifting food systems to decrease greenhouse gas emissions offer further potential to address environmental concerns while dramatically promoting child health. The adoption of more plant-based diets in line with current dietary guidelines could reduce global mortality by 6–10% and food-related greenhouse gas emissions by 29–70% by 2050 with global net health benefits from diseases like diabetes, heart disease, stroke, and cancer valued between US$1–31 trillion. In order to realize the full health benefits of such dietary change, evidence suggests that special attention must be given to reducing red meat consumption and controlling sugar levels in more sustainable diets. In addition, it is important to support efforts to improve the adaptability and resilience of our food system, through research, development, and implementation of technologies and strategies that promote crop resilience, support regenerative agriculture, and reduce the greenhouse gas contributions of animal agriculture.

Promoting Sustainable Community Development

Climate change policies that preserve, create, and expand natural green environments directly impact the mental health of populations, with the strongest benefits occurring during childhood. For example, an abundance of evidence suggests the relationship of public green spaces with greater mental wellbeing in a dose-dependent relationship. Prolonged exposure to green space specifically during childhood has been shown to decrease independently the risk of a wide range of mental illness later in life. While the exact mechanisms are still being studied, research has shown that exposure to the natural environment decreases harmful thought patterns and can even impact brain structure and development. The importance of natural environments early in life has been substantiated with studies showing improved cognitive development and function with increased green space exposure. In urban areas, green spaces and foliage can also mitigate the health harms from excessive heat. Adopting urban planning designs that incorporate open green spaces, walkability, reduced dependence on automobile transit, and climate change resilience while minimizing sprawl will decrease emissions while promoting child health. These should include remediation of historically underinvested communities that suffer from higher temperatures associated with high concentration of impermeable surface and lack of tree canopy.

Prioritizing Health Care Sector Mitigation and Adaptation

The U.S. health care sector is a major contributor to climate change, producing as much as 10% of US greenhouse gas emissions. At the same time, health care systems are contending with consequences of climate change on patients and communities, and health care institutions also play an important role in communities’ resilience in the face of climate change related events.
To address the broad array of negative child health effects from climate change, it is essential that federal policies promote energy efficiency and the adoption of clean energy in the health care sector, as well as the adaptation, preparedness, and resilience of hospitals and health systems. Energy efficiency and clean energy can be important components of reducing the cost of health care delivery. We also encourage the development of essential adaptation strategies, and assisting state and local governments, public health agencies, and health professionals in implementation of these strategies. Disaster preparedness and response efforts should include the specific needs of children. National and international policymaking efforts should include extensive input from stakeholders in the health sector, as today’s hearing demonstrates. In addition, health students and practicing professionals must receive education about climate change and health, including climate-associated effects on clinical practice such as management of chronic diseases during periods of extreme heat or poor air quality and alterations in the safety and efficacy of prescription medications to adequately protect patients.

**Pursuing Additional Adaptation Strategies**

In addition to mitigation efforts such as achieving net-zero carbon emissions, comprehensive climate legislation must include additional adaptation measures to protect children and their families from the effects of climate change that inevitably will occur and are already occurring. These include developing and implementing effective early-warning systems for extreme weather events, and physical protection against those events. Federal policy should also support improved surveillance of climate-associated infectious diseases, including new and emerging pathogens. Finally, we encourage federal policy to promote enhanced community resilience, and an emphasis on redressing the environmental justice concerns climate change presents. Children's safety from climate change should not depend on the color of their skin, their parents' income, or the zip code in which they were born.

**Making Global Progress through Effective International Diplomacy**

Another crucial tool is the use of diplomacy and international cooperation to support global action in response to the climate crisis. The AAP supported the Paris Agreement to engage the global community in emissions reduction targets and welcomes the administration's decision to re-enter the agreement. We encourage a focus on setting bold U.S. commitments under that agreement as part of any comprehensive legislative response to climate change. In addition, we urge you to underscore the health imperative for taking decisive and coordinated global action in ongoing diplomacy around this vital issue.

**Promoting Response Strategies with Assessment of Health Benefits**

Every day, pediatricians confront a massive burden of chronic disease in children. Asthma, obesity, mental health, and long-term health effects related to premature birth are issues that we see in clinics across the nation. We have made tremendous progress in addressing these and other threats to children's health, and climate solutions are a way to further prevent some of these conditions or mitigate their severity. Plans for climate change mitigation present a tremendous opportunity to improve child health by maximizing the health benefits of environmental policies. Policies to promote cleaner air, facilitate active transportation, encourage more sustainable diets, and develop more connected communities can lead to enormous child health gains while preserving a healthy, sustainable environment in which generations of children can thrive.

Reducing the carbon footprint of other sectors can also yield important child health co-benefits. For example, accessible public and active transportation, plant-based food availability, and green spaces can directly contribute to child health and wellbeing through increased physical activity and improved nutrition while at the same time reducing carbon pollution. Additional research into the health benefits of various
decarbonization strategies could help policymakers choose the smartest investments to maximize co-benefits. The federal government currently provides no funding for such research, so directing funding for the research, surveillance, reporting, and tracking of climate-associated health effects would strengthen future comprehensive climate legislation.

While climate change disproportionately impacts child health, decarbonization efforts also present an enormous opportunity to improve child health by maximizing the co-benefits of carbon pollution reduction. Reducing emissions of hazardous traditional air pollutants such as particulate matter, sulfur oxides, and air toxics along with carbon dioxide can yield greater health outcomes for children. Child exposure to hazardous air pollutants can cause direct health impacts such as neurologic deficits, respiratory tract illness, asthma exacerbations, and decreased lung function, leading to downstream effects including increased school absences, emergency department visits, and hospitalizations. Studies have also found associations between ambient air pollution and post-neonatal infant mortality, low birth weight, and preterm birth. Future decarbonization efforts should prioritize this potential for drastic improvements in child health outcomes through leveraged reductions of multiple pollutants within efforts to reduce greenhouse gas emissions.

In order to maximize the child health benefits of the policy response to climate change, policymakers should fully account for child health benefits in policy decisions. It is critical for child health benefits to be accounted for in any comprehensive climate policymaking because children are disproportionately impacted by climate change and fossil fuel extraction and combustion now, and policy interventions to improve child health have sustained and cumulative benefits.

Conclusion

We appreciate your efforts to protect children and future generations from the health impacts of climate change. We hope that child health will be a key consideration as you develop any comprehensive response, and we would welcome opportunities to further support and contribute to your work. If you have any questions, please contact Zach Laris in our Washington, D.C. office at 202/347-8600 or zlaris@aap.org.

Sincerely,

Lee Savio Beers, MD, FAAP
President
LSB/zml

CC:
The Honorable Tom Carper
Chairman
U.S. Senate Committee on Environment and Public Works

The Honorable Shelley Moore Capito
Ranking Member
U.S. Senate Committee on Environment and Public Works


