

RESOLUTION 25 - 2010

Subject: Supporting Policies to Mitigate the Immediate Health Impacts of Our Energy Production, Transportation System, and Long-Term Health Impacts of Climate Change

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Referred to: Quality and Clinical Outcomes

1 Whereas, Fossil fuel combustion produces greenhouse gases as well as air pollution that contributes
2 to heart disease, cancer, stroke, and chronic lower respiratory disease in adults, as well as asthma and
3 delayed neurological development in children, and:¹²³

- 4 1. Nationwide the use of fossil fuels creates \$120 billion per year in health costs, and⁴
- 5 2. The health cost of using coal for electricity amounts to \$62 billion per year, and⁵
- 6 3. Power plant air pollution causes more deaths each year in the U.S. than homicide or drunk
7 driving, and⁶
- 8 4. The average number of life-years lost by individuals dying prematurely from exposure to
9 particulate matter is 14 years;⁷ and

10
11 Whereas, Transportation systems designed only for the movement of automobiles:⁸

- 12 1. Discourage physical activity, contributing to obesity and type II diabetes that cost our
13 nation an estimated \$177 billion per year.
- 14 2. Pollute air, contributing to respiratory and cardiovascular disease that cost our nation an
15 estimated \$40-\$60 billion per year.
- 16 3. Are unsafe for pedestrians, bicyclists and drivers, causing higher levels of traffic accidents,
17 death, and related injury that cost our nation an estimated \$163 billion in property damages
18 and injuries.
- 19 4. Are isolating to youth, elderly, and the disabled, particularly in rural communities, limiting
20 access to needed services such as health care; and

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22 Whereas, Recent studies have shown that the costs of even the most aggressive climate change
23 mitigation policies are more than offset by the immediate, direct health improvements from decreased
24 air pollution alone;⁹ therefore be it

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26 **RESOLVED**, That the Wisconsin Medical Society supports policy that improves public health by
27 preventing climate change, improving air quality, and designing communities to foster healthy
28 lifestyles; and be it further

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30 **RESOLVED**, That the Wisconsin Medical Society supports policies that require decreased
31 greenhouse gas emissions and air pollution through policies including but not limited to, the
32 following:

- 33 • Increased use of renewable energy sources, increased energy efficiency, and fuel emission
34 limitations,
- 35 • Transportation and community design codes that ensure communities incorporate multi-
36 modal transportation systems including sidewalks, dedicated bike paths, and mass transit; and
37 be it further

38 RESOLVED, That the Wisconsin Medical Society supports requiring the Public Service Commission
39 to include health impact assessments of monetized external health costs from the Division of Public
40 Health when issuing permits for new energy sources, or renewing permits for current energy sources.

Fiscal note: Within current budget if replaces existing legislative priority

References:

¹ Brook RD, Franklin B, Cascio W et al. *Air pollution and cardiovascular disease: a statement for healthcare professionals from the expert Panel on Population and Prevention science of the American Heart Association.* Circulation 2004; 109(21).

² Dominici F, Peng RD, Bell ML et al. *Fine particulate air pollution and hospital admission for cardiovascular and respiratory diseases.* Jama 2006; 295(10):1127–1134.

³ Trasande L, Landrigan PJ, Schechter C. *Public health and economic consequences of methyl mercury toxicity to the developing brain.* Environ Health Perspectives 2005; 113(5):590–596

⁴ National Academy of Sciences, *Hidden Costs of Energy: Unpriced Consequences of Energy Production and Use.* October 2009. <http://www.nap.edu/catalog/12794.html>.

⁵ Ibid.

⁶ Abt Associates, *Power Plant Emissions: Particulate Matter-Related Health Damages and the Benefits of Alternative Emission Reduction Scenarios.* June 2004. <http://www.catf.us/publications/index.php>.

⁷ U.S. EPA, OAR, *Final Report to Congress on Benefits and Costs of the Clean Air Act, 1970 to 1990.* EPA410-R- 97-002. October 1997.

⁸ American Public Health Association, *At the Intersection of Public Health and Transportation: Promoting Healthy Transportation Policy.* <http://www.apha.org/advocacy/priorities/issues/TransportationIssues.htm>. Accessed January 20, 2010.

⁹ G F Nemet et al, *Implications of Incorporating Air-Quality Co-Benefits into Climate Change Policymaking.* Environmental Research Letters. 2010.

Relevant Policies

Society:

EOH-008

Federal Clean Air Legislation: The Wisconsin Medical Society (Society) will be a member of the National Association of Physicians for the Environment (NAPE), which brings medical organizations together to work toward higher clean air standards. The Society will support stronger air quality standards in order to lessen the risks to human health. (HOD 0405)

AMA:

H-136.977 Global Climate Change- The “Greenhouse Effect”

Our AMA: urges congress to adopt a comprehensive, integrated natural resource and energy utilization policy that will promote more efficient fuel use and energy production.

H-135.938 Global Climate Change and Human Health

Our AMA: Supports the findings of the Intergovernmental Panel on Climate Change’s fourth assessment report and *concurs* with the scientific consensus that the Earth is undergoing adverse global climate change and that anthropogenic contributions are significant. These climate changes will create conditions that affect public health, with disproportionate impacts on vulnerable populations, including children, the elderly, and the poor.

H-135.991 Clean Air

Our AMA: believes that attaining the national ambient air quality standards for nitrogen oxides and carbon monoxide is necessary for the long-term benefit of the public health. Emission limitations for motor vehicles should be supported as a long-term goal until appropriate peer-reviewed scientific data demonstrate that the limitations are not required to protect public health.