

AMERICAN MEDICAL ASSOCIATION HOUSE OF DELEGATES

Resolution: 419  
(A-24)

Introduced by: Medical Student Section

Subject: Addressing the Health Risks of Extreme Heat

Referred to: Reference Committee D

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1 Whereas, since the 1960s, the annual number of heat waves in the US has tripled from 2 to 6,  
2 with concurrent increases in heat intensity resulting in the hottest summer ever in 2023<sup>1,2</sup>; and  
3  
4 Whereas, heat is the most deadly weather phenomenon and caused 1,714 deaths in 2022,  
5 nearly 6 times as much as the 297 deaths in 2004<sup>3,4</sup>; and  
6  
7 Whereas, prolonged heat exposure is associated with emergency visits, hospitalizations, and  
8 deaths due to cardiovascular, kidney, respiratory, and psychiatric illnesses, adverse pregnancy  
9 and birth outcomes, and increased healthcare costs<sup>5-7</sup>; and  
10  
11 Whereas, a 2023 study in *Circulation*, the journal of the American Heart Association, estimates  
12 4,300 to 5,500 excess deaths due to heat by mid-century, based on socioeconomic status<sup>8</sup>; and  
13  
14 Whereas, 25% of the US experiences reduced resilience to extreme heat exposure, especially  
15 due to housing quality, vehicle access, and poverty<sup>9</sup>; and  
16  
17 Whereas, because infrastructure in urban areas absorbs and re-emits heat more than natural  
18 landscapes, daytime temperatures in these cities can increase by 1.7 degrees compared to  
19 other areas, which further intensifies heat waves in metropolitan regions<sup>10,11</sup>; and  
20  
21 Whereas, greenspaces in cities, such as large parks, can reduce temperatures by up to 2  
22 degrees, mitigating the heat island effect and heat-related morbidity and mortality<sup>12,13</sup>; and  
23  
24 Whereas, historically redlined neighborhoods have decreased tree canopy coverage and lower  
25 normalized difference vegetation indexes (NDVIs) compared to other areas<sup>14</sup>; and  
26  
27 Whereas, the Stafford Act, passed in 1988, does not consider extreme heat a major disaster  
28 eligible for Federal Emergency Management Agency (FEMA) assistance<sup>15,16</sup>; and  
29  
30 Whereas, the Centers for Disease Control and Prevention (CDC) Climate and Health Technical  
31 Report on “heat response plans” defines them as “a coordinated plan that describes and  
32 organizes activities to prevent heat-related morbidity and mortality in a community,” including  
33 surveillance, public health messaging, front-line health and social services, cooling centers,  
34 water and fan distribution, energy assistance, and greenspaces<sup>17</sup>; and  
35  
36 Whereas, heat response plans, household air conditioning, and availability of cool areas have  
37 been associated with decreased heat-related mortality, with a greater effect for elderly  
38 populations and people in neighborhoods with low education levels<sup>18,19</sup>; and

1 Whereas, many homes experience dangerously high indoor heat indexes during extreme heat,  
2 but 7.5% lack air conditioning, including 12% of low-income households<sup>20,21</sup>; and

3  
4 Whereas, a 2021 study of 25 US cities found that nearly 90% of people were not within walking  
5 distance of a cooling center and that people aged 65 and over were particularly affected<sup>22</sup>;

6  
7 Whereas, a US Census survey found that 26% of Americans were forced to forgo food,  
8 medicine, or another necessary expense to pay an energy bill, and 17% had kept their home at  
9 an unsafe or unhealthy temperature in the past year<sup>23</sup>; and

10  
11 Whereas, funding for the Low Income Home Energy Assistance Program (LIHEAP), which helps  
12 families pay for energy bills and basic weatherization, has fallen from \$5.1 billion in 2009 to \$3.8  
13 billion in 2022, and now less than 20% of eligible households receive aid<sup>24,25</sup>; and

14  
15 Whereas, an analysis of US public and private prisons revealed that a 10-degree temperature  
16 increase is correlated with a 5.2% increase in mortality, 6.7% increase in cardiovascular  
17 mortality, and 22% increase in suicide (mostly affecting men over 65)<sup>26</sup>; and

18  
19 Whereas, the Federal Bureau of Prisons suggests temperatures at “76°F in the cooling season  
20 and 68°F in the heating season,” but its Facilities Operations Manual acknowledges that the  
21 “age of heating and cooling systems” affects the ability to maintain these ranges<sup>27</sup>; and

22  
23 Whereas, many state attempts to implement temperature standards in prisons have stalled, and  
24 44 states lack universal air conditioning in their prison systems, many of which are located in  
25 deteriorating facilities that will be further affected by climate change<sup>28,29</sup>; therefore be it

26  
27 RESOLVED, that our American Medical Association support funding for subsidizing energy  
28 costs and air conditioning units for low-income households to maintain safe temperatures during  
29 periods of extreme temperature (New HOD Policy); and be it further

30  
31 RESOLVED, that our AMA support the implementation and enforcement of state and federal  
32 temperature standards in prisons, jails, and detention centers, including the implementation of  
33 air conditioning in areas that experience dangerously high temperatures. (New HOD Policy)

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

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## RELEVANT AMA Policy

### Heat-Related Illness H-130.951

The AMA recognizes the significant public health threat imposed by heat-related emergencies, and provides the following policy: (1) Physicians should identify patients at risk for extreme heat-related illness such as the elderly, children, individuals with physical or mental disabilities, alcoholics, the chronically ill, and the socially isolated. Patients, family members, friends, and caretakers should be counseled about prevention strategies to avoid such illness. Physicians should provide patients at risk with information about cooling centers and encourage their use during heat emergencies. (2) The AMA encourages patients at risk for heat-related illness to consider wearing appropriate medical identification. [CSA Rep. 10, A-97; Reaffirmed: CSAPH Rep. 3, A-07; Reaffirmed: CSAPH Rep. 01, A-17]

### 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]

**Advocating for Heat Exposure Protections for All Workers D-135.967**

Our AMA: (1) will advocate for all workers to have access to preventive cool-down rest periods in shaded, ventilated, and/or cooled areas for prevention of injury from sun exposure and heat injury as well as appropriate access to emergency services when signs and symptoms of heat exposure injury; (2) will advocate for legislation that creates federal standards for protections against heat stress and sun exposure specific to the hazards of the workplace; (3) supports policy change at the federal level via legislation or administrative rule changes by the Occupational Safety and Health Administration (OSHA) that would require that workers receive health educational materials about prevention and recognition of heat exhaustion and heat exposure injury that is in the worker's primary language; (4) will work with the United States Department of Labor, OSHA, and other appropriate federal stakeholders to develop and enforce evidence-based policies, guidelines, and protections against heat injury for workers independent of legal status; and (5) recognizes there are particular medical conditions and medications, including but not limited to psychotropics, which increase an individual's vulnerability to the negative impacts of heat and sun exposure and advocate for recognition of this, as well as additional protections as part of any guidelines, legislation or other policies. [Res. 502, I-21]

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