

AMA to Protect Human Health from the Effects of Climate Change by Ending its Investments in Fossil Fuel Companies (Divestment)

Submitted by: American Association of Public Health Physician, A-17

Whereas, The Intergovernmental Panel on Climate Change has concluded that the burning of fossil fuels by humans to generate energy is the principal driver of climate change. Burning fossil fuels is already causing accelerated warming of Earth's surface, which is a direct threat to both environmental and human health; and

Whereas, the burning of fossil fuels, such as coal, petroleum derivatives, and natural gas, is recognized by the AMA to be detrimental to human health and to contribute significantly to global climate change; and

Whereas, AMA policies favor environmental education and stewardship (H-135.973, H-135.969, H-135.939) **(I)** and the need for improved energy efficiency in our offices and medical centers (D-155.999) **(II)**, and other aspects of environmental sustainability but these policies do address the investment and business strategies of health professionals, professional organizations, and hospitals; and

Whereas, our AMA recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes **(III)**; and

Whereas, in recent years, divestment of fossil fuel companies by healthcare organizations has been initiated by Gundersen Health, a well-known health system based in Wisconsin; by HESTA Australia, a health care industry retirement fund worth \$26 billion; and by the British Medical Association; and

Whereas, there is a widely-referenced list of companies to consider for divestment, The Carbon Underground 200, which is an annually updated listing of the top 100 public coal companies globally and the top 100 public oil and gas companies globally, ranked by the potential carbon emissions content of their reported reserves. Divestment campaigns across the globe use this list as the definition for “fossil fuel companies” in their implementations **(IV)**, and

Whereas, as physicians who have committed to the principle of “First do no harm”, we share an ethical obligation to minimizing fossil fuels consumption in our daily activities, and to strive to influence the health care institutions within which we practice and our professional societies to divest from fossil fuels; therefore

Be it resolved that:

- 1) Our American Medical Association, Foundation, and any affiliated corporations shall work in a timely and fiscally responsible manner to end all financial investments or relationships (divestment) with companies that generate the majority of their income from the exploration for, production of, transportation of, or sale of fossil fuels, and**
- 2) Our AMA shall, when fiscally responsible, choose for its commercial relationships, vendors, and suppliers, to conduct business with corporations that have demonstrated environmental sustainability practices that seek to minimize their fossil fuels consumption, and**
- 3) Our AMA shall support efforts of physicians and of other health professional associations to proceed with divestment, including creating policy analyses, supporting continuing medical education, and informing our patients, the public, legislators and government policy makers about the health benefits of divestment.**

Sources:

I)

H-135.973 Stewardship of the Environment

The AMA: (1) encourages physicians to be spokespersons for environmental stewardship, including the discussion of these issues when appropriate with

patients; (2) encourages the medical community to cooperate in reducing or recycling waste; (3) encourages physicians and the rest of the medical community to dispose of its medical waste in a safe and properly prescribed manner; (4) supports enhancing the role of physicians and other scientists in environmental education; (5) endorses legislation such as the National Environmental Education Act to increase public understanding of environmental degradation and its prevention; (6) encourages research efforts at ascertaining the physiological and psychological effects of abrupt as well as chronic environmental changes; (7) encourages international exchange of information relating to environmental degradation and the adverse human health effects resulting from environmental degradation; (8) encourages and helps support physicians who participate actively in international planning and development conventions associated with improving the environment; (9) encourages educational programs for worldwide family planning and control of population growth; (10) encourages research and development programs for safer, more effective, and less expensive means of preventing unwanted pregnancy; (11) encourages programs to prevent or reduce the human and environmental health impact from global climate change and environmental degradation. (12) encourages economic development programs for all nations that will be sustainable and yet nondestructive to the environment; (13) encourages physicians and environmental scientists in the United States to continue to incorporate concerns for human health into current environmental research and public policy initiatives; (14) encourages physician educators in medical schools, residency programs, and continuing medical education sessions to devote more attention to environmental health issues; (15) will strengthen its liaison with appropriate environmental health agencies, including the National Institute of Environmental Health Sciences (NIEHS); (16) encourages expanded funding for environmental research by the federal government; and (17) encourages family planning through national and international support. (CSA Rep. G, I-89; Amended: CLRPD Rep. D, I-92; Amended: CSA Rep. 8, A-03; Reaffirmed in lieu of Res. 417, A-04; Reaffirmed in lieu of Res. 402, A-10)

H-135.969 Environmental Health Programs

Our AMA (1) urges the physicians of the United States to respond to the challenge for a clean environment individually and through professional groups by becoming the spokespersons for environmental stewardship; and (2) encourages state and county medical societies to establish active environmental health

committees. (Res. 124, A-90; Reaffirmed: Sunset Report, I-00; Reaffirmed: CSAPH Rep. 1, A-10)

H-135.939 Green Initiatives and the Health Care Community

Our AMA supports: (1) responsible waste management policies, including the promotion of appropriate recycling and waste reduction; (2) the use of ecologically sustainable products, foods, and materials when possible; (3) the development of products that are non-toxic, sustainable, and ecologically sound; (4) building practices that help reduce resource utilization and contribute to a healthy environment; and (5) community-wide adoption of “green” initiatives and activities by organizations, businesses, homes, schools, and government and health care entities. (CSAPH Rep. 1, I-08; Reaffirmation A-09; Reaffirmed in lieu of Res. 402, A-10)

II)

D-155.999 Energy Efficiency and Medical Practice

Our AMA will urge its individual members and organizational affiliates to participate in energy efficiency activities in all medical facilities including hospitals, clinics, offices and research facilities. (Res. 413, I-98; Reaffirmed: CLRPD Rep. 1, A-08)

III)

H-135.938 Global Climate Change and Human Health

Our AMA:

1. 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.
2. Supports educating the medical community on the potential adverse public health effects of global climate change and incorporating the health implications

of climate change into the spectrum of medical education, including topics such as population displacement, heat waves and drought, flooding, infectious and vector-borne diseases, and potable water supplies.

3. (a) Recognizes the importance of physician involvement in policymaking at the state, national, and global level and supports efforts to search for novel, comprehensive, and economically sensitive approaches to mitigating climate change to protect the health of the public; and (b) recognizes that whatever the etiology of global climate change, policymakers should work to reduce human contributions to such changes.

4. Encourages physicians to assist in educating patients and the public on environmentally sustainable practices, and to serve as role models for promoting environmental sustainability.

IV)

A widely-referenced and current registry of the world's largest fossil fuel companies is "The Carbon Underground 200":

<http://fossilfreeindexes.com/research/the-carbon-underground/>
