**Maine Medical Association**

**RESOLUTION #3 RE: Support of Climate Change Policy**

**Presented by Paul Potvin, MD**

**Approved September 9, 2017**

**Whereas**, the United Nations Intergovernmental Panel on Climate Change (IPCC) made up of over 2500 of the worldʼs leading scientists, concluded that human induced climate change “is likely to have wide-ranging and mostly adverse impacts on human health, with significant loss of life,” and

**Whereas**, a May 16, 2009 article entitled “Managing the Health Effects of Climate Change: in the Lancet journal begin with the statement: “Climate change is the biggest global health threat of the 21st century,” and

**Whereas**, a November 2015 Lancet Commission report entitled “Health and Climate Change Policy Responses to Protect Public Health” states that “climate change threatens to undermine the last half century of gains in development and global health” and that “tackling climate change could be the greatest global health opportunity of the 21st century”, and

**Whereas**, climate change continues to progress worldwide far more rapidly than anticipated, and

**Whereas**, rising temperatures, increase in severe weather events, and sea level rise are increasingly causing health effects such as: death from heat related illness; increase in vector borne illnesses such as malaria, lyme, dengue, encephalitis, and Zika virus; drought, starvation and malnutrition; disruption of clean water supplies and diarrhea illness; mold related illness; direct injury and drowning; salinization of water and soil; loss of homes and forced migration from flooded and drought stricken areas; respiratory illness from increases in ground level ozone, allergens and pollutants; increased cardiovascular deaths; and mental illness, and

**Whereas**, the 2014 National Climate Assessment, reviewed extensively by the National Academy of Sciences and the Federal Advisory Committee, states that in the Northeast “Heat waves, coastal flooding, and river flooding will pose a growing challenge to the region’s environmental, social and economic systems…..[which] will increase the vulnerability of the region’s residents, especially its most disadvantaged populations”, and

**Whereas**, the populations most affected by the health effects of climate change are children, pregnant women, the elderly, chronically ill, and disabled, and

**Whereas**, Atmospheric concentrations of greenhouse gasses are at levels unprecedented in at least 800,000 years, and

**Whereas**, the IPCC reported in 2014 that “Limiting climate change will require substantial and sustained reductions of greenhouse gas emissions”, and

**Whereas**, extraction and burning of fossil fuels is the principal source of anthropogenic greenhouse gas emissions, and

 **Whereas**, burning fossil fuels causes air pollution that contributes to four of the five leading causes of death in the United States, including heart disease, cancer, stroke, and lung diseases and moving to a clean energy economy is projected to save over 100,000 lives a year on that basis alone, and

**Whereas,** the Lancet Commission in 2015 recommended “that over the next 5 years, governments establish the framework for a strong and predictable price on carbon”, and

**Whereas**, a Carbon Fee and Dividend system with the fee, starting at a relatively low rate and steadily rising over time, being levied at the extraction point of fossil fuels or point of entry into the US, with all monies returned to households as a dividend would leverage market forces to encourage investments in increased energy efficiency and alternate sources of energy by both industry and consumers., and

**Whereas**, Citizens’ Climate Education Corporation commissioned Regional Economic Models Inc. (REMI) to conduct a nation-wide macroeconomic study on the impact of a revenue -neutral carbon fee and dividend where all the net revenues are returned to the citizens on a per capita basis, and a border adjustment is applied for trade with countries that do not have a similar fee, and

 **Whereas,** the REMI study demonstrated through modeling, that a revenue-neutral carbon fee and dividend as proposed by Citizens’ Climate Lobby (CCL) can be effective at creating jobs, growing the economy, protecting low and middle-income households, saving lives, and reducing healthcare costs, while meeting the goals of reducing greenhouse gas emissions in the time frame called for by science, and

 **Whereas**, a national carbon fee can be implemented quickly and efficiently, and respond to the urgency of the climate crisis, and is widely accepted as being an essential component of carbon change mitigation, and

 **Whereas**, a national carbon fee would make the United States a leader in mitigating climate change and advancing clean energy technologies, and incentivize other countries to enact similar carbon fees, thereby reducing global greenhouse gas emissions without the need for complex international agreements.

**Therefore, Be it Resolved**

1. That the Maine Medical Association urges the Congress and President of the United States of America to enact, without delay, legislation to reduce carbon emissions in the US, considering, among other options to address that, a revenue-neutral carbon fee and dividend.

1. That the Maine Medical Association stands ready to work with any level of government, groups interested in health, and the people of Maine initiatives such as, to advance the development and maintenance of alternative energy sources to reduce Maine’s dependence on fossil fuels; to encourage energy conservation initiatives including fuel efficient vehicles and active transport (walking and bike riding); to promote development in the public health workforce to better respond to health threats posed by climate change; to advocate for improvement in the surge capacity of the healthcare system in Maine; to communicate to the public and health care providers the health effects of climate change including risks

 and ways to reduce them; to support scientific research on the health effects of climate change; to monitor and report on environmental conditions and disease occurrence related to climate change; and to develop methods of response and adaptation to climate change effects.