

The Honorable Lee Zeldin, Administrator
U.S. Environmental Protection Agency
1200 Pennsylvania Avenue, N.W.
Mail code 1101A
Washington, DC 20460

September 22, 2025

Administrator Zeldin:

The undersigned medical and health organizations are united in our opposition to the Environmental Protection Agency's (EPA) proposed rule "Reconsideration of 2009 Endangerment Finding and Greenhouse Gas Vehicle Standards." Rescinding the greenhouse gas emissions endangerment finding contradicts the overwhelming scientific consensus on climate change, disregards the near-daily health impacts Americans are already experiencing, and places our nation on a dangerous path towards greater illness, suffering, and environmental and economic harm.

As health professionals, we urge the Trump Administration to recognize and respond to the urgent health and economic crisis that global climate change poses for our nation and the world. The science is clear: Climate change is real, driven primarily by human-caused emissions, and harming both our health and the economy today. Contrary to the EPA's claim that "the projections relied upon in the Endangerment Finding appear unduly pessimistic in light of empirical observations made after it was finalized in 2009 through 2024," the potential climate impacts of increased greenhouse gas emissions were well understood as early as the 1950s and 1960s, based on research conducted by the fossil fuel industry. Since that time, predictive models have only improved, and recent research notes that climate models published over the past five decades have generally been quite accurate in predicting global warming trends.¹ Without rapid action, health threats will escalate—condemning future generations to a crisis that will jeopardize their well-being and economic stability.

The health harms of climate change caused by greenhouse gas (GHG) emissions are well understood and acknowledged by the American medical and scientific communities. At least 32 medical societies and 18 national nursing organizations from across the United States, plus the International Council of Nurses, have adopted or published position papers, statements, or policies recognizing the health threat of climate change. In 2023, 42 national, state, and academic nursing organizations and institutions signed on to a joint commitment on climate change and health.² That same year, over 200 health journals coordinated the release of an editorial declaring climate change a global health emergency, warning that vulnerable communities will bear the greatest burdens.^{3,4}

Adverse health impacts from climate change are already here. Between 2014 and 2023, infants and adults over 65 experienced more than twice as many annual heatwave days as between 1986 and 2005, each facing roughly nine heatwave days per year. Americans endured nearly 600 hours annually under conditions posing moderate or greater heat stress.⁵

In 2023 alone, extreme heat drove the loss of 3.4 billion labor hours, costing a record \$103 billion in potential income.⁶ In 2024, 156 million Americans, or 46% of the population, lived in counties with failing grades in ozone and particulate matter pollution—25 million higher than last year and driven in part by extreme heat and wildfire events.⁷ Warmer conditions are also expanding the opportunities for the spread of infectious diseases. Coastal areas where conditions favorable for harmful *Vibrio* bacteria to proliferate have expanded by 50% since 2000-2004.⁸ The geographic range for the *Aedes* mosquito species, which transmits dengue virus, Zika virus and chikungunya, has increased making local spread of these viruses possible in the United States.⁹

These health threats are straining our care systems, with evidence showing that climate change is already worsening mental health (anxiety, depression, and other mental health conditions) and over 40% of physicians citing disruptions to healthcare services from extreme weather and poor air quality.^{10,11}

Healthcare systems and their supply chains are also negatively impacted by climate change. Escalating extreme weather events affect healthcare systems in several ways, including direct impacts on healthcare workers, emergency evacuation of hospitals, damage to physical infrastructure, and disruption of critical supply chains. For example, in 2012, when Hurricane Sandy struck New York City, Bellevue Hospital, which serves nearly half a million patients annually, was forced to close temporarily and move patients elsewhere. In July 2023, a tornado damaged a pharmaceutical plant in North Carolina, destroying medications and raw materials used in pharmaceuticals, and it took nearly three months for the facility to reopen. Hurricane Helene in North Carolina and Hurricane Maria in Puerto Rico damaged intravenous (IV) fluid production facilities, resulting in critical IV fluid shortages nationwide, and the Los Angeles wildfires destroyed one community health clinic and forced the evacuation of at least five others.¹²

Major weather events often make national headlines; however, as health professionals, we frequently see the health harms of climate change in our day-to-day interactions with patients and communities. While everyone will be adversely affected by climate change, children, older adults, people with chronic illnesses, pregnant individuals, and historically underserved communities face the greatest risks.

Climate Threats to Maternal-Child Health

Climate change is already harming U.S. pregnancies. Biological and behavioral changes during pregnancy and postpartum increase susceptibility to illnesses related to insects, food, and water—many of which are rising with climate change and can affect both maternal and fetal health. Extreme weather events also increase the risk of extreme stress, post-traumatic stress disorder (PTSD), and depression during this sensitive time, compounding risks for mother and baby.¹³

Over the past two decades, a growing body of research from the U.S. and abroad has shown that the continued burning of fossil fuels is driving climate change and endangering pregnant women and their children. Elevated temperatures are linked to reduced fertility, birth defects, increased risks of gestational diabetes, and hypertensive disorders—serious complications of pregnancy that often lead to lifelong harm.¹⁴⁻¹⁶

Heat exposure and air pollution from fossil fuel combustion and climate change are increasingly associated with premature birth, low birth weight, and even stillbirth.¹⁷⁻²⁹ Encouragingly, a 2018 U.S. study found that the retirement of gas and oil-powered electricity plants significantly reduced preterm birth rates nearby.³⁰ Still, the science is clear: Without a major reduction in greenhouse gas emissions, we risk bringing this and future generations into the world already “weakened from birth.”

Children’s Health

Climate change threatens children's health at every stage of development. A child born today can expect to experience twice as many wildfires, three times as many flooding events, and 36 times as many heat waves compared to someone born in 1960.³¹ Hotter, drier conditions are projected to increase dust levels by 38%, driving a 210% rise in dust-attributable cardiovascular deaths.³²

Children’s developing lungs, brains, and immune systems make them more susceptible to harm from extreme heat, air pollution, and vector-borne disease.³³ Infants cannot effectively regulate their body temperature, increasing their risk of serious illness or disease, particularly in the first week of life if born during a heat wave.³⁴ Children under the age of five are at greater risk for asthma exacerbations during wildfires due to their smaller airways, where inflammation poses a greater risk. Children and young athletes are at risk of thermal burns, heat illness, and heat stroke when outside on a hot day, while spending more time indoors carries a greater risk of obesity and chronic disease.³⁵ Drier and dustier conditions place children, particularly in rural areas, at higher risk for respiratory conditions and dangerous diseases like coccidiomycosis (“Valley fever”).³⁶

These health effects can be profound and lifelong. Exposure to wildfire smoke or extreme heat during pregnancy increases the risk of preterm birth and low birthweight, outcomes associated with long-term risks for chronic disease and neurodevelopmental disorders.³⁷⁻³⁹ Asthma, the most common chronic disease in childhood, is already being exacerbated by climate change. Rising levels of air pollution from wildfires, longer and more intense pollen seasons, and increased ground-level ozone on hotter days are driving more emergency room visits and hospitalizations.⁴⁰⁻⁴³ These exposures translate into higher healthcare costs, poorer educational outcomes, and reduced lifetime earnings for affected children.⁴⁴⁻⁴⁵

Extreme weather events compound these risks. Hurricanes, floods, droughts, and wildfires lead to displacement, loss of housing and caregivers, disrupted access to medical and mental health care, and prolonged school absences.⁴⁶ These events can increase a child’s exposure to Adverse Childhood Experiences (ACEs), which are strongly linked to elevated risks for chronic conditions later in life—including heart disease, diabetes, and even cancer.⁴⁷ An analysis of disasters such as Hurricanes Katrina and Maria and the toll that hurricanes take long after the floodwaters recede shows lasting impacts from these events. Infants faced the highest increase in mortality months after the event, ⁴⁸ likely due to a combination of disrupted access to healthcare, caregivers with financial and mental health struggles, and shredded social support networks. While all children are at risk, those in historically underserved and overburdened communities are disproportionately affected, further deepening health inequities.

Young people are at additional risk if the Endangerment Finding is abandoned. The EPA proposal's suggestion that increased greenhouse gas emissions could be "beneficial" because they may stimulate plant growth ignores the broader and well-documented harms of such changes. Any short-term gains in biomass are potentially outweighed by the negative consequences. Elevated CO₂ levels can actually reduce the nutritional quality of food crops, lowering essential protein, zinc, and iron content and worsening the risk of malnutrition—especially for children and vulnerable populations.⁴⁹ Increased plant growth also means greater pollen production and longer pollen seasons, which risk driving up rates of severe asthma cases in children.⁵⁰⁻⁵¹

Climate Impact on Mental Health Conditions

Patients with mental illness are especially vulnerable to climate change. Mental illness is one of the major causes of suffering in the United States, with one in five Americans living with a mental health condition. Climate change affects mental health in a variety of ways, with the elderly, pregnant and post-partum women, people with low income, those with pre-existing mental health conditions, and emergency response workers at higher risk. Extreme weather events driven by climate change are linked to higher rates of PTSD, depression, anxiety, suicidality, and substance use disorders—affecting both those with and without prior mental illness.⁵²⁻⁵⁴

Heat events are associated with increased domestic and group violence, suicides, sleep disorders, and impaired cognition and decision making, leading to more work-related accidents. ⁵⁵Many medications, including but not limited to psychiatric medications, can affect temperature regulation, leading to life-threatening hyperthermia. Several studies have found that people with preexisting mental health conditions are at increased risk for death during heat events, with one study demonstrating a three-fold risk of death for people with schizophrenia.⁵⁶⁻⁵⁷ Those with cognitive impairments, such as dementia, are also at an elevated risk for hospitalization and death during heat waves.⁵⁸

Climate distress, especially among youth, is pervasive. A global survey of 16–25-year-olds found that 59% were worried or extremely worried about climate change, over 50% believed "humanity is doomed," and nearly half said it impaired their daily functioning. ⁵⁹A similar study looking at U.S. youth had very similar findings, indicating a high level of distress for this demographic.⁶⁰

Climate Impact on Patients With Chronic Diseases

People with chronic conditions such as heart disease, diabetes, and respiratory illnesses are especially vulnerable to climate change. Heat, extreme weather events, waterborne illnesses, and air pollution can all exacerbate these conditions, increasing the risk of severe illness or death.⁶¹⁻⁶⁴ People with chronic health conditions depend on medications or medical services that may be disrupted by climate emergencies involving evacuations, transportation breakdowns, power outages, and damage to healthcare infrastructure.⁶⁵ Common medications, such as diuretics and antihypertensives, can impair the body's ability to regulate temperature, compounding heat-related risks.⁶⁶ Additionally, individuals with compromised immune systems are more susceptible to climate-sensitive vector-borne diseases, including those spread by water or insects.⁶⁷⁻⁶⁸

Climate change is also driving more frequent and intense wildfires, exposing patients to toxic smoke that can travel hundreds of miles beyond the fire zone. This smoke contains fine particulate matter (PM2.5) that, when inhaled, triggers inflammation and places individuals with cardiovascular and respiratory disease at elevated risk for strokes, heart attacks, asthma attacks, COPD exacerbations, and premature death.⁶⁹⁻⁷¹ The expanding reach of wildfire smoke means that even those far from fire lines are increasingly affected, further burdening already strained healthcare systems.⁷²

Climate Change Impacts on Older Adults

The health and safety of older Americans are increasingly threatened by climate-related hazards.

Approximately one-fifth of the U.S. population is 60 years or older.⁷³ As people age, they are less able to adjust to environmental stresses like heat and air pollution.⁷⁴ Many older adults live with chronic health conditions like heart disease and COPD, which can be exacerbated by climate stressors like extreme heat and air pollution.⁷⁵ Limited mobility can make it harder to evacuate during emergencies and recover afterwards.⁷⁶ Age-related declines in the ability to regulate body temperature—often compounded by medications such as diuretics and antihypertensives—further increase the danger during heat waves. In addition, many seniors depend on caregivers for daily needs and medical care, support systems that can be severely disrupted during climate-related disasters.⁷⁷

Conclusion

Climate change threatens the health of every American, but the impacts are disproportionately severe for vulnerable populations. As health professionals, we are already seeing these harms in our patients. Without decisive action, climate-driven heat waves, air pollution, severe storms, flooding, droughts, and vector-borne disease will only intensify. The scientific evidence is unequivocal: Greenhouse gas pollution endangers public health. The EPA has a clear obligation under the Clean Air Act to regulate these pollutants.

We urge the Administration to withdraw the proposed rescission of the 2009 Endangerment Finding and uphold its responsibility to protect the health of the American people.

Signed,

National Organizations

Academic Pediatric Association

Academy of Emergency Medicine Pharmacists

Alliance of Nurses for Healthy Environments

American Academy of Allergy, Asthma, & Immunology

American Academy of Child and Adolescent Psychiatry

American Academy of Family Physicians

American Academy of Pediatrics

American Association of Occupational Health Nurses

American College of Chest Physicians

American College of Osteopathic Internists

American College of Physicians

American Medical Association

American Medical Women's Association

American Psychiatric Association

American Psychological Association Services, Inc.

American Public Health Association

American Thoracic Society

Association of Community Health Nursing Educators

Association of Medical School Pediatric Department
Chairs

Climate Psychiatry Alliance

Climate Psychology Alliance – North America

College of Urgent Care Medicine
Council of Public Health Nursing Organizations
DNPs of Color
Doctors for America
Endocrine Society
Health Care Without Harm
Infectious Diseases Society of America
The Medical Society Consortium on Climate and Health
National Association of Neonatal Nurses
National Association of Pediatric Nurse Practitioners
National League for Nursing
National Medical Association
Nurse Heroes for Zero

Organizations By State

Arizona

American Academy of Pediatrics, Arizona Chapter
Arizona Health Professionals for Climate Action

California

California Nurses for Environmental Health and Justice
California Thoracic Society
Climate Health Now
National Association of Pediatric Nurse Practitioners,
Orange County Chapter
National Association of Pediatric Nurse Practitioners,
San Francisco Chapter
Physicians for Social Responsibility, San Francisco Bay
Area
Santa Clara County Medical Association

Colorado

Colorado Academy of Family Physicians
Healthy Air and Water Colorado
Physicians for Social Responsibility, Colorado

Delaware

Delaware Nurses Association
Progressive Health of Delaware
Mid-Atlantic Alliance for Climate and Health

District of Columbia

American Academy of Pediatrics, DC Chapter

Florida

Florida Clinicians for Climate Action
Florida Thoracic Society

Occupational Therapists for Environmental Action
Orthodox Jewish Nurses Association
Oncology Advocates United for Climate and Change –
International
Philippine Nurses Association of America
Physicians for Social Responsibility
Rural Nurse Organization
Society of Behavioral Medicine
Society of Emergency Medicine Pharmacists
Society of General Internal Medicine
Society of Latinx Nurses
Veterinary Sustainability Alliance
Wilderness Medical Society

Georgia

Georgia Clinicians for Climate Action

Hawaii

National Association of Pediatric Nurse Practitioners,
Hawaii Chapter
Washington, Hawaii, Alaska Thoracic Society

Idaho

Idaho Clinicians for Climate and Health

Illinois

American Academy of Pediatrics, Illinois Chapter
Illinois Clinicians for Climate Action
National Association of Pediatric Nurse Practitioners,
Illinois Chapter

Iowa

National Association of Pediatric Nurse Practitioners, Iowa
Chapter

Maine

Alliance of Maine Health Professionals for Climate Action
Physicians for Social Responsibility, Maine

Maryland

Healthy Climate Maryland
National Association of Pediatric Nurse Practitioners,
Maryland Chapter
Physicians for Social Responsibility, Chesapeake

Massachusetts

American Academy of Pediatrics, Massachusetts Chapter
Greater Boston Physicians for Social Responsibility

Michigan

The Climate Justice Nurse
Michigan Clinicians for Climate Action
Michigan State Medical Society
Michigan Thoracic Society

Minnesota

Advocates for Better Health (Minnesota)
Minnesota Organization of Registered Nurses (MNORN)
Health Professionals for a Healthy Climate (Minnesota)

Mississippi

Mississippi Health Professionals for Climate and Health Equity

Montana

American Academy of Pediatrics, Montana Chapter
Montana Health Professionals for a Healthy Climate

Nebraska

American Academy of Pediatrics, Nebraska Chapter

Nevada

Nevada Clinicians for Climate Action

New Hampshire

American Academy of Pediatrics, New Hampshire Chapter
New Hampshire Healthy Climate

New Jersey

Clinicians for Climate Action New Jersey
National Association of Pediatric Nurse Practitioners, Pennsylvania Delaware Valley Chapter
New Jersey State Nurses Association
New Jersey Thoracic Society

New Mexico

Healthy Climate New Mexico

New York

National Association of Pediatric Nurse Practitioners, Greater New York State Chapter
National Association of Pediatric Nurse Practitioners, Long Island Chapter
New York State Thoracic Society

North Carolina

Carolina Advocates for Climate, Health, and Equity
North Carolina Thoracic Society

Ohio

American Academy of Pediatrics, Ohio Chapter
Ohio Association of Occupational Health Nurses

Oklahoma

Oklahoma Thoracic Society

Oregon

Oregon Pediatric Society
Oregon Thoracic Society

Pennsylvania

Concerned Health Professionals of Pennsylvania
National Association of Pediatric Nurse Practitioners, Pennsylvania Delaware Valley Chapter
Physicians for Social Responsibility, Pennsylvania

Puerto Rico

Puerto Rico Clinicians for Climate Action

South Carolina

National Association of Pediatric Nurse Practitioners, South Carolina Chapter
South Carolina Thoracic Society

Texas

National Association of Pediatric Nurse Practitioners, South Texas Alamo Chapter
Physicians for Social Responsibility, Texas

Utah

National Association of Pediatric Nurse Practitioners, Utah Chapter
Utah Physicians for a Healthy Environment

Vermont

Vermont Climate and Health Alliance

Virginia

American Academy of Pediatrics, Virginia Chapter
Virginia Clinicians for Climate Action

Washington

American Academy of Pediatrics, Washington Chapter
Washington Physicians for Social Responsibility
Washington, Hawaii, Alaska Thoracic Society

Wisconsin

Healthy Climate Wisconsin



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Arizona Chapter

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New Hampshire Chapter

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ASSOCIATION

AMWA
American Medical Women's Association

AMERICAN
PSYCHIATRIC
ASSOCIATION



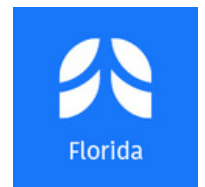
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ATS
American Thoracic Society

California
Thoracic Society
ATS Chapter



Michigan
Thoracic Society
ATS Chapter



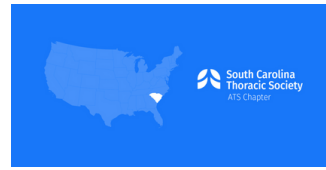
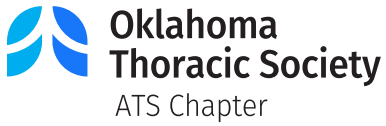
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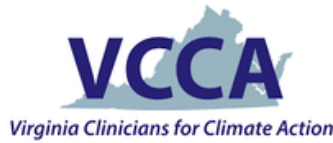


New York State
Thoracic Society
ATS Chapter



North Carolina
Thoracic Society
ATS Chapter





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ORGANIZATION



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BEHAVIORAL
MEDICINE**

SEMP
SOCIETY OF EMERGENCY MEDICINE PHARMACISTS



**Veterinary
Sustainability
Alliance**



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