



March 17, 2023

The Honorable Robert Aderholt
 Chair
 House Appropriations Subcommittee
 on Labor, Health and Human Services,
 Education, and Related Agencies
 Washington, DC 20515

The Honorable Rosa DeLauro
 Ranking Member
 House Appropriations Subcommittee
 on Labor, Health and Human Services,
 Education, and Related Agencies
 Washington, DC 20515

The Honorable Tammy Baldwin
 Chair
 Senate Appropriations Subcommittee
 on Labor, Health and Human Services,
 Education, and Related Agencies
 Washington, DC 20510

The Honorable Shelley Moore Capito
 Ranking Member
 Senate Appropriations Subcommittee
 on Labor, Health and Human Services,
 Education, and Related Agencies
 Washington, DC 20510

Dear Chairs Aderholt and Baldwin and Ranking Members DeLauro and Capito:

The undersigned health organizations urge you to increase funding for the Centers for Disease Control and Prevention's Climate and Health Program to \$110 million in the FY 2024 Labor, Health and Human Services, Education and Related Agencies Appropriations bill. This funding is needed to support state and local health departments in their efforts to prepare for and protect their communities from the health threats they are facing from extreme weather and other environmental health hazards.

The undersigned organizations strongly believe that climate change is a health emergency. We recognize the urgency to improve future outcomes by reducing the emissions that are perpetuating this emergency, but we must recognize that health is already being impacted now. The public health workforce needs adequate resources to identify risks and develop and implement adaptation action plans to protect communities across the country. CDC's Climate and Health Program is the only federal program that helps states, cities, territories and Tribes prepare for and respond to the specific local environmental health impacts.

These health impacts threaten the patients and communities that our organizations serve. Broadly speaking, these impacts include increased spread of vector-borne diseases like Lyme Disease, degraded air quality from ozone pollution and wildfire smoke, hotter temperatures, extreme weather events and longer allergy seasons. Communities must have the resources necessary to

understand their specific current and anticipated health impacts and take steps to improve public health outcomes.

The Climate and Health Program currently funds nine states, two cities and three Tribes. More states and cities used to receive funding, but after years of level funding, the decision was made to fund fewer states at a more sufficient level. Examples of the projects supported by this program include: the development of an environmental equity tool in Wisconsin to better pinpoint the most impacted communities from pollution, climate change and socioeconomic factors; a resilience planning toolkit in Oregon that uses lessons learned from local partners to guide local health departments in their response; the identification of specific communities at greatest risk due to sea level rise in North Carolina; and in Connecticut, work by the health department to educate teachers, school nurses, administrators, and other school personnel in vulnerable communities to reduce student exposure to extreme heat and ozone events. The value of this program lies in its ability to provide flexibility for states and localities to make their own decisions on what their constituents need as opposed to a one size fits all approach.

The Climate and Health Program has been hindered in its ability to rise to its full – and necessary – potential due to insufficient funds. Increasing funding for this program to \$110 million would serve three critical purposes. First, it would allow CDC to fund all states and territories, becoming a national resource and financial support system for states as they prepare for and respond to the health impacts their residents are currently facing. Second, it would improve the program’s ability to fill gaps in climate surveillance by better integrating weather and ecological system data with health outcomes. Third, it would allow CDC to offer more scientific and epidemiological studies and resources on climate change and the health outcomes stemming from it. Additionally, CDC would be better equipped to evaluate the grantees’ work to identify and be able to share best practices with communities nationwide.

Our communities are already experiencing the negative health impacts due to changing climate conditions. Further investment in CDC’s Climate and Health Program will help communities across the country better prepare and protect their residents. Thank you for considering our recommendation and we look forward to working with you throughout this year’s appropriations process.

Sincerely,

Allergy & Asthma Network
American Academy of Pediatrics
American Heart Association
American Lung Association
American Psychological Association
American Thoracic Society
Association of State and Territorial Health
 Officials
Asthma and Allergy Foundation of America
Children's Environmental Health Network
Climate for Health
Climate Psychiatry Alliance

Health Care Without Harm
Medical Students for a Sustainable Future
National Association of County and City
 Health Officials
National Association of Pediatric Nurse
 Practitioners
National Environmental Health Association
National Hispanic Medical Association
National League for Nursing
Physicians for Social Responsibility
Public Health Institute
Trust for America's Health