Opening Statement
Subcommittee Chairman Harley Rouda

Hearing on “Climate Change, Part II: The Public Health Effects”

Subcommittee on Environment
April 30, 2019

Good afternoon. This hearing is the second in the series of hearings on climate change that the Committee on Oversight and Reform’s Subcommittee on Environment plans to hold during the 116th Congress.

In this subcommittee’s previous hearing, our esteemed witnesses helped us examine the history of a consensus surrounding climate change based on overwhelming scientific evidence, previous industry knowledge and action, and the need to transcend partisan politics to address this most important issue. That hearing focused on the past. Today we will concentrate on the current impacts that global warming is already having on the health of everyday Americans.

According to the National Aeronautics and Space Administration and the National Oceanic and Atmospheric Administration, 18 of the 19 warmest years on record have occurred since 2001, with predictions that 2019 will join this list.

Cities throughout the United States are suffering from increased ground-level ozone caused by increasing temperatures and continued high levels of particle pollution, which have been linked to activities such as the burning of fossil fuels and wildfires.

Last week, the American Lung Association released its 20th annual State of the Air report. According to this year’s report, more than 141 million Americans - or put in other words - 4 in 10 of us, live in counties with unhealthy levels of ozone and/or particle pollution – this is an over 7 million person jump since last year’s report. Excessive heat drives the formation of the dangerous smog and soot referenced in the report and exacerbates conditions like asthma, lung cancer, and cardiovascular diseases, and, in some cases leads to death.

Among the report’s list of U.S. cities where breathing air is most dangerous to human health, my home state of California dominates the list. In the wake of recent wildfires, my fellow Californians have faced air pollution levels that exceed those in cities in China and India. And, it’s not just about California – in the last 11 years, nearly 80 million acres have been consumed by wildfire. This is an area greater than the state of New Mexico. States including Montana, Kansas, Oklahoma, Washington, Arizona, Colorado, Nevada, New Mexico, South Carolina, and Utah have all faced extremely destructive wildfires in recent years. I am concerned that if we do not act now, our children and grandchildren will be forced to grapple with toxic air quality far worse than what we are currently exposed to.

Global warming also significantly alters the geographic range of disease-carrying insects and pests, therefore exposing an increasing number of people globally and within the United States to vector-borne diseases including Zika virus, malaria, dengue fever, and Lyme disease.
It is also extremely important to note that the burden of these impacts is not evenly shared.

According to a University of California study from 2009, climate change does not affect everyone equally – people of color and the poor are most at risk. Low-income urban neighborhoods, communities of color, and the elderly are particularly vulnerable to increased frequency of higher temperatures and heat waves – buildings in urban areas absorb and poorly dissipate heat, adequate air conditioning is expensive, and access to transportation to facilitate movement to cooler areas is lacking.

Other vulnerable populations, such as children, seniors, and women, are also already facing and will continue to face the negative brunt of continued inaction.

Instead of acting in the public interest to address these serious health effects, the Trump Administration’s proposed rollbacks seek to weaken and gut protections for clean air and clean water, and places landmark environmental legislation enacted to reduce air pollution in the crosshairs. It is estimated that the Trump Administration’s attacks on the Obama Administration’s Clean Power Plan, legally justified under the Clean Air Act, would result in up to 1,630 additional premature deaths and 140,000 missed school days by children by 2030. These aren’t my numbers – these are the Trump Administrations own estimates that they released alongside their rollback proposal of this plan.

Additionally, the current administration’s reopening of the national Clean Car Standards, a determination that lacks reasoned analysis and fails to offer reasoned explanation, has already been met with a legal challenge from a coalition of 18 state attorneys general from states including California, New York, Illinois, Iowa, Virginia, and Maryland. In fact, these rollbacks have even been opposed by the auto industry—American companies like General Motors and Ford Motors are saying the Trump Administration is wrong on this.

These rollbacks are not in the public’s best interest – instead, these actions help create a world that is increasingly less safe for all Americans.

This is not a hypothetical conversation. This is not a false narrative. Climate change has direct and indirect effects on human health, and these health effects are already being felt across the United States. These effects are real now and require action.

Today we are joined by Dr. Aaron Bernstein, Dr. Bernard Goldstein, Dr. Karen DeSalvo, and Dr. Cheryl Holder – who have all spent time in their respective roles studying the impacts of climate change on public health, the various effects that are already being felt in communities across our country, and they can speak to the role that the federal government should play in responding to this serious set of challenges. We also have Dr. Caleb Rossiter with us today whose thoughts the Subcommittee looks forward to hearing. I appreciate the attention each person on this panel has given to this critical issue that impacts all our lives.

Thank you very much, and I now invite my colleague, the Subcommittee’s Ranking Member, Mr. Comer, to give a five-minute opening statement.

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