April 20, 2021

President Joseph R. Biden
The White House
1600 Pennsylvania Ave.
Washington, DC 20500

Re: Addressing the Climate Crisis’ Domestic Impacts on Maternal and Infant Health Outcomes

Dear President Biden,

We are a group of human rights, reproductive rights, reproductive justice, environmental justice, maternal and child health, health care professional organizations, medical societies, and other advocates writing with a spirit of energized support for your January Executive Order (EO) on Tackling the Climate Crisis at Home and Abroad\(^1\) and for your commitment to racial justice and environmental justice in addressing the climate crisis in the United States.

We are also writing to emphasize that addressing the climate crisis appropriately includes considering how heat, wildfires, floods, and other impacts stand to worsen the maternal health crisis that is dominated by unjust racial disparities, widening further the shocking gap in this country between who has a healthy pregnancy and baby and who does not.

Climate health adaptation efforts should adopt a reproductive justice lens and acknowledge the added vulnerability faced by birthing people, particularly Black and Indigenous women, and others most affected by the country’s maternal health crisis. There has been too little attention paid to human health consequences of the climate crisis over the past years, and even less to the distinct impacts on pregnant people, particularly reproductive-aged women of color.\(^2\) We note with appreciation the White House proclamation last week on Black Maternal Health Week\(^3\).

Maternal mortality and morbidity, premature birth rates, and other adverse birth outcomes in the US are among the worst in the industrialized world and are continuing to worsen.\(^4\) Ending racial

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\(^2\) For example, President Obama’s national climate plan did not acknowledge or plan for health impacts of the crisis. The Climate Health Action coalition noted earlier this year: “Of the nearly 80,000 HHS employees, fewer than a dozen have expertise in climate and health. Other than a small initiative at CDC (representing 0.0007% of the HHS budget), HHS has no formal programming on climate and health.” Human Rights Watch has been unable to find any federal or state climate crisis health adaptation program providing interventions for maternal health and most state level climate action plans omit this vulnerable population, or mention pregnancy as a vulnerability only in passing, even when others are included.


\(^4\) For example, the Centers for Disease Control (CDC) says that Black women’s pregnancies end in premature birth 50 percent more often than those of white women, low birth weight is also twice as common among babies born to Black women, and stillbirth is more than twice as common for Black women as for white women. The March of Dimes, which works to end premature birth in the US, provides analysis that shows that Hispanic and Indigenous American women also have worse birth outcomes than white women. See: “Reproductive Health,” CDC, last reviewed September 3, 2019, [https://www.cdc.gov/reproductivehealth/maternalinfanthealth/index.html](https://www.cdc.gov/reproductivehealth/maternalinfanthealth/index.html) (accessed April 8, 2021); and “Peristats,” March of
disparities by naming and addressing factors that contribute to systemic racism is a necessary step as we continue to combat the maternal health crisis.

As the Environmental Protection Agency has noted, “[during] pregnancy, physiologic changes, such as higher respiratory rates and increases in blood and plasma volumes, increases a woman’s vulnerability to environmental exposures”. A broad array of studies and government resources have shown or noted links between exposure to heat, wildfire smoke, flooding, hurricanes, air pollution, fracking and other forms of fossil fuel extraction for example, and poor maternal health and birth outcomes.

Both pregnant people themselves and the developing fetus, as well as newborns and children, are at unique risk. Exposure to wildfire, heat, heavy metals (and other contamination like mold after flooding), hurricanes, or stress associated with extreme weather disasters may all have impacts on fetal development. Newborns and children are especially vulnerable to heat and air pollution, for example.

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7 Environmental Protection Agency, “Climate Change and the Health of Pregnant Women”, 2016, https://nepis.epa.gov/Exe/ZyNET.exe/P100W3R_TEX?ZyActionD=ZyDocument&Client=EPA&Index=2016+Thm+2020&Do c=1&Query=&Time=&EndDate=&SearchMethod=1&Entry=0&ToFiel d=0&OFieldYear=0&OFiel dMonth=0&OFiel dDay=0&ExtOFiel d=0&ExtXMLQuery=&File=D%3A%5C2016thm%20%5C%27%20C%5C000000001%5CP100W3R.txt&User=ANONYMOUS&Password=anonymous&SortMethod=b&nFuzzyDegree=0&ImageQuality=r75g8/r75g8/x150y150&Display=hpfr&DefSeekPage=x&SearchBack=ZyActionL&Back=ZyActionS&BackDesc=Results%20page&MaximumPages=1&ZyEntry=1&SeekPage=x&ZyP URL (accessed April 8, 2021).

Pregnant people themselves are also more at risk of heat stress, particularly while working low-income jobs with few labor rights protections like those in the agriculture industry sector. The American College of Obstetricians and Gynecologists has noted about the climate crisis that, “women in affected regions [are] at elevated risk of disease, malnutrition, sexual violence, poor mental health, lack of reproductive control, negative obstetric outcomes, and death”.

To address the climate crisis’ impact on maternal and infant health outcomes, we recommend the following actions:

- Continue to work to dramatically increase funding to federal climate health adaptation efforts. Earmark funds for maternal, newborn, and child health impacts, and for reproductive justice.
- Ensure that climate human health impacts, gender equality, racial equity considerations, and human rights are all addressed in the upcoming new Nationally Determined Contribution, naming the domestic maternal health crisis as an area of concern and action in the document, and highlighting maternal health in public speaking engagements and other communication at the April 22nd Climate Summit.
- Appoint a national gender equity and climate change leader to support the integration of intersectional gender considerations into all aspects of White House climate change policymaking and coordination.
- Ensure that the newly established White House Office of Domestic Climate Policy and the White House Environmental Justice Interagency Council commit to addressing the maternal health crisis in their work by including reproductive justice experts on their staff, and consulting with the reproductive justice community.
- Include climate and other environmental impacts on the health of women and girls, including pregnant people, in priorities for the newly established White House Gender Policy Council and focusing efforts to accelerate progress in ending the maternal health crisis and racial disparities in health outcomes in the US.
- Assess maternal health concerns in relation to the January 27, 2021 EO directing Health and Human Services agencies to establish an Office of Climate Change and Health Equity, an Interagency Working Group to Decrease Risk of Climate Change to Children, the Elderly, People with Disabilities, and the Vulnerable, and a biennial Health Care System Readiness Advisory Council.
- Ask agencies, where appropriate, to address maternal health in their “Climate Action Plans and Data and Information Products to Improve Adaptation and Increase Resilience” required under the January 27, 2021 EO.
- Ask agencies to consider how natural disasters and other climate impacts may undermine health infrastructure and services, including sexual and reproductive health, and protections against gender-based violence in “Climate Risk Analysis” planning, as required under the January 27, 2021 EO.

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Include estimates, where available, for direct and indirect human health costs from the climate crisis in the proposed National Intelligence Estimate on the national and economic security impacts of climate change, described in the January 27, 2021 EO.

We deeply appreciate your ongoing commitment to maternal health and addressing the climate crisis and would be delighted to discuss further.

Sincerely,

A Better Balance
Allergy & Asthma Network
Alliance of Nurses for Healthy Environments
American College of Nurse-Midwives
American Society of Peri Anesthesia Nurses
Asthma and Allergy Foundation of America
Black Women's Health Imperative
Break the Cycle of Climate Change

Break the Cycle of Health Disparities, Inc.
Center for Biological Diversity
Center for Reproductive Rights
CHANGE (Center for Health & Gender Equity)

Children's Environmental Health Network (CEHN)
Citizens' Environmental Coalition
ClimateMama
Climate for Health, ecoAmerica

The Climate Resilience Fund
Every Woman Connecticut
Flint Rising
Freshwater Future

Friends of UNFPA
Harambee Village Doulas
Human Rights Watch
If/When/How: Lawyering for Reproductive Justice
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<td>Indigenous Environmental Network</td>
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<td>Medical Students for a Sustainable Future</td>
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<td>National Association of Nurse Practitioners in Women's Health</td>
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<td>National Birth Equity Collaborative</td>
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<td>New Mexico Social Justice and Equity Institute</td>
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<td>San Francisco Bay Physicians for Social Responsibility</td>
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<td>Society for Public Health Education Midwest Chapter</td>
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<td>This is Zero Hour NYC/Ludovica Martella</td>
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<td>We the People of Detroit</td>
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<td>White Ribbon Alliance</td>
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<td>Wisconsin Alliance for Women's Health</td>
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<td>Women's Earth and Climate Action Network (WECAN)</td>
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CC:
Vice President Kamala Harris
Gina McCarthy, White House National Climate Advisor
Jennifer Klein, Co-Chair and Executive Director of the Gender Policy Council
Julissa Reynoso, Co-Chair of the Gender Policy Council