

December 21, 2021

James Frederick
Deputy Assistant Secretary of Labor for Occupational Safety and Health
Occupational Safety and Health Administration
U.S. Department of Labor
200 Constitution Avenue, NW
Washington, DC 20210

Re: Heat Injury and Illness Prevention in Outdoor and Indoor Work Settings; Advance Notice of Proposed Rulemaking (ANPRM)(Docket No. OSHA–2021–0009)

Dear Deputy Assistant Secretary Frederick:

On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our support for the initiation of rulemaking by the Occupational Safety and Health Administration (OSHA) to protect indoor and outdoor workers from hazardous heat. According to the [National Institute of Environmental Health Sciences](#), prolonged exposure to extreme heat can cause heat exhaustion, heat cramps, heat stroke, and death, as well as exacerbate pre-existing chronic conditions, including various respiratory, cerebral, and cardiovascular diseases. Moreover, heat is the leading cause of death among all weather-related phenomena ([Preamble to ANPRM at 1](#)) according to the National Weather Service. Over the past few years, there have been rising rates of severe morbidity and mortality related to heat exposure/injury, and the U.S. has seen the devastating impact that excessive heat exposure has on our workforce, particularly the farmworker population. However, workers in both outdoor and indoor work settings without adequate climate-controlled environments are at risk of hazardous heat exposure. This past year, heat waves in our country, especially in the Pacific Northwest, resulted in over 200 heat injury-related deaths in Washington and Oregon over a week-long period.

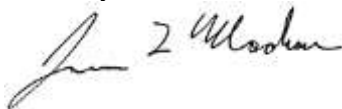
According to the [Centers for Disease Control and Prevention \(CDC\)](#), despite the fact that heat-related deaths and illnesses are preventable, during 2004 through 2018, an average of 702 heat-related deaths occurred in the U.S. annually. OSHA reports that over the last decade, there have been 384 worker deaths from direct heat-related causes, such as heat stroke, and the rate of heat-related deaths has doubled since the 1990s. However, OSHA has acknowledged that this number is likely a severe undercount, in part due to the legal status of many outdoor workers, many of whom are reluctant to report heat-related illness. Approximately one-third of all heat-related worker deaths are in Hispanic workers. In addition, OSHA statistics do not account for workplace deaths or injuries in which heat may be a critical factor, but not the primary cause. The AMA is particularly concerned about the disproportionate impact of working conditions, including excessive heat exposure, on health outcomes among minoritized and marginalized communities and the resulting exacerbation of socioeconomic and racial inequalities in the U.S. The heat-related deaths and illnesses represent a continuing public health concern that has become worse in recent years with high temperatures breaking records across the country and heat waves are expected to continue in the future due to climate change.

The AMA has long recognized the significant public health threat imposed by heat-related emergencies and has called for physicians to identify patients at risk for extreme heat-related illness, such as the elderly, children, individuals with physical or mental disabilities, people with alcohol use disorders, the chronically ill, and the socially isolated. In addition, patients, family members, friends, and caretakers should be counseled about prevention strategies to avoid such illness. Physicians should provide patients at risk with information about cooling centers and encourage their use during heat emergencies. The AMA also encourages patients at risk for heat-related illness to consider wearing appropriate medical identification. We also support sunshade structures (such as trees, awnings, gazebos, and other structures providing shade) in the planning of public and private spaces, as well as in zoning matters and variances in recognition of the critical importance of sun protection as a public health measure.

At the AMA House of Delegates November 2021 meeting, the House adopted new policy that supports all workers having access to preventive cool-down rest periods in shaded, ventilated, and/or cooled areas for prevention of injury from sun exposure and heat injury, as well as appropriate access to emergency services when signs and symptoms of heat exposure injury appear. The new policy states that the AMA recognizes there are medical conditions and medications, including but not limited to psychotropics, which increase an individual's vulnerability to the negative impacts of heat and sun exposure and that such recognition be included as part of any guidelines, legislation, or other policies. In addition, the policy calls on the AMA to advocate for legislation that creates federal standards for protections against heat stress and sun exposure specific to the hazards of the workplace, and to support regulatory changes by OSHA or legislation to require that workers receive health educational materials about prevention and recognition of heat exhaustion and heat exposure injury that is in the worker's primary language.

The AMA applauds the Biden Administration for recognizing the dangers of excessive heat exposure and looks forward to working with OSHA as this rulemaking proceeds to develop and enforce evidence-based policies, guidelines, and protections against heat injury for workers independent of legal status. If you have any questions, please contact Margaret Garikes, Vice President of Federal Affairs, at (202) 789-7409 or margaret.garikes@ama-assn.org. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is written in a cursive style with a large initial "J" and "M".

James L. Madara, MD