

FALL 2021

CLIMATE QUARTERLY

The Newsletter of the Expert Resource Group on Climate and Environmental Affairs



GET INVOLVED & STAY INFORMED

We have multiple opportunities to roll up your sleeves and engage in meaningful work with our ERG's Committees including Communication & Education, Outreach & Policy, and Innovations & Initiatives. Please contact Mary Williams (elias.williams1@gmail.com) if you would like to volunteer.

Become an Advocate Member of the Medical Society Consortium on Climate & Health. Click [here](#) to sign up and learn about numerous opportunities for climate advocacy and action.

Please email Sarah Coates (sarah.coates@ucsf.edu) or Markus Boos (markus.boos@seattlechildrens.org) to join our mailing list.

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CLIMATE CHANGE IN THE LITERATURE & NEWS

by Erica Lin, MS3 and Markus Boos, MD, PhD

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The Role of the Environment and Exposome in Atopic Dermatitis

- Stefanovic N, Irvine AD, Flohr C. The Role of the Environment and Exposome in Atopic Dermatitis. *Curr Treat Options Allergy*. 2021 May 21:1-20. doi: 10.1007/s40521-021-00289-9.

This review focuses on the biological effects of key environmental exposures at the population, community, and individual levels on the pathogenesis of atopic dermatitis (AD). The authors describe global factors (climate changes leading to decreased UV exposure and air pollution) as well as community and regional environmental factors (increased water hardness and decreased chronic helminth infection) that correlate positively with AD symptoms and severity. They assert that the impact of dosage and timing of environmental exposure correlate with either exacerbation or amelioration of disease. Individual risk factors, such as sensitization to perennial and seasonal allergens, can perpetuate AD chronicity, while acid-base balance restoration of the skin can play a role in the prevention of AD. Other individual factors influencing AD severity and persistence identified in this review include modulation of skin and gut microbiota, diet, psychological stress, and sleep disturbance.

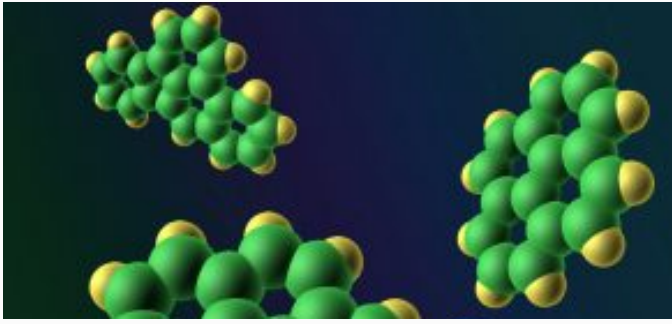
Carbon Footprint of Residency Interview Travel

- Donahue LM, Morgan HK, Peterson WJ, Williams JA. The Carbon Footprint of Residency Interview Travel. *J Grad Med Educ*. 2021 Feb;13(1):89-94. doi: 10.4300/JGME-D-20-00418.1.

This study conducted at the University of Michigan evaluated the carbon footprint of residency interview travel for its graduating class of 2020 and found that interview travel was a significant source of greenhouse gas emissions. Specifically, the average total carbon footprint per student in this study was calculated at 3.07 metric tons of CO₂; given an average number of approximately 14 interviews, the average carbon footprint per interview was 0.21 metric tons of CO₂. Over 75% of the average student's carbon footprint was attributed to air travel. Notably, students applying in dermatology had a greater number of interviews per person (M = 27.33, SD = 15.50), resulting in greater average CO₂ emissions per student applying in our specialty. Extending their findings to the almost 19,000 students who graduated during the 2020-21 academic year, the authors estimate that the virtual format of the 2020-2021 interview cycle reduced the carbon footprint of the residency application process by 51,665 metric tons of CO₂, or the equivalent of 11,162 passenger cars per year. The authors suggest that the continued use of virtual interviewing, institution of an early result acceptance program (ERAP) that allows students to obtain residency positions prior to the traditional Match, and early interviews for rotating students could be adopted to help reduce greenhouse gas emissions for future interview seasons.

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"The virtual format of the 2020-2021 interview cycle reduced the carbon footprint by the equivalent of 11,162 cars per year"



CONTINUED: CLIMATE CHANGE IN THE LITERATURE & NEWS

by Erica Lin, MS³ and Markus Boos, MD, PhD

The Association between Urinary Polycyclic Aromatic Hydrocarbon Metabolites and Atopic Triad

- Kim S, Carson KA, Chien AL. The association between urinary polycyclic aromatic hydrocarbon metabolites and atopic triad by age and body weight in the US population. *J Dermatolog Treat.* 2021 Aug 30;1-7. doi: 10.1080/09546634.2021.1970705.

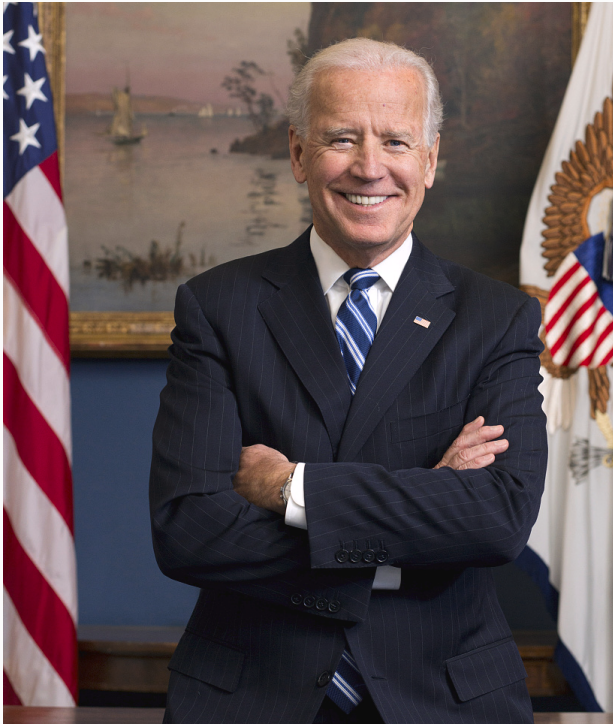
In this retrospective, cross-sectional study using binary multivariable logistic regression, the authors sought to link polycyclic aromatic hydrocarbon (PAH) exposure (using levels of urinary PAH metabolites as a surrogate marker) to an increased risk of atopic disease (manifesting as sneezing, wheezing and chronic pruritus). The authors demonstrate that higher exposure to PAH is positively associated with risk of wheezing after adjusting for potential confounders. They also identified positive associations between specific urinary PAHs and individual features of the atopic triad that were further influenced by age and BMI. Specifically, overweight and elderly individuals appeared to be at greater risk of developing atopic symptoms in association with PAH exposure. These findings, while not definitive, support the hypothesis that lipid-soluble PAHs can negatively influence symptoms of atopy, with specific groups being at greater risk for adverse outcomes with increasing PAH exposure.

Association of Wildfire Air Pollution and Health Care Use for Atopic Dermatitis and Itch

- Fadadu RP, Grimes B, Jewell NP, Vargo J, Young AT, Abuabara K, Balmes JR, Wei ML. Association of Wildfire Air Pollution and Health Care Use for Atopic Dermatitis and Itch. *JAMA Dermatol.* 2021 Jun 1;157(6):658-666. doi: 10.1001/jamadermatol.2021.0179.

This cross-sectional time-series study evaluated associations between short-term exposure to wildfire-associated air pollution and frequency of outpatient clinic visits for atopic dermatitis and itch. The authors analyzed data from pediatric and adult patients' visits to University of California, San Francisco dermatology clinics with symptoms of atopic dermatitis or itch before, during, and after the California Camp Fire of November 2018. The authors compared the findings from visits around the time of the fire (October 2018 through February 2019) to visits during the same time periods in 2015 to 2016, when no large wildfires affected this geographic area. This study found significant associations between short-term exposure to wildfire air pollution and increased dermatologic clinic visits for atopic dermatitis in both pediatric and adult patient populations, as well as increased complaints of itch among pediatric patients. A statistically significant association between air pollution exposure and prescribed systemic medications was also noted for adult patients. These findings provide evidence that pollution in the form of wildfire smoke can lead to exacerbations of atopic dermatitis.





KEEPING UP WITH 'THE JOE': TRACKING PRESIDENT BIDEN'S ENVIRONMENTAL POLICY

by Annika Belzer, MS4
and Caroline A. Nelson, MD

During his campaign, President Joe Biden outlined a plan to “secure environmental justice and equitable economic opportunity.” Our goal is to summarize the most impactful environmental policy actions taken by the United States federal government during the last quarter. In our previous installment, we examined President Biden’s action, or lack thereof, pertaining to crude oil pipelines, a national electric vehicle charging network, and, of particular interest to dermatologists, the “No PFAS in Cosmetics Act.” This quarter, the Environmental Protection Agency (EPA) announced a plan to set enforceable drinking water limits on certain PFAS.

President Biden has stated that the world faces a “code red,” as atmospheric temperatures continue to rise and natural disasters threaten our country. While the executive branch forges ahead on climate change initiatives, the legislative branch appears to be stalling. Will the government “build back better,” or will inertia carry us down our current path?

1. Code Red: Within President Biden’s initial \$3.5 trillion Build Back Better agenda, the most notable climate element was the \$150 billion Clean Electricity Payment Program (CEPP), which would reward companies that switch to clean energy and penalize those that do not. The proposed CEPP had the potential to meet President Biden’s goal of a 50% reduction in greenhouse gas emissions from 2005 to 2030. Senator Joseph Manchin, who is the chair of the Senate Energy and Natural Resources Committee, took issue with the CEPP, leading to its ultimate removal from the Build Back Better climate agenda. Democrats have been working to replace the CEPP with less controversial legislation, including tax provisions to support the transition to clean energy, waste emissions charges, and resilience investments for extreme weather. Progressive democrats had initially indicated to House Speaker Nancy Pelosi that they would not vote for the \$1 trillion Bipartisan Framework Bill until the Build Back Better Act had passed in order to maintain leverage. However, on November 15th, President Biden signed the Infrastructure Bill into law. This bill includes investments in climate resilience, a national network of charging stations, and clean energy and grid-related investments. However, passage of the Build Back Better Act remains critically important to curbing greenhouse gas emissions. The House of Representatives is expected to pass a version of the Build Back Better Act with \$555 billion designated for climate change this week.

2. Screening Sunscreen: Sunscreen has been in the news, and not in a positive light. In January of 2020, a randomized trial found that active ingredients of sunscreen are systemically absorbed. A year later, the state of Hawaii banned oxybenzone and octinoxate due to evidence that the chemicals exacerbate coral reef bleaching. In May, an independent lab found benzene in 78 sunscreen and after-sun products. Soon after, a letter to the FDA from Haereticus Environmental Laboratory asked for removal of octocrylene, which degrades into the possible carcinogen benzophenone, from all sunscreens. An updated proposal to the deemed final order on sunscreen, which provides baseline conditions that are generally recognized as safe and effective (GRASE), was released by the FDA on September 24, 2021. Although zinc oxide and titanium dioxide were proposed as meeting criteria for GRASE, and PABA and trolamine salicylate were proposed as not safe and effective, 12 of the 16 active sunscreen ingredients remain under review. The AAD “[applauds] the efforts by the FDA and industry to prioritize patient health,” while “[looking] forward to the completion of the required testing and analysis to help eliminate public confusion about sunscreen ingredients.”

3. The Plea Against Line 3: In our last edition, we touched upon President Biden’s actions pertaining to the Keystone XL crude oil pipeline and the Dakota Access pipeline. More recently, he has come under criticism for his lack of action as oil began running through the Line 3 pipeline on October 1, 2021. Protests against the pipeline were led primarily by indigenous peoples, as the pipeline crosses lands of the Anishinaabe. Notably, the same day oil started running through the Line 3 pipeline, there was a massive oil spill off of the coast of California from a pipeline owned by Amplify Energy.

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CONTINUED... KEEPING UP WITH 'THE JOE'

by Annika Belzer, MS4
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4. Falling Short on Justice?: Justice40, an initiative to return 40% of all federal investments in climate and clean energy to disadvantaged communities, was established within President Biden's first weeks in office. In January 2021, President Biden published an executive order that gave the White House Council on Environmental Quality (CEQ) six months to develop a screening tool to identify communities in greatest need of Justice40 initiatives. Interim guidance issued in July led to development of the Justice40 pilot program, which identified 21 programs that would immediately begin receiving benefits and serve as a blueprint for other agencies.

5. Rising Tides and Taxes: Since 1968, the National Flood Insurance Program has been the primary source of flood insurance throughout the United States. The cost of insurance has been determined by Flood Insurance Rate Maps, which have not been updated in four decades. As of October 1, 2021, policy holder premiums will be determined by Risk Rating 2.0, comprised of factors such as foundation type and elevation, frequency of floods, and distance to water, to better reflect flood risk. This change will see insurance premiums skyrocket for individuals with expensive homes along the coastline. This change has garnered support amongst environmentalists, while receiving criticism from lawmakers who represent coastline states.

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GREENING OUR OFFICES AND PROFESSION

by David Fivenson, MD



My Green Doctor is a free membership benefit from the AAD that saves our members money while helping our offices adopt eco-friendly practices and sharing these ideas with our patients. This service is in use by 100s of health care professionals worldwide and is an easy first step towards making practices sustainable and environmentally responsible. Despite being a perk of AAD membership for over 2 years, few dermatologists have signed up so far! My Green Doctor is simple, adding only 5 minutes to monthly office meetings, and the service provides a step-by-step guide so there is no prep work for you and your office manager. My Green Doctor is a fun way to encourage teamwork and helps educate and prepare our employees and patients about the risks of climate change, all while doing good for the planet and your pocketbook.

You can also earn a green office certification in 5 easy steps!

1. Register (for free) to get started.
2. Commit to environmental sustainability as a core value of your clinic.
3. Plan 5 minutes of My Green Doctor business to each routine staff meeting (using pre-made materials from My Green Doctor).
4. Record meeting's progress using the Green Team Notes form.
5. Earn the Green Doctor Office Recognition Certificate!

To learn how easy this can be, [here is a 3-minute video](#) that gives a quick overview.

Brief Example of a Topic Featured on My Green Doctor

Extreme Heat: A Guide for Health Professionals & Patients

Heat kills more Americans than floods, hurricanes, tornadoes, and earthquakes combined. This is why health professionals must be aware of the dangers of heat and know the signs of heat exhaustion. As trusted advisors, physicians and nurses play an important role in educating patients on how to protect themselves from heat's dangers. My Green Doctor has a [very useful guide](#) (5 min read) to help your patients stay safe.

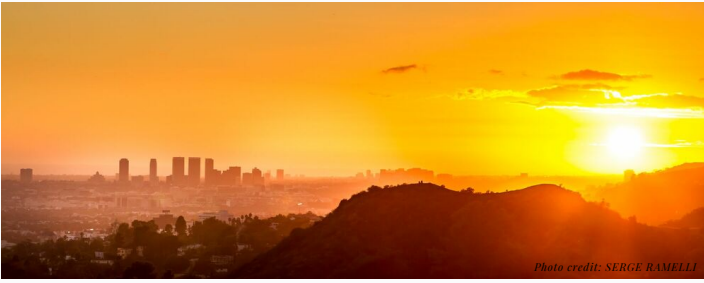


Photo credit: SERGE RAMELLI

CLIMATE SENSITIVE DISEASE: HEAT IMPACTS ON HOMELESS POPULATIONS

by Michelle Gnidash, MS†
and Eva R. Parker, MD, FAAD

Hotter and more humid weather pose a threat for us all, but they disproportionately affect marginalized populations who lack access to protection against high temperatures. Heat disparities particularly harm those chronically exposed to the elements – populations experiencing homelessness. Air conditioning, clean water, and sun protective clothing are luxuries that, according to the 2020 Annual Homeless Assessment Report, 580,000 people in the U.S. may not have access to due to their unhoused status [1]. Even more alarming are the rising rates of homelessness predicted as a result of the economic consequences of the COVID-19 pandemic [2]. The force multiplying effects of the climate crisis on unhoused populations are important to acknowledge due to the multidimensional inequities that these impacts enhance and perpetuate.

The 2010-2020 decade was the greatest recorded global temperature increase the Earth has ever experienced with the frequency and intensity of heat waves projected to continue to rise in the coming decades [3]. However, heat combined with high humidity is much more dangerous, lowering the threshold beyond which we are unable to adequately cool. The reason is that for sweat to cool us, it must be able to evaporate. The “danger zone” temperature for prolonged heat exposure is 105°F with 30% humidity; however, when the humidity jumps to 70%, that same danger point is reached at only 90°F, meaning the threshold for heat stress and heat stroke is substantially lowered [4]. To add to the problem, urban areas in the U.S. can be substantially hotter than nearby rural areas [5]. This urban heat island effect is caused by heat retention and impediment of water absorption into the soil by the built environment combined with the concomitant lack of vegetation and reduced natural cooling via plant transpiration [6].

While remaining indoors, staying well-hydrated, and donning proper protective clothing when outdoors are important lines of defense against heat, it is our skin that is primarily responsible for thermoregulation. During exposure to high ambient temperatures, the body’s core may rise above 98.6°F, triggering dilation of cutaneous blood vessels to dissipate heat and production of sweat by eccrine glands allowing evaporative cooling, thus regulating the effects of hyperthermia [7-9]. While this physiological response generally works well, is it enough to adapt to the increasingly high temperatures we experience each year?

During episodes of heat stress as much as 60% of cardiac output may be shunted to dilated vessels in the skin [9]. Because of the acute cardiovascular stress associated with extreme heat, elderly patients and those with underlying comorbidities are most susceptible. With 67,512 emergency department visits and 702 deaths every year, heat is the top weather killer in the U.S [10,11]. Chronic exposure to heat is linked with myriad health impacts including exacerbation of cardiovascular and lung disease, diabetes, dehydration-related renal disease, low birth weights and preterm delivery, reduced cognition in school-aged children, reduced worker productivity, and worsening mental health disorders [7]. Moreover, ambient temperatures are remaining higher at night, reducing the body’s ability to cool and recover before being exposed again [7]. Multiple heat-induced and heat-exacerbated cutaneous diseases are also observed including intertrigo, miliaria, Grover’s disease, folliculitis, bacterial infections, expansion of vector-borne diseases, melasma, cutaneous malignancies, worsening atopy, exacerbation of autoimmune blistering and chronic inflammatory skin diseases, and a greater risk of heat stroke in conditions with hypo/anhidrosis such as ectodermal dysplasia [8,12,13].

The health risks posed by acute and chronic exposure to heat depend on multiple factors including health status, geography, exposure, and adaptive capacity including access to housing, air conditioning, clean water, and healthcare resources [7]. Growing awareness of environmental injustice has highlighted the disparities that exist in exposure to and impacts from climate change, especially among minoritized and low income communities in the U.S. where urban heat islands are disproportionately located in formerly redlined neighborhoods [14]. These disparities are furthered widened for the nation’s unhoused population who have extraordinary exposure and vulnerability to the hazards of climate change and little resources for resilience [15].

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CONTINUED... CLIMATE SENSITIVE DISEASE: HEAT IMPACTS ON HOMELESS POPULATIONS

by Michelle Gnidash, MS¹
and Eva R. Parker, MD, FAAD

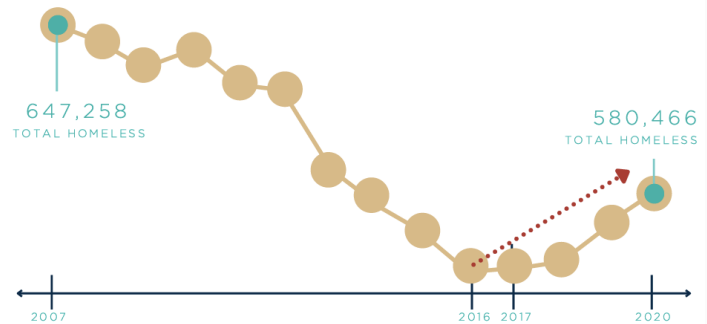
...Individuals who are homeless often lack access to air-conditioned shelter, adequate hydration, sun protection, and proper facilities for sanitation and hygiene. Moreover, higher rates of comorbidities (cardiovascular disease, mental illness, substance abuse), lack of adequate sleep, limited access to preventive health services, and chronic exposure to urban heat islands combine to greatly amplify vulnerability to climate impacts, in general, and extreme heat, specifically [15-17]. Not surprisingly, cutaneous disorders are a common reason for ER visits and hospital admissions among the unhoused. The incidence of many climate-sensitive skin diseases is increased by global warming and specifically plague the homeless at higher rates including inflammatory skin disorders, premalignant and malignant neoplasms, and bacterial, ectoparasitic, and vector-borne infections [16-19].

Individuals who are homeless are excessively harmed by the heat not only from a lack of resources to adapt to or mitigate its effects, but also because they are far more likely to reside in urban settings where the ambient temperatures are simply hotter.¹ Consequently, it is important to consider how to make heat protection more accessible to marginalized populations and create cities that are cooler to mitigate and prevent a wide array of adverse health effects associated with heat exposure. In 2009, Ramin and Svoboda published the first review on the intersection of health and climate change in the homeless population, emphasizing that further work is required in this area [15]. Over ten years later, with the effects of climate change only progressing, research and advocacy for the homeless from within the healthcare community remain unprioritized. Considering both that skin represents the largest organ and primary interface with our environment and that cutaneous disorders are observed with increased frequency among homeless individuals, dermatologists are poised to be advocates for investments in resiliency to narrow the climate gap for this marginalized population who are chronically exposed to heat and climate impacts and maximally vulnerable to the effects.

PROGRESS ON ENDING HOMELESSNESS IS ERODING

FROM THE 2021 STATE OF HOMELESSNESS REPORT

NATIONAL-LEVEL COUNTS FOR OVERALL HOMELESSNESS



Source: National Alliance to End Homelessness

"The current report draws from the nationwide Point-in-Time Count that occurred in January of 2020, just a few weeks before COVID-19 was declared a national emergency. Thus, the data does not reflect any of the changes brought about by the crisis. Instead, the current report reflects the State of Homelessness in America just before a once-in-a-lifetime event interrupted the status quo."

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ERG HAPPENINGS AND UPCOMING CME OPPORTUNITIES

Sarah Coates, MD was featured on the cover of the July 2021 issue of *The Dermatologist*. Along with Dr. Coates, **Drs. Markus Boos** and **Misha Rosenbach** were also interviewed for this feature article "[Climate Change: A Very Real Threat and What Dermatology Can Do.](#)"

Drs. Markus Boos, Misha Rosenbach, and several other dermatologists were quoted by the *New York Times* in an August 26, 2021 article entitled "[Wildfire Smoke Is Damaging Your Skin](#)"

Drs. Dirk Elston, Caroline Nelson, and Eva Parker were featured in an August 2021 *Dermatology Times* article, "[Climate Change Takes Toll on Skin Health.](#)"

Dr. Eva Parker was interviewed for 2 stories about the impacts of climate change on skin cancer. The article, "[Climate Change is Affecting Skin Cancer Risk and Incidence.](#)" was the featured cover story for the August/September 2021 issue of *The Dermatology Digest*. The second article appeared in the September Issue of [Cure Magazine](#).

Drs. Misha Rosenbach and Sarah Coates were interviewed for an article on "[How climate change can harm your skin.](#)" featured on *Good Morning America*.

Drs. Mary Maloney and Eva Parker are co-directing a brand new session on climate change and dermatology entitled "Skin in the Game: Why Dermatologists Should Play a Larger Role in Climate Change Awareness" at the upcoming **ASDS 2021 Annual Meeting**. The session will be held virtually on Sunday, November 19, 2021 from 4-5PM.

San Francisco Dermatological Society will be hosting a virtual conference on 02/12/21 focused on Climate Change and Dermatology. Please stay tuned for more information.

Registration for the 2022 AAD Annual Meeting starts 11/17/21. When registering, please select 'climate change' as a 'hot topic' and don't forget to attend our forum (F103) - Skin-Environmental Interface: Dermatologic Challenges of Our Changing Climate and Environment on Monday, March 28, 2022 from 9-11AM.

The **99th Atlantic Dermatological Conference** will be held virtually April 22-24, 2022 and will feature a climate change lecture led by Dr. Eva Parker.



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