

WINTER 2023

# CLIMATE QUARTERLY

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



## **F034 - Skin-Environmental Interface: Dermatologic Challenges of Our Changing Climate and Environment**

Date: Friday, March 17, 2023

Time: 3:30 PM - 5:30 PM CDT

Location: Room 284

The speaker schedule for our forum can be found here: <https://am2023.aad.org/sessions/4347>

## **Climate Change & Environmental Issues ERG Annual Meeting at the AAD**

Date: Saturday, March 18, 2023

Time: 4:00 - 6:00 PM CDT

Location: Starboard Room, Hilton New Orleans Riverside Hotel

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# WILDFIRES AND HEALTH EDUCATION FOR PATIENTS

by Raj Fadadu, MS, MS4

The climate crisis has contributed to an increase in wildfire season length, wildfire frequency, and total amount of area burned [1]. Wildfires have devastating direct effects on the communities where they occur. In addition, wildfires generate significant quantities of air pollution, including particulate matter, that can travel thousands of miles, leading to poor air quality in areas where baseline air pollution levels are typically normal. Having attended college and medical school in Northern California, I have personally experienced more frequent episodes of poor air quality as wildfires have become more severe in recent years.

Unfortunately, an overall lack of awareness exists among the public regarding how wildfires affect human health, including skin disease, but medical providers have an opportunity to close this gap through patient education. Climate-health information is becoming increasingly more important for patient awareness as climate change progresses, and patient education serves as an effective tool for improving health outcomes [2]. In order to promote human health education for patients on the dangers of wildfires, I served as the Wildfire Education Lead for the new University of California Center for Climate, Health, and Equity, partnering with students and faculty at UCSF to launch the Wildfires and Health Education Hub: <https://climatehealth.ucsf.edu/wildfires-health-education-hub>.

Together, we designed a series of user-friendly, inclusive, and evidence-based infographics for patient health education that describe wildfire smoke, wildfire-related health impacts for various organ systems, and steps patients can take to reduce their health risks. One infographic focuses specifically on skin health and highlights how air pollution from wildfires increases risk for pruritus, eczema, psoriasis, acne vulgaris, and skin aging. Inspiration for creating this graphic arose from research I conducted with Drs. Maria Wei and Katrina Abuabara, dermatologists at UCSF, which investigated how air pollution from wildfires affect itch, atopic dermatitis, and other skin diseases [3,4]. The infographics are free and publicly accessible from the online resource hub with versions in English, Spanish, and Chinese. We encourage dermatologists and other clinicians to share the infographics with patients through a variety of means: electronically, physically during a visit, within after-visit summaries, and/or as displays in clinic waiting rooms. For further education on the climate crisis and wildfires, the website also has a curated list of references and resources relevant to both patients and medical providers. We plan to expand this project to include more infographics and to evaluate the impact of these educational materials.

We ask that dermatologists direct their patients to this website for further information in an effort to encourage engagement with the climate and health educational content beyond their visit. To facilitate this, each infographic includes a QR code that can be scanned to direct the user to the main webpage. We believe that healthcare providers can play a significant role in providing climate-informed health education to patients [5], and we hope this hub may also serve as inspiration for physicians and patients alike to learn more about the climate crisis and ways to live sustainably, helping promote climate action.



#### References:

1. Burke M, Driscoll A, Heft-Neal S, Xue J, Burney J, Wara M. The changing risk and burden of wildfire in the United States. *Proc Natl Acad Sci USA*. 2021;118(2):e2011048118. doi:10.1073/pnas.2011048118
2. Adams RJ. Improving health outcomes with better patient understanding and education. *Risk Manag Healthc Policy*. 2010;3:61-72. doi:10.2147/RMHP.S7500
3. Fadadu RP, Grimes B, Jewell NP, et al. Association of Wildfire Air Pollution and Health Care Use for Atopic Dermatitis and Itch. *JAMA Dermatol*. 2021;157(6):658-66. doi:10.1001/jamadermatol.2021.0179
4. Fadadu RP, Chen JY, Wei ML. Associations Between Wildfire Air Pollution and Online Search Interest for Skin Diseases and Symptoms. *JAAD Int*. 2022;8:128-30. doi:10.1016/j.jdin.2022.06.014
5. Hubbert B, Ahmed M, Kotcher J, Maibach E, Sarfaty M. Recruiting health professionals as sustainability advocates. *Lancet Planet Health*. 2020;4(10):e445-6. doi:10.1016/S2542-5196(20)30225-4

# WILDFIRES AND HEALTH EDUCATION FOR PATIENTS

by Raj Fadadu, MS, MS4

## WILDFIRES & Our Skin

### What is wildfire smoke?

Wildfire smoke can travel thousands of miles and includes a mix of air pollutants like very small particles (PM<sub>2.5</sub>) and gases like carbon dioxide (CO<sub>2</sub>) and ozone (O<sub>3</sub>).



We breathe these small air pollutants into our lungs. They can also directly interact with our skin to cause damage like inflammation and irritation.

### How does wildfire smoke harm our skin?

Air pollution from wildfires and other sources can:

- 🔥 Increase risk for itchy skin and eczema
- 🔥 Increase flares of psoriasis
- 🔥 Worsen facial acne
- 🔥 Contribute to premature skin aging and wrinkles



### How can we stay safe?



Wear long articles of clothing to cover your skin.



Stay indoors and use an air purifier with a HEPA filter.



Reduce activities like smoking, vaping, vacuuming, or using gas stoves when indoors.



When outdoors, wear a tight-fitting N95 mask or a surgical mask for children ages 2-7.



Check the Air Quality Index (AQI) at [www.AirNow.gov](http://www.AirNow.gov) before going outside.



Ask a medical provider about your personal health risks, and learn more by opening the camera on your phone and scanning the following QR code:



UNIVERSITY OF CALIFORNIA Center for Climate, Health and Equity

Project supported by Health Care Without Harm's Emerging Physician Leader Award grant.

### Acknowledgements:

- Serena Appignani Blacklow (MS4), Dr. Arianne Teherani, and Dr. Katherine Gundling at UCSF for their support and assistance with the project.
- The physicians dedicated to addressing the health impacts of climate change who provided expert review of infographic content.
- Jennifer Collier for her support with graphic design for the infographics.
- Health Care Without Harm for their financial support via the Emerging Physician Leader Award.

# CLIMATE CHANGE IN THE LITERATURE & NEWS

by Erica Lin, MS4 and Markus Boos, MD, PhD

## Relationship between air pollution and childhood atopic dermatitis in Chongqing, China: A time-series analysis

- [Luo P, Wang D, Luo J, et al. Relationship between air pollution and childhood atopic dermatitis in Chongqing, China: A time-series analysis. Front Public Health. 2022;10:990464. doi:10.3389/fpubh.2022.990464](#)

The study assessed associations between air pollution and outpatient pediatric atopic dermatitis (AD) visits. It evaluated 214,747 records of children with AD from 1/1/15-12/31/2019 in the Children's Hospital of Chongqing Medical University electronic database. Through generalized additive models with Poisson-like distributions, the study authors found that each 10 µg/m<sup>3</sup> increase in PM<sub>2.5</sub>, PM<sub>10</sub>, SO<sub>2</sub>, NO<sub>2</sub> and each 1 mg/m<sup>3</sup> increase in CO were significantly associated with higher AD outpatient visits on the study date, at 0.7%, 0.9%, 11%, 5.5% and 10.1% respectively. There were no associations with O<sub>3</sub> levels. Lag effects were also found for SO<sub>2</sub>, NO<sub>2</sub> and PM<sub>10</sub>. These effects were more pronounced in the cool season (Oct 1-Apr 30) and in the younger 0-3 age group. These findings echo previous studies that described a relationship between air pollution and AD in adult populations. It suggests that short-term exposure to ambient air pollution may exacerbate pediatric AD.

## Association of Exposure to Wildfire Air Pollution With Exacerbations of Atopic Dermatitis and Itch Among Older Adults

- [Fadadu RP, Green M, Jewell NP, Grimes B, Vargo J, Wei ML. Association of Exposure to Wildfire Air Pollution With Exacerbations of Atopic Dermatitis and Itch Among Older Adults. JAMA Netw Open. 2022;5\(10\):e2238594. doi:10.1001/jamanetworkopen.2022.38594](#)

This cross-sectional study evaluated associations between wildfire air pollution and atopic dermatitis (AD) and itch exacerbations in adults >65 years old. The authors assessed outpatient AD (n=5529) or itch (n=1319) visits for 3448 unique patients at a San Francisco academic medical center from 10/1/18 to 2/10/2019 (which included the time of the California Camp Fire) and compared it to two time periods from preceding years. The study found that rates for AD and itch were significantly increased for adults >65 years old following short-term wildfire air pollution exposure, with effects most prominent following a 0-week lag during the wildfire, when compared to younger adults. These findings suggest that the skin of adults aged 65 years or older may have increased susceptibility to the effects of wildfire air pollution. For further reading on this topic, refer to Fadadu et al. in the Fall 2021 Climate Quarterly.

## The 2022 report of the Lancet Countdown on health and climate change: Health at the mercy of fossil fuels

- [Romanello M, Di Napoli C, Drummond P, et al. The 2022 report of the Lancet Countdown on health and climate change: health at the mercy of fossil fuels. Lancet. 2022;400\(10363\):1619-54. doi:10.1016/S](#)

This report highlights the significant burden of worsening climate change on global health and healthcare systems, especially given the concomitant COVID-19 pandemic as well as energy and cost-of-living crises. It describes climate change-related health hazards such as air pollution, food insecurity, and health-harming extreme events (e.g. floods, droughts, heatwaves), and their effects on vulnerable populations in particular. The authors acknowledge that progress has been made; for instance, 60 countries committed to the development of low-carbon, net zero-carbon or climate-resilient health systems at COP26 (2021). However, they assert that the current pace and scale of action are insufficient. The report argues for shifts away from fossil fuel usage to not only lessen the effects of climate change, but also improve energy security, economic recovery, and mental and physical health around the globe. Calls to action in dermatology can be found in JAMA Dermatology, Pediatric Dermatology, Journal of the European Academy of Dermatology and Venereology, International Journal of Dermatology, and the British Journal of Dermatology.



# CLIMATE CHANGE IN THE LITERATURE & NEWS

by Erica Lin, MS4 and Markus Boos, MD, PhD

## Other Recent Articles of Interest for the Dermatologist by Topic:

### Advocacy

1. Fadadu RP, Williams ML, Rosenbach M. Dermatology Societies Should Explore Fossil Fuel Divestment. *JAMA Dermatol.* 2022;158(10):1121-2. doi:10.1001/jamadermatol.2022.3902
2. Parker ER, Boos MD. Dermatology's call to emergency action on climate change. *Br J Dermatol.* 2022;187(5):782-3. doi:10.1111/bjd.21789. Co-published in the *Int J Dermatology*, *JEADV*, and *Pediatric Dermatology*.
3. Ring J. Climate change - dermatology must act as well. *J Eur Acad Dermatol Venereol.* 2022 Oct;36(10):1680. doi: 10.1111/jdv.18535.
4. Rosenbach M, Barbieri JS. The Climate Crisis Affects Us All. *JAMA Dermatol.* 2023 Jan 1;159(1):23-24. doi: 10.1001/jamadermatol.2022.5424.

### Sustainability

1. Sharma D, Murase LC, Murase JE, Rosenbach M. Combatting Climate Change: 10 Interventions for Dermatologists to Consider for Sustainability. *Cutis.* 2022;110(2):59-62. doi: 10.12788/cutis.0577
2. Chisholm C, Hayford K, Stewart M. Dermatopathology Laboratory Green Initiatives. *Am J Clin Pathol.* 2022;158(3):372-7. doi: 10.1093/ajcp/aqac062.
3. Belzer A, Rosenbach M, Parker ER, Barbieri JS, Nelson CA. Reducing the carbon footprint of travel to an international dermatology conference: a case study of the Medical Dermatology Society's Carbon Footprint Program. *Int J Dermatol.* 2022. doi:10.1111/ijd.16497
4. Niebel D, Hertl M, Hecker C, Saha S. Reply to: "Dermatology's call to emergency action on climate change". *J Eur Acad Dermatol Venereol.* 2022. doi: 10.1111/jdv.18677.

### Medical Dermatology

1. Kam S, Hwang BJ, Parker ER. The impact of climate change on atopic dermatitis and mental health comorbidities: a review of the literature and examination of intersectionality. *Int J Dermatol.* 2023 Jan 14. doi: 10.1111/ijd.16557.
2. Dinulos JE, Dinulos JG. Present and future: infectious tropical travel rashes and the impact of climate change. *Ann Allergy Asthma Immunol.* 2022;S1081-12. doi: 10.1016/j.anai.2022.12.025.
3. Jelousi S, Sharma D, Alexis A, Murase JE. The Impact of Global Health Disparities on Atopic Dermatitis in Displaced Populations: Narrowing the Health Equity Gap for Patients with Skin of Color. *Dermatol Ther (Heidelb).* 2022;12(12):2679-89. doi: 10.1007/s13555-022-00823-w.
4. Prenzel F, Treudler R, Lipek T, et al. Invasive Growth of *Ailanthus altissima* Trees is Associated with a High Rate of Sensitization in Atopic Patients. *J Asthma Allergy.* 2022;15:1217-26. doi: 10.2147/JAA.S373177.
5. Parker ER, Mo J, Goodman RS. The dermatological manifestations of extreme weather events: A comprehensive review of skin disease and vulnerability. *J Clim Chang Health.* 2022;8:100162. doi:10.1016/j.joclim.2022.100162.
6. Gadre A, Enbiale W, Andersen LK, Coates SJ. The effects of climate change on fungal diseases with cutaneous manifestations: A report from the International Society of Dermatology Climate Change Committee. *J Clim Chang Health.* 2022;6:100156. doi:10.1016/j.joclim.2022.100156.
7. Can İ, Yürekli A. Effect of global warming on dermatology practice: The increase in cases of cutaneous larva migrans in the eastern Black Sea region of Turkey. *J Cosmet Dermatol.* 2022;21(9):3929-33. doi: 10.1111/jocd.15128.
8. Astle B, Buyco M, Ero I, Reimer-Kirkham S. Global impact of climate change on persons with albinism: A human rights issue. *J Clim Chang Health.* 2023;9:100190. doi:10.1016/j.joclim.2022.100190

# A HISTORY OF COP WITH KEY TAKEAWAYS FROM COP27

by Annika Belzer, BS and Eva R. Parker, MD, DTMH, FAAD

Signing of the United Nations Framework Convention on Climate Change (UNFCCC) occurred in 1992 at the Earth Summit (United Nations Conference on Environment and Development) held in Rio de Janeiro, Brazil. The UNFCCC is an international environmental treaty centered around an agreement to combat the impacts of climate change and was borne out of the scientific consensus that global warming is occurring and is caused by anthropogenic emissions of CO<sub>2</sub> and other greenhouse gases (GHG). At present, 198 countries have ratified the Convention and are therefore included as Parties to the Convention, convening annually. The first Conference of the Parties (COP) following the inception of the UNFCCC was held in Berlin, Germany in 1995. Critical events since that time include the following:

- The Kyoto Protocol (1997): Operationalization of the UNFCCC. Industrialized countries committed to decrease their GHG emissions, with specific targets for each country. The Kyoto Protocol took effect in 2005 and was ratified by 192 UNFCCC parties.
- The Paris Agreement (2015): Legally binding international treaty that was adopted at COP21 under the leadership of President Barack Obama. The Paris Agreement is an international treaty to limit global warming to 2°C above pre-industrial global mean surface temperatures, with the preferred goal of 1.5°C. This agreement entered into force in 2016 and was ratified by 196 of the UNFCCC Parties.
- The Glasgow Climate Pact (2021): Pact that reaffirmed The Paris Agreement's commitment to limiting global warming to 1.5°C and pledged to close the gap between ongoing efforts to limit emissions and actions required to meet this goal. Other elements included resilience building, phasing down of coal power and inefficient fossil fuel subsidies, and financial support from high-income to economically developing nations.



## What's COP27 ?



### A defining moment in the fight against climate change.

Science has established beyond doubt that the window for action is closing rapidly. In November 2022, Egypt will host the 27th Conference of the Parties of the UNFCCC (COP27) in Sharm El-Sheikh, with a view to building on previous successes and paving the way for future ambition.

A golden opportunity for all stakeholders to rise to the occasion and tackle effectively the global challenge of climate change facilitated by Egypt on the African continent.



### It is the 2022 United Nations Climate Change Conference

Egypt assumes the incoming Presidency of COP 27 with a clear recognition of the gravity of the global climate challenge and appreciation of the value of multilateral, collective and concerted action as the only means to address this truly global threat.

COP27 was held in Sharm el-Sheikh, Egypt over the course of two weeks in November 2022. More than 200 countries and 45,000 individuals attended. The following are key takeaways from COP27:

- Parties agreed upon the development of a “loss and damages” fund that would provide financial support to climate vulnerable nations facing the greatest repercussions from climate change due to rising temperatures and sea levels and extreme weather events. Pakistan led 134 developing nations in this effort after facing a summer of unparalleled flooding that left one third of the country under water. Under the Sharm el-Sheikh Implementation Plan, a transitional committee composed of members representing 24 nations will oversee the form of the fund, which nations will contribute, and who will receive funds.





# COMMON SENSE TIPS FOR SAFE & ENVIRONMENTALLY RESPONSIBLE DISPOSAL OF MEDICATIONS

by David Fivenson, MD, FAAD and Loren Shkolnik, FNP

As healthcare providers, we are often asked by patients how to properly dispose of their unused or expired medicine. It is often a point of discussion in the office amongst staff as well: 'What do we do with empty medication vials or expired pharmaceutical stock?' The best (but not necessarily most convenient) option is to find a [drug take-back facility](#), which may be found in retail, hospital, or clinic pharmacies and/or law enforcement facilities.

The U.S. Drug Enforcement Administration (DEA) sponsors [National Prescription Drug Take Back Day](#) in communities nationwide. Many communities also have their own drug relinquishment programs. Check with your local law enforcement office to find a location near you or with the [DEA](#) to find an authorized collector in your community.

**Disposing of medications in household trash:** If a take back program is not available, almost all medicines, except those on the FDA flush list (see below), can be thrown into your household trash. These include prescription and over-the-counter (OTC) medicines and supplements in pill, liquid, drop, patch, and topical preparations.

The FDA suggests the following steps: (1) Remove medications from their original containers and mix them into something undesirable, such as used coffee grounds, dirt, or cat litter. This makes the medication less appealing to children and pets and unrecognizable to someone who might go through the trash seeking drugs. (2) Put the mixture in something you can close (a resealable zipper storage bag, empty coffee can, or other container) to prevent the drug from leaking or spilling. (3) Dispose of the containers. Rather than discarding in the garbage, most empty plastic pill bottles can be recycled or repurposed as a greener alternative. Remember to black out or scratch out all personal information on empty medicine containers or remove the adhesive label prior to disposal.

**Medication vials** (injectable medications such as lidocaine, triamcinolone, insulin): Whether glass or plastic, these vials can be recycled as long as any unused medication inside the vial is disposed of properly as above. We advised against disposal of medication vials in sharps containers as many medical waste disposal companies will not accept glass vials in sharps containers or may charge a premium to incinerate them. Moreover, incineration of medical waste results in substantially more greenhouse gas and air pollution emissions.

**Disposal of high risk medicines via the sink or toilet:** The FDA has published its 'flush list' of medicines that are safer to flush rather than dispose of in household garbage because of their misuse or abuse potential and/or risk of death if inappropriately taken. An prime example of a potentially fatal medication on the flush list is the fentanyl transdermal patch. The flush list also includes buprenorphine, hydrocodone, benzhydrocodone, hydromorphone, meperidine, methadone, morphine, oxycodone, oxymorphone, tapentadol, sodium oxybate, diazepam rectal gel, and methylphenidate transdermal system. If a drug take-back program is not available, flushing medicines on this list ensures everyone in your household remains safe.

In an effort to address environmental concerns related to pharmaceutical disposal, the FDA published a paper entitled "[Risks Associated with the Environmental Release of Pharmaceuticals on the U.S. Food and Drug Administration 'Flush List.'](#)" Herein, the FDA concludes that these medicines present negligible risk to the environment. Specifically, the known risk of harm, including toxicity and death, to humans from accidental exposure to drugs on the flush list far outweighs any potential risk to human health from environment contamination as a result of flushing unused or expired medicines. However, the FDA cautions to only flush medicines on the flush list if a take-back option is not readily available.

**Disposal of Inhalers:** Inhaled medications commonly prescribed for pulmonary diseases, such as asthma and COPD, pose a danger if punctured or thrown into a fire or incinerator. To properly dispose of these products in compliance with local regulations, we recommend contacting your municipal trash and recycling facility or visit your city government's website for more information.

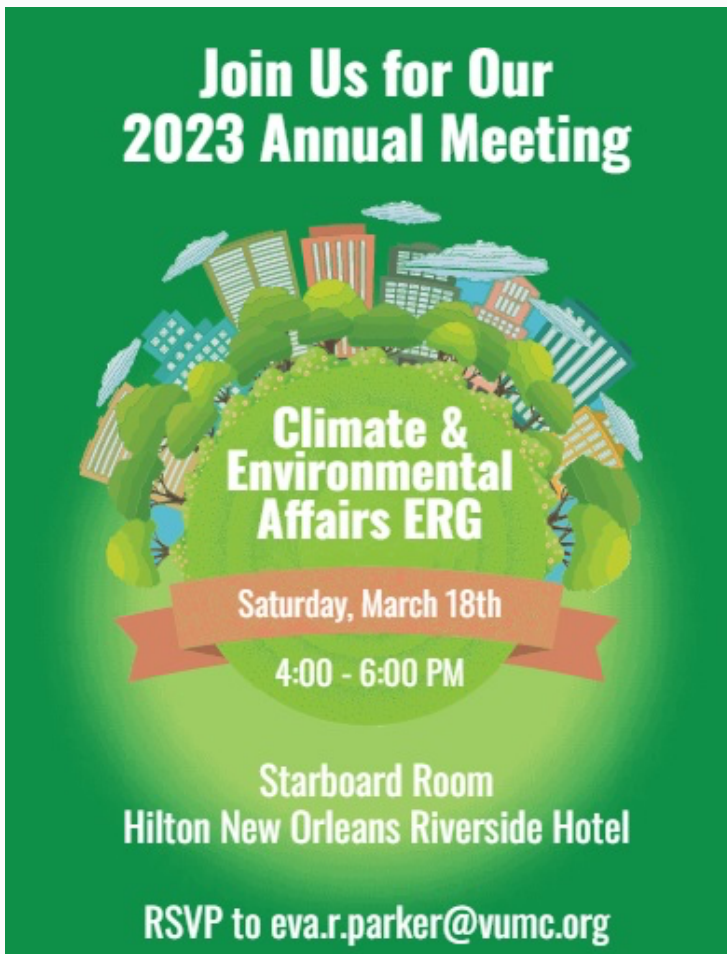
## References

1. Khan U, et al. Risks associated with the environmental release of pharmaceuticals on the U.S. Food and Drug Administration "flush list". *Sci Total Environ.* 2017;609:1023-40. doi: 10.1016/j.scitotenv.2017.05.269.
2. <https://www.fda.gov/consumers/consumer-updates/where-and-how-dispose-unused-medicines>
3. <https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know>
4. [www.dea.gov](http://www.dea.gov)
5. [https://www.deadiversion.usdoj.gov/drug\\_disposal/takeback/](https://www.deadiversion.usdoj.gov/drug_disposal/takeback/)
6. [www.getsmartaboutdrugs.com](http://www.getsmartaboutdrugs.com)
7. [www.justthinktwice.com](http://www.justthinktwice.com)
8. <https://www.epa.gov/sites/default/files/2015-06/documents/how-to-dispose-medicines.pdf>
9. <https://www.medicalnewstoday.com/articles/327319>



# ERG HAPPENINGS: AAD 2023, ADVOCACY, & EDUCATION

We recently launched an ERG website, [www.climatedermatology.com](http://www.climatedermatology.com). While we are still building the site, you can see previous editions of our newsletter archived there. We are excited to continue our work in climate advocacy this year, and we hope you will join us at the AAD meeting in New Orleans.



*Committee meeting at AAD 2022*

## Advocacy & Education

Our ERG submitted a well-researched resolution on the environmental impacts of the proposed Cigna 25 modifier policy to the Advisory Board, which was subsequently adopted by the AAD's Board of Directors as summarized below:

### AA AADA02 (I-22): CIGNA MODIFIER 25

Proposed Motion:

RESOLVED, the AADA issues official opposition to the Cigna Modifier 25 policy on both environmental and economic grounds, and be it further

RESOLVED, the AADA work with state societies to oppose this on the State level, and be it further

RESOLVED, the Advisory Board acknowledges and supports the Academy's efforts on the Cigna Modifier 25 policy to date.

Outcome: The Board adopted the resolution opposing a proposed Cigna modifier 25 policy (which would require the submission of clinical notes to support billing of E/M codes with a procedure) on both environmental and economic grounds.



Climate Resources for Health Education (CRHE) is a global health professional-led initiative that aims to provide free, publicly accessible, evidence-based resources to accelerate the incorporation of climate change and planetary health information into educational curricula. Dr. Eva R. Parker supervised content creation by medical students and residents and Dr. Mary Williams served as a reviewer for the dermatology sections including learning objectives, problem-based learning modules, and slide decks encompassing (1) Inflammatory and Autoimmune Diseases of the Skin Due to Air Pollution and PM Exposure and (2) Skin Cancer Risk from Ozone Depletion, Air Pollution, and Increased Temperature.

# ERG HAPPENINGS

## ERG Members in the News & on the Airways

In July, Drs. **Caroline Nelson** and **Misha Rosenbach** were featured on the [BJD Talks](#) podcast to discuss Climate Dermatology (Episode 6).

**Dr. Misha Rosenbach** was featured in a September podcast by [JAMA Dermatology Author Interviews](#) about his article, "[Dermatology Societies Should Explore Fossil Fuel Divestment](#)."

In September, Healthline posted an article, "[How Climate Change Can Impact the Health of Your Skin, Plus What to Do About It](#)," featuring **Drs. Caroline Nelson** and **Dirk Elston** and referenced articles authored by ERG members.

**Dr. Eva R. Parker** was the featured guest on the [European Academy of Dermatology & Venereology Podcast](#) in October discussing Dermatology's Call to Emergency Action on Climate Change. She also explored the intersection of Climate Change, Social Justice, and Medicine in an October episode of the [Medicus](#) podcast.

**Dr. David Fivenson** presented "Climate Change and Health: From The Outside In. A Dermatologist's Perspective" at the October Educational Meeting of Michigan Clinicians for Climate Action.

In October, [Dermatology News](#) published an article entitled "Climate Change: Commentary in Four Dermatology Journals Calls for Emergency Action," which quoted **Drs. Markus Boos, Eva R. Parker, and Mary E. Maloney** as well as **Dr. Mark D. Kaufmann**, President of the AAD.

[Dermatology Advisor](#) published an October piece, "Cutaneous Manifestations of Climate Change," for which **Dr. Eva R. Parker** was interviewed.

[Sustainability Times](#) published an article in October entitled "Extreme weather events pose a threat to our skin," featuring **Dr. Eva R. Parker**.

**Dr. Paige Wheaton Wolstencroft**, a PGY4 dermatology resident at Stanford, was interviewed in October by the [COP27 Advocacy Campaign: Making Healthcare More Sustainable](#) regarding her quality improvement project examining the impacts of procedural waste reduction in dermatology.

In November, **Dr. Markus Boos** led a [Women's Dermatological Society Resident Educational Series](#) on "Fossil Fuels, Global Warming, and Children's Health: A Call to Action"

In November, the [DNA podcast](#) hosted a pair of Twitter Spaces live chats on the impact of climate and health which was broadcast from the Association of American Medical Colleges' (AAMC) Annual Meeting and included **Dr. Eva R. Parker** as a guest panelist.

**Derm Author Interviews**  
17 min  
PLAY ▶

**Dermatology Societies Should Explore Fossil Fuel Divestment**  
JAMA Dermatology Author Interviews  
Medicine  
Listen on Apple Podcasts ▶

Interview with Misha Rosenbach, MD, author of Dermatology Societies Should Explore Fossil Fuel Divestment. Hosted by Adewole S. Adamson, MD, MPP.  
Related Content:  
Dermatology Societies Should Explore Fossil Fuel Divestment  
Incidence of Endemic Human Cutaneous Leishmaniasis in the United States

FULL MENU

**MDedge**

Dermatologists must make emissions-saving changes in everyday practice, for instance, and the specialty must enlist key stakeholders in public health, nonprofits, and industry – that is, pharmaceutical and medical supply companies – in finding solutions to help mitigate and adapt to climate change, wrote **Eva Rawlings Parker, MD**, and **Markus D. Boos, MD, PhD**.

"We have an ethical imperative to act," they wrote. "The time is now for dermatologists and our medical societies to collectively rise to meet this crisis."

**The Road to COP27: Making Healthcare More Sustainable**

Henna Hundal  
Paige Wolstencroft, MD

JANUARY 09, 2023

The DNA podcast hosted pair of Twitter Spaces live chats on the impact of climate and health at the AAMC Annual Meeting in Nashville, Tenn. Below are excerpts from those conversations.

**PRODUCER'S CUT – Nashville's Opportunity: Eco-Action or Anxiety**

VANDERBILT HEALTH DNA: DISCOVER! Producer's Cut: Nashville...  
00:00:00

# 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 Eva Parker (eva.r.parker@vumc.org) if you would like to volunteer.

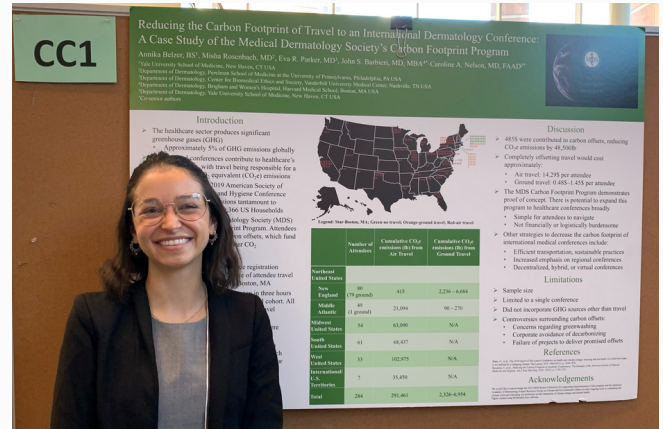
Become an Advocate Member of the Medical Society Consortium on Climate & Health. Click [here](#) to sign up and learn about numerous opportunities for climate advocacy and action.

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

## IN MEMORIAM OF DR. NEBIYU TEGEGN



Dr. Sarah Coates' beloved husband, Nebiyu Tegegn, MD, passed away on December 17, 2022, following a long battle with renal cell cancer. Sarah has been valiant throughout, caring for him and their young daughter Zema, all while beginning her academic dermatology career at UCSF and maintaining her role on our ERG's Executive Committee, chairing the International Society of Dermatology's Committee on Climate Change, and continuing her work as a climate champion. Our deepest condolences go to Sarah and her family.



Annika Belzer, MS4 at Yale presenting her poster on "Reducing the Carbon Footprint of Travel to an International Dermatology Conference: A Case Study of the Medical Dermatology Society's Carbon Footprint Program" at the 17th Annual Center of Excellence in Environmental Toxicology Symposium: Climate Change and Human Health on November 18, 2022 in Philadelphia, PA.

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