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Mark Masselli: This is Conversations on Health Care, I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret looking at another Supreme Court case which is challenging part of The Affordable Care Act.

Margaret Flinter: This time the High Court decided to accept a group of challenges to the last mandate that requires coverage for contraception for all National employers, even those with religious affiliations. Some of the plaintiffs include university and hospital organizations who object to the contraception mandate.

Mark Masselli: The Court has ruled that family owned companies operating on religious principles could object to contraception provisions based on their religious grounds. The new case though before, the Supreme Court will strike more closely to the rights of religious groups to object to the Federal mandates under The Affordable Care Act.

Margaret Flinter: Well, the High Court is not expected to rule on the case until late spring and it's not going to have any major bearing on the overall Healthcare Law, but it does have the potential to disrupt coverage for those working for religious institutions across the country.

Mark Masselli: And another event to watch, Margaret, is the upcoming UN Climate Change Summit in Paris. Climate Change is still a heavily debated issue in this country, as well as around the world, but the evidence is clear, climate change is already having an impact on global health.

Margaret Flinter: And that's something that our guest today is very familiar with Mark. Gary Cohen is a 2015 MacArthur Fellow and Founder of Healthcare without Harm.

Mark Masselli: He is also one of President Obama's Champion of Change award winners for his work in this field looking forward to that conversation.

Margaret Flinter: We have also got a report from Lori Robertson, managing editor of Factcheck.org, who is always on the hunt for misstatements spoken about Health Policy in the public domain, but no matter what the topic, you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments please email us at chcradio@chc1.com or find us on Facebook or Twitter; we love hearing from you

Margaret Flinter: We'll get to our interview with Gary Cohen, founder of Health Care Without Harm in just a moment.

Mark Masselli: But first here is our producer Marianne O'Hare with this week's headline news.

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Marianne O'Hare: I'm Marianne O'Hare with these Health Care Headlines. A startling up-tick in the premature deaths of middle aged white Americans, particularly men. The cause maybe even more surprising, the report released by recent Noble Prize winner for Economics, Angus Deaton revealed the up-tick in death rates is due to a rise in alcoholic liver disease, suicide, and drug overdoses. The study looked closely at the demographics of this group finding a direct correlation between lower education status and higher incidents of premature death. Death rates rose 22% among middle-aged white males, with a high school education or less. 400,000 uninsured Kentuckians have gained coverage under The Affordable Care Act, outgoing Governor Steven Beshear; the only Southern Governor to expand Medicaid coverage for its citizens living near the poverty line and creating an online State Insurance Market Place has functioned very well, but that progress could be coming to an end. Kentucky's incoming Governor and Tea Party candidate Matt Bevin plans to derail The State Exchange, which means residents will have to then relay on a Federal exchange. He also plans to role back Medicaid Eligibility for many of those 400,000 newly covered. Open enrolment is underway across the Nation and many folks relaying on coverage through the Federal market place are finding it harder to secure plans that support out of network coverage. The federal law does not require such coverage and many are paying higher premiums that allow them more flexibility. Last year, the insurers shrunk the number of providers within those networks of many plans leaving consumers with fewer options.

Childhood obesity has reached epidemic proportions. Those signs show a certain leveling off, but still 30% of American teens qualify as obese. Study shows gastric bypass surgery in morbidly obese teens does have lasting effects. Not only did the average weight loss come in at about 27%, it was sustained overtime and other long-term health benefits presented as well, lower blood pressure, blood sugar, joint disease, and incidents of adolescent type 2 diabetes. This study reflects the longest and largest analysis of results from teen bariatric surgery and published online in the New England Journal of Medicine.

I'm Marianne O'Hare with these Health Care Headlines.

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Mark Masselli: We're speaking today with Gary Cohen, 2015 MacArthur Fellow and President and Founder of Healthcare without Harm, an International Coalition of Health Professionals, dedicated to eliminating harmful ways and pollutants from Healthcare Industry. He has also earned numerous awards and distinctions including being named

one of president Obama's Champions of Change, -- the scholar award for social entrepreneurship. He earned his BA from Clark University. Mr. Cohen welcome to Conversations on Healthcare.

Mr. Cohen: Thank you so much for having me.

Mark Masselli: Yeah and it is 20 years since you have founded Healthcare without Harm and at that time you have been researching the overall effects of chemical pollutants on the Worldwide Environment and you uncovered startling fact that nation's hospitals were the largest contributors to the spread of industrial pollutants through the incineration of millions of tons of medical waste that obviously spurred you into action and I am wondering if you could tell our listeners about the size and the scope of the problem of medical waste disposal and what the Healthcare without Harm was able to do about it?

Mr. Cohen: Well we realized in the mid 1990s that medical waste was an enormous problem, and it was validated by The US Environmental Protection Agency. They came out with a report that said Medical waste incinerators were the largest source of dioxin emissions in United States, and dioxin is linked to cancer, birth defects, learning disabilities, endometriosis, and there is a whole host of health problems and the idea that hospitals were a large source of such poisonous emissions was so absurd and against their mission to do no harm, so we created this organization and initially focused on medical waste to heal the pollution from the healthcare sector, and we were able to show that if you reduce the amount of waste that you produced in the first place, reduce the amount the infectious waste which is really important so if you did that, you could save a lot of money. You could also use alternative technologies to treat the waste, so you can render the waste inert and then you could bury as much smaller amount of waste as opposed to burning it all, and so from 1996 to 2006, there were 4500 incinerators and then there were 70 incinerators 10 years later.

Margaret Flintner: Pretty impressive. Well Garry you also discovered that the healthcare industry was responsible for the spread of another toxic and deadly pollutant mercury, which was ubiquitous in healthcare institutions around the world when you started your work, the mercury from just one broken thermometer having the ability to compromise an entire water supply. You formed alliances to confront the problem with major global partners. Can you tell us about these partnerships and the dramatic results you were able to achieve in reducing the threat of Mercury poisoning?

Mr. Cohen: In the mid 1990s, healthcare was responsible for about 10% of all mercury emissions and so we convinced 1 hospital in Boston, Beth Israel Deaconess, to basically offer their employees and their patients to bring their mercury thermometers in 1 day and they gave them digital ones in replacement and they were the first hospital to

commit to phase out mercury thermometers. Why, because there were alternatives on the market place that also measured people's temperature just as well. We then convinced the other hospitals in Boston to follow the lead of Beth Israel and then the City of Boston basically restricted the sale of mercury thermometers. We set up a pledge with the American Hospital Association, and the EPA and the American Nurses Association and eventually got 5000 hospitals to commit to go mercury-free and that led to the pharmacy chains realizing that their market was being restricted, and they should stop selling mercury thermometers and so 14 large pharmacy chains also agreed to stop selling mercury thermometers. We have an office in Europe and because there is still functional democracy in Europe, we were able to win legislation basically for phasing out mercury thermometers and then blood pressure devices, and then we started again with one hospital in Manila in the Southeast Asia and Philippines, one hospital in Buenos Aires and again sort of built it up from 1 hospital to 1 city to 1 country and then partnered with The World Health Organization to create momentum globally for the phase out of mercury in healthcare and then along the way came a treaty that was going to commercially eliminate mercury, and we were able to win in the treaty, the phase out all mercury measuring devices by the year 2020, so it was a great example of how you can start small with single hospital and move overtime toward global policy, global treaty, and that the role of the healthcare sector not only in sort of detoxing it's own supply chain but showing the rest of the economy how to do that was very powerful treaty and a larger source of mercury of course is coal fire power plants and so the next transformation here is to phase out all coal facilities around the world over the next 5 years.

Mark Masselli: And you sort of make it sound simple but I am sure it wasn't.

Mr. Cohen: It wasn't simple.

Mark Masselli: It wasn't simple. If it was simple anybody could do it and you identified additional toxins within the healthcare system. Plastics in healthcare devices and the like – tell our listeners who are some of the worst defenders were and how you campaign to eliminate those harmful products also were received?

Mr. Cohen: We started to learn about some of the plastics that were used in patient care and PVC plastics are used in a lot in IV bags and tubing and other devices and PVC is a problematic plastic, probably worst in class. I mean it uses chlorine to be produced, so you create dioxin in the production, in the middle, when you use it, in order to make it flexible and pliable you need to add things to it. You need to add chemicals and what we found is that the chemical industry was adding a chemical that was a reproductive toxin into the PVC so as you were getting you IV drip you were also being infused with a reproductive toxin, so how crazy is that. Especially for the most vulnerable patients, pregnant women, children in the neonatal intensive care unit, the

last thing they need is additional toxic chemicals, and so we raised these issues and said look, we need to move towards safer plastics in the healthcare sector. We need to phase this out. Initially, we started with the neonatal intensive care unit and put a lot of pressure on the medical device manufacturers. (a) To acknowledge that this was a problem and (b) To then pressure them to innovate toward safer products and the way that we found that; there was some of those powerful ways by leveraging the demand of large hospital systems, and so Kaiser Permanente which is the largest nonprofit health system in the country made a system wide commitment to phase out PVC and that started to create all sorts of momentum and then Dignity Healthcare followed suit, which was another huge Catholic System and so it started to move the market toward safer plastic, so healthcare has enormous purchasing power. It's 18% of the entire economy and if we can direct that purchasing power toward health and justice and sustainability, we can change the economy.

Margaret Flinter: Well Gary, I understand that area that is now getting some long overdue attention and that's the food that hospitals purchase to feed their staff and their patients. You've been fostering the growth of relationships between healthcare organizations and local sustainable farmers and again you've cited Kaiser Permanente as a great example of this policy and action. Tell us about this? How you're advancing this locally grown movement through healthcare without Harm?

Mr. Cohen: Well everywhere we looked, we found some other disconnect between the environment and people's health, and it was quite egregious when it comes to the issue of food and so you would have hospital serving doughnuts and sugar sweetened beverages and junk food, and so it's giving a complete wrong message to patients and employees and so we wanted to get healthcare to model healthy food environments and so the early efforts were to eliminate sugar sweetened beverages from their facilities, to serve healthier food, to have fast food free zones in the hospitals, but then we said okay can you create farmer's markets in your lobbies, in your parking lots, as a places of access for the local community. Can you leverage your purchasing power to support more sustainable and local farmers? So it is changing healthcare to acting as an anchor for not only community wealth and community health together and so what we have done overtime is working with systems like Kaiser Permanente but many, many, many others around. The country is aggregating their purchasing power to create the demand for safer food, healthier foods, more sustainable food, and in some cases even linking with school systems now to move the market.

Mark Masselli: We are speaking today with Gary Cohen, 2015 MacArthur Fellow and President and Founder of Healthcare without Harm, an International Coalition of Health Professionals, Hospital, Environmental Groups and patient advocates dedicated to eliminating harmful waste and pollutants from the healthcare industry. Gary, we are also very much committed to the environmental movement. We built a few years ago,

50,000 feet LEED Gold Building for primary care and, you know, we have had the opportunity of having hospital designer Robin Guenther on the show. Talk to us a little more about her example and others where sustainable hospital design is really beginning to have an impact?

Mr. Cohen: Yeah, if we can build hospitals that have more natural light, that use safer building materials, that are resilient, in particular to climate change impacts, we can change hospitals from being places that actually make us feel sick to places that actually promote healing. We need our hospitals and our clinics to be the last building standing in extreme weather event. They need to function even if the grid is down, so if they have onsite power, they can stay open to address the injuries and health issues related to the next hurricane Sandy or Katrina. If they put the electrical equipment on the roof, they don't have to be evacuated, so there is a whole new reality that healthcare is facing that requires us to rethink, our buildings and our supply chain in a way that makes them much more places of refuge in operations in the coming storms of climate change and I think Robin Guenther has been absolutely the leader globally in articulating this vision and just recently she worked with the Department of Health and Human Services to develop a tool kit for how to design climate resilient healthcare facilities.

Margaret Flinter: And you know you've noted as we all have that healthcare itself needs some healing and you've particularly made the point that the healthcare system is still trying to treat patients out of the context of their environments and that we've got to take the healthcare system as far upstream as possible. Share with us your perspective on how the healthcare system can do a better job of going upstream of preventing disease in the first place?

Mr. Cohen: We still as a nation spend 70 cents on the dollar for treating patients and 4 cents on the dollar in preventing disease, and we spend twice as much as any country on the planet on healthcare and yet 1 in 2 men will get cancer, 1 in 3 women will get cancer, 1 in 6 kids have learning disabilities. You know, we are spending all this money and yet we don't have very positive health impacts. Our people are not healthy, and so the only way that we are really going to stop this epidemic is to address the social and environmental conditions that are making people sick in the first place. We have to detox the economy, the carcinogenic chemicals in our mattresses, in our food, in our daily products, and our cosmetics. Burning of fossil fuels kill more people around the world than AIDS, TB, and malaria combined, so if we can get healthcare to move out into the community and support healthy housing, support healthy food, and support resilient energy systems, we're going to make dramatic improvements in reducing chronic disease.

Mark Masselli: And that's what's really taking you to think broadly about climate change because we can't disassociate human health from the health of the global environment and you've been designated a Champion of Change by the Obama Administration for your work in climate change and you've been partnering with The World Health Organization and other global groups to tackle this challenge. How did the goals of Healthcare 20/20 Climate Challenge address that?

Mr. Cohen: Yeah, so, I mean, I think, we are realizing that climate change is a public health emergency. If we move away from the imagery of climate change as polar bears on melting ice caps to the imagery of people in Beijing that can't go outside because the air is too poisoned or asthma for people who are living down stream from coal plants or heat stress because if there is going to be so many more extreme heat days. We are learning so much about how people will experience climate change in their daily lives in the health of their families and themselves and so the healthcare sector is so critical to help bring that new knowledge to the public and that the solutions will also improve our health, so if we can stop using fossil fuels, we will clean up the air, and we will support healthier communities and actually will support development of renewable energy economy, by having healthcare leaders become the messengers for policies that will usher in this renewal energy economy. They are the most trusted messengers in our society. They can lead the effort to detox the economy and show by example how they themselves can power their facilities by low carbon technologies and then, third, they can be powerful advocates for saying yeah we need a price on carbon and that price should include all the public health damage that we are experiencing. We need renewable energy standards and that's going to have health co-benefits, so there is a very powerful role for healthcare professionals to play. Physicians, nurses, public health officials around the world, to lead this effort and that's what we are trying to instigate around the world in partnerships to play this fundamental leadership role.

Margaret Flinter: We have been speaking today with Gary Cohen, 2015 MacArthur Fellow and President and Founder of Healthcare without Harm. You can learn more about their work by going to noharm.org. Gary, thank you so much for joining us today on Conversations on Healthcare.

Mr. Cohen: Thanks for having me.

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Mark Masselli: At Conversations on Healthcare we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award winning journalist and managing editor of FactCheck.org a nonpartisan, non-profit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: At the late October Republican Presidential Debate, Carly Fiorina said that 400,000 small businesses form every year while 470,000 go out of this and why she asked? They cite ObamaCare but business deaths outnumbered business births and roughly the number Fiorina cited in 2009, a year before The Affordable Care Act was even signed in July. That year according to data from the Census Bureau Business Dynamic Statistic, there were 409,000 firm births and 499,000 firms deaths. The situation was highlighted in a Brookings Institution Report from May 2014 that said, "Business Deaths now exceed Business Birth for the first time in the 30 plus year history of our data." The report said that the trend could reverse in the future and that's exactly what has happened. The gap between Business Births and Deaths was at it's largest in 2009. The latest census figure shows that in 2010, Business Births surpassed Business Deaths. There were about 36,000 more firm born than had died. The birth also outnumbered deaths in 2013; the latest data available. The major provisions of the Affordable Care Act such as the insurance market places and requirement to have insurance or pay a fine didn't take effect until 2014. As for why business deaths outnumbered births from 2009 to 2011, the Brookings report didn't determine that but did say that the trend fit into a larger narrative of business consolidation occurring in the US Economy, and that's my fact check for this week; I'm Lori Robertson Managing Editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players, and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact that you'd like checked, email us at chcradio.com. We'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Of the 6.6 million births per year in this country, over half are unattended, and among teens, those rates are even higher. Colorado has been conducting an experiment for several years to examine what might happen if sexually active teens and poor women were offered the option of long-term birth control such as IUDs or implants?

Dr. Larry Wolk: What was so striking was the word of mouth amongst these young women to each other in the network of support that was built to access this program through these clinics really did than result in the significant decreases in unintended pregnancies and abortion.

Mark Masselli: Dr. Larry Wolk, Medical Director of the Colorado Department of Health and Environment.

Dr. Larry Wolk: The resultant decrease is 40% plus or minus in both categories, pregnancy and abortion, and preliminary data for 2014, it looks like those reductions may be even more dramatic to more than 50%, even approaching 60% reduction.

Mark Masselli: The results showed not only a dramatic decrease in unintended pregnancies, there was a significant economic benefit to the state as well.

Dr. Larry Wolk: We have seen a significant decrease in the number of young moms and kids applying for and needing public assistance whether that is public insurance, The WIC Program, you know, we helped them in longer term. This will translate into better social and economic outcomes for these folks and amongst young women 15 to 24, we've seen a decrease in sexually transmitted infection and the rates are now below the national average.

Mark Masselli: A free, long-term contraception program offered to at risk teens and women trying to avoid the economic hardship of unplanned pregnancies leading to a number of positive health and economic outcomes, now that's a bright idea.

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Margaret Flinter: This is Conversations on Healthcare, I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health.

Female: Conversations on Healthcare broadcast from the campus of WESU at Wesleyan University. Streaming live at WESUFM.org and brought to you by The Community Health Center.