

Gary Cohen

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Marianne O'Hare: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery, and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with Gary Cohen, Founder and President of Health Care Without Harm, a leading nonprofit dedicated to eradicating toxic waste produced by the health care system and leading health systems in this country and around the world to net zero emission. Fresh from an appearance at the UN COP26 Climate Change Summit, Cohen says the new US commitment to addressing climate change is a bellwether moment.

Lori Robertson also checks in the Managing Editor of FactCheck.org looks at misstatement spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday lives. If you have comment please email us at [chcradio@chc1.com](mailto:chcradio@chc1.com) or find us on Facebook, Twitter or wherever you listen to podcast. You can also hear us by asking Alexa to play the program. Now, stay tuned for our interview with Gary Cohen here on Conversations on Health Care.

Mark Masselli: We're speaking today with Gary Cohen, Founder and President of Health Care Without Harm, an international organization promoting environmentally responsible health care. He's built a coalition and networks in more than 70 countries, dedicated to reducing the impact of health industry pollution on climate change and health.

Margaret Flinter: His work has earned him the MacArthur Foundation's Genius Grant, the White House Champion of Change Award and the Skoll Foundation Social Entrepreneurship Award. He just presented at the UN's COP26 Climate Summit in Glasgow. Gary, welcome back to Conversations on Health Care.

Gary Cohen: Thank you very much for having me.

Mark Masselli: All eyes were on Glasgow recently, world leaders came together for the UN COP26 Summit. A number of commitments were made to bring us closer to net zero carbon emissions globally. What do you think about the agreement? I know there was some controversy as India and China had some language change around coal. But tell us what the outcome was and what in your mind was the most significant agreement to come out of the gathering?

Gary Cohen: Yeah, so I would say the overall conference was a mix bag. On the one hand the level of ambition require to keep the planet warming from being catastrophic, we didn't get there, so the commitments that were made a fall short of the desire and need to keep temperatures

within 1.5 degree centigrade. In fact, the commitments would actually increase global temperatures potentially up to four degrees, that's abstract. But the point is this, is at 2 degree centigrade the estimates are that it will expose one billion people on the planet to extreme heat. However, there were some positive things that happen there. There was a strong commitment to stop deforestation. There was a strong commitment of 30 different countries to stop selling gas powered or diesel powered cars by 2040 and companies committed to that, Ford, General Motors, Mercedes-Benz, Volvo. Other car companies didn't commit to that including Toyota, Volkswagen and Nissan.

In our space more than 51 countries committed to a health program that we established with World Health Organization and the British government, they committed to make their health care systems climate resilient to the extreme weather that we're all facing, and also to decarbonizes their health care system. In an interesting way health care for the very first time really came to this event and made very serious commitments to its role, so that's huge.

Margaret Flinter: Well, Gary at the COP26 you were with another recent guest of ours assistant HHS Secretary Rachel Levin and talking about this very critical issue of the role that climate change plays, it's already playing in health and equity. You've said that the Biden Administration's new initiatives will address what you call the moral wound of health inequity that is now fueled or accelerated by climate change. Maybe, talk with us about the role of climate change in health equity and contributing to health inequity and how do you see these initiatives having an impact in that area?

Gary Cohen: Right, so what we learn from COVID is that it exposed all the racial and social inequities that we face in our society. Black people died at twice the rate of white people, native people died at three times the rate of white people. People who are vulnerable already who had a preexisting conditions especially respiratory conditions were more likely to die. If you look at the climate crisis we see that force multiplier playing out in the same way.

The most polluted communities in America, many of them are in communities of color. If you look where the petrochemical plants are, where a lot of the refineries are, where a lot of the incinerators are, where the truck roots are, where there's lack of tree cover because of decades of red lining, those are all symptoms and consequences of structural racism in the country. In some neighborhoods of Baltimore in the summer it's 5 or 10 degrees hotter because there is no tree cover.

As we start to understand the health impacts of the climate crisis, it runs right into our racial reckoning as a nation, and so as we move

away from our reliance on fossil fuels we also have this incredible opportunity to heal some of the racism that we've lived with for generations. That's the special role of the health care sector, and it's also thankfully a goal of the Biden Administration where they want to put some of their investments in clean energy and addressing the decades of environmental injustice in those communities. Put some of the money to address those injustices and write those communities. Invest some of the clean energy strategies in those communities, so that's the first time we have a government in this country that's centering itself in a climate solutions and centering itself in racial equity.

Mark Masselli: The President this week on the White House lawn signed a bipartisan \$1.2 trillion Infrastructure Bill, really I think did a lot. But help our listeners understand what is so vitally important for climate change in that legislation. Also on deck is the Build Back Better Bill that's hopefully coming out of the house and then over to the senate. What's at stake here?

Gary Cohen: Well, so the Infrastructure Bill that did pass create some important upgrades in clean energy and transportation sectors. It includes electric grid modernization, electrical vehicle charging infrastructure, some kind of carbon management and research into new technologies, it goes a piece of the way. But the real transformation is in this other Build Back Better Bill which would put the United States on a very robust pathway to move toward a clean energy economy in many, many dimensions.

There's 320 billion for clean energy and transmission and vehicles and manufacturing. There's money to address air and water pollution focused in frontline communities. There's clean energy and sustainability accelerator like a \$30 billion that would put some of these investments in disenfranchise communities, the sort of Justice40 Initiative.

There's a hundred billion in resilience in terms of climate smart agriculture, forestry, coastal restoration, it's creating a whole civilian climate core with a diverse workforce of 300,000 members. Another 110 billion in cleaning globally competitive industrial facilities, clean energy and vehicle manufacturing, so there's so much more in that other bill that is being negotiated that would be an enormous signal to our economy, stimulus to our economy. It would demonstrate enormous leadership to the world that we could meet the goals that the administration has to reduce our greenhouse gas emissions by 50% from 2005 and a 100% by 2050 at the latest. It's a big deal.

The first bill doesn't come close to doing that, that stimulus that's required. It would have been ideal if Biden would have been able to go to Glasgow and say we got that all wrapped up, but it's still been

haggled over obviously.

Margaret Flinter: Right. Well, Gary toxic waste in health care is certainly a big problem in people of a certain age, and probably half the people that work with us have never seen a mercury thermometer, right, something that was just -- it was everywhere. That was one of your most successful campaigns at Health Care Without Harm that we all owe you a debt of gratitude, eliminating mercury thermometers across the health care landscape which really were a big contributor to toxic waste.

But health care itself is a big contributor and in so many communities health care is the biggest employer, it's a real economic engine. What are you seeing in terms of the work that the health sector, the health care sector can do at reversing that trend of being a contributor to toxic waste?

Gary Cohen: Well, so the amazing thing about the health sector in this country is that it's the biggest part of the economy sites of US military, and it's the one part of the economy that lives within this ethical framework of the Hippocratic Oath to do no harm. There's this opportunity to as its addressing its toxic climate footprint, it can achieve health outcomes that are positive. We can actually improve the health of all Americans by addressing our reliance on fossil fuels, for example.

Fossil fuels independent of their climate contribution globally are killing eight million people a year because of the particulate matter according to the Harvard School of Public Health. That's more than AIDS, malaria and tuberculosis combined. Just cleaning up the air and moving away from coal and oil and gas will actually improve Americans' health. Also, health care is a huge user of petrochemical plastics which are choking our waterways which are full of toxic chemicals and additives which create dioxin when they are burned. Moving away from petrochemical plastics can help stimulate a green chemistry economy to move away from those.

As we move away also from the overreliance on meat, if we move to a little more plant based diets, it's good for peoples' health, it's good for agriculture, it's good for the planet. There's a lot of different interventions that hospitals and health care can make and aggregate its power to signal the rest of the economy of the direction we need to go. Because they are anchors in their community, their economic engines, we are working with them to say as you're doing energy efficiency in your own facilities, support energy efficiency in low income housing in your community so that you reduce the incidence of asthma and respiratory disease.

As you're offering healthier food for your patients, your employees and your visitors, support more local sustainable and equitable

farming that's more climate resilient that doesn't use pesticides. There's way in which they can see themselves as sort of the epicenter of creating healing beyond their four walls into the communities they serve and into the planet that sustains us all because what health care needs to come to grips with now is that it needs to operate at three levels at the individual's health, the community's health, and the planet's health.

Mark Masselli:

We're speaking today with Gary Cohen, Founder and President of Health Care Without Harm, seeking to mobilize the health care sector to address the climate crisis as a medical emergency and to decarbonize health care. You know, Gary I was listening to you sort of the Build Back Better for the health care system strategy, and you're really talking about some of the operational elements of it. But the whole design of the health system seems to be in need of change. The pandemic has certainly provided some opportunities to be force multiplier both in terms of access to health care, but also in terms of our carbon footprint, telehealth been one of them, right? People do not have to drive in.

Now, we're in the primary care side, certainly the rural community health centers play 1500 of them 10,000 locations and guess what, all those locations are in those targeted environmentally sensitive neighborhoods that you talked about. But what about the design of the system, but isn't it that we have to sort of reimagine the delivery system in ways that use distant communication so patients can be monitored. What are your thoughts on that, who would you say is a best practice?

Gary Cohen:

I mean you're exactly right, we have to redesign the health care system so that it's not focused on treating chronic disease, so they're always sort of in the mop up operation. We've got a society that has got structural racism that's got vast amounts of unemployment, it has polluted environments, it has toxic stress, and we have chronic disease, and so the health sector is at the back end of this system. What it needs to do is it needs to be about health, creating health and that means changing the financing and the incentive system to move up stream and address the housing, address the food systems, address the violence, address the pollution in communities that are making people sick in the first place. That's a fundamental redesign, because we are facing this climate crisis, it needs to anchor the resilience of communities.

It's not only does it need to be the last building standing in the next Hurricane Katrina or wildfires in California, but it needs to understand the vulnerabilities of the communities that it serves, who is on ventilators, where are the communities that are already in the -- living with air pollution so that if there's wildfires it's going to be much

worst. There's a kind of a redesign in culture and in thinking and financing so that we're using this money to create health. There are some important kinds of mechanisms that we need to instill at the highest level of the Department of Health and Human Services that does that. If we said to every hospital in America, you know, you do emergency planning but you need to do climate resilience planning because there's new realities, heat stress, wildfires, hurricanes.

You need to understand the vulnerabilities of your community, the social determinants of health. In order to get Medicare reimbursement you need to measure your carbon footprint and make progress toward the goals of the Biden Administration. There are some very, very fundamental problems with our health care system. I'd say the system that has the potential and the mindset to make this transition is Kaiser Permanente because it's both a health insurer and it runs hospitals and clinics.

From the point of view of a membership of a health insurance and agency, they want to keep people healthy, save them money, and so they don't want people showing up in their emergency rooms. The other system is the Veterans Administration, it's the system we control, and so we have a strong national interest in helping veterans be healthy and deal with the trauma that they come with from being in Iraq and Afghanistan and other places. Having control over the entire system gives the system a chance to actually promote health as opposed to just treat disease.

Margaret Flinter: Well, I think you're absolutely right Gary, these are all leverage points and I think you're absolutely right, we need to push those levers to get the results that we want. One of the partners that you have that we were interested in hearing about is the National Academy of Medicine which is looking to address climate change in the health care setting. A big piece of this is going to be about how we train the next generation of health care providers.

One thing we have on our side I think is young people tend to come to us pretty environment aware with a bit of an activist format. But what's your vision for how the work of the National Academy of Medicine and their platform to address climate change in the health care setting, what's your vision for that approach and what do you think some of the outcomes of that might be?

Gary Cohen: I think National Academy has got a strong focus on decarbonizing making it climate resilient, focusing on equity issues. The other dimension of their initiative is how can we educate the next generation of clinicians, doctors, nurses and others. The current generation is to make them advocates, make them messengers for changing the narrative around the climate crisis so it's not seen as polar bears on melting ice caps etc, but it's about asthma, it's about

heat stress, it's about wildfire. They've done a lot of opinion research around climate, and it turns out that when you focus on health, people care because they care about their own health, they care about their family's health, they are more likely to act. Inside of that narrative, new narrative, health professionals are the best messengers.

What COVID showed us is that they are truth tellers. When you have politicians lying about the severity of COVID or telling you to do some cockamamie kind of solutions that aren't going to be good for you, the public health and health professionals of the countries have been truth tellers. It's like no this is -- we're going to give you the real story, the real advice. We want to leverage that trusted voice for climate solutions, because it maybe that health maybe the one lever in addition to jobs that helps to unlock the partisan dividing the country and say, you know, actually we all care about health, don't we?

The National Academy of Medicine is been incredibly helpful because they are convening all of these incredibly important players, say let's solve this together. The American Hospital Association, The American Medical Association, all these big industries that are supplying health care, joint commission, the right parties who are at the table to actually do some of the redesign you were talking about and accelerating this transformation because we don't have a lot of time. We need to make this change in a very profound way over the next decade.

Mark Masselli:

Gary, I think our listeners are asking themselves, I really like what I'm hearing, tell me more about how I can participate in health care without harm or that you talked about the need for advocates, so maybe layout some opportunities for people starting with the organization that you founded.

Gary Cohen:

Yeah, so Health Care Without Harm has a lot of tools and strategies and case studies that demonstrate that there are so many ways to enter into changing the health care system from food to energy to buildings to plastics to waste to -- and so for people that are in the sector, there's lots of places to engage and to advocate within the systems they're operating in whether that's a clinic or whether that's an acute care hospital to make this kind of transformation. In the clinical advocacy space, there's a number of initiatives that exist.

We launched with an organization called The Alliance of Nurses for Healthy Environment a thing called Nurses Climate Challenge a whole website with materials and op-eds and ways to engage people in the facilities who are working, but also to become advocates in the communities that you serve to bring that trusted voice forward. There's a partner organization called the Medical Society Consortium on Climate and Health that's got half of the doctor, physician

organizations in the country all which signing on to climate as a strategic comparative, and there's lots of materials in those places and in others to get engage and to short-circuit our learning curve so that we are bringing forward health professionals as heroes, as planetary healers.

There are so many other opportunities for just engaging in your local community. Like everybody says, well, what can I do as an individual? I would say what can you do as a community, like band together. There's all these renewable energy standards that are coming at local level and state levels, so there's ways to engage wherever you find yourself.

Mark Masselli: We remind everybody who's in the health care leadership that unless you're talking about climate and the environment you're not going to attract the next generation of young people who are leaders. They're going to go to elsewhere. If you don't get the bigger picture, you're just going to lose out to all that talent that's out there.

Gary Cohen: It's true. Actually, it's turning that sustainability is one of the interesting kind of drivers for people making decisions about their employment, especially this new generation. But one of the things that has happened as a result of COVID, COVID was -- hospitals and clinics were the epicenter for dealing with the trauma of this, not as visible to the public but inside of hospitals and clinics there were so much trauma that doctors and nurses had to face that there's a real people leaving the profession, especially nurse. When you talk to hospital leaders around the country now they're saying we have dramatic workforce shortage, and so part of the healing that we need to do is also to heal the people that have actually taken care of people in the last two years. One of the things we're trying to explore is are there organizations we can partner with that can offer some kind of trauma related kind of care for the nursing staff and others who have just witnessed so much crisis.

Mark Masselli: Yeah, real tragedies, yeah.

Margaret Flinter: Yeah, absolutely.

Mark Masselli: Well, thank you so much.

Gary Cohen: We've got work to do. A lot of work to do

Mark Masselli: Yeah, a lot of work to do.

Margaret Flinter: We've been speaking today with Gary Cohen, Founder and President of Health Care Without Harm, an international campaign that promotes environmentally responsible health care. Learn more about his award winning work by going to [noharm.org](https://noharm.org), or follow them on Twitter @HCWHGlobal. Gary, we want to thank you for your vision, by



your leadership, your passion for addressing health care within the context of climate change, for your commitment to building a healthier planet while addressing the crushing weight of health inequity. We want to thank you for joining us again today on Conversations on Health Care.

Gary Cohen: Thanks so much for having me.

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Mark Masselli: At Conversations on Health Care 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, nonprofit 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: Aaron Rodgers, the star quarterback of the Green Bay Packers made headlines when he contracted COVID-19 and then defended his decision not to get vaccinated with a string of false and misleading claims. In a November 5 interview Rodgers drew a distinction between vaccination and immunization saying that he had not previously lied about being vaccinated because he had been immunized via a homeopathy protocol. But there is no way to have immunity to the coronavirus without either being previously infected or being vaccinated. Homeopathy is a form of alternative medicine for which there is little evidence of effectiveness for any health condition.

In the interview Rodgers asked, "If the vaccine is so great, then how come people are still getting COVID and spreading COVID and unfortunately dying from COVID?" The answer is that no vaccine is a 100% effective. While the COVID-19 vaccines in use in the United States are highly effective, some cases hospitalizations and even deaths are expected among vaccinated individuals. However, the data show that the risks of getting the disease and dying from it are higher among the unvaccinated.

In the month of August during which the Delta variant accounted for nearly all infections, unvaccinated people were six times more likely to test positive for infection and 11 times more likely to die from COVID-19 than the fully vaccinated. Rodgers also said he was taking the antiparasitic drug Ivermectin and wrongly said medicines been tested by Merck and Pfizer were, "Expensive versions of Ivermectin." They're not. Pfizer and Merck have announced positive trial results for easy to take pills to combat the disease. But those antiviral medications are very different from Ivermectin.

So far, studies on whether Ivermectin can effectively treat COVID-19 have been inconclusive. Health officials have warned people not to

self-medicate and not to inject Ivermectin intended for livestock. Rodgers also baselessly cited concerns about the COVID-19 vaccines and fertility as one reason why he remained unvaccinated. There is no evidence that the COVID-19 vaccines having negative impact on fertility. 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 e-mail us at [www.chcradio.com](http://www.chcradio.com), we'll have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. According to Michigan organic farmer Michelle Lutz, health care spends too much time and money trying to fix the problems that are caused by a poor diet. (Inaudible 00:27:27) at the Henry Ford West Bloomfield Hospital agree with here. For year she had offered organic food growing and cooking demonstrations at the health care facility just outside of Detroit. But when officials drew a plans to renovate the hospital, they decided to take it to the next level. A million dollar certified organic hydroponic greenhouse and garden were built and Lutz was hired away from her farm to run the operation.

Michelle Lutz: When you have the opportunity to heal someone, it is very important that what they are eating becomes part of that plan. That cliché saying we are what we eat is absolutely true.

Margaret Flinter: The facility now provides most of the nutritional organic greens, vegetables, fruits and herbs used in the food that is prepared there, not just for patients who have come there to heal, but for their families and hospital staff as well.

Michelle Lutz: The layout was very important so that we could have a very complex diverse variety of herbs and produced for the kitchen to use. In the winter time and in the fall we changed to more of a cold tolerant crop, and then in the summertime we are now transitioning to the point where we're picking cherry tomatoes and we have sweet peppers and things like that.

Margaret Flinter: Lutz says there is an educational component to the program that's ongoing and multigenerational.

Michelle Lutz: Right now we are averaging 3000 students per academic school year that go through our Healthy Habit Program. We are lucky enough to have kind of dual combination here of offerings. We have a

demonstration kitchen and then we have the greenhouse right behind the hospital. It is not uncommon for a nice day for us to have a nice stream of doctors and nurses out there just to be in a beautiful setting and how therapeutic that can be. But to also have them ask questions about what it is that we're growing and how is that being used.

Margaret Flinter: The nation's first hospital based year-round certified organic hydroponic greenhouse, one that provides fresh fruits and vegetables to patients who are healing and the clinicians working to heal them and teaching the next generation about the benefits organic produced for a healthier diet.

Michelle Lutz: The idea of being just a hospital doesn't work anymore. You have to be a community center for wellness.

Margaret Flinter: Now, that's a bright idea.

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Mark Masselli: You've been listening to Conversations on Health Care. I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Peace and Health.

Marianne O'Hare: Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at [www.chcradio.com](http://www.chcradio.com), iTunes, or wherever you listen to podcasts. If you have comments, please e-mail us at [www.chcradio@chc1.com](mailto:www.chcradio@chc1.com) or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.