



Conversation with Gary Cohen

Ashley Hopkinson

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Ashley Hopkinson: Can you introduce yourself and tell me about your work with Health Care Without Harm?

Gary Cohen: My name is Gary Cohen. I'm the Co-Founder and President of Health Care Without Harm and Practice Green Health. I was involved for many years in supporting communities that were impacted by toxic chemical threats—people who were concerned that their kids had asthma, people who were concerned that their daughter had a rare form of cancer, that their kids woke up choking at night, that they got skin rashes because of taking a bath because they were living near some toxic chemical dump or incinerator or down the street from a chemical factory. So, I was working with those communities around the country, in the United States and globally.

Around the mid-1990s, we were learning that toxic chemicals were both invading the child even before they were born and that the impacts of those chemicals on developing children had nothing to do with the dose. It had to do with the timing and the power of disrupting systems of the body. So, there was no safe dose for children in the first 1,000 days of life. We were learning that these chemicals could turn on and turn off genes in ways that would create long-term health impacts later in life. The two poster-child chemicals that we were learning about were dioxin, which is produced when you burn plastics, PVC plastics, or you produce pesticides or plastics, and mercury.

We've known for a thousand years that mercury was a neurotoxin, that it especially would impact the developing brains of children. At the very same time that we were learning about these chemicals, the Environmental Protection Agency was reporting that medical waste incineration was the largest source of dioxin emission in the United States and a significant source of mercury.

The very sector of our economy that has healing as its mission was an enormous polluter of a cancer-causing chemical, of a chemical linked to not just cancer but birth defects, learning disabilities,

and other things. A huge source of mercury was the millions and millions of broken mercury thermometers that were winding up in incinerators, or in the water, then taken up by fish and getting into our bodies and into the bodies of pregnant women, et cetera.

So, at the time, my colleagues and I said to ourselves, "We have to bring this latest science around environmental health to the healthcare sector so that they're not contributing to disease. Of any sector of society, who should get this, and who should understand it? It should be healthcare." We realized doctors and nurses don't get education about environmental health issues in medical school or nursing school, or very little. There was enormous ignorance.

So we started Health Care Without Harm to bring this science to them. Toxic chemicals and health, climate change and health, food systems and health, buildings and health—it was a new arena for them. So those were the first couple of things we worked on.

When we started, mercury was the gold standard for measuring temperature everywhere around the world in healthcare. Over the course of more than a decade, we won a global treaty phasing mercury out of healthcare. When we started, there were 4,500 medical waste incinerators in the United States. Pretty much every hospital had one. A decade later, there were less than 100. We taught healthcare workers how to manage their waste better.

Then we said, "Well, what about the buildings? The buildings are on life support. It's unhealthy to work in the buildings—fluorescent lights, no natural light, and toxic chemicals in the flooring and wall coverings. You need to design buildings that actually promote healing, that have natural light. What about the food you serve? The food you serve is actually contributing to the very diseases that you're trying to solve, obesity and diabetes and heart disease and stroke. You shouldn't be having McDonald's in the lobby. You shouldn't be having donuts and Coke in your vending machine." These things were so obvious, but there was this disconnect.

Then, we continued to work on a broad sustainability agenda. About 15 years ago, we said, "You know what? Climate is going to be the greatest public health threat we face on the planet. So we need the healthcare sector to address the climate crisis as a strategic imperative because it's going to define the future of healthcare on the planet."

Ashley Hopkinson: What have been some breakthrough moments in building climate resilience within healthcare? What are some examples of things you're actively working on to implement climate resilience on the health agenda?

Gary Cohen: Well, there were a couple of catalytic moments in our work over the last, let's say, five years. One was in the COP26, the Conference of Parties 26 in Glasgow, a couple of years ago. We worked with the World Health Organization and the British government to develop a climate and health program that was about getting countries to commit to developing low-carbon resilient healthcare systems. That became a really catalytic program that now has gotten 86 governments to sign onto it. The momentum of that program led to the first Health Day at the COP last year in Abu Dhabi.

So there's now a program called the Alliance for Transformative Action for Climate and Health, ATACH, which we are on the steering committee of and which is facilitated by the WHO. It's all about giving governments' national health systems the tools, the measurement, the how-to guides, and the direction on how to detoxify. How do you decarbonize your healthcare systems? How do you make them resilient in the face of the extreme weather we saw, for example, a few days ago in Tennessee and North Carolina? We need healthcare to be the last building standing in extreme weather events. So that was a really catalytic thing. Now, there's momentum at the government level.

At a private system level, we were asked by the United Nations Framework Convention on Climate Change to organize the healthcare sector, taking our network and orienting it toward this Race to Zero. They had a program called The Race to Zero.

Universities, cities, businesses, and investors were committing to the program, and they didn't have healthcare. So we (organized it). We now have 70 institutions representing over 14,000 hospitals that have committed to this. Just this past week at the Clinton Global Initiative, we committed to double the number of hospitals.

They're just trying to create a tipping point where this becomes standard practice. This is what healthcare needs to do in the 21st century. Then, on the domestic level in the U.S., we advocated for the Department of Health and Human Services to create an Office of Climate Change and Health Equity.

So when Biden was elected, one of the first things they did was create this new office. Actually, one of the co-chairs of our board went on to work for this office, so we worked closely with this office to develop a climate pledge or commitment that matched what we were doing on a global scale.

It became a big orientation to promote the hospitals in this country to go along the same path, committing to low-carbon resilient healthcare. So there were two things that happened. One, it was

promoted dramatically through our work and through the National Academy of Medicine, which also started an initiative around decarbonizing healthcare that we're part of.

Two, the Biden administration created an executive order to commit all of its facilities—so the Veterans Administration, the Army, the Navy, the Air Force, all those systems, hundreds of hospitals—to the same goals. So now, my goodness, there are probably over 1,200 hospitals in the country, 20% of the hospitals, that have all committed to this same goal.

We've been providing some of the measurement tools, some of the road maps, and some of the communities of practice to help move the whole sector to where everybody's marching down the path together. There's been enormous momentum in the last few years to really start to build that movement broadly for climate action and the health sector.

Ashley Hopkinson: That sounds like progress. Do you feel like the disconnect that you were seeing when you started is still present, or have people begun to understand it?

Gary Cohen: I mean, people are coming to it. There's still a lot of work to do, but there's more momentum than there's ever been. There's a broader recognition that climate is impacting the actual operations of healthcare, that it's also impacting the bottom line for health insurers because they're picking up the tab for all these extreme weather events that are driving people to the hospitals. So there's a lot of signals coming from a lot of places now. Now, it's just unstoppable. Some of the multilateral banks are starting to invest in this space. Rockefeller Foundation has now started to focus on climate and health, as well as the Wellcome Trust. These are really big signaling foundations.

There's a sea change happening. One is that we have to recognize that fossil fuels and the toxic chemicals that are derived from fossil fuels are the largest killers of people on the planet -- bigger than AIDS, malaria, and TB combined. Seeing fossil fuels as the heart of the collective wound is really important because that means we need to address the fossil fuel industry, which continues to get subsidized, either directly or indirectly.

The International Monetary Fund has estimated that the indirect subsidies -- most of it around health impacts -- to the fossil fuel industry is \$5 trillion a year. So we're subsidizing the industry that's actually killing people, disrupting the climate on the planet, and poisoning people all over the world. It's madness.

The fossil fuel industry is not only poisoning the planet's climate, it's poisoning people, and it's poisoning our democracy. So that is an important strategic focus for the movement that we're trying to build. We want health professionals to talk about the fact that fossil fuels are the source of the

problem and that moving away from fossil fuels and toxic chemicals is going to improve people's health.

We're going to clean up the air. We're going to make food safer. We're going to make our kids have less asthma. We're going to help arrest the development of mosquito-borne illnesses. We're going to hopefully slow down the climate crisis. It's a direct, positive impact. The end of fossil fuels is a new beginning for global health.

Ashley Hopkinson: In that vein, have you found partners that have been able to help in this narrative shift, getting closer to the mitigation conversation as opposed to just addressing problems after the fact?

Gary Cohen: Not enough. There needs to be a much bigger communications campaign that reframes the climate crisis as a health crisis so that it connects with people's lived experiences.

Ten years ago, people thought, "Well, climate change is a problem that may affect my grandchildren. It's happening in some other place, to some other people somewhere else." But now people are seeing it all over the place, all over their lives.

So, we are helping people to make that connection: that's what the climate crisis is -- it's your health and your family's health. We need a lot more narrative around that, a lot more storytelling around that.

This summer, there were 100 million Americans under extreme heat advisory. It was 100 degrees in Phoenix for 100 days in a row. A third of all the health facilities in Pakistan were underwater last year. People are seeing it everywhere.

The other thing linked to that is that while people understand that there are racial, health, and economic inequities in our society and societies around the world, they don't yet understand how those inequities are exacerbated by climate. That the people who had the least responsibility for creating this slow-moving disaster are having the biggest impact on their lives and the least ability to address it. Climate is a force multiplier for racial injustice and economic injustice. When we marry those realities together, then it brings many more people into the fold of this movement.

Ashley Hopkinson: In attempting to advance this conversation, how do you talk about this with people you're trying to reach? Do you come from the space of collective well-being? What resonates with people?

Gary Cohen: I talk about climate as a collective trauma to help people feel like they're part of something that everybody is sharing. Its impacts are different in different places, geographically. As I said, there are differences in impact in terms of people's abilities to protect themselves. However, people can see it. So there's that level of collective trauma.

Since part of our key audience is healthcare, I try to speak about the Hippocratic Oath, that this is a sector underpinned by an ethical framework to first do no harm.

What does "first do no harm" mean in a world where billions of people are impacted by fossil fuels, where kids are being born with toxic chemicals in their bodies, where one in six American families are food insecure, where asthma affects one in three kids in New Delhi?

What is our role? What does healing mean at this time? Is it really just still treating sick people? That's not enough. It's a failure of the system if that's all we do. We need to move upstream and address the conditions that are making people sick in the first place. So, that resonates with people.

Healthcare professionals are incredibly trusted people. I mean, that's been worn away by Trump and his right-wing lunatics during COVID. But basically, they're very trusted people, and I want to empower them to use that voice to be a healer in society, to be a planetary healer. To encourage their colleagues and hospital systems to be a voice in their community and in the policy space to change the narrative and to win policies that are going to transform our planet to be sustainable and healthy for everybody.

Ashley Hopkinson: How did those policy changes you mentioned earlier advance, and what will it take to sustain them?

Gary Cohen: I'd say there are two answers to that. One is that we didn't try to win things through Congress. I mean, there's been some incredible movement from Congress around the Inflation Reduction Act and all this money that's now out to try to support this transformation to a clean energy economy. We're trying to get the healthcare sector to take advantage of that. We did some stuff around the edges of that to change the rules to allow hospitals to access that money, but that's along the edges. I'll just give you a short example:

Hospitals are required to have 72-hours of diesel backup if the grid fails. We're saying to them, "Diesel's really polluting. It's fossil fuel. Change the rules at the Medicare and Medicaid levels so that they can utilize microgrids, renewable energy, and battery storage as backups." They had to change the rules to enable that change. That was done through administrative policy, not Congress. We did it by working with agencies in the government to change the rules of how healthcare operates, which are much easier to change because you don't have to go through the political gauntlet of Congress.

Also, by doing all this within the marketplace -- with the sector and with hospitals -- you create the momentum so that even if the public policies change, the private sector is already going down the path. It's done. You can try to bring it back, but it's too late. It's over.

Working with the private sector to create that tipping point helps whether the policy shifts or not. You keep that momentum going. So, it's always a dance between a private-market movement and policy.

Because if you've created enough market pressure, then the politicians say, "Well, everybody's already doing it. It's safe to do this policy." That was true with the Department of Health and Human Services. They were able to create this climate pledge because we already had a huge number of hospitals moving down this climate strategy path. So that's the dance. It's jazz.

Ashley Hopkinson: Do you find that people still want to separate the healthcare conversation from the climate conversation?

Gary Cohen: I mean, there's less resistance. The denial of climate change is melting -- hopefully quicker than the ice caps. But the challenge now is that healthcare has just been through this incredible trauma of COVID. It hasn't really recovered. An enormous percentage of people have left the field. Many systems are losing money. Climate is not top, top, top of mind. They're thinking about how much money they're losing and how to keep their staff.

So, our challenge is to show them that most of the interventions around their climate action will save them money. Also, (climate is) a huge positive motivator for staff, especially young staff. They want to be working in places that care about the climate, even in healthcare. So there's a lot of positives, but a busy CEO, they're not thinking about it. It's more about attention span than anything else. It's pretty hard. I would say ten years ago, it was like, "What does climate have to do with me?" But that's melting away.

Ashley Hopkinson: What are some of the shifts that have happened in terms of your audience? Would you still primarily say you're talking to hospitals?

Gary Cohen: Within the sector, we started with hospitals, but we've really branched out to health professionals as well—doctors and nurses as these messengers internal to their organizations, their hospitals, their professions, but also as policy advocates.

More recently, we've also started engaging the health insurers because they're starting to pick up the tab for these extreme weather events. We're building a working strategy for the health insurers in the country, building out the ecosystem, and also working with the suppliers of healthcare because the

supply chain is where 70% of all the climate footprint is. They need to partner with the hospitals if everybody's going to move together on this path.

We've been building out the ecosystem of healthcare so that everybody is moving in the same direction toward a low-carbon resilient system that takes care of everybody. But beyond that, we are also joining broader coalitions that are focusing on plastics.

There's a plastics treaty that's going through the United Nations Environmental Program. We're bringing healthcare to that treaty with other civil society advocates because the fossil fuel industry is using healthcare as a reason why they need to keep producing more plastics.

We have to show up at those treaty meetings with case studies and health professionals saying, "Actually, we're trying to get rid of some of these single-use plastics. There may be some plastics that are essential for medical care, but not the mountain of waste of single-use plastic. No, we don't want that."

So we have to countervail in that space. That's a broader thing. Then there's even a fossil fuel non-proliferation treaty that's being developed around the world, basically treating fossil fuels like nuclear weapons. We just need an orderly phase-out of fossil fuels in order to survive here. So we've been participating in those, as well as getting health professionals to make the health argument about how we're paying for the climate crisis with our health and the health of everybody. We'll all improve as we phase out fossil fuels. There's room for health messengers in that space as well. So I'd say we're branching out.

The Skoll Foundation President Don Gips said, "You guys are system orchestrators. You're behind the scenes, but you're organizing these different parts of this big ecosystem to move the whole sector into its largest potential." That made sense to me. That's what we've been doing—moving the whole sector to play this much more outsized role in this larger global drama.

Ashley Hopkinson: Aside from fossil fuels, is there anything else you think is missing from the conversation that really needs to be elevated and talked about more within the healthcare industry?

Gary Cohen: At a tactical level, plastics are really important because the estimates are that by 2050, half of all fossil fuel use will be in petrochemicals and plastics. So, as our society moves away from fossil fuels in our energy and transportation, the industry sees itself as moving and expanding its market into petrochemicals and plastics, which is where we started. That's where we know people are being poisoned by these chemicals. So, we have to link the toxic chemical issue, the pesticide issue,

and the fossil fuel industry issue together. It's the same industry. It's the same companies that are in partnership that have to be brought to account.

That's a merging of movements that have been separated because of regulations, departments, and foundations. We need to bring it all together into one large movement focused on this one fossil fuel and petrochemical industry that's driving the destruction of the planet and people's health.

That's one thing. The second thing is that just like there are these divides between people working on racial equity and climate, there's a divide between people working on universal healthcare and people working on climate and health. We need to bring those together.

The reality is that in the lives of billions of people now, their health is beyond their individual control. You can't say it's their behavior. Their lives are being impacted by a global climate crisis. So, it's a matter of global environmental justice because everybody on the planet has a right to healthcare. We have to provide for everybody. Otherwise, we're saying that certain people are expendable, certain people can be let go. To me, that's totally unacceptable.

I think we've come to a place now in our civilization where we have to choose whose rights we're going to champion. We're either championing the rights of the fossil fuel and petrochemical companies or the rights of our children to breathe clean air and drink clean water. We can't have both anymore.

Ashley Hopkinson: In doing these interviews, the idea that there are external factors that can impact your health, life, and dignity has come up a lot.

Gary Cohen: I would take it further. I would say that the fossil fuel petrochemicals have chemically trespassed into our bodies, into our lives, and it's a massive violation of human rights. The fact that kids are being born with toxic chemicals, that people who live down from coal plants are likely to have lower birth rates, and that their kids are likely to have health issues—that's a massive violation of basic human rights and dignity. We need to treat it like that.

Ashley Hopkinson: What has been a bright spot this year in the work of Health Care Without Harm, something that makes you feel good about the forward momentum of the movement?

Gary Cohen: Certainly this commitment with the global initiative to double the number of hospitals committed to the Race to Zero and link that with the Race to Resilience, creating this much more integrated frame for where healthcare needs to move. That was a powerful point. Another was being able to convene the largest health insurers in the country, for them to recognize that they have a role in this, and that we can help shape that role and accelerate that role for health insurers. Just our

convening power has been another reflection of where we are, and the respect and power we've been able to amass over the last 28 years.

Ashley Hopkinson: I want to close by asking you, how would you define collective wellbeing?

Gary Cohen: I think it means health in the broadest sense—physical health, emotional health, social safety, spiritual wellbeing, all those things together.

We need to have the broadest view of what wellbeing is because we understand that emotional trauma contributes to physical health impacts. If you are living in a place where there's a lot of gun violence, there's an impact on your health. If you're a Black woman living in this country, you have more chances of (fertility and maternal health problems) because of the toxic stress of living in a racist society.

So, understanding the layers of intergenerational and collective trauma is part of a much broader healing mission. To me, that starts to get us toward what wellbeing looks like, in addition to the basic things.

Everybody needs to have enough food to eat. They need to have safe housing. They need to have social connections. They need to live in a place where they feel safe. All of that should be part of our healing mission.

What I've been saying to healthcare audiences is that we're the first generation to have to operate at three levels of healing. There's individual healing, there's community healing, and there's planetary healing. We're the first generation to absorb that truth, but every generation after ours will have to do this. So we're setting down tracks. We're creating experiments. We're showing pathways to do that in a coherent way, but this work will go on well beyond our lives.

This is the new foundation for health. Wellbeing as a framework as opposed to just sick care or treatment has got to be the way we reorient the health sector in the 21st century.

Ashley Hopkinson: Thank you, Gary.

Ashley Hopkinson is an award-winning journalist, newsroom entrepreneur, and leader dedicated to excellent storytelling and mission-driven media. She currently manages the Solutions Insights Lab, an initiative of the Solutions Journalism Network. She is based in New Orleans, Louisiana.

** This conversation has been edited and condensed.*