

A Call to Climate Leadership

By SR. MARY ELLEN LECIEJEWSKI, OP, MA, SR. SUSAN VICKERS, RSM and RACHELLE REYES WENGER, MPA

Catholic health care leadership played a critical role in making the case for health care reform. This role in securing the successful passage of the Affordable Care Act (ACA) boldly demonstrated an ongoing commitment to a healing mission and the realization that the transformation envisioned by the ACA would require an expanded and vivid vision for health care. Health insurance coverage is now a reality for millions of Americans, and a 2015 Centers for Disease Control and Prevention study using census data shows that the U.S. is experiencing the lowest uninsured rate in 50 years.¹

Yet more must be done to bring access to health care for all, to bring healing and health to the world.

As the nation continues to implement the ACA's triple aims — to elevate quality of care, improve population health and decrease the cost of health care — the hospital community is uniquely positioned to tackle the greatest global health threat of our time: climate change. Within and beyond hospital walls, leaders are needed to address climate disruptions threatening the delivery and sustainability of health care while mitigating the impact climate change has on human health and the environment. Those in the health care ministry need to play a vital role in demonstrating the profound connection between the health of the planet and the health of the human family. A vision of health care transformation calls for bold climate action.

Climate change is real, touching all

who share Earth. It has a severe, detrimental impact on human health and the natural world that sustains life. It exacerbates inequality worldwide. The poor, elderly and vulnerable are disproportionately affected. They contribute far less to the climate problem, but they are hit hardest. Climate-related health impacts include:

- Asthma and respiratory diseases from air pollution
- Cancer risk from ultraviolet radiation
- Cardiovascular diseases and stroke from heat stress and airborne particulates
- Neurological diseases and disorders associated with toxic chemicals
- Foodborne diseases; poor nutrition from food shortages and food contamination (chemicals, biotoxins, pesticides)
- Waterborne diseases due to increase in water temperature, precipi-

tation frequency and severity

- Mental health and stress-related disorders due to geographic displacement, property loss, loss of loved ones
- Injuries and death caused by extreme weather events

The understanding of climate change must move away from being a partisan issue to one of health. Trusted voices are needed as advocates for local, national and global policies, and health care leaders must be among those who focus on the climate change issues relevant to the healing mission.

The health care voice can make a difference. In fact, it can bridge the gap between action and inaction. Leading first by example, the health care community can make decisions to reduce the environmental and health impacts of its own operations. It also can support strong and clear policies that will facilitate transitions to a lower carbon future while stimulating the market to advance clean energy innovations and other climate solutions.

In the sometimes fractious policy debates, the health care perspective can influence public, private and political wills, uniting diverse sectors behind a common cause — the health and well-being of families, communities and countries.

'HEALTH' IN HEALTH CARE

In health care, what does “health” mean? America’s current system, which represents nearly 20 percent of the nation’s economy, still prioritizes sick care over protecting and promoting health. Of the \$2.6 trillion spent on health care in the United States each year, around 75 percent goes to treating diseases like obesity, cardiovascular disease and diabetes after they have occurred, although an integrative program of comprehensive lifestyle changes could have helped prevent them.²

The World Health Organization defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”³ This definition lends itself to the understanding that a person’s well-being is well-being in the world. The concept of health care needs to go far beyond treating a patient. Patient-centered care is whole person care that necessarily must include care of communities and the environment. It recognizes the exquisite connection between human health and the health of the Earth community. Thomas Berry, PhD, a Catholic priest of the Passionist order, cultural historian and ecotheologian, wrote: “Human is derivative, Earth is primary. The primary concern of every profession, institute, and activity of the human betrays itself unless it makes this larger Earth community its primary referent.”⁴

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The vision of a transformed health care system must reflect an improved integration of health care and public health, focus greater attention on improving community health and dedicate more resources to eliminating the underlying causes of disease.

While health care has made tremendous progress in reducing its environmental footprint over time (only 20 years ago, mercury thermometers

and waste incinerators were pervasive throughout health care), health care can do more. It *must* do more.

Fortunately, health care leadership can help address the climate crisis by taking advantage of what the 2015 Lancet Commission on Health and Climate Change called the greatest health care opportunity facing our generation.

The 2015 Lancet Commission on Health and Climate Change was formed “to map out the impacts of climate change, and the necessary policy responses, in order to ensure the highest attainable standards of health for populations worldwide...The central finding from the Commission’s work is that tackling climate change could be the greatest global health opportunity of the 21st century.”⁵

COMMUNITY, CLIMATE, CHANGE

In his encyclical, *Laudato Si'*, Pope Francis points to the moral responsibility that each of us has for coming together to address climate change. Pope Francis asserts, “The climate is a common good; belonging to all and meant for all. The urgent challenge to protect our common home includes a concern to bring the whole human family together to seek a sustainable and integral development, for we know that things can change.”

As we embrace this larger sense of community, our obligation to care for individuals, particularly the most vulnerable, similarly expands. For San Francisco-based Dignity Health, our healing ministry rises out of the community. That is the foundation for who we are and what we do. In the same way, a collective sense of ownership of our healing ministry extends throughout all of our operations.

Dignity Health’s longtime commitment to sustainability and the health of our communities is reflected in our operations, policies and advocacy strategies. We have focused our efforts on less waste, safer chemicals, healthy food, smarter purchasing, leaner energy and engaged leadership. We know that embedding sustainability in the thinking and action of these areas addresses challenges of global climate change.

Rather than being something separate, sustainability is a core value across all of Dignity Health’s efforts, whether advocating for effective climate policy, working with business partners through the supply chain, setting standards for food we



serve, making progress in reducing greenhouse gas emissions, increasing use of renewable energy or eliminating such portfolio investments as thermal coal that contradict our healing mission. The commitment to sustainability ensures that we reduce and/or handle our waste streams appropriately and moves us to take steps to reduce our water usage through improved landscaping and water-saving techniques. It necessitates the sharing of our surplus supplies with those in other countries who are desperate for the most basic

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medical items. To minimize risks to our patients, employees and surrounding community from the chemicals in the products we use, we are one of the pioneers who are participating in the Chemical Footprint Project, a new initiative that establishes meaningful measurement for companies seeking to integrate safer chemicals in products and supply chains.

Dignity Health’s supply and services resource management is advancing infrastructure and operating procedures to include sustainability practices as part of the supply chain decision-making process. When products come up for contract, decisions are based on how the product will affect the patient, employee, community and environment. Dignity Health implements a supplier code of ethics, incorporates sustainability criteria in the request for proposal process and establishes sustainability goals.

For more than a decade, Dignity Health has used investments to address climate issues with portfolio companies by voting proxies, filing shareholder resolutions and engaging directly with company management to press for assessment, reduction and disclosure of greenhouse gas emissions and a shift to renewable energy. In the fall of 2015, Dignity Health revised its investment policies to:

- Explicitly include promoting environmental sustainability as a goal of the investment program

- Press investment managers to include assessment of carbon risk in the analysis of potential investments

- Seek additional investments in such climate solutions as renewable energy and technologies that facilitate the transition to a low carbon economy

- Screen from portfolio companies that extract and/or burn thermal coal. Dignity Health considers thermal coal, like tobacco and weapons, to be a product whose impact on the health of persons, communities and Earth makes it contrary to our healing mission.

But the circle does not end with the health system staff and facilities. As we think about health in the context of ever-expanding communities, we look for new ways to provide health care. Dignity Health collaborates with organizations already doing great things in the community, and we look for opportunities to share resources and expertise. We also created a new position, director of community and population health, to build connections between care and community, and we have formed interdisciplinary teams of care managers, social workers and community-based health teams to better link patients and community members to valuable community resources. The goal is to ensure that residents of Dignity Health communities have the health services, social supports and home and community environments that enable them to maintain and regain their health.

We know that more can be done. Change is within our grasp. Dignity Health is committed to leadership in the public policy and community advocacy arenas at all levels — local, state, national and global. Change requires awareness, education, influence, a conviction that more must be done to promote the health of our planet and a path forward for this and future generations.

Dignity Health has weighed in on climate legislation, testified at hearings, mobilized its grassroots advocacy network and partnered with diverse groups to find and lift up a collective voice. Our engagement leading up to and during the December 2015 United Nations Framework Convention on Climate Change Confer-

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ence of Parties in Paris is an example of how we have helped to take the healing mission to the international stage. It was a yearlong strategy of raising awareness about climate change in the communities we serve, advocating passage for a landmark climate bill in California to demonstrate alignment with and drive U.S. leadership, partnering with health care, environmental and business groups from around the world to spur nearly 200 participating countries to make ambitious commitments for a universal agreement on climate. Perhaps one of the greatest displays of health care's leadership came when signatories representing more than 1,700 health institutions and 13 million health professionals called for action to mitigate climate change and enhance the capacity for health systems and communities to deal with extreme weather events.

These opportunities for health care, these layers of local to global leadership, amplify Dignity Health's healing mission and call us to collaborate with others who share the same sense of common good. Understanding how we can contribute to that common good and whom we need to work with is essential in our effort.

DIALOGUE AND PARTNERING

In his encyclical, Pope Francis calls the people of the world into dialogue with one another about our common home. At Dignity Health, we have benefited from this sage advice many times over, whether it is partnering with community organizations, working with business partners in our own supply chain or corporate real estate, or collaborating with organizations like Health Care Without Harm that have worked for years with health systems in reframing climate change as a public health issue. In creating dialogue, in bringing a sense of urgency to the climate crisis and

calling for policy solutions and local actions that are more accessible to individuals, we enable our patients and communities to understand and embrace our common challenge.

For example, Americans throw away 40 percent of the food grown. Given a statistic like that, a person cannot help but look in his or her own refrigerator. And that is where the solutions will come from: personal accountability to collective problems. The connection is not as distant as one might think. If we waste food, it means we are also not feeding the poor, and we are wasting electricity and water to produce and preserve that food — all adding to the problem of climate change.

The average person needs to feel a part of the solution, to take ownership regarding climate change solutions and to help connect the dots for others. For us, in a faith-based health system, our

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approach to climate change becomes deeply spiritual. The purchasing decisions we make and how we care for Earth and its people are spiritual pursuits. The Pope refers to integral ecology, which is another way of saying it is the social, environmental and financial triple bottom line.

At the center is the mission to extend the healing ministry of Jesus. The way we carry out that mission is evolving, but why we are doing it is not. We are doing it to ensure everyone — particularly those who are poor and most vulnerable — has a chance to live a healthy, productive life. We need to understand our mission as a responsibility to foster the health of the individual, community and planet.

As health care providers, our leadership is necessary, and we have a distinct voice that can advance meaningful climate solutions in communities, countries and throughout the world. When climate change is understood as a human health issue and a public health issue, the conversation will shift from the politics of denial to discussion of how climate change is relevant to every individual, to families and to communities, as well as to the sustainability of businesses, the



economic future of nations and to the health and well-being of Earth.

Our understanding of who we are as individuals working in the health sector requires us to connect and promote the interlinked health of our communities and planet. It is all knit together, and it is core to our mission. That is what grounds us and gives us courage, energy and hope.

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NOTES

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