COMBATING GLOBAL WARMING

Healthy Climate, Healthy People

By GARY COHEN

s we continue to learn more about climate change and how it contributes to weatherrelated disasters, we are realizing it is fundamentally a health issue that, sooner or later, will affect all of us. How it is damaging to our health depends on where we live.

If we live in the Midwest of the United States, climate change may look like extreme weather that rages through our communities, bringing destruction in its wake, and heat waves that destroy our crops and cause heat exhaustion. If we live in New York City, climate change may look like a massive hurricane that floods our streets, traps us in homes with no power and shuts down our hospitals. The U.S. Environmental Protection Agency (EPA) predicts that climate changes are likely to increase intensity and frequency of droughts and storms, and virtually all scientists agree that human choices — including those made by health care organizations — can help to slow the pace of global warming.

The evidence that climate change, and the emission of greenhouse gases driving climate change, negatively affect our health continues to mount. The American Meteorological Society reports that nine of the 10 hottest years globally on record occurred in this century, while 2012 was the hottest year in recorded history.¹ Extreme heat spells directly contribute to increased heart attacks, heat stroke and related health conditions, and the fossil-fuel emissions that drive climate change, especially from coal-fired power generation, also contribute to respiratory disease and asthma.

According to the World Health Organization, more than 70,000 people died in the summer of

2003 across Europe due to a prolonged heat wave.² Scientists estimate that climate change will bring increasingly higher ground temperatures over longer periods of time, including extended heat waves that will threaten to overwhelm hospital emergency departments.

As temperatures warm, infectious diseases carried by mosquitoes move to new areas and affect more people. According to the Centers for Disease Control, dengue fever has now spread to communities in Florida and Texas, while West Nile virus has spread to 36 states across America.³ According to the EPA, power plant emissions contribute to 130,000 asthma cases a year.

In this unfolding crisis, the health care sector occupies a unique position in our society to not only help us prepare to address the public health dimensions of climate change by being ready to treat illnesses and injuries related to extreme weather events, but also to lead society in the transition to a healthier and more sustainable economy.

Health care is just as addicted, if not more so, to fossil fuels as the rest of us are. Hospitals use more energy per square foot than our schools and offices, partly because of the intensity of their business, partly because of lack of focus to be less wasteful.⁴ Given that health care is underpinned by an ethical imperative to contribute to health and healing, health care organizations

DISASTER READINESS



share a responsibility to reduce carbon and toxic pollution and lead our society toward renewable energy. That includes supporting energy-efficient products, local and sustainable food systems and safer chemicals and engaging in other mitigation efforts that support healthier people in healthier communities.

Health care represents 18 percent of our entire economy and is growing.⁵ If we can harness the purchasing power of this critical sector and invest in "climate positive" energy sources, we can drive our entire economy toward a more sustainable future. This low-carbon development path will simultaneously reduce our rising disease burden and reduce our spiraling health care costs.

For example, EPA estimates that implementing mercury and air toxics standards under the Clean Air Act will prevent increased asthma, chronic bronchitis, heart attacks and emergency room visits and yield financial savings of \$37 billion to \$90 billion each year.⁶

The Affordable Care Act requires hospitals to conduct community health needs assessments and address population health issues. This regulatory requirement creates the perfect opportunity to get health care institutions to think outside the box and begin to address the social and environmental conditions that contribute to disease in the general population, including effects of climate change.

In this unfolding crisis, the health care sector occupies a unique position in our society.

The 5 million health care workers in our society are some of our most trusted spokespersons. When we wanted society to kick its tobacco addiction, we convinced nurses and doctors to stop smoking first; we banned cigarettes from hospitals, and we educated our patients about the dangers of tobacco. In the global campaign to kick our addiction to fossil fuels and toxic chemicals, doctors, nurses and other health care workers can be powerful spokespersons for policies that understand the true cost of a fossil-fuel-based economy and support the transition to a renewable energy and toxic-free future. They can be champions in our communities for local climate solutions as

well as critical spokespeople at the local, state, national and global levels for actions, laws and treaties to rein in climate change.

In this next period of our collective history, we will need to redefine what health care is for. It can no longer be exclusively focused on treating chronic disease in individual patients within the walls of a clinic or hospital. Health care needs to clean up its own system and live its mission to address the environmental and social conditions that are making people sick in the first place. Health care needs to lead the race against climate change. It is the one institution in our society devoted to healing and the one best positioned to play this role.

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NOTES

- 1. Jessica Blunden and Derek S. Arndt, "State of the Climate in 2012," *Bulletin of the American Meteorological Society* 94, no. 8 (August 2013): S1-S258.
- 2. Jean-Marie Robine et al., "Death Toll Exceeded 70,000 in Europe During the Summer of 2003," *Comptes Rendus Biologies* 331, no. 2 (February 2008): 171–78.
- 3. Centers for Disease Control and Prevention, "West Nile Virus Activity by State United States, 2013" (as of Sept. 24, 2013) www.cdc.gov/westnile/statsMaps/preliminaryMapsData/activitystatedate.html.
- 4. U. S. Energy Information Administration, "Large Hospitals Tend to Be Energy Intensive" www.eia.gov/today-inenergy/detail.cfm?id=7670.
- 5. Centers for Medicare and Medicaid Services, "National Health Expenditures 2011 Highlights," www.cms.gov/Research-Statistics-Data-and-Systems/ Statistics-Trends-and-Reports/NationalHealth ExpendData/Downloads/highlights.pdf.
- 6. United States Environmental Protection Agency, "Healthier Americans," www.epa.gov/mats/health.html. 7. U.S. Internal Revenue Service, "New Requirements for 501(c)(3) Hospitals Under the Affordable Care Act," www.irs.gov/Charities-&-Non-Profits/ Charitable-Organizations/New-Requirements-for-501%28c%29%283%29-Hospitals-Under-the-Affordable-Care-Act.

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