

CONCERN LEADS TO ACTIVISM

Physicians have an important role to play in dealing WITH climate change

BY
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The evidence of climate change in Minnesota is everywhere. Wildfire, flooding, drought, changes in wildlife habitat ... Physicians, like everyone else, see the changes—and the impact those changes have on their patients' health.

While dealing with individual patient concerns, everything from Lyme disease to heatstroke to exacerbation of asthma, some physicians conclude that they need to do more, to try to educate and alert government and private leaders and to effect change.

In Minnesota, Health Professionals for a Healthy Climate, formed in 2015, brings together physicians, nurses and allied healthcare providers to add their voices to the public debate on clean energy and climate change. The thrust of the organization's work is "education and activation," says Brenna Doheny, PhD, MPH, executive director.

Several physicians, including the co-founders of the organization, share their thoughts on climate change and health—and the urgency of involvement.

"For health professionals, sometimes the passion exceeds the time."

Brenna Doheny, PhD, MPH

Board chair and executive director, Health Professionals for a Healthy Climate

I came to Minnesota in 2016, after I finished my doctorate. I decided to go back to school and get an MPH. One of the requirements for that was field experience, so I started working with HPHC to create some education materials. I've been the volunteer executive director for the past couple of years, working to build our capacity. It's a labor of love for all of us who are involved.

Major climate issues in Minnesota ...

In Minnesota, what's brought up a lot is the increased range of infectious disease, which is already very significant. It's very important for physicians to be aware that they may be seeing things they haven't seen before.

Erratic weather patterns are a significant health impact. At last estimate, we now have five more hot and humid days in the summer (in Minnesota) and five fewer cold days in the winter. With longer increased summer temperatures, there's a risk of anything related to extreme heat.

We're seeing erratic changes in terms of ice cover—and an increase in slip-and-fall accidents. It's just a real practical thing to be aware of.

Populations are going to be shifting with climate change, and some parts of the globe are going to be less habitable with climate change. That may mean we're seeing diseases and health conditions that we didn't used to see in this part of the world.

Climate change is severely impacting mental health. Sostalgia is nostalgia for things that are still here, but have changed so much. That's what's happening with climate. We're all experiencing climate grief, whether we're aware of it or not. Add to that the pandemic and political and social changes.

Frustrations and/or successes ...

We have to be thinking more big picture. We need to look at upstream causes. Physicians have been thinking more upstream, we just need to include environmental health in that as well. Can we engage in mitigation strategies? Can we also find adaptations? The healthcare sector has a huge role to play.

All too often, climate change is seen as an environmental issue and it's pitted against economic issues. It creates a stalemate and divisiveness. We think it's really important that health is always brought to bear.

What physicians can do ...

All of these issues with climate change are important for physicians to know. The awareness among patients may not be there yet, so physicians need to have that awareness. For patient-facing physicians, that allows them to help deal with issues as they arise, but also to help prevent them. We hope they can have better conversations with patients.

“In medicine, we’re trying to save people, trying to save ourselves. We work for our legacies ... and it’s all going to be washed away like coastal real estate, unless we take action now.”

Bruce Snyder, MD, FAAN

*Clinical professor of Neurology, retired
Co-founder, Health Professionals for a Healthy Climate*



Back in the ‘90s, I saw *An Inconvenient Truth*, the movie by Al Gore. It got my interest and my concern. I was busy, I was in practice, but I began to read more about climate change on my own. The more I read, the more concerned I got. I began volunteering with organiza-

tions like the Sierra Club, Citizens Climate Lobby (CCL) and the MN Environmental Partnership.

At a CCL regional meeting, I met other physicians and nurses who were worried about the health aspects of climate change. We felt that it would be important to spread the word among health professionals and get them involved.

In 2017, the Minnesota Pollution Control Agency held hearings on the issue of permits for Enbridge Pipeline 3. I testified about the health impacts of the pipeline and the highly toxic material it carried.

Major climate issues in Minnesota ...

In recent years, political gridlock at the federal and state levels has seriously slowed action on climate and energy issues. For example, I feel the reluctance of the Walz administration to deny approvals for Line 3 goes back to the fraught situation in the Minnesota Legislature. Unfortunately, for now, many members of the Republican Party have largely chosen to block sound climate action.

Frustrations and/or successes ...

A lot of research is going on and scientific and technological advances will help stabilize the climate crisis.

The COVID epidemic has amply demonstrated what rapid surges in care demands can mean. Climate-related disasters and fossil fuel-related pollution are causing more physical and mental illness, more injuries and more damage to our facilities. Care systems and providers are taking this to heart and working for climate solutions.

Six or seven years ago, climate change was rarely discussed outside of environmental circles. Now it’s an issue in political campaigns at every level and a daily topic in the news.

However, time is short. Every year, every season, climate events are taking a larger financial and human toll. Our leaders, corporate and political, must take urgent action. If you’re a corporate exec and you’re only looking at your next fiscal year, then maintaining your business plan regardless of the environment makes sense. But if you take a longer perspective, then dealing now with climate change makes sense.

What physicians can do ...

Those of us in healthcare have a solemn responsibility to protect the health of our patients and communities. We have considerable political and financial influence and a position of authority. Our institutional leaders could take important action such as reevaluating political allegiances in order to advance sound climate policies. We understand what’s going on. The question is, will we take bold action now before it is too late?

“Physicians do have a respected voice in the community and they need to become more advocates with their community leaders and at the state level. They need to be speaking out.”

Mike Menzel, MD

*Anesthesiologist, retired
Co-founder, Health Professionals for a Healthy Climate*



I think the first thing that alarmed me was when James Hanson reported in 1988 that the greenhouse effect had been detected and it was changing the climate now. That alarmed me, and I’ve been concerned ever since.

There are also a couple of personal events related to climate change: My grandson, who lives in St. Paul and has a history of asthma, really was affected by the western and northern wildfire smoke that settled in the Twin Cities in 2014. He had an exacerbation of his asthma that required hospitalization. Also, a good friend of mine died of a heatstroke while working outdoors in northern Minnesota on a very hot humid day.

Major climate issues in Minnesota ...

Here in Minnesota, that means higher mean temperatures with resultant heat stress, drought, mega-rains, air pollution. Also, vector-borne diseases like Lyme and West Nile are being reported much more frequently and these vectors are moving farther north due to warmer temperatures. When I was a medical student in the ‘70s, vector-borne illness was an uncommon disease but now it’s being reported in every Minnesota county.

I have my own personal climate grief, which I share with my wife, for three hobbies we enjoy: fly fishing, where we’re seeing

some Western fisheries are being closed mid-summer because of drought and heat; cross-country skiing, where there's definitely a lack of reliable snow in Minnesota—January temperatures have risen 9 degrees in the last 40 years; and birdwatching, where the numbers of virtually all species of birds are declining rapidly due to habitat loss and climate change.

Frustrations and/or successes ...

The bulk of my energy around health and climate change is with Health Professionals for a Healthy Climate. Our vision is to protect and improve human health by addressing climate health. We also are also razor-focused on health equity by recognizing the disproportionate climate change effects on the BIPOC community.

We do advocacy work at the state Capitol by meeting with legislators when they're in session and testifying at committee hearings. We encourage them to support bills that are centered around clean energy and sustainability. We've had some successes in the Minnesota House, which has passed several important bills such as 100% renewable energy by 2030. Unfortunately, many of these bills didn't even get a hearing in the Senate last year, but we remain optimistic that significant climate legislation will pass this session.

What physicians can do ...

Talk to their patients about how they are being affected by climate change. I believe almost everyone has a climate story to share.

“We're trained to use evidence and facts and data, but that is not as compelling to legislators. Stories can change hearts and minds.”

Rep. Kelly Morrison, MD

OB/GYN

Assistant majority leader, Minnesota House, representing Chanhassen, Deephaven, Mound and Excelsior



One of the reasons I ran for office in the first place is that I have been so concerned about the growing skepticism about science and expertise in our politics and in our culture in general. I didn't know how to address that other than trying

to debunk things in one-on-one discussions with my patients.

I requested to be on the Health and Human Services committees and Environment and Natural Resources committees with those ideas in mind. I serve on the Climate Action Caucus in the House, which is a group of legislators very concerned about

CODE BLUE FOR PATIENT EARTH: Pathways to Resilience

Health Professionals for a Healthy Climate and the University of Minnesota School of Nursing are hosting a conference on climate change and health, April 22–23. The evening of April 22 will include general overviews and an invitation for attendees to come together. On April 23, there will be focused sessions on climate justice, climate-smart healthcare and mental health in the climate crisis.

For more information and registration, <https://hpforhc.org/codeblue/>.

climate change. Minnesota is one of the fastest-warming states in the country, so we have to address it urgently.

I am the only physician in the House currently; I need to be a voice for public health. The big neglected part of the discussion of climate change is the public health impact.

Major climate issues in Minnesota ...

Here we sit on this wealth of clean water—Lake Superior has 11% of the world's fresh water—and we are living in a time of accelerated climate change and we are already seeing and will continue to see more water scarcity. I think we need a state water policy. We need to be protecting that water resource.

The idea of doing copper-sulfide mining in our state is a big threat to our water supply. We have never done that kind of mining in our state before. We already know that 10% of babies born on the North Shore have unhealthy levels of mercury in their blood when they're born. One of the effects of this kind of mining is leaching heavy metals into the water, so we will only make that situation worse.

Frustrations and/or successes ...

We have had extreme weather events over the last couple of years with fires and flooding and extreme heat. People are starting to feel it in their daily lives in a way that makes it more real and palpable and understandable.

Unfortunately, the whole subject has been politicized. I wish we could get away from that so we could just have fact-based conversations so we could come up with the best solutions, resilience and mitigation strategies to handle this future that is here and accelerating.

I do feel hopeful. There's a lot of evidence that even people who used to be very skeptical about the existence of climate change are accepting that it is happening and are starting to be more open to talking about solutions.

We're seeing medical students being more involved in public advocacy. We have these unbelievable young people training to become physicians at the University of Minnesota and they get it, they understand that they have to advocate outside of the four walls of the exam room or the operating room.

What physicians can do ...

In the era of COVID, I think there's been a strange shift away from the wellspring of trust that we have traditionally had as a profession, but I still think that physicians' voices are very well respected. It's important for physicians to reach out to their legislators and amplify their concerns about climate change and its impact on public health. Stories are very powerful. If they can share very tangible, specific stories, that is really impactful.

“Physicians are really uniquely placed in society in the sense that people have very personal conversations with us and in general they trust us.”

Nyasha Spears, MD

Family medicine specialist, St. Luke's Hospital, Duluth



I was not really an environmental activist kind of person; my advocacy was always with social justice issues. Then, in 2016, after the election, there were a lot

of things that felt like they were shifting and it was distressing to me. There was a call from our local Minnesota Academy of Family Physicians chapter asking for someone to draft a resolution about climate change. I was in a mode where I would say “yes” to anything.

So I started thinking about it and then I thought about it and thought about it. What are the ways physicians can talk about climate change with patients about day-to-day choices people can make? Turn off your lights? Go buy an electric car? Those are not really the things physicians should be talking about.

I happened to be in the car listening to a snippet on the radio from the United Nations Climate Summit about the most important things that individuals could do to affect climate change. One of the most important was to eat less meat. I had this lightbulb moment: I'm trying to get people to eat less meat all the time for their heart disease, their diabetes, their colon cancer risk, their breast cancer risk. Whatever it is, I'm trying to get people to eat a different kind of diet. I feel like we're in the business of habit change, that's our jam. At a fundamental level, this is what we do, trying to affect people's habits, either getting rid of negative habits or starting positive habits.

Major climate issues in Minnesota ...

We do have knowledge about how air pollution, for example, negatively affects our health. We see increased levels of tick-borne disease, asthma. We had fires up here in Duluth ... amazing how many people had respiratory symptoms.

Frustrations and/or successes ...

I'm frustrated with the lack of large policy change. We are not going to win this war without massive policy change. That is going to take coordination at the federal level, the state level and individuals making changes in their own lives.

When people are engaged in individual changes, they are more likely to care. If people are making their own sacrifices, they're more likely to hold their legislators' feet to the fire.

What physicians can do ...

There is no discipline in medicine where habit change isn't part of what we do, especially family physicians. What are the ways physicians can talk about climate change with patients on day-to-day choices that people make? The four most important things individuals can do are:

- Avoid airplane travel, especially transcontinental travel.
- Have one less child.
- Live car-free.
- Eat less meat.

When I look at those four things, three are clearly in the purview of my day-to-day conversations with patients.

- Airplane travel doesn't feel like it's so much my business.
- Preventing unplanned pregnancy is a really important thing.
- I don't necessarily tell people they should live without a car, but I talk about active transport—taking a bicycle, walking to the bus stop. This comes up all the time, encouraging people to use their bodies to move rather than cars.
- Diet comes up almost every single hour of every single day. The way I talk about that is to pepper it into conversations, just connect the dots about choices we make that help us personally—but also help the environment. If you eat less meat, the risk of breast cancer or colon cancer goes down. Boom, move on.

I find that people are more likely to make a change if there is benefit to them *and* benefit to others. We're all used to making bad choices for ourselves. We're more likely to be motivated to make good choices if it affects somebody else. If it's good to quit smoking because it's good for you—*and* it's also going to help your grandkids be less likely to smoke.

It's the same thing with diet. I often use Meatless Mondays because it's a great entry point. I have definitely seen more people make that change. If people make a change on Monday and say, “That was pretty good,” they might repeat it later in the week. It's good for me—and I'm doing this right thing for the environment.

In a broader way, physicians should be standing up at city council meetings, environmental review boards, getting involved in public conversations. It just makes sense. MM

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