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00:00:09.780 --> 00:00:30.380
Ali Santore: Good morning or afternoon, depending on your location. I'm Ali Santori, and I serve as the executive Vice President and chief administrative officer with Providence, and I'm privileged to serve as our moderator of this esteemed panel today, which includes some of my good friends and colleagues from across the healthcare sector.

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00:00:30.820 --> 00:00:47.249
Ali Santore: Today we'll be discussing healthcare's path to decarbonization, addressing key risks and fostering resilience. This is the second webinar in the series. And our specific topic today is going to focus on the legal implications of decarbonizing health systems.

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00:00:47.300 --> 00:01:06.799
Ali Santore: I will provide some opening comments and then begin a question and answer session. So we can hear from our panelists. But when finally, we would love to take questions from the audience after we go through the roundtable Q. And a. So I encourage you to listen for opportunities to ask questions and engage with our panelists.

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00:01:06.800 --> 00:01:22.940
Ali Santore: Please give them all of the hardest questions which is my right as a moderator to ask for, because I don't have to answer them. But before I start with some framing comments, I want to turn it over to our panelists for their introductions. So I will start with Dr. Balbas.

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00:01:24.090 --> 00:01:41.090
John Balbus: Thanks so much. Ali. Morning. Good afternoon, everybody. I'm John Balbas. I am currently principal of climate care consulting Llc. Before that I spent 15 years in the Federal Government, the last 3 of them directing the office of Climate Change and Health Equity within the Department of Health and Human Services.

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00:01:43.680 --> 00:01:45.730
Ali Santore: Thank you. John and.

7
00:01:46.140 --> 00:02:15.639
Ann Berwick: Thank you very much, and good morning. Good afternoon, everyone. I'm delighted to be here. I'm the Director of Sustainability for the City of Newton, which is a city just outside a suburb of Boston, a population about 90,000. I have lived in Massachusetts many years, and served as under Secretary for energy in Massachusetts, under Governor

Patrick, and then as Chair of the Department of Public Utilities, also under Governor Patrick.

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00:02:16.940 --> 00:02:18.839
Ali Santore: Thank you. Anne and Rochelle.

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00:02:19.360 --> 00:02:40.330
Rachelle Wenger: Hello, everyone! Thank you so much for the invitation to join all of you. I'm Rochelle Reyes Wenger. I'm the system, Vice president of public policy and advocacy engagement. I spend a lot of my time working on health equity and social drivers of health policy issues.

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00:02:40.330 --> 00:02:54.480
Rachelle Wenger: I also wear a programmatic hat in that I oversee the 3rd pillar of our climate. Resilient climate action plan, which is the climate, resilience pillar. And so I look forward to our discussion today.

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00:02:56.190 --> 00:03:11.639
Ali Santore: Thank you, Rochelle. So why are we here today? The healthcare sector plays a critical role in our communities. But we are also a significant contributor to carbon emissions at nearly 9% of total greenhouse gas emissions in the United States.

12
00:03:11.660 --> 00:03:32.500
Ali Santore: I know, at least at Providence. We have seen the urgency to address climate change intensify. As climate change's impact on our community's health continues to grow. So, including for us at least, the devastating wildfires in Los Angeles this year. Increasing temperatures across the globe, and more volatile weather patterns overall

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00:03:32.590 --> 00:03:43.900
Ali Santore: to that end. Organizations in healthcare are increasingly focused on decarbonization to reduce their environmental impact and build resiliencies in the communities that we serve.

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00:03:43.950 --> 00:03:50.750
Ali Santore: This transition, however, involves complex legal governance and regulatory considerations.

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00:03:50.800 --> 00:03:58.019

Ali Santore: considerations that have become even more complex since the change in leadership at the Federal level earlier this year.

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00:03:58.050 --> 00:04:12.399
Ali Santore: So understanding these implications is vital for our organizations to effectively implement sustainable practices while ensuring compliance with rapidly evolving standards and regulations at both the State and Federal level.

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00:04:12.420 --> 00:04:39.209
Ali Santore: Additionally, many of these organizations are actively involved in providing care, safety, and education during and after extreme climate, related weather events. As our world warms, this becomes more challenging, requiring forethought and planning and coordination and support from government and other agencies and partners. We have to seek that support in the context of today's political environment.

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00:04:39.210 --> 00:05:01.660
Ali Santore: So as our organizations navigate this complex landscape, we've seen a scaling back of the Federal commitment resources and information to support industries and decarbonization efforts, including healthcare. I'm grateful that we have my good friend, Dr. John Balbas here today to talk about how we navigate this landscape at the Federal level, and how things have shifted.

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00:05:01.880 --> 00:05:30.669
Ali Santore: At the same time we know efforts continue at the State county and city level. I know from the States that Providence serves in. You know, we are operating California State regulations related to greenhouse gas emissions, Washington clean building standards, carbon tax in Portland just to name a few. So I'm very grateful. We have Ann here to talk about the work that Massachusetts is doing as a state on the leading edge of driving sustainability forward.

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00:05:30.670 --> 00:05:47.089
Ali Santore: So we have an opportunity for healthcare to continue to lead in this space, and I believe our call to action resonates now more than ever given the direct connection to health, to the health of our communities and the warming of our climate and the health of our environment.

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00:05:47.090 --> 00:06:11.590
Ali Santore: So healthcare and healthcare leaders are sought out by legislators and regulators for expertise in managing complex buildings

and carbon reduction, including measurement and reporting. I'm also very grateful to have my friend Rochelle here from common spirit. Who can discuss how her multi-state healthcare system is navigating through the myriad of regulatory and legislative frameworks they operate in.

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00:06:12.230 --> 00:06:32.240
Ali Santore: So, in addition to these compliance and regulatory frameworks, we have seen an increasing legal framework around liability for environmental harm. And this is continuing to evolve. So healthcare providers need to mitigate risks related to their environmental resiliency, ensuring that our operations.

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00:06:32.240 --> 00:07:00.589
Ali Santore: clinicians, communities are prepared to respond to climate related events. We need to do all that we can, not only to reduce the risk to our organizations, it's not about just risk mitigation. But it's also about how we proactively protect vulnerable populations who we serve, who are disproportionately impacted by climate change for us at Providence. That is a special part of our commitment to this work. We see this as a

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00:07:00.590 --> 00:07:11.920
Ali Santore: matter of justice, and we see it as a matter of health equity as well. So I really appreciate our panel of experts that we have here today who are going to help us navigate

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00:07:11.920 --> 00:07:26.530
Ali Santore: through the very complex landscape of regulatory and legal regulations and frameworks that healthcare systems are driving this work forward through. So I will start with Dr. Baldis

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00:07:26.530 --> 00:07:49.230
Ali Santore: and Dr. Ballas. Given your incredible background and leadership that you've demonstrated at the Federal level. Can you describe the recent Federal mosaic of regulations and programs relevant to healthcare decarbonization? What has been working? What did the Biden administration under your leadership? Help! Drive forward, and what gaps remain?

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00:07:54.600 --> 00:07:56.090
Ali Santore: Oh, and you're on mute, John.

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00:08:01.600 --> 00:08:21.420

John Balbus: It is the mailman time in my house, and so I'm just trying to keep my dog out of this webinar. Thanks for that wonderful opening, Ali, and let me start off by just saying that the whole government interest in healthcare decarbonization has come a lot later than the general economy-wide interest in decarbonization. So

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00:08:21.420 --> 00:08:45.860
John Balbus: what we had was a system where there were some requirements, some regulations, some resources that were not specifically tailored to the health sector, and in terms of requirements there was often a threshold. So it was only the biggest health sectors that would be relevant to that. But then, when it came later, there were more resources, incentives, guidance, and information really tailored to the health sector

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00:08:45.860 --> 00:08:53.769
John Balbus: just in the last, really, specifically in the last 3 years, with with the Biden Administration. So we had.

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00:08:53.980 --> 00:09:06.209
John Balbus: you know, all of the agencies that were really focused on energy and the environment, you know, especially, obviously, the Department of Energy had its better buildings initiative, which was.

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00:09:06.210 --> 00:09:24.050
John Balbus: you know, all sectors, but had a specific healthcare sector, part of it that is still in existence. We had the EPA's energy star program and the portfolio Manager, which has been around for decades and that is still up and running.

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00:09:24.130 --> 00:09:34.740
John Balbus: At this time we had the EPA's greenhouse gas reporting program again, which would have only captured the biggest emitters in the Health systems.

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00:09:35.220 --> 00:09:46.269
John Balbus: And you know, so far I haven't mentioned anything really Hhs specific. So those were the things that were in place that were there to help. You know all of the sectors that healthcare would sometimes come under.

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00:09:46.930 --> 00:10:05.750

John Balbus: More recently Hhs. Got involved with the creation of our office and with the executive orders from the Biden Administration. So we had things like the agency for healthcare research and qualities, decarbonization primer. That was a really definitive guide. Sadly.

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00:10:05.750 --> 00:10:21.800
John Balbus: the primer. And in fact, the whole agency are no longer with us. We had Cms through its transforming episode, accountability model. Really take those 1st steps for an agency like Cms to

37
00:10:21.940 --> 00:10:38.499
John Balbus: bring in the issues of energy and decarbonization and resilience of health systems through this teams initiative, and they had a decarbonization, resilience, voluntary initiative within the mandatory teams model. That

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00:10:38.510 --> 00:10:53.760
John Balbus: is now an error page not found. So that is also gone. We had the Health Resources Services agency administration that provided a lot of technical assistance through its ntap program

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00:10:53.760 --> 00:11:16.560
John Balbus: focusing on decarbonization to some degree and resilience. Hrsa's budget is under great threat, and then we had the resources that our office was providing. That included the building of a community of practice through the health sector pledge that we had about 140 organizations signed on.

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00:11:16.560 --> 00:11:26.479
John Balbus: We had a Federal health systems learning network which brought together the Veterans Health Administration, the Defense Health Agency.

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00:11:26.480 --> 00:11:51.479
John Balbus: the Bureau of Prisons, the Indian Health Service that was trying to make the Federal Government kind of the bellwether, or the lead, in kind of a coalition of emissions, reduction, and reporting requirements, and of course our office was terminated at the beginning of the trump administration and the resources that we created are not present

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00:11:51.480 --> 00:12:07.010

John Balbus: on the hhs.gov website, anymore. Healthcare without harm. A non-governmental organization has picked up a lot, including trying to pick up that community that had signed on to our pledge through their cares. Pledge!

43
00:12:07.520 --> 00:12:31.620
John Balbus: I just want to say a quick word, too, we're focused on decarbonization. But of course, for the health sector, you know, renewable energy microgrids are a very important part of their resilience as we face increasing power outages, and and you know, energy challenges. And so we also had a mosaic when it came to resilience. We had the hospital protection program

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00:12:31.820 --> 00:12:39.159
John Balbus: that is slated for that. That's now gone. Basically, the public health emergency preparedness program from Cdc

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00:12:39.320 --> 00:12:53.469
John Balbus: now gone, the Aspr critical infrastructure program, which was a small unit within the administration for strategic preparedness and response. That is.

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00:12:53.540 --> 00:12:54.686
John Balbus: that whole

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00:12:55.320 --> 00:13:11.789
John Balbus: administration is being folded into something else in Hhs. So it's a little bit uncertain. But the funding is being cut for all of their preparedness work. We had the Cms emergency preparedness office same thing. It's probably still in existence, but the funding

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00:13:11.790 --> 00:13:30.689
John Balbus: for that. Those kinds of activities at Cms are slated to be reduced. And then, of course, we had the fema non-disaster grant programs, the resilience grants the planning. Those are all being slashed. And so

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00:13:30.810 --> 00:13:49.409
John Balbus: we're at a time where the Federal Government is now calling on the States to to take this up, that there are presumably going to be some kind of block grants that will provide funding to the States, and then the presumption is that the States will figure it out for themselves and self-organize.

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00:13:49.810 --> 00:14:01.719
John Balbus: It's it's a sad day. The those that mosaic that I described is mostly dismantled within a space of weeks. And

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00:14:01.840 --> 00:14:04.510
John Balbus: you know, a lot of that was working.

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00:14:04.590 --> 00:14:12.300
John Balbus: A lot of that was moving the field there was reporting that was starting. There were communities of practice being developed.

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00:14:12.320 --> 00:14:35.320
John Balbus: So you know, there were gaps. It was a mosaic. It was pieced together. I think we could probably build it back better, and maybe we'll talk about that later. But we had gotten to a point where the process for getting this built in getting the health sector built into the nation's renewable energy programs and

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00:14:35.440 --> 00:14:43.149
John Balbus: getting decarbonization and renewable energy built into health policy had had moved forward quite a bit.

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00:14:44.790 --> 00:14:49.210
John Balbus: I'll stop there. There's more to. There's obviously more pieces. But we need to move on.

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00:14:49.210 --> 00:14:53.059
Ali Santore: Yeah, thanks, John. Well, I'll just I actually just wanna follow up on on

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00:14:53.580 --> 00:15:17.639
Ali Santore: a couple of things that you said. You know, I think that we cannot underscore how important the work that you did and your team at Hhs in building momentum for this work across the healthcare sector. So I think all of us on this screen were some of the 1st signers of that healthcare sector pledge, and we continue that that the commitment and the passion

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00:15:17.680 --> 00:15:31.020

Ali Santore: for that work moving forward. And so I did want to ask, though, because that's a lot of really challenging news. And that's it's a challenging time for health sectors to navigate this work. What are you optimistic about?

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00:15:31.980 --> 00:15:39.380
John Balbus: Well, just what? Just the the sentiment that you're expressing, Ali, and thank you for those words. There, there's

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00:15:39.850 --> 00:15:47.159
John Balbus: You know the thing I'm probably most optimistic about is the spirit and the the true commitment

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00:15:47.170 --> 00:16:07.710
John Balbus: that so many of the health systems like yours that made this commitment a few years ago are staying the course. They are not blowing with the wind. They are not saying, Oh, well, it's a little risky now. We're going to stop talking about. Obviously, people are talking about these issues in different words.

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00:16:08.091 --> 00:16:21.839
John Balbus: And you know, we have a, you know, in in devolving responsibility from the Federal Government to the States. We have, you know, many states where where the regulatory environment, the political environment, is very hostile

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00:16:21.840 --> 00:16:32.270
John Balbus: to these kinds of considerations. And so people may not be as forward. But what gives me the most hope is, is just seeing that people are staying the course.

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00:16:32.340 --> 00:16:36.810
John Balbus: I'll say one of the reasons people are staying. The course is because it works.

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00:16:36.810 --> 00:16:37.190
Ali Santore: Thesis.

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00:16:37.190 --> 00:17:03.739
John Balbus: Are more resilient. They cost less over the long term. And so, you know, I'm optimistic because we know it's got to happen. We got to save money wherever we can. In the health system. We got to stay open

when the hurricanes and the power outages hit, and we know they're coming fast and furious and worse. So that's what gives me the most hope is to see is to see the private sector stay the course. But also, you know the States are staying the course that have started this this process.

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00:17:04.010 --> 00:17:24.209
Ali Santore: Yeah, absolutely. Thank you, John, you know. And you mentioned the State's role in filling some of those gaps. And you know Massachusetts has been on the forefront of a lot of the leadership across the State level? And can you walk us through the legal and regulatory mandates that impact health systems in your state.

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00:17:24.849 --> 00:17:42.169
Ann Berwick: Sure happy to and I guess I'll just say, obviously, the States and cities can't fully, certainly cannot fully replace what the Federal government has been doing. But thankfully, we're still here in many cities and states, certainly in Massachusetts.

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00:17:42.774 --> 00:18:04.679
Ann Berwick: So I'll just briefly run through the environment, legal and regulatory here. So Massachusetts by statute. So these are not aspirational goals. These are legal requirements. Massachusetts is committed to a 50% reduction in greenhouse gas emissions by 2030,

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00:18:04.739 --> 00:18:29.079
Ann Berwick: 75% reduction by 2040 and reaching net 0 by 2050. And we're not talking just about State government facilities. Right? This is for the whole, the entire State. That said these statutory requirements don't specifically address the health sector.

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00:18:29.399 --> 00:18:33.689
Ann Berwick: and for that

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00:18:33.729 --> 00:18:54.809
Ann Berwick: well, not specific, but for laying down actual requirements for large facilities. We have to look to the cities in Massachusetts. So I want to point out specifically Boston, Cambridge and Newton, which I've said is a fairly large suburb of Boston.

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00:18:54.809 --> 00:19:17.669
Ann Berwick: and each of those has an ordinance that is, the acronym is birdo building energy reporting and disclosure ordinance. So they're not

identical. The 3 cities don't have identical birdo type requirements, but they're pretty close

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00:19:17.669 --> 00:19:25.709
Ann Berwick: and they require large facilities to reach net 0 emissions

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00:19:25.899 --> 00:19:54.699
Ann Berwick: by for most of them. For most of these 3 by 2050, actually for Cambridge, for the larger facilities, it's by 2035. So basically, the cities are imposing a requirement of reaching net 0 for affected buildings which are large and all of them large commercial buildings, and some of the cities also include residential and there is no exemption for hospitals.

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00:19:55.099 --> 00:20:02.629
Ann Berwick: There is some flexibility in the ordinances that hospitals may choose to take advantage of

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00:20:02.629 --> 00:20:25.119
Ann Berwick: such as the portfolio the ability to take advantage of essentially pooling buildings in portfolio, in portfolios, and there are also hardship, compliance, mechanisms. But there is no blanket exemption in any of the 3 ordinances

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00:20:25.119 --> 00:20:32.469
Ann Berwick: for hospitals, so they have to comply with the requirement to get to net 0 by

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00:20:32.639 --> 00:20:38.639
Ann Berwick: 2050, or, as I've said, earlier in Cambridge, for the larger buildings.

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00:20:41.430 --> 00:21:04.610
Ali Santore: Yeah, and that's fascinating that the cities really take the lead. It just shows the adage, you know, all politics are local, and Massachusetts is hyper local in terms of the the work and the focus that that they have. So that's really interesting, because at Providence our experience is that it's heavily state led, with the exception of some of the major cities like Portland and Seattle.

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00:21:04.610 --> 00:21:12.499

Ann Berwick: Yeah, I guess I should add, I'm not an expert on it, any place outside of Massachusetts. But my understanding is that several States.

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00:21:12.500 --> 00:21:35.220
Ann Berwick: other States and other and cities outside of Massachusetts have Burdo type requirements, and they also do not exempt hospitals. And so the States I'm aware of are Colorado, Maryland, Oregon, and I believe Washington as well, Allie. And then for cities, Denver, New York City, Washington, and also Seattle.

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00:21:35.220 --> 00:21:49.179
Ann Berwick: So we're not talking about, you know, small other small cities, or these are these are major locations with very serious requirements.

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00:21:49.180 --> 00:21:58.051
Ali Santore: Right, absolutely, and we don't have a cool acronym for it in Washington State. Right? I need to take that up with Governor Ferguson that we should start building building momentum around it.

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00:21:58.320 --> 00:22:02.239
Ali Santore: I think we copyrighted it so that makes sense.

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00:22:02.800 --> 00:22:09.079
Ann Berwick: There's been some pushing. We've been pushed to call it Nerdo, but we've resisted that.

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00:22:09.502 --> 00:22:33.999
Ali Santore: I think Berto is the better option there. So you know, Rochelle, in your work for both common spirit and Providence, you know we operate across multiple states, multiple geographies, multiple demographics, political ideologies. I really see these large nonprofit health systems as a microcosm of the United States. And you have to operate in different regulatory frameworks.

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00:22:34.000 --> 00:22:50.770
Ali Santore: some at the, as John alluded to, are very resistant to this work, and others that are encouraging and pushing this work forward. So as someone who leads policy and advocacy at one of the largest nonprofit healthcare systems in the Us.

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00:22:50.770 --> 00:22:58.930
Ali Santore: How is common spirit approaching decarbonization within the broader landscape of regulatory and policy, uncertainty.

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00:22:59.980 --> 00:23:22.389
Rachelle Wenger: Thank you, Ali, for that question. I'm really excited to share with all of you common spirit's journey in this work I will be plain spoken, coming from lived experience, hoping to be enough for all of you. I'll start by telling you a little bit about common spirit. As you mentioned, we are a private, not-for-profit Catholic health system.

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00:23:22.390 --> 00:23:41.399
Rachelle Wenger: truly dedicated to advancing health for all people. We're made up of 157,000 team members and 25,000 physicians and advanced practice clinicians, and we have over 2,000 care sites, including 150 plus hospitals across 24 States

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00:23:41.520 --> 00:23:47.480
Rachelle Wenger: so engaging in advocacy truly is core to who we are as a healing mission.

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00:23:47.590 --> 00:23:49.210
Rachelle Wenger: Recognizing that

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00:23:49.320 --> 00:24:07.579
Rachelle Wenger: we have a responsibility to promote upstream solutions advocating for meaningful policies at the legislative, regulatory, and community arenas as well. We have from our start recognized that climate and health are inextricably connected.

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00:24:07.730 --> 00:24:28.829
Rachelle Wenger: We see firsthand, especially the disproportionate impact of climate on those most vulnerable in the various communities we serve. And so, as we approach to address health inequities and improve operational excellence and fiscal solvency through decarbonization and our climate action efforts.

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00:24:28.860 --> 00:24:38.169
Rachelle Wenger: We really view our engagement in climate policies as both a commitment to health, justice and the sustainability of our healing mission.

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00:24:38.290 --> 00:24:44.469
Rachelle Wenger: So I'm just going to take you through the nuts and bolts, too. Every 2 years, at the start of a new Congress.

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00:24:44.530 --> 00:25:12.979
Rachelle Wenger: common spirit develops its public policy priorities and strategies. We assess the political and overall environmental landscape. We gain input from our various internal leaders at the system, regional market and hospital levels as well as with our key partners and allies. And so we further seek perspectives from our board of stewardship trustees. And ultimately these priorities and strategies

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00:25:12.980 --> 00:25:21.770
Rachelle Wenger: are approved by our board. I take time to mention this, because it really does begin with all that

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00:25:22.000 --> 00:25:39.520
Rachelle Wenger: all the people that we touch, and with bold leadership, while our priorities remain consistent over the years. Our strategies are refined to account for variances and uncertainties. Ultimately, where we feel that our voice can be most impactful.

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00:25:39.800 --> 00:25:54.149
Rachelle Wenger: Our advocacy structure is truly designed, such that we can leverage our influence in a coordinated way both at the Federal and State levels. Speaking with one strong voice on any given

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00:25:54.150 --> 00:26:15.690
Rachelle Wenger: issue, to tell our story, keeping in mind that some issues surface differently, if at all, from state to state policy agendas, and therefore it truly does require different strategies and tactics, including working with advocacy, partners and allies and coalitions to develop and advance those common ground policy solutions.

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00:26:15.840 --> 00:26:19.940
Rachelle Wenger: I can't underscore enough common spirits enablers.

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00:26:20.160 --> 00:26:23.000
Rachelle Wenger: and that's who we are, our healing mission.

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00:26:23.500 --> 00:26:30.429

Rachelle Wenger: And I can't underscore enough that our enabler is really what we do caring for people and planet.

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00:26:30.490 --> 00:26:56.200
Rachelle Wenger: These have not changed from one administration to another. Any discussion regarding barriers, I think, begins with inaction when we do not live up to our values when we fail to use our voice, to tell our story, educate lawmakers about policy impacts, especially impacts to those most vulnerable needing to access the right care at the right time and the right places.

107
00:26:56.280 --> 00:27:09.409
Rachelle Wenger: We can't let barriers isolate and divide us. We need to take the time to foster relationships to broaden the tent of supporters, lean in to see ourselves as part of a broader coalition.

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00:27:10.107 --> 00:27:19.069
Rachelle Wenger: Each doing our part together. I've seen over, you know the many years what moves policy agenda forward? That's people coming together.

109
00:27:19.180 --> 00:27:39.220
Rachelle Wenger: coming from a place of kindness and abundance to put people on planet at the center, relying on science and reliable data to inform policy. The biggest barriers have been the whimsy, and I don't mean that in a good way, Allie, and also the inconsistency, chaos, harming of policy making.

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00:27:39.280 --> 00:27:54.410
Rachelle Wenger: If we are to advance meaningful climate and energy policy businesses need some level of regulatory certainty over time, it's not easy to plan when things are skewed and blurry, and when we don't have a prayer.

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00:27:54.640 --> 00:28:13.020
Rachelle Wenger: And because healthcare systems operate in multiple states having a national federal policy support that works for various types of hospitals would, of course, be ideal. So whether at the Federal or State levels, you know, we really need communities and economies to flourish with

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00:28:13.180 --> 00:28:18.010

Rachelle Wenger: health and well-being as an important narrative in our climate discourses.

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00:28:18.170 --> 00:28:20.400
Rachelle Wenger: You know, it's

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00:28:20.880 --> 00:28:41.520
Rachelle Wenger: very much a challenge. When we are not operating from the same song sheet. And we're talking 24 states here. So it's really crucial to have a system, wide plan and strategy and to be able to look at policy through organizational.

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00:28:42.420 --> 00:29:06.869
Rachelle Wenger: very intentional plans and strategies. And I'm just so grateful that, despite everything, we continue to move forward with our Climate Action plan, and I mentioned earlier that you know our Climate Action Plan is organized under 3 pillars, one that I oversee the community resilience pillar. But we also have the buildings and operations pillar as well as supply chain.

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00:29:06.920 --> 00:29:30.190
Rachelle Wenger: and they sit atop key enablers, finance data and advocacy. So you can see that advocacy really is such an important part of not only who we are as a healing mission, but as part of our strategy. And so I'm happy to talk a little bit more about how we do this, but I will turn it over now to you for additional questions that you might have.

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00:29:30.990 --> 00:29:56.500
Ali Santore: Yeah, thank you, Rochelle. That was that was so helpful. And what I really heard from you is that regulatory frameworks politics may shift and change. But what doesn't change is common spirits mission and the commitment to serving their communities. And that's just how you've designed your program around that commitment. You know I want to touch on something that that you said. And John mentioned, too. And, John, I'm going to ask you this.

118
00:29:56.886 --> 00:30:26.229
Ali Santore: You know. Rochelle stressed the importance of a cohesive Federal framework to help organizations navigate through this. And you mentioned something I thought was so interesting that what the Biden Administration had built was a mosaic, and it was not perfect, and if we were to build it from the ground up, we'd probably build something

differently. So what does an improved Federal framework look like to support both resilience and decarbonization in the healthcare sector.

119
00:30:26.730 --> 00:30:55.410
John Balbus: Thanks, thanks Ali and Anne and Rochelle for those wonderful comments. Let me start by saying that I described the good parts, and I described how things came together to help us build momentum. I didn't fully elaborate on some of the gaps and let me start there so that I can address what's needed in the next. Go around which I'm optimistic, we will have. We have this issue in general, where the folks who are really

120
00:30:57.180 --> 00:31:26.239
John Balbus: motivated and passionate about climate policy, you know, whether they're in the government or in an Ngo don't fully get why the health sector needs to be discussed that 8 and a half percent of emissions that come from the health sector somehow just doesn't register, you know, in part because it's very diffuse. And it comes from a lot of different parts. It's hard to kind of point to one thing, and on the Flip side, people who really wake up every day wanting to work on access and health equity and health policy

121
00:31:27.210 --> 00:31:52.989
John Balbus: kind of don't get why climate change should be on their table, why they should look at anything about that. There's so many huge challenges in health. So we have this big problem, you know, at all levels, within individuals, within institutions, within the appropriations process, within the Federal agencies where this nexus is just not well understood. And so you know, for example, everything that I talked about. There was

122
00:31:53.050 --> 00:32:15.129
John Balbus: almost no specific Congressional appropriation for the climate change work for the health sector, starting with my office but moving on to the Inflation Reduction Act Inflation Reduction Act was a very big deal for the health sector, but it was only about drug prices, the billions of dollars that were allocated for doing something about climate change and community resilience

123
00:32:15.580 --> 00:32:32.690
John Balbus: didn't really focus on health, and certainly none of that money came to the Department of Health and Human Services. So that would be the 1st thing is that it has to start with Congress, and Congress has to put funds into the nexus, not into, you know

124

00:32:33.170 --> 00:32:43.039
John Balbus: every economy, or you know every building in the country, because there are very specific issues, and there has to be a little bit of a piece that's really specific for that nexus.

125
00:32:44.770 --> 00:32:49.050
John Balbus: You know. The the second piece of it is that you know.

126
00:32:49.150 --> 00:32:57.010
John Balbus: I'll say this, and then we can move on, and we can have other questions. I could go on about this for a long time. But

127
00:32:59.200 --> 00:33:20.660
John Balbus: the decarbonization is an imperative brought on by climate change very specifically, and there are many links to human health. But the resilience side of the piece, which, as I said before, is very dependent on the sustainability of operations and the sustainability of energy supplies the efficiency of the operation.

128
00:33:20.760 --> 00:33:36.760
John Balbus: The resilience part is about keeping people alive. I mean, it's about keeping people alive, whether it's in a heat wave, whether it's in a cyber attack even. But you know there's a lot of threats to the health system and

129
00:33:38.300 --> 00:33:55.290
John Balbus: what we were in order to deal with climate change, you really have to be thinking forward and investing in the hardening of facilities, investing in the renewable energy micro grids, investing in the things that will keep it in operation, and the way we were set up

130
00:33:55.480 --> 00:34:02.959
John Balbus: is that the resilience side of of the you know of the house was

131
00:34:03.720 --> 00:34:33.659
John Balbus: was an offshoot of the response side. And that's true. Whether we're talking about Fema or the administration for strategic preparedness and response. And it's very easy in that kind of situation for the response side to be completely dominant. Because there's always going to be a disaster. They're always going to be deployed. The head of the response, you know units always got to be thinking about the latest

hurricane or the latest cyber attack, and preparedness always gets the short shrift.

132
00:34:33.960 --> 00:34:38.509
John Balbus: So I think that if we were to build it back, I would build back

133
00:34:38.670 --> 00:34:54.190
John Balbus: the preparedness side as its own entity, the the resilience preparedness. It needs its own funding. It needs its own financing. It can be revolving finance. But you know the fact that it was always

134
00:34:54.389 --> 00:35:00.349
John Balbus: partnered with the response side. I feel, set us back years and decades.

135
00:35:01.120 --> 00:35:06.669
Ali Santore: Yeah, that's really interesting. It reminds me of the saying, the best offense is a good defense. So to be.

136
00:35:06.670 --> 00:35:07.060
John Balbus: Yeah.

137
00:35:07.060 --> 00:35:10.290
Ali Santore: On the on, the on the front end would be, would make a huge.

138
00:35:10.290 --> 00:35:14.510
John Balbus: Every dollar invested in resilience saves 10.

139
00:35:15.180 --> 00:35:23.960
John Balbus: In in avoided response. Costs. Response is super expensive, if you and it it's more expensive. If you haven't prepared adequately.

140
00:35:24.350 --> 00:35:36.940
Ali Santore: Absolutely, you know, and you said something in your opening comments that was so interesting to me. I heard you say a few times that the regulations at the city level in Massachusetts have no exemptions.

141
00:35:37.000 --> 00:36:04.309

Ali Santore: and for those of us who have worked in policy and advocacy we've seen time and time and time again death by a thousand exemptions. You know where this well-intended policy will be put forward that is really going to drive change, but then it gets exempted into nothingness when all of the various factors come forward. So I was going to ask, How have hospitals and healthcare organizations in Massachusetts responded to these requirements. Given that there aren't exemptions?

142
00:36:04.310 --> 00:36:10.959
Ali Santore: And are there notable examples of successful compliance or innovation that can be scaled.

143
00:36:12.810 --> 00:36:18.280
Ann Berwick: That's a wonderful question. So

144
00:36:18.640 --> 00:36:23.280
Ann Berwick: I want to sort of politely characterize

145
00:36:23.480 --> 00:36:43.250
Ann Berwick: the responses of the hospitals, or really, it's a single hospital. But it's part of a much larger system that I've dealt with, and there are. There have been 3 levels, I'd say, of response over time. The 1st level is, you have to exempt us.

146
00:36:43.880 --> 00:36:44.280
Ali Santore: Yes.

147
00:36:44.280 --> 00:36:50.050
Ann Berwick: Special and the answer to that has been no

148
00:36:50.170 --> 00:37:03.120
Ann Berwick: uniformly in the 3 cities. Now I'm talking about Boston, Cambridge, and Newton with respect to their Burdo ordinances. The response has been, no, we are not exempting you. We get that. You're special.

149
00:37:03.290 --> 00:37:19.919
Ann Berwick: Everyone thinks they're special. You certainly are special, but we also know you can do it, and we're giving you 25 years a glide path to net 0 by 2050, and climate change isn't so great for health either.

150
00:37:19.980 --> 00:37:35.060
Ann Berwick: And, as you. As folks have said here, the health care sector is 9% of the country's Ghg emissions. So no, we're not exempting you. The second response has been, you're preempted.

151
00:37:35.170 --> 00:38:02.560
Ann Berwick: You can't regulate us. And our response to that well, my response to that has been, I'm a lawyer, I get preemption. We're not preempted. Also. My husband ran the agency for a period of time whose regulations you're saying preempt us, and I understand the preemption argument. I well understand the preemption argument you make, and we are yes, with respect to some

152
00:38:02.800 --> 00:38:26.510
Ann Berwick: discrete issues, we are pre preempted, but we are not preempted from regulating you. We are not preempted from requiring you to get to net 0 by 2050. And finally the response, after saying, You should exempt us. You're preempt. You're preempted has been well, you just can't regulate us because we're special. And again, the answer to that is

153
00:38:26.530 --> 00:38:45.079
Ann Berwick: sorry we're we're regulating you, and, as I've said, at least 4 other States, and outside of Massachusetts, 4 large cities, including New York City and Seattle and Washington, DC. Have taken the same approach. So

154
00:38:45.718 --> 00:38:48.659
Ann Berwick: the answer is, no exemptions.

155
00:38:49.360 --> 00:38:57.545
Ali Santore: Yeah, it sounds like we. You need some common spirit and Providence facilities in your jurisdictions, because we would be we'd be all in.

156
00:38:57.860 --> 00:38:59.660
Ann Berwick: That might well be true.

157
00:39:00.068 --> 00:39:09.879
Ali Santore: It sounds like those some of those hospitals are going through the stages of grief right in in processing the regulation and how to get there, but the right thing to do, and.

158
00:39:09.880 --> 00:39:16.490
Ann Berwick: I was. I was thinking of explicitly making that analogy, but exactly right.

159
00:39:16.780 --> 00:39:44.979
Ali Santore: Yeah. So, Rochelle, I'm going to ask you our final question of our roundtable Q. And a. Before I turn it over to the audience. Q. And a. And I encourage folks to enter your questions into the chat for our panelists. You know, Rochelle, you made it very clear that common spirit is not backing down from your commitment to this work really based in your mission. How do you approach it? Within the various jurisdictions and different regulatory frameworks

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00:39:44.980 --> 00:39:52.220
Ali Santore: across the number of states in which you serve? Do you talk about it differently? In some States? Do you

161
00:39:52.400 --> 00:39:58.760
Ali Santore: not act as proactively in the advocacy space in some States? Or how do you navigate that.

162
00:39:59.500 --> 00:40:25.680
Rachelle Wenger: So, Ali, you know I I wish we had the luxury to grieve, and you know I I see from the chat here, from from Kenna. When we build it back. I I completely feel, you know, the frustration and the challenges that we are feeling right now. But guess what we can

163
00:40:25.700 --> 00:40:41.374
Rachelle Wenger: do a lot. And freely. Okay, I mentioned how important it was to have a system, wide plan and strategy, you know, coming from the very top, and how it's really trying to

164
00:40:42.780 --> 00:40:49.930
Rachelle Wenger: take life. You know, in the various places that we are. We. We have a a carbon.

165
00:40:51.170 --> 00:41:17.070
Rachelle Wenger: a reduction goal to go net 0 by 2040 with an interim goal, to have our Ghg emissions by 2030. And yes, it does require strong Federal policy strategies. But you know we must do what we can do, and looking at how we can align strategies and plans at the state and local levels is really key.

166
00:41:17.070 --> 00:41:31.119
Rachelle Wenger: and I know that there are a lot of actions being taken by our states and regions. They play such a vital role. And I think that we need to continue to empower that kind of action

167
00:41:31.120 --> 00:41:59.000
Rachelle Wenger: because states are certainly developing and testing innovative solutions. They're trying to deliver on near term emission reductions and lay the groundwork for resilience strategies that could spurn broader action in the 24 States we're located in. There is some form of a State climate action plan that generally includes some form of Ghg reduction targets and some detailed actions that State can take

168
00:41:59.000 --> 00:42:06.930
Rachelle Wenger: to help meet those goals. And these plans certainly include additional components, such as resilience strategies.

169
00:42:06.930 --> 00:42:22.169
Rachelle Wenger: clean energy targets and economic social goals. I would direct our webinar participants to C 2 es.org center for climate and energy solutions to see the status of your States regarding Ghg. Targets.

170
00:42:22.170 --> 00:42:37.119
Rachelle Wenger: climate action plans, and various State climate policies that are in place and not in place, right? We recognize that each of our States have unique circumstances, landscapes, priorities, and resources, and we know that we cannot do it all at once.

171
00:42:37.120 --> 00:42:48.080
Rachelle Wenger: Our hospitals are facing such an incredibly difficult time right now. But this is where our advocacy partners have been so crucial. Right

172
00:42:48.160 --> 00:43:13.589
Rachelle Wenger: working with series. Bicep, for example, which stands for business, for innovative climate and energy policies. They help us to assess what is our part to do, identifying strategic opportunities consistent with our policy priorities that support the advancement of our overall common spirit cap our climate action plan. And so, in the absence of stronger Federal actions

173

00:43:13.850 --> 00:43:33.039
Rachelle Wenger: at the state level. We really need to see how much we can do to push. You know, some of these climate policy and energy solutions forward. I wanted to just give an example of how our state engagement has been successfully

174
00:43:33.280 --> 00:43:45.460
Rachelle Wenger: worked. We helped to pass Sb. 253 in California. That's the Climate Corporate Data Accountability act. It's now in law.

175
00:43:45.560 --> 00:44:13.700
Rachelle Wenger: It requires entities doing business in California with over a billion dollars in annual revenues to disclose their scope 1, 2 and 3 greenhouse gas emissions annually at a system level. Common spirit is already voluntarily reporting on our Ghd. Emissions through Cdp, so weighing in in support of this bill was not a stretch, but an extension of our work. To get at data that will better inform our climate strategy.

176
00:44:13.770 --> 00:44:32.220
Rachelle Wenger: The California Air Resources Board is currently working to promulgate regulations for 2026 implementation, and we continue to stay at the table to remain actively engaged providing comments to finalize those Regs with other leading companies.

177
00:44:32.220 --> 00:44:52.979
Rachelle Wenger: And then I just wanted to point out also that for Arizona, California, Colorado, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming, together with Bicep, we're currently supporting the development of an expanded, organized wholesale market or regional transmission

178
00:44:52.980 --> 00:45:11.099
Rachelle Wenger: organization for the West. And this is designed such that markets can be more organized covering a wide footprint across the West. It would lower energy costs and improve reliability of the power system for everyone, and would help

179
00:45:11.100 --> 00:45:32.240
Rachelle Wenger: customers meet their energy goals, including increasing access to 0 carbon resources. You know, having led in California and in other States, together with our partners, we're really able to provide policy, expertise and experiences to help other States where we have presence and influence.

180
00:45:32.290 --> 00:45:45.330
Rachelle Wenger: And and we hope that it would help to navigate. You know the advancement of these meaningful, harmonized policy solutions, and yes, to your point, Ali, you know again, every State is different

181
00:45:45.700 --> 00:46:06.859
Rachelle Wenger: different circumstances, different policy structures and makeups right? But we have to find a way to educate, to tell our story to find the words that will connect with other people, to use the language that can cut through. You know the muck and mire. If if

182
00:46:07.190 --> 00:46:28.719
Rachelle Wenger: you don't want to talk about climate change, we don't have to talk about climate change. Can we talk economics? Can we talk about how led is saving us money? You know all the points that John had mentioned? You know, this is about sustaining our healing mission. And when we put planet and people at the center of conversations, it's really amazing

183
00:46:28.810 --> 00:46:43.730
Rachelle Wenger: what dialogue, what productive dialogue can happen. And so that's my story, and I'm sticking with it. Ali, I think there's so much that we can do. It is who we are and what we do, and no one has to tell us.

184
00:46:45.950 --> 00:46:49.150
Rachelle Wenger: Not government not

185
00:46:49.890 --> 00:46:57.739
Rachelle Wenger: challenges and barriers. We can tell ourselves that we can do this because our healing mission depends on it.

186
00:46:58.490 --> 00:47:24.889
Ali Santore: Yeah, well, thank you, Rochelle, for leading the way in common spirit, being one of those leading advocates in the private sector that's filling the void left in certain spaces in government. So, moving to our audience questions, we're going to try and get through as many as as we can time permitting so apologies if we don't get to your question. But perhaps we can follow up in writing. But so David has a question that because this is titled legal implications.

187
00:47:24.890 --> 00:47:31.769

Ali Santore: He has a question about for attorneys interested in suing healthcare policymakers and providers

188
00:47:31.770 --> 00:48:00.829
Ali Santore: for their level of carbon emissions, creating known harm that results from carbon emissions, and the refusal to divest in fossil fuels is this something that is track you know I mentioned. I sort of alluded to this in the opening around increased liability in this space. But is this something that our panelists are tracking across the healthcare sector, or has been an area of concern or awareness, and you're our resident lawyer. So any thoughts.

189
00:48:00.830 --> 00:48:04.910
Ann Berwick: I thought that was coming. You know.

190
00:48:05.420 --> 00:48:12.839
Ann Berwick: so obviously answering off the top of my head. I would not be hugely optimistic

191
00:48:14.105 --> 00:48:33.200
Ann Berwick: given the litigation that hasn't succeeded already. I think there's a case in Montana that's going forward successfully, but in general suits against both oil companies and against government entities, saying

192
00:48:33.410 --> 00:48:41.109
Ann Berwick: worded in various ways. You have an obligation to provide us with a healthy, healthy

193
00:48:41.410 --> 00:49:07.704
Ann Berwick: climate, or healthy environment, or livable world, or whatever those suits in general have not been successful. That's not to say that won't change over time as public awareness increases, because obviously judges are not blank slates as we're seeing more and more. But I'd say the most likely litigation strategies

194
00:49:08.530 --> 00:49:11.439
Ann Berwick: to be successful would be

195
00:49:12.346 --> 00:49:22.369
Ann Berwick: failure of policies or regulations to comply with the statutory requirements. So, for example.

196
00:49:23.040 --> 00:49:46.220
Ann Berwick: the Clean Air Act has lots of requirements respecting pollute, not just yes, greenhouse gases, but also particulate matter right? So to the extent the administration, for example, tries to undo regulations that address those statutory requirements

197
00:49:46.240 --> 00:50:02.269
Ann Berwick: or promulgate regulations that essentially nullify those statutory requirements. I would think those approaches to litigation would be more likely to be successful, that is, look, there are laws on the books that require XY, or Z. You're not doing XY, and z.

198
00:50:03.380 --> 00:50:07.729
Ali Santore: so that connection to existing statute is is critical. Yeah.

199
00:50:07.730 --> 00:50:23.890
Ann Berwick: I mean the you know Congress in the days when it legislated passed some very important climate legislation, I mean several iterations of the of the Clean Air Act. Clean water act, Nepa.

200
00:50:24.359 --> 00:50:46.190
Ann Berwick: You know, there's that's at the Federal level and at the state level. Also, there are, you know, at least in Massachusetts, where I'm what I'm familiar with is very stringent, regular statutes. And so regulations. We talked about preemption. Earlier regulations can't undo or nullify statutory requirements. They're still in place.

201
00:50:48.280 --> 00:51:03.789
Ali Santore: so our next question, thank you. Ann, our next question from John and for Josh, excuse me, but John i'm gonna direct it to you. It's from Josh, you know. One common theme in recent reporting is that folks around the country are not drawing. The connection

202
00:51:03.790 --> 00:51:18.009
Ali Santore: between Ira Funded inflation reduction Act funded clean energy projects, and the proposed repeal of the Ira. How do you work to make sure providers and patients

203
00:51:18.010 --> 00:51:39.080
Ali Santore: know, and that clean energy on campuses exists and is Ira supported? And I would add one step further, that the majority of funding

from the Ira is going to Republican districts and in republican communities. So how do? How do we make that connection more clear? I'll start with John. But please, Ann and Rochelle, if you have thoughts, please weigh in as well.

204
00:51:39.340 --> 00:51:44.729
John Balbus: Yeah, thanks, Ali, and thanks Josh for the question. And and there is

205
00:51:45.100 --> 00:51:54.690
John Balbus: the the provider side of it of communicating it, you know, within the institution within, to the patients, etc, where it's happening, you know, I'd say there's there's there's 2 kind of crossing

206
00:51:54.690 --> 00:52:17.799
John Balbus: issues. There. One is. There are a lot of organizations that are trying very, very hard to document where the funds are going, documenting what you just said, Ali, that a very large part of the funds are going to States that have voted for Republican candidates, or are represented by Republican representatives in Congress to show them the benefits

207
00:52:17.800 --> 00:52:29.169
John Balbus: of the Inflation reduction act financially to their States and their districts, and you know, consequently, what would happen if they repealed it to their own constituents, that work is going on.

208
00:52:30.750 --> 00:52:56.970
John Balbus: The challenge to that work is that the Inflation Reduction Act was only passed in 2022. It was only implemented in 2023, and 24. That was last year, you know, a lot of the projects are still in the pipeline. A lot of the results are still yet to be seen. We've been trying healthcare without harm is really leading the way in within its own climate, healthcare council, and practice green health

209
00:52:57.030 --> 00:53:12.859
John Balbus: to get people to share the successes of the Inflation Reduction Act, because, of course, especially now. But even before now there was no way to get that information very coherently. That information isn't always collected. So

210
00:53:13.070 --> 00:53:29.800

John Balbus: it's a challenge to get it, because a lot of it is still not yet yet realized. The big question is, is anybody listening? The big question is, you know, we can make this case till we're blue in the face to the representatives. We see, you know.

211
00:53:32.280 --> 00:53:49.379
John Balbus: I just. I'll just talk vaguely. We see stories of individuals, you know, expressing concerns, ethical concerns, moral concerns, political concerns about what is going on. And then, when the vote finally comes, the vote is is in line. So the question is, is, is anybody listening

212
00:53:49.410 --> 00:54:02.660
John Balbus: to not just the harm to people? Because we can make that case very, very coherently. But the the harm to representatives own constituents is anybody listening to that.

213
00:54:03.220 --> 00:54:06.840
Ali Santore: Yeah, Anne or Rochelle, thoughts on how to help them. Listen.

214
00:54:07.590 --> 00:54:30.849
Ann Berwick: Well, I don't have a solution to the messaging problem, but I just want to add one thought, which is we've been talking about. Well, for example, clean energy in light. We've been talking about the jobs, benefits, the economic benefits. I would add to that for New England the reliability, not just benefits but imperatives

215
00:54:30.850 --> 00:54:51.545
Ann Berwick: the the electric system reliability. So here in New England our biggest renewable resource is offshore wind dwarfs everything else. Dwarfs solar dwarfs Canadian Hydro. It is our big resource being very seriously threatened. And

216
00:54:52.590 --> 00:55:17.650
Ann Berwick: it's understood mostly in New England as an issue of addressing climate change. But in fact, it's an issue of keeping the lights on as well. And so I think when we talk about look, we're talking about clean energy. But there are benefits other than climate to the climate. There are economic benefits or jobs, benefit jobs, benefits, at least on the Eastern seaboard.

217
00:55:18.264 --> 00:55:29.280

Ann Berwick: The reliability of the electric grid is closely related to what we talk about in terms of environment, of climate policy.

218
00:55:34.190 --> 00:55:36.280
Ali Santore: Thank you, Rochelle. Anything to add.

219
00:55:38.800 --> 00:55:42.689
Rachelle Wenger: So I I think the most pressing

220
00:55:43.423 --> 00:55:45.939
Rachelle Wenger: issue for healthcare right now.

221
00:55:46.240 --> 00:56:01.480
Rachelle Wenger: and I I will just address it. The big elephant in the room. Policy. Wise is Hr. One. And you know, looking at the Senate's version of the Budget reconciliation package right?

222
00:56:02.509 --> 00:56:09.859
Rachelle Wenger: It has a lot of things in there that's harmful to communities, and I know that we are overly exercised on

223
00:56:10.360 --> 00:56:22.999
Rachelle Wenger: protecting Medicaid Medicaid Medicaid right? And I know that there are, you know provisions in there around the the tax credits and the energy right? And

224
00:56:23.860 --> 00:56:35.430
Rachelle Wenger: it's so important that we not see ourselves as single issue people single issue organizations.

225
00:56:36.160 --> 00:56:43.139
Rachelle Wenger: And I think the way that we can tactically do that right now is to really lean in on

226
00:56:43.430 --> 00:56:54.349
Rachelle Wenger: partnership allyship, being able to really encourage one another to speak from our particular perspectives.

227
00:56:54.590 --> 00:57:10.539

Rachelle Wenger: and to join together to present a very comprehensive story of what these harms are going to do in the communities that we serve right. And so right now, as we

228
00:57:10.730 --> 00:57:11.730
Rachelle Wenger: are

229
00:57:11.960 --> 00:57:29.320
Rachelle Wenger: very focused on speaking on Medicaid, we are also joining again, you know, with series with healthcare, without harm, with businesses to really talk about? How is it that we see health

230
00:57:29.440 --> 00:57:54.430
Rachelle Wenger: in such a way that it's about making sure that we keep our doors open because the very people that are going to suffer from the cuts of Medicaid are the very same people who are being disproportionately impacted with climate, you know, with the climate inaction that is going on right? So we need to tell that very, very comprehensive story.

231
00:57:54.430 --> 00:58:03.080
Rachelle Wenger: and we need all of us to be able to say it from the places that we are, because I think the truth is so important.

232
00:58:03.080 --> 00:58:09.609
Rachelle Wenger: and our voices, when we come from. You know, the authentic places in which we stand.

233
00:58:10.200 --> 00:58:11.450
Rachelle Wenger: That's everything.

234
00:58:12.140 --> 00:58:14.559
Rachelle Wenger: And that's what's gonna keep us moving forward.

235
00:58:14.850 --> 00:58:31.999
Ali Santore: Yeah, Michelle, thank you for reminding us that all of these things are connected healthcare access, environmental sustainability. And these issues of healthcare access, environmental sustainability are not political issues. They're a matter of health.

236
00:58:32.060 --> 00:59:01.550

Ali Santore: equity, and justice. So I want to thank our panelists for their incredible insight as we navigate this very complex landscape. And again, for my Psa that this work is not political, advancing sustainability is not about taking sides. It's about doing what's right for the health of our communities for future generations and and for the common good. So thank you for demonstrating ways that we can continue to do this together.

237
00:59:03.370 --> 00:59:05.060
Ali Santore: have a wonderful day, everybody.

238
00:59:05.770 --> 00:59:07.249
Rachelle Wenger: Thank you. Thank you.

239
00:59:07.580 --> 00:59:08.350
Ann Berwick: Great job, Allie.

240
00:59:08.350 --> 00:59:09.000
John Balbus: Everyone.