Dear Leslie C. Davis, Mark Sevco, Diane Holder, Dr. Joon Y. Lee, and UPMC Executive Leadership:

We, clinicians of UPMC, are deeply concerned about the effects of climate change on the health, safety and security of the people of Pittsburgh, the Commonwealth of Pennsylvania and beyond.

Doctors have taken an oath: “First, do no harm.” We recognize our duty is to respond to the growing climate emergency not only by treating those made ill from the climate crisis and its causes, but also by mitigating our own climate impact, practicing primary prevention and joining together to advocate for a much more aggressive reduction in our own emissions.

As scientists, we recognize the evidence as unequivocal. A global increase in temperature risks catastrophic harm to human health.¹ Our health care systems are already experiencing the financial costs and human health burden from increased disease spread and more frequent extreme weather events. Higher temperatures cause increased cardiovascular and pulmonary morbidity and mortality, increased loss of renal function, infections, adverse mental health outcomes, and pregnancy complications.² ³ ⁴ ⁵ Climate change is also a health equity and social justice issue - its effects fall disproportionately on the most vulnerable, including children, older adults, poorer communities, and ethnic and racially minoritized groups.⁶ ⁷ ⁸

The U.S. health sector is responsible for an estimated 8.5% of our nation’s carbon emissions, and accounts for 25% of total global health sector emissions - by far the highest proportion attributable to any individual country’s health sector.⁸ Emissions attributable to the US health care sector have harmful effects on public health commensurate with the mortality associated with preventable medical errors.⁹ The healthcare industry needs a response proportional to the harm we cause.

These emissions stem directly from the operations of health care facilities (known as scope 1 emissions), indirectly from both purchased sources of energy, heating, and cooling (scope 2) and the supply chain of health care services and goods (scope 3).⁸

Governments, organizations, and businesses around the world are setting targets to reach zero-net emissions over the next 10-30 years.

- In 2016, Kaiser Permanente pledged to become carbon neutral and in 2020 became the first health system in the United States to achieve carbon neutral status.¹⁰

- The United Kingdom’s National Health System aims to be the first net zero national health system by 2040.

- In 2021, more than 200 medical journals worldwide simultaneously declared climate change the ‘Greatest Threat to Global Public Health’ and published an editorial with a call to action stating “code red” for the U.S. health sector to decarbonize.⁸ ¹¹

- In 2021, the White House issued an executive order for the Department of Health and Human Services (HHS) to establish the Office of Climate Change and Health Equity (OCCHE) to address the impact of climate change on the health of the American people.
HHS Assistant Secretary for Health, Rachel Levine, MD is actively pursuing collaborations with health systems to find ways to lower their greenhouse gas emissions.

- HHS participated in the 2021 United Nations Climate Conference (COP26) making specific commitments to decarbonize our health care systems, indicating a new era for our agencies and demonstrating a clear understanding of the urgency of the moment by committing to an ambitious, science-based target to halve the country's greenhouse gas emissions by 2030.¹²

- Following these government actions, a leadership body of 19 health systems, The U.S. Health Care Climate Council, announced their support to our government’s commitment to COP26. They joined the Health Care Climate Challenge and set the most ambitious greenhouse gas reduction goals in the country to protect the patients they serve from the health impacts of climate change. They have found that their strong commitments have yielded significant return on investment in terms of financial savings, employee retention and satisfaction, and improvements in patient outcomes.

- In 2021, the National Academy of Medicine launched the Climate Action Collaborative calling for the health sector to reduce its climate footprint.

UPMC is recognized as one of the nation’s leading health systems and is strategically positioned to seize this opportunity for leadership and action around sustainability in health. Actions taken now will improve population health, support environmental justice goals and save billions of dollars in health care costs.¹³ We have an obligation and an opportunity to lead the way in creating a climate-smart health care system and to coordinate our efforts with those of other health care sectors around the country and the world.

We recognize UPMC has taken significant steps in this direction. We have much to celebrate and build upon. And yet we believe our commitment - and that of the entire UPMC system - must be stronger. Much more must be done to urgently decarbonize our operations. We must proceed in line with our core values: Dignity & Respect, Caring and Listening, Responsibility & Integrity, Excellence, Innovation.

We ask for UPMC to commit to the following actions:

1. **Commit to becoming a climate-smart health care system by:**
   - Joining the Health Care Climate Challenge by signing the leadership pledge supported by hospitals, health centers, and health systems across the globe.
   - Becoming a member of the National Academy of Medicine Action Collaborative on Decarbonizing the U.S. Health Sector and Practice Greenhealth.
   - Joining the Health Care Climate Council along with 19 other U.S. healthcare systems.

2. **Invest in the development of a UPMC Climate Plan by 2023 that charts a course to achieve carbon neutral status.**

3. **Support a transition to 100% renewables (wind, solar, hydroelectric) as the source of electrical energy for UPMC operations by 2030.**

4. **Divest UPMC’s reserve portfolio from fossil fuel companies.**
5. Create a UPMC Climate and Health Center that brings together transdisciplinary teams to support carbon mitigation and environmental justice efforts.

6. Integrate environmental quality metrics into UPMC’s educational, research and operational goals.

We know and trust that you share our concerns. Climate and human health are one - and the world is looking to health systems to help lead a multi-sectoral response. As clinicians, we are with UPMC to support these transformative environmental goals. The future of our health depends on our leadership and actions now.

We look forward to the innovation, collaboration, and progress that UPMC can demonstrate to secure a more sustainable future in Western Pennsylvania and beyond.

Clinicians for Climate Health Action

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Maya Ragavan, MD - Pediatrics
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Catalina Hoyos, MD CCP Pediatrician – Pediatrics
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Rosalie Nolen, Medical Student
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John Szymbusiaik, MD, MS – Medicine and Pediatrics Pediatrics
Matthew Valente, MD – Pediatrics
James Shaver, MD – Pediatrics
Erin Cummings, MD Pediatric Hospital Medicine
Kristin Ray, MD – Pediatrics
Raymond Pitetti, MD – Emergency Medicine, Division Chief / Pediatrics
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Lauren Lin – Medical Student
Amani Ali Davis – Medical Student
Emily Hacker - Medical Student
Keelin Moehl - Medical Student
Vi Dam-Bao Nguyen - Medical Student
Sovik Roy - Medical Student
Koehler Ray Wetzle Powell - Medical Student
Camila Ortiz - Medical Student
Rebecca Brown - Medical Student
Mark Vincent, D’Alesio - Medical Student
Maya Sivagananalingam – Medical Student
Jenny Petrone, PA – Emergency Department / Pediatrics
Khoa Nguyen, MD – Pediatric Anesthesiology
Nicholas Harris, MD, Fellow - Adolescent and Young Adult Health
Kenneth Levin, MD, FAAP – Pediatrics
Justin Schreiber, MD - Behavioral Science and General Academic Pediatrics
Lorraine Kiger, MD – Pediatrics
Omenyi, Chiazam – Medical Student
Joshua Garfein – Medical Student
Sarah Ehrenberg - Medical Student
Gabrielle Gilmer - Medical Student
Donald Bourne – Medical Student
Rachel Wold – Medical Student
Katie Rau, MD – Pediatric Emergency Medicine / Pediatrics
Alicia Haupt, MD – Pediatrics
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Antoine Douaihy, MD – Psychiatry and Medicine
Jessica Gannon, MD – Psychiatry
Tushita Mayanil, MD – Psychiatry
Maire Mcewn, CRNP – Hematology/Oncology / Pediatrics
Jody Glance, MD – Psychiatry
Rohan Gangul, MD - Department Chair/Psychiatry
Nolan Hughes, MD – Psychiatry
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Gabrielle Grace – Medical Student
Nimit Gandhi – Medical Student
Brittany Egnot, MS - MD/PhD student
Julia McDonald, MD – Resident / Pediatrics
Priya Gopalan, MD – Psychiatry
Joyce Leifer, MD – Pediatric Hospital Medicine
Abeer Azzuga, MD – Neonatology / Pediatrics
Brandon Hage, MD – Pediatric Anesthesiology
Mihaela Visoiu, MD – Pediatric Anesthesiology
Darcy Moschenross, MD – Psychiatry
Ida Brockman, MD – Psychiatry
Shinny-Yi Chou – Psychiatry
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Megan Tamilia, PA-C – Pediatric Endocrinology
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Jing Luo, MD – Internal Medicine
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Martha Stewart, MD – Pediatrics / Resident
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Rohan Rao, MD – Pediatrics
Sarah Bedoyan, MD – Pediatrics Resident
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Rebecca Price, PhD – Associate Professor of Psychiatry
Heather Hohmann, MD – OB/GYN
Paul Kim, MD – Psychiatry Resident
Molly Mack, MD – Pediatrics Resident
Julie Childers, MD, MS – Associate Professor of Medicine
Jignesh Unadkat, MD - Plastic Surgery
Jonathan Yadlosky, MD - Family and Community Medicine
Richard Hoffmaster, MD - Family Medicine, Geriatrics and Palliative Care
David Wolfson, MD – Pediatrics
1. Intergovernmental Panel on Climate Change. Summary for policymakers. Global warming of 1.5°C. An IPCC special report on the impacts of global warming of 1.5°C above pre-industrial levels and related global greenhouse gas emission pathways, in the context of strengthening the global response to the threat of climate change, sustainable development, and efforts to eradicate poverty. 2018. https://www.ipcc.ch/sr15/


   In 2016 Kaiser Permanente pledged to become carbon neutral. In 2020 they achieved carbon neutral status by installing solar arrays, purchasing renewable energy, increasing energy efficiency in their buildings and purchasing carbon offsets.
13. Health costs of air pollution and climate change exceed $800 billion per year https://www.nrdc.org/sites/default/files/costs-inaction-burden-health-report.pdf