

**Reining in the Bulls with Michael Marx**  
**Interview with Gary Cohen, Co-Founder of Healthcare Without Harm**  
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**Name:** Gary Cohen

**Current Title:** Co-Founder

**Current Organization:** Healthcare Without Harm

**Summary:** The mission of Healthcare Without Harm is to help the healthcare sector transform and reduce its environmental footprint, especially around its climate footprint, to develop healthcare institutions as anchors for resilient communities and to mobilize health professionals as advocates for environmental health and justice around the world. In this podcast, Gary provides a history of the evolution of the organization from battles against various hospital chains on issues like incineration of waste and use of mercury to an international network of organizations attacking a broad range of issues. Healthcare Without Harm is the quintessential model of the potential of corporate campaigns to transform the marketplace and ultimately national and international policies.

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00:00 Michael Marx:

Gary Cohen, thank you for joining me for this interview.

00:07 Gary Cohen:

Happy to be here with you, Michael.

00:10 MM:

Could you briefly describe your role with Healthcare Without Harm? I understand you are the co-founder of Healthcare Without Harm. Could you also give us a sense of what the mission of Healthcare Without Harm is?

00:28 GC:

The mission is to help the healthcare sector transform its environmental footprint, reduce it, especially around its climate footprint, to develop healthcare institutions as anchors for resilient communities. And also to mobilize health professionals as advocates for environmental health and justice around the world.

00:55 MM:

Okay, great. Healthcare Without Harm was originally focused on medical waste incineration and on mercury thermometers, if I remember right, as its first campaigns. Can you tell me why you focused on those related issues and what was the trajectory of your work in those campaigns?

01:19 GC:

I was involved in supporting communities all around the country and other countries who were impacted by toxic chemical threats. These were grassroots groups that were fighting incinerator, fighting toxic dumps, living down the street from petrochemical plants and other polluting factories. And they were concerned that their children had rare forms of cancer, that their kids would get skin lesions after taking a bath, that their kids would wake up choking in the middle of the night because the air was so poisoned. And so I was involved in a national effort to support these groups. And one, the first within an organization called the National Toxic Campaign, won the first "right to know" law in the world, so that communities could say what are the toxic chemicals in the air and the water and in our neighborhoods? And that went on for some amount of time. And then in the mid 1990s, there was new science that was coming out that was saying it's not the dose that makes the poison of toxic chemicals, but it's actually the timing. So that the first thousand days of life, from conception to when a person's two, if chemicals are intervening in someone's body at that point, it could turn on and off genes and create havoc in their reproductive system, immunological system, neurological system development.

03:03 GC:

And so we said that's going to change everything because the regulations around all this stuff is really about the adult male who gets this high dose of something and might get cancer. The two poster child chemicals for this kind of new science around endocrine disrupting chemicals -- hormone disrupting chemicals, one was dioxin and one was mercury. And kids were being born in America and around the world with dioxin in their bodies, with mercury in their bodies. Dioxin is a potent, potent carcinogen, and mercury is a neurotoxin which could impact the IQ. And so I started convening a couple of meetings at a place called Common Wheel in California. And at the very same time that we were convening these meetings (to discuss) what does this new science mean? It was breast cancer groups and religious groups and environmental justice groups and environmental health groups (participating in the meetings). At the very same time we were convening these meetings, the Environmental protection agencies said, medical waste incinerators are the largest source of dioxin emissions in the United States and a significant source of mercury. And people said, wait a second, if the very sector of our economy is the largest source of a cancer causing chemical and neurotoxin, like what hope do we have to actually make progress on this whole frame of issues and support healthy people if the healthcare sector is itself poisoning people in the service of treating them?

04:45 GC:

It was from that cognitive dissidence, that irony, that we built Healthcare Without Harm. And so the first thing we did was take on incineration. At the time there were 4,500 medical waste

incinerators around the country. Almost every hospital had one right next to or part of their facility. And then there were commercial ones also run by Waste Management and Stericycle. And so we started collaborating with grassroots groups in Detroit, in Boston, in Cleveland, in Oakland, in lots of places, who were basically protesting against their hospitals. And we did enough of that. And then we worked with the EPA to create some regulations for which there had been none on medical waste incinerators. And the regulations required testing, required more training for staff to reduce emissions. And we'd made the price of burning go up both from the negative press -- hospitals don't want people protesting at their front doors -- and the cost of addressing the regulations.

06:01 GC:

And then we said, you know what, you will actually save money by reducing the amount of waste doing recycling separation using alternative treatment technology. So the money also worked, it was a cost savings, and we sort of said, let's just move away from this stuff. The combination of that regulation, publicity kind of advocacy and the return on investment of safer strategies led to the closure of all but a hundred incinerators in the course of 10 years.

06:39 GC:

And at the same time we said, look, if we close 4,000 incinerators in America, but they build 4,000 in India and China, there's no gain because these are global pollutants. So, we had to be international from the get-go. On the mercury side, the mercury contamination was from the millions and millions of mercury thermometers that were broken, thrown in incinerator or thrown down the drain. And it was winding up in the water and it was taken up by the fish. And then we eat the fish. And it was accumulating in our bodies, especially women. And that's why women were being advised, don't eat high on the food chain, don't eat tuna, don't eat swordfish, et cetera. So we started with one hospital in Boston and said, look, why don't you switch out mercury thermometers for digital ones? Why don't you have a mercury awareness day and we'll help you educate your patients and your staff about the dangers of mercury. And they said, we'll do that. So we did that and then the other hospitals in Boston said, we want to do that too. And then we spread that idea and partnered with the American Hospital Association and the American Nurses Association and the EPA in a campaign that led over the course of another decade at the same decade to basically eliminate the market for mercury thermometers in the entire country.

08:13 GC:

We did that and then we went to the pharmacy chains and we said, you know, you're selling mercury thermometers. These thermometers are breaking in people's homes. There's a big liability issue here and you should stop selling mercury thermometers. And we work with shareholders, actually religious based shareholders, to do resolutions for the major pharmacy chains to stop selling mercury thermometers.

08:40 GC:

So that was a different tactic. And without any regulation whatsoever, we had completely eliminated the market for mercury in the US healthcare market. And then we went to Europe

and we said, well, Europe actually has a functioning democracy. Let's do policy in Europe. And so we worked with the Green Party there to push for regulations to phase out mercury measuring devices in healthcare. Took us three years and then we started with one hospital in Buenos Aires and one hospital in Manila and just sort of repeated the same process and then got those cities to ban mercury thermometers and then got those countries to restrict mercury thermometers and then partnered with the World Health Organization, saying let's do this all around the world. Let's just phase out mercury in healthcare. And we launched this in Delhi in India with the WHO. And in 2013 we won a global treaty phasing mercury out of healthcare.

09:46 MM:

Wow. So one of the reasons that I really wanted to interview you is because in terms of the history of corporate campaigns, this is one of the more iconic examples of a campaign that started with hospitals, then it expanded out to the ancillary groups, the pharmacy chains, group purchasing organizations, et cetera. And then it went from there into national government policy and then into international policy, which a lot of corporate campaigns never quite reached that far and that level of results. So it was pretty dramatic in a way. What's the relationship when you look at this process and the interaction between government policy and the market movement?

10:45 GC:

Yeah, and I think we can see this in a lot of market campaigns is that in many ways, if you can move the marketplace toward the safer alternatives or get rid of the destructive practices, it creates the ground for then policy shift. Because politicians say, well, the market's already moved, we can now have policy. And so that was true in some ways around these campaigns. I mean, in the end of the day there was a small amount of policy in the US -- like we got the city of Boston to restrict mercury thermometers. We got the city of San Francisco, we got Chicago, and then we went to the pharmacy chains. We said, this game's over, you might as well get ahead of it and announce that you're not going to sell mercury thermometers anymore because they could see the writing on the wall.

11:43 GC:

And so there was an element of a little bit of policy and a lot of pressure, also shareholder action that then led the pharmacy chains -- the big ones, right? -- CVS, Walmart, Albertsons, Rite Aid to cave and to change. And there was also sort of serendipity involved. So around that time that we were starting to really focus on the pharmacy chains, Rite Aid was being exposed for selling cigarettes to minors all around the country. And we said, you guys need some good press, why don't you get rid of Mercury? And they said, wow, yeah, we could use some good press right now. So there's an element of sort of timing and serendipity and all of that.

12:37 GC:

The other thing that was interesting is market movement is policy. So, you know, if you take a look at the campaign that Sierra Club and so many groups around the country have launched around coal plants. Coal's not coming back. The market has moved away. It's economically ridiculous to build coal plants at this point. And so whether this new administration tries to

bring it back, it doesn't make any economic sense. So the market itself is a way of leveraging policy just through economic leverage.

13:14 GC:

So I'll give you one more example and then we can move on from this one. But in healthcare there are these huge buying clubs, Sam's Club of Healthcare, that's what these group purchasing organizations do. They buy for a thousand hospitals, 1500 hospitals, and they have their formularies. And so we were able to approach one of these actually Catholic based, faith-based group purchasing organizations. We said, look, if you just take mercury off contract so that a hospital looking down your electronic buying record, they can't buy it. Game over. And so they did, they were buying for 450 hospitals and they said, okay, we're just not going to allow, you can't buy through us to get mercury thermometers, and brought in the alternatives through that purchasing. And, the one other really interesting story about this, as a corporate campaign, is that there was a company that was a very large medical device company that was selling mercury thermometers around the world and producing them in different factories, Brazil and elsewhere. And they had alternatives. And so we went to them in the beginning we said, look, you have mercury thermometers and you have these others. You can build a market for these alternatives. And they said, no, we're making lots of money from the mercury thermometers. We're not going to do that. We said, alright, we're going to have to kill the market for you.

14:48 GC:

And then about 15 years later, they invited me to an Earth Day event that they had. And I was telling this story, but I didn't name them. I told this story about how we went to this company and we said, you could make this innovation change around sustainability, but then they didn't. And then they wound up shuttering all their mercury factories and stopped selling it. Took them about a decade. And the CEO turns to me, he says, was that us? I said, that was you. That was you. We could have saved a lot of time. We could have been heroes. But I mean, here's the thing. Mercury and incineration were, especially mercury, in the Roman pantheon, Mercury was the messenger god. Mercury was the messenger for environmental health, for the healthcare sector. They said, wow, we are responsible for a significant environmental health problem.

15:50 GC:

We made these changes and we can collectively work together to transform healthcare, the supply chain. And so it became this very positive reinforcing message that tell us what's next, what else should we do? We said, well, let's talk about the plastics that you're using. Some of those plastics like PVC are leaching toxic chemicals into vulnerable patients. Let's get rid of that. What about the food that you're buying? You're buying meat produced with the overuse of antibiotics that are making antibiotics for human medicine ineffective. You're building buildings that are full of toxic chemicals that are actually making your employees sick. How do you detox? How can you build cancer centers without carcinogens? Can you build children's hospitals without chemicals linked to birth defects? We just kept building on their Hippocratic oath to sort of bring the cognitive dissonance to what they were doing against their mission.

16:57 GC:

The Hippocratic oath means to first do no harm. So what does it mean to first do no harm in a world where kids are being born with toxic chemicals? Right? What does the Hippocratic oath mean in a world where fossil fuels are killing millions and millions of people around the world and creating climate havoc, healthcare needs to lead the rest of society to detox the whole economy away from toxic chemicals and fossil fuels. And so that's been the meta story here.

17:35 MM:

I was going to ask you how you transform the work as a way to become leaders in climate change and the efforts to mitigate climate change.

17:48 GC:

We built out this whole sustainability agenda from the waste issue and mercury to sort of, let's focus on plastics. Let's focus on food. Let's close on buildings, pharmaceuticals, transportation, water. It was like a whole agenda. And then we allowed hospitals to sort of come in any door, start working on one of these issues. And we started to build a network of hospitals in the US and around the world that were all working on this broad agenda. And then about 15 years ago, the science was emerging again, that the climate crisis was going to dwarf all other environmental issues and encompass the rest of them.

18:33 GC:

And so we said that's what we have to focus on. We have to get the healthcare sector to understand what the climate crisis means as a health crisis, to show them what their climate footprint is, to help them decarbonize, as it were, their entire buildings and energy and supply chains, investments. And also to help them understand that the actual delivery of medicine was going to be transformed in the 21st century. Because billions of people's lives will be negatively impacted by things that are well beyond their individual control because of this climate crisis. And so how can healthcare hold the people who are being injured, who are falling? How can they pick them up? How can they make sure they're the last building standing in a hurricane, in a wildfire so they can continue to take care of people?

19:35 GC:

How can they anchor that resilience of the communities which are going to be under enormous threat? And the third thing is really about messaging. I mean, we've seen the climate crisis for decades as either polar bears and melting ice caps or slivers of the economy that need to be changed, energy here, transportation here, okay, agriculture here. But people were largely not in the screen. It wasn't focused on people's real lived experience. And so how can we transform the narrative so that people say, no, it's actually about my kids' asthma. It's about the heat stress that my grandmother just went through because it was a hundred degrees for three weeks. It's about the fact that all these people are being made refugees because of flooding and needing to leave their homes or wildfires that are poisoning, like make it real for people. And so healthcare professionals, doctors, nurses, others can be powerful messengers to shift that narrative. And so those three buckets: decarbonization, resilience, and leadership in society are the things that we've now really built our strategy around globally.

21:03 MM:

Gary, could you describe for us Healthcare Without Harm as an organization now? What has it evolved into now? And could you also talk about its role in the movement the last 30 years as it was evolving, and I think having influence in that movement?

21:29 GC:

I would say that from the very beginning we saw it as building a network. So rather than seeing it as a monolithic organization, it was always seen as a network. So it was the idea of a collection of organizations that each had some assets and skills to bring to a concept of healthcare without harm. It took us five years to even incorporate as an organization. It was an idea; it was a framework. But then we did, and so we built an organization in the United States Healthcare Without Harm. We built a membership organization in the United States called Practice Green Health, so that hospitals could actually pay us to provide technical assistance to them and peer to peer learning and all of that. We then built an organization in Europe, for healthcare around Europe.

22:26 GC:

We built one in Latin America and we built one in Southeast Asia. And then we built strategic partners in India and Brazil, South Africa, Australia. And so through those nodes we built networks. So hospitals in Europe and health professionals in Europe relate to that European entity, similarly in Latin America, South Africa, India. And through that we've built also now a global network called Global Green and Healthy Hospitals. And that has 2000 institutional members across 90 countries. The idea was always how do we build an ecosystem of players all over the world, government ministries, private healthcare systems, health associations, individual doctors and nurses and associations related to that. And so we've been, I would say, the systems orchestrator for that movement because there was nobody else doing this work when we came in.

23:30 GC:

In the environmental movement, you got so many different organizations doing similar types of stuff, competing for funding, competing for space. There was nobody else. And so as we found people doing work, we said, come on, you're part of this network, you're part of this ecosystem. Tell us what you're doing and we can share that broadly. So it's always been this idea of having the framework and the strategy and then just letting it all emerge out of these different geographies and building then collective action across that way. People talk about networks and ecosystems and systems change. That's how we started the thing.

24:14 MM:

In many ways, Healthcare Without Harm is kind of the quintessential network in that you started out as a more condensed, regionally condensed kind of network. And then you build it out internationally with these nodules. And then even there, they break out into extensions of their own network regionally.

24:37 GC:

Yes, and it's not just bottom up, it's also top down. Super conscious partnerships with governments, with the World Health Organization, with different national governments that then can move across the entire system. We have a relationship with the whole government of Colombia to work with all the hospitals and these kinds of things. And we were, until recently working closely with the US government and helping to move the agenda through the US government. That's changed fundamentally... And in these multi-lateral organizations. But it's really been orchestrating an ecosystem in the foundation community, in the government, in the private sector, in the supply chain, all of it.

25:30 MM:

It's interesting too that when I look at and conducted some interviews with different groups, particular campaigns, some of their origins were being part of the Healthcare Without Harm network. And then they went out after consumer companies like Johnson and Johnson, and a whole host of consumer companies who had all these toxic chemicals in their consumer products.

25:59 GC:

It's true. I mean, the Safe Cosmetics campaign grew out of Healthcare Without Harm. Yes. Because we were realizing that there were these chemicals called phthalates that were showing up in people's bodies, and we knew that it was leaching from PVC plastics, but we realized it couldn't all be from that. And so we got a tip from someone that said, guys should look at cosmetics. And so we did. And that then branched off into this whole other campaign focusing on the chemicals in cosmetics. And then when we were focusing on the buildings, we realized, well, okay, healthcare is a significant building sector, but there's a much bigger building sector that needs to be addressed. And so we helped to launch the Healthy Building Network. So there were things like that that happened.

26:53 MM:

So when you look over the trajectory of the evolution of Healthcare Without Harm, are there certain lessons, takeaways that you think other organizations dealing with other issues could take to influence the way they conduct their campaigns, the way they develop their organizations and the networks around them?

27:25 GC:

There are lots of lessons. One is the importance of small victories. Small victories build on themselves and having people celebrate those small victories as a group empowers people to then take what's the next hill we're going to climb together. That's one. I think recognizing this sort of dance between market movement and policy where you can kind of play it off each other. It's a bit like a jazz quartet, you want to support where you can move the market and pressure and then create policy that comes behind it, or the other way around, depending on the friendliness of where you can win policy. The third, I think is that the leadership can be centralized to some extent but the more that people can bring in different aspects, different qualities, different constituencies, thinking, designing for scale and spread from the get go so



that you're building a network. You're not doing it as an afterthought, but the actual design process is how do we spread, who do we need to do that? How do we scale? Who do we need to do that? I think that's a really important thing. And then thinking about what's the role of technology because you can't hire enough people to kind of create the amount of change that needs to happen. So what's the role of online platforms? What's the role of AI in terms of spreading ideas and transforming consciousness? You know, we don't have time to do it one by one. We need to accelerate transformation and consciousness and the economy and civil society at a much more exponential rate. I think that's the thing is times different. Time is not linear now; time is exponential and the problems are exponential and therefore our solutions need to be exponential.

29:55 MM:

Any other thoughts or questions that I should have asked you?

29:59 GC:

So, the long game here is that in order to transform society, we need the biggest possible movement that we can build. And that requires that we can't have a kind of ideological purity about who we work with. I think we need to find places where we can connect with people and organizations that we might not agree about everything, but we can agree about some things. So finding those common grounds, even among unlikely suspects, I think is really important. And, the scale of the problem is such that we've come to this crucible moment on the planet where we have to decide whose rights we're going to champion. Are we going to champion the rights of children to be born toxic free, to grow up with clean air, clean water, healthy food, healthcare, or are we going to champion the rights of the fossil fuel and petrochemical industry, which is destroying the planet and our health at this point. We can't champion both. We have to decide where we stand. And I'm really clear where I stand on that.

31:33 MM:

That seems like the perfect place to stop. Gary Cohen, co-founder of Healthcare Without Harm, one of the more remarkable stories of the evolution of corporate campaigns into major international networks and policy. Thank you for taking the time to be here.

31:51 GC:

Thanks so much, Michael. I look forward to seeing where all this program goes.

31:56 MM:

You'll be part of it, for sure. You influenced it. Good. Thank you.