

HEALTH

Vanessa Kerry is on a mission to make the health care system resilient to climate change

Training health workers in sub-Saharan countries increases their capacity to respond to crises



Vanessa Kerry Courtesy The Guardian/Jason J Mulikita



By **Nicholas St. Fleur** Nov. 27, 2024
General Assignment Reporter, Associate Editorial Director of Events

Vanessa Kerry, a pulmonary and critical care physician, founded [Seed Global Health](#) more than a decade ago to tackle inequities in health care systems around the world, especially in countries with fewer resources. Climate change is exacerbating these disparities, she told STAT in an interview, as is our inability to address the crisis with the urgency it demands.

Seed Global Health trains doctors, nurses, and midwives in Sierra Leone, Malawi, Uganda, and Zambia in an effort to strengthen their health care systems. Seeking to address challenges like high maternal and newborn mortality rates and a lack of emergency care services, the nonprofit says it has trained more than 42,000 health workers.

“The power of that training is profound,” Kerry said. “Across all four countries where we work, we’ve seen real improvements in health outcomes, boosts in morale, and increased capacity to respond to crises like Ebola, cholera, or climate change.”

The training makes health systems more resilient and able to respond to the effects of climate change, Kerry says. “Climate change is here, and we feel it through its impact on our health,” said Kerry. “Preventing these effects is far cheaper than dealing with the consequences.”

In addition to her work as CEO of Seed, Kerry is the special envoy for climate change and health at the World Health Organization and the director of global and climate policy at the Harvard Chan School of Public Health. She spoke with STAT at the [Milken Future of Health Summit](#) earlier this month about how climate change intensifies health problems, the challenges of advancing climate change mitigation under a presidential administration unlikely to prioritize it, and the urgent need for health care systems to bolster their resilience against extreme weather events. This interview has been edited for length and clarity.

Tell me about yourself and about Seed Global Health.



Understand how science, health policy, and medicine shape the world every day

+ Sign Up

MOST POPULAR



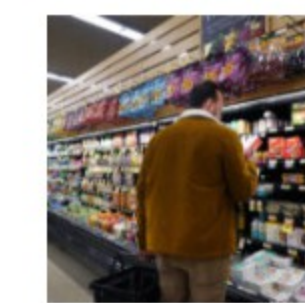
S+ | FDA confirms shortage of weight loss drug tirzepatide is over, gives compounders a grace period



S+ | Worst Biopharma CEO of 2024? It's no contest



The 'skin in the game' approach to health care spending has failed



FDA updates rules for which foods are 'healthy,' adding salmon and nuts and cutting sugary cereals



First of two major reports on alcohol finds moderate drinking tied to lower mortality

REPORTS >



Medicare Advantage decoded: Care, coverage, and a changing health care system

I'm a physician, but within that realm, I have always been struck by the very painful fact that you have health or not based on the zipcode into which you are born. Which is not how it should be, but it's how it works.

What I mean by that is that I've spent time in my training working in places that had less resources and was really struck by the fact that you can't just walk into an emergency room and get the services you need. And it's not okay.

RELATED STORY



As climate changes, scorching summers bring deadly heat for people with disabilities

I don't think it has to be, and I think that by partnering to ensure that people have access to well-trained health care workers, you can actually transform what that health care gap looks like. That's what Seed's about, closing that gap.

You wrote recently in a [First Opinion](#) for STAT about the importance of investing to build strong health systems. Can you elaborate?

I've spent a career talking about the power of human care to be transformative. AI is wonderful. Zoom and telemedicine have power. But at the end of the day, to hang a bag of blood when a woman's in hemorrhage and to hold your hand when you're dying and scared, that's a human that is doing that.

We partner with four countries in sub-Saharan Africa to help support investing in stronger health systems by training health care workers. We train doctors, nurses, midwives — skilled workers that are really important to provide that definitive care.

In Sierra Leone we launched our partnership in 2020 during Covid to train midwives in a district that saw 44% of the maternal deaths in the country, in a country which at the time had the highest maternal mortality rate in the world. After just a year and a half of training, we saw a sustained drop in maternal mortality by 60%.

Seed is vested in demonstrating the importance of the health care workforce, the power of that intervention to transform health outcomes, and how those health outcomes help provide more personal security, community, national security, and economic security

When working with partners in different countries and communities, how do you ensure that the most vulnerable people — those at highest risk from the detrimental effects of climate change — are centered in the work? And that they're active partners in shaping solutions?

Just by the definition of where we work — Malawi, Uganda, Sierra Leone and Zambia — their populations are deeply vulnerable to climate change. They are among the most vulnerable in the world, and sub-Saharan Africa is responsible for only 3% of the greenhouse gasses.

Where we are building a workforce in emergency medicine in Uganda — where over half the deaths in the country are from the failure of emergency treatment services — we are building a resilience to those preventable deaths and ensuring that those that are vulnerable get the services they need. We're seeing that the places that we've been supporting, there's been a 34% reduction in mortality through training and building out the emergency medicine system. The women who are at risk of dying in childbirth in Sierra Leone, Zambia, or Malawi, where we're doing midwifery, they're vulnerable by the nature that they're pregnant in a place that has limited resources.

We believe deeply we're in service to our partners and where we work. Our priorities are really determined by the countries and communities in which we work. Our country teams are the ones who are very much leading our strategy and our growth in our implementation.

You've said climate change is a human security issue. What do you mean by that?

Let me start from the health framework alone. The climate crisis is a health crisis and health is a lived experience of climate change. We see that people's personal security is very much at risk with climate change, because climate change is driving all disease burdens. We are seeing rises in dengue and malaria, even here in the U.S. We saw malaria transmission happened within U.S. borders. We're seeing rises of tick-borne diseases, and we see in other places cholera. Huge outbreaks of cholera after tropical storms in southern Africa that have debilitated entire countries by shutting down schools and shutting down businesses. We see rises in noncommunicable diseases, which are incredibly expensive to manage, deeply

EVENTS >



STAT@JPM: Health Care's New Era
San Francisco, CA | Jan 13



Treatment Evolutions in Advanced Breast Cancer
Virtual | Jan 30



STAT Breakthrough Summit East
New York, NY | Mar 20

MOST READ IN STAT+



S+ | **Editas Medicine lays off 65% of staff and shelves lead gene-editing program**



S+ | **Worst Biopharma CEO of 2024? It's no contest**



S+ | **Congress strikes deal to rein in PBMs after years of debate**



S+ | **Who stood out as Best Biopharma CEO of 2024?**



S+ | **'MAHA' is moving into Trump's White House. Here's who RFK Jr. could bring along for the ride**

damaging to an individual for their ability to go to work if they are having heart issues or they're having asthma attacks or they can't breathe. We're seeing rises in maternal and child mortality from climate change, and we're seeing an already under-diagnosed mental health crisis get worse.

RELATED STORY



Why climate change means more blood shortages: Q&A with HHS' Rachel Levine

If we look at the U.S., extreme heat costs the U.S. \$100 billion annually in productivity. That is slated to double by 2030 and actually probably go up to \$500 billion by 2050. The cost of that is immense because we have to pay for that somehow. We know that half the U.S. workforce is actually being impacted by the health impacts of climate change already. And we're not worrying about that with the right sense [of urgency]. As we look at a global security issue, and you think about Covid shutting down the entire world by the scale of the pandemic and what it did to us economically, what it did to our ability for trade, our ability to travel, to have open borders and have security, we're looking at a 50% chance of a pandemic of equal size, from some other vector by 2050. That is a very real risk when you think about what we're facing, and that is directly the result of climate change. Climate change is very much a security issue for us.

What worries do you and others in your field have regarding the upcoming presidential administration, particularly as it seems poised to deprioritize climate change?

Climate change will be deprioritized by some in this government. And yes, by people who hold a great deal of power. But climate change is not going to be deprioritized by the United States, if I can make that distinction.

Extreme weather events are happening around this country, whether you feel it or not. We've had several large hurricanes hit the southern states, for example, in the last couple of months. It has had a really profound impact on the populations there in a way that you can't ignore. We will be addressing our resilience and our adaptation to this moment, regardless of who your politics are.

I think that the mitigation pathway will be a little bit sealed, too, by a private sector that recognizes they don't have a sustainable business unless they are investing in the health of their workforce, and in the resources they need to do their business.

What should be done right now to make our health care systems more resilient to climate change?

I think that a very easy intervention is making sure that we are protecting our health care workforce [and] ... we are ensuring that a skilled and well-trained workforce capable of delivering high quality care is available everywhere in the United States.

I think that by investing in the workforce we have the ability to not only close the equity and the care gaps that exist today, provide higher quality services, lean into prevention — which is far more cost saving than paying for disease — but you also then have your resilience to pandemics. When Covid hit, we had no medicine. We had no vaccine. We only had health care workers who were able to manage the disease.

I work at Mass General Hospital. We surged to 14 ICUs in that facility and had to shut down a lot of elective care and other options because that was what we had to do to manage disease. But it was a health workforce that was able to recognize and manage that intervention and to care for patients in the absence of almost anything else. Whether it's cholera, Ebola, or flu, the health workforce is going to be on the front lines.

You look at the videos of Tampa General. They have to put up a large flood wall every time there's a hurricane. ... You see floodwaters that are 10 feet high behind this wall that is protecting a hospital. Building that resilience and making sure that we have the facilities that are extreme-weather proof ... is also going to be also very important.

Does emphasizing the effects of extreme weather events seem to connect more strongly with audiences who recoil at the term climate change?

I think we live in a time where language deeply matters and language can be deeply dividing. Whether you like it or not, climate change is here. You can choose to ignore it or not. But I think then if climate change feels like a hoax, extreme weather

is undeniably not a hoax.

As we look at what just happened with the IV fluid shortage in the United States, we lost one facility in an area of North Carolina that nobody expected to get hit by a coastal hurricane. The amount of rain that they saw in a short period of time was absolutely beyond recognition or prediction. Taking down a single facility had disruptions in health services across the country where elective cases were delayed, services were being disrupted.

I think that whatever the terms are that we choose to speak in, it's very simple: Health matters for the well-being of our population; protecting our health and making sure that we have resilience in whatever crisis we're facing is important; and there's an economic and security benefit to making these investments that far outweighs the investments themselves.

[CLIMATE CHANGE](#) [GLOBAL HEALTH](#)

[Submit a correction request](#) [Reprints](#)



Nicholas St. Fleur [X](#) [✉](#)

General Assignment Reporter, Associate Editorial Director of Events

Nicholas St. Fleur covers the intersection of race, medicine, and the life sciences. He hosts STAT's health equity podcast, [Color Code](#).

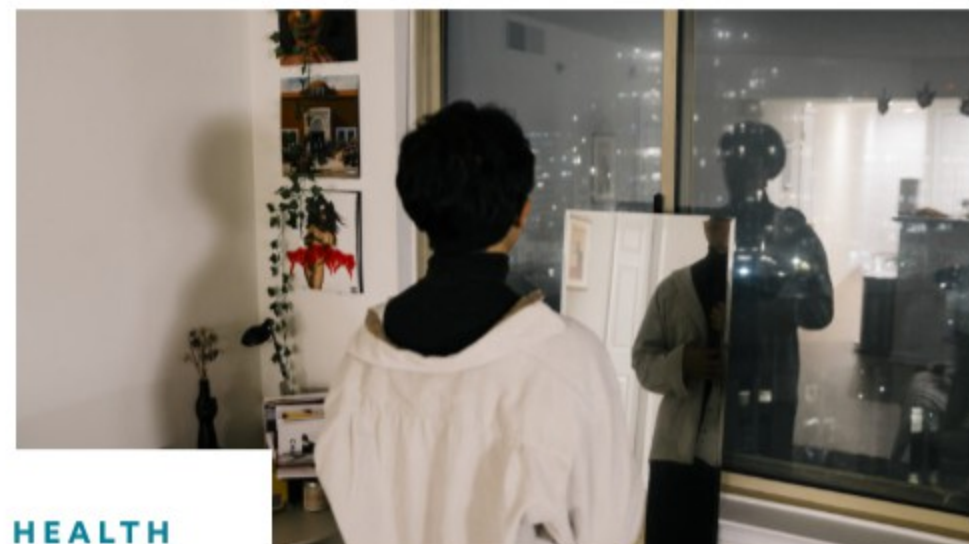
RECOMMENDED



FIRST OPINION

“ The DRC ‘mystery illness’ shows why the U.S. can’t ‘pause’ infectious disease work

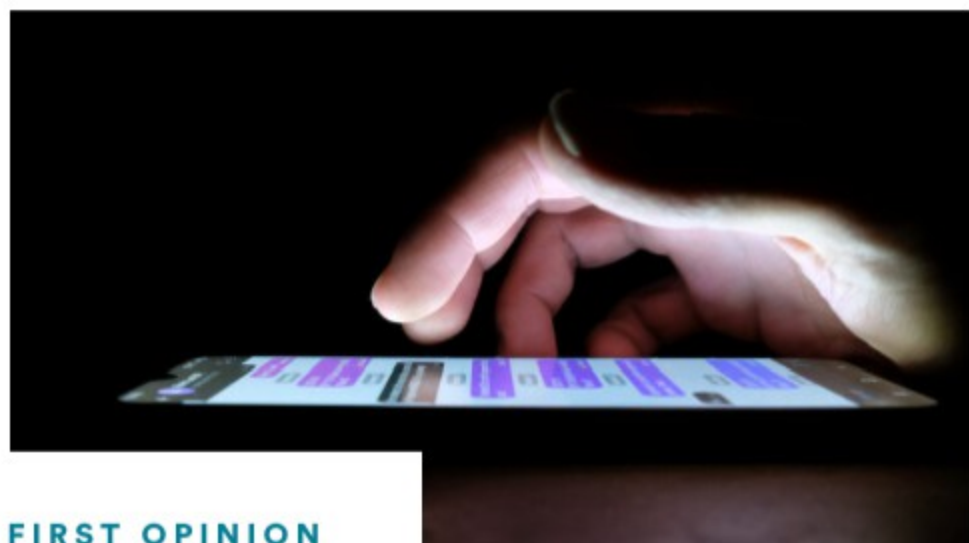
By Craig Spencer and Nahid Bhadelia



HEALTH

Fueled by social media, muscle dysmorphia in boys and men is on the rise

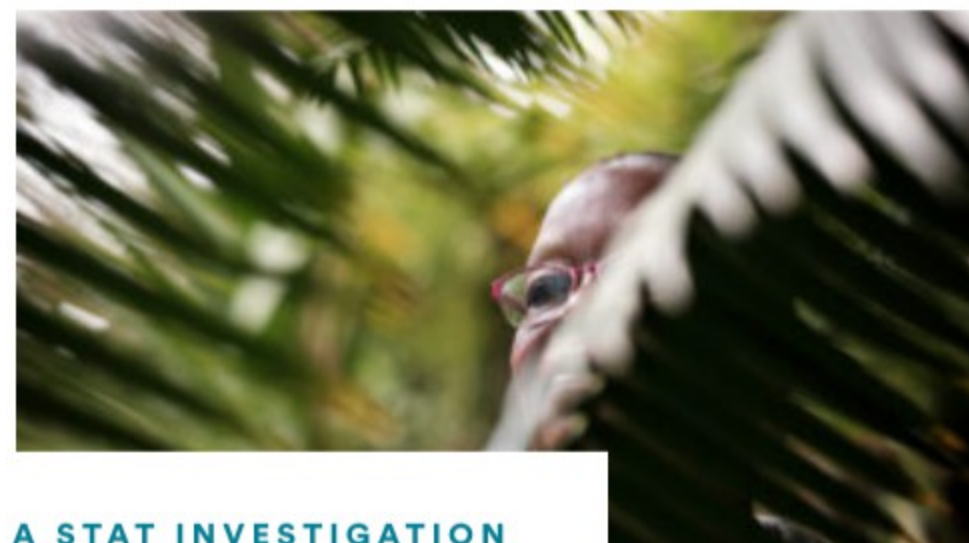
By Alexa Lee



FIRST OPINION

“ AI’s dangerous mental-health blind spot

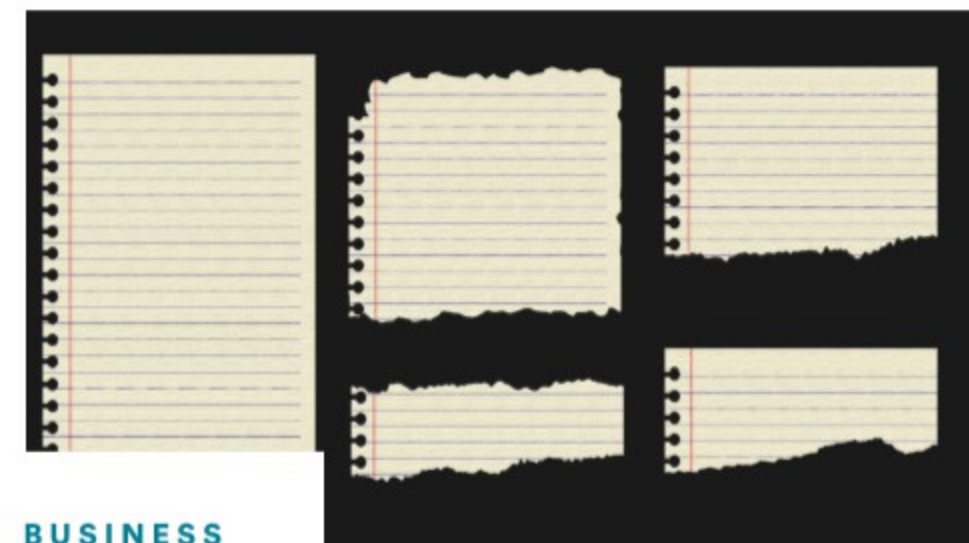
By Declan Grabb and Max Lamparth



A STAT INVESTIGATION

Coercive Care: One sickle cell patient’s story of sterilization, pressure, and regret

By Eric Boodman



BUSINESS

S+ | Copy-pasted notes and untrained providers: First federal audit of autism therapy finds problems in every record

By Tara Bannow

SUBSCRIBER PICKS

- 1** S+ | Congress strikes deal to rein in PBMs after years of debate
By Rachel Cohrs Zhang
- 2** S+ | Editas Medicine lays off 65% of staff and shelves lead gene-editing program
By Jason Mast
- 3** S+ | UnitedHealth pushed employees to follow an algorithm to cut off Medicare patients' rehab care
By Casey Ross and Bob Herman
- 4** S+ | AI versus AI: The emerging arms race over health insurance denials
By Casey Ross
- 5** S+ | Who stood out as Best Biopharma CEO of 2024?
By Adam Feuerstein

STAT

Reporting from the frontiers of health and medicine

COMPANY

[About](#)
[Our Team](#)
[Contact Us](#)
[Careers](#)
[Diversity & Inclusion](#)
[Our Awards](#)
[Advertise With Us](#)
[STAT Brand Studio](#)
[Supporters](#)
[Licensing Stories](#)

ACCOUNT

[STAT+](#)
[Group Subscriptions](#)
[FAQ](#)
[My Account](#)
[Log In](#)
[Subscribe](#)

MORE

[Events](#)
[Newsletters](#)
[Reports](#)
[App](#)
[Podcasts](#)
[Community](#)

