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**A case for climate activism: but where are the medical students?**

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Now that the children have shouldered their muskets and taken aim — figuratively speaking, of course — against the gun lobby, maybe we can interest them in another partisan conflict that’s even more sweepingly about their survival: climate change. Not to minimize the horrific consequences of school shootings, but there are many more lives at stake from climate calamities. Threats from sea level rise, flooding, wildfires, and storms are multiplying while the impact of climate change — ranging from asthma and allergies to smoke inhalation and traumatic injuries — has inundated our physician offices and emergency rooms. The younger generation needs to take note.

In recent years, physicians’ voices have gotten louder: climate change is bad for our health. Over 20 prestigious medical organizations, including the American Medical Association and the American Psychiatric Association, have formed the Medical Society Consortium on Climate and Health. Working with public health officials, this consortium aims to train practitioners while implementing policy approaches to limit climate change. Gary Cohen, president and co-founder of Healthcare without Harm, won the MacArthur ‘genius award’ for his work on greening the health care sector (which contributes about 10 percent of U.S. greenhouse gas emissions). Journal articles, textbooks, and online resources are available in abundance and are evidence of academic fervor. And finally, there is a slow but growing response among medical educators, who are working to develop and integrate curricular projects on the health impacts of climate change.

The tools and knowledge are there, so why aren’t young folk taking action? We decided to put this question to our medical students, who, as twenty-somethings, are closest to the generation next in line to advocate for a better world. In a class introducing first-year medical students to the health impacts of climate change, we implemented a “beachball survey.” This involved tossing around some plastic beach balls representing the earth. After the balls had crossed a few of the auditorium’s latitudes and longitudes, we asked the students what barriers got in the way of making climate change a priority in their lives. They wrote their answers on post-its and affixed them to the beach balls before sending them to the front of the room for collection. Here’s what we found.

Students admitted en masse to different forms of inertia. They were too lazy to do anything, (their words) too selfish, apathetic and too attached to convenience (also their words). They also had too many other things on their plate, and besides, what exactly could they, as individuals, really do? After all, the post-its said, corporate interests, economic factors, and politics played a far bigger role in the acceleration of climate change than any difference they could personally make. And finally, the post-its acknowledged, silence on information, or straight-out misinformation, added to a lack of sensed urgency. Climate change is taking place, but not exactly here and not exactly now.

Compare that with the high school students’ response to school shootings. Shootings feel close to home. They happen to privileged kids, they happen to people they know and love. They involve semi-automatic weapons. And those weapons are fired right now, front and center, with terrifying lethal effect, first at one school, then at another.

Climate change is not like that. Coral reefs are dying. Mussels dissolve in the ocean’s acidity. Storms coming blowing through. Tree-eating beetles are surviving warm winters. Lyme disease is spreading up north. More people have allergies. Ground-level ozone damages lungs. These findings are too random, too global and too removed from our daily lives. We can’t connect the dots. No wonder then, that only 40 percent percent of Americans feel that climate change affects them personally. And no wonder that when we show our young people, with their feelings of invincibility, illustrations of atmospheric carbon dioxide at levels higher than at any time, and maps whose red and orange surfaces warn of rising temperatures, they’re inclined to shrug it off.

But every now and then you come across a medical student committed to activism. Mike Pappas is one. “You can’t be neutral on a moving train,” Pappas says, quoting historian and activist Howard Zinn. As the climate change train appears to be gaining momentum, Pappas points to research by Erica Chenoweth on nonviolent revolutionary movements, which found that the likelihood of success correlated with the number of committed participants. Successful campaigns confronting opponent regimes represented only 3.5 percent of a population and yet sustained their results. “We have two choices,” Pappas muses, “we can either choose the path of despair, allowing the train of our issue of interest to continue moving in its current direction, or we can choose to work towards that 3.5 percent to cause drastic change.”

It turns out there are some young climate change activists whose efforts might edge their generation towards that 3.5 percent. Victoria Barrett, a freshman at UW-Madison, is suing the government for reneging on the Obama administration’s plans to phase out fossil fuel dependence. In Juliana vs. United States, she joins 20 other plaintiffs, citing the long-standing failure of previous administrations to secure their future. Medical students can similarly consider how to act, and specifically, how to stem the rise of climate-related public health concerns that await them in practice. This means pressuring faculty and administrators for more curricular emphasis on climate change. It means tracking the annual policy recommendations by the UN-sanctioned Lancet Commission on Health and Climate Change, which has called climate change “the greatest global health opportunity of the 21st century.” And it means integrating climate activism into their daily lives. Doing nothing on this moving train will have consequences. It will end up being more expensive in terms of dollars and human lives; it also will mean that when presented with an opportunity to be proactive and engaged, our future doctors will have failed to realize their own agency.

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