WEATHERING THE EXTREMES: PROTECTING HEALTH AND LIVELIHOODS

Emily Musil 00:01

Hello and welcome back. It feels as though I was just here a moment ago. So, we are here for part two of this session. And this time we are switching topics. We are talking about weathering the extremes. My name is Emily Musil. I'm managing director of philanthropy for Environmental and Social Innovation here at the Milken Institute. In part one, we were looking at health systems and really how we can stay ready for what comes next. Now, when we're looking at weathering the extremes, we really want to look at: What are some of the clear tests of resilience? So, when we have extreme weather, and especially when we're talking about extreme heat. So, the toll is already enormous. The 2025 Lancet Countdown estimated that heat is linked to 546,000 deaths every year and more than $1 trillion lost in labor. Unlike other climate risks, its effects are felt across nearly every part of society. So, this is from the worker who's on a scorching hot construction site, to an athlete on the playing field, to an older adult who's living alone. So, what makes this particularly challenging is that the burden is not shared equally. So, those who are most exposed to extreme heat are often the least equipped or resourced in order to protect themselves. So, we really want to think beyond individual health in this session, and really look at how employers, health systems, local economies, and communities can prepare. So, we really want to think about how we organize, how we invest, and how we share responsibility for protecting the health and livelihoods of community. So, today, we're really talking. We're going to start about how heat is changing everyday decisions, look at what effective prevention looks like, and then we're going to finish with how we get that protection to the people who need it the most. So, that is where we are headed in this session. And without further ado, we are joined with an incredible panel of experts. Three leaders who're really working on this challenge across different parts of society. So, I'm very pleased to welcome Dr. Judy Monroe, who is president and CEO of the CDC Foundation. A physician by training, Dr. Monroe has spent her career strengthening public health, from protecting and practicing medicine in rural Tennessee, and serving as Indiana's state health commissioner, to leadership roles at the CDC. Since joining the CDC Foundation, she's helped advance its work connecting public and private partners to address some of the most pressing public health challenges. Thank you for joining us. Next, we also want to welcome Dr. Allen Sills, who is chief medical officer of the National Football League. A neurosurgeon and professor of neurological surgery at Vanderbilt University, Dr. Sills became the NFL's first chief medical officer in 2017. He leads the league's efforts to advance player health and safety, working across medical, scientific, and athletic

communities to reduce injuries through research, improved equipment, and changes to the game itself. And he shares the NFL's learnings and innovations around the world.

Emily Musil 03:30

Finally, we are pleased to welcome Gaurav Vasisht, who is executive director and CEO of the New York State Insurance Fund, which I will be referring to as NYSIF, one of the nation's largest providers of workers' compensation, disability, and paid family leave. With extensive experience in financial regulation and public service, including senior leadership roles at the New York State Department of Financial Services, Gaurav brings a deep understanding of the intersection of insurance, financial stability, and public policy. He's also coauthor of a report on the far-reaching health and implications of long COVID. So, we welcome and thank all of you for being here today. So, we are going to start by bringing this issue to the everyday decisions that people make. So, as it's—as extreme heat is changing how we work, play, and care for one another. We want to look across risks, whether that's on the football field or the job site. So, Allen, take us to the field first. So, can you tell us about a specific situation where extreme heat or changing weather conditions altered how the NFL prepared to protect its players? And what changed in terms of safety?

Allen Sills 04:51

Well, I think you can't talk about heat illness in sports and certainly the NFL without talking about Korey Stringer. That was 2001, where Korey Stringer died of a heat illness during an NFL practice. And that was really a watershed moment for sports, and certainly for the NFL, in understanding the risk and how much we had to do to really try to mitigate those risks. And so, obviously, the NFL community, all our teams, coaches, players, athletic trainers, doctors, really, I think, turned a corner after that and made heat illness, heat illness preparation a major focus. Obviously, the NFL helped fund the Korey Stringer Institute at the University of Connecticut, which has become a leading center for research and athletes and specifically around heat issues. But, you know, I would even say, more recently, two seasons ago, we had an interesting phenomenon. In a late September game, we had two players who had a heat illness during a game, and that was the first time that had ever happened. You know, we in the sports community think of heat illness as being a practice phenomenon, and typically preseason: July and August, when high schools, colleges, and pros are practicing. This was a late September game. And so, that illustrated to us that we needed to extend some precautions into the games. So, we've made some changes in terms of equipment and processes during the games. And now, I'm proud to say that we haven't seen any further issues there. And, in fact, this preseason and this regular season, we've had the lowest number of heat illnesses that we've ever had in the NFL. So, I think it is something we really focused on and we've seen progress made.

Emily Musil 06:16

Okay, wonderful. Now, the NFL has medical teams on the sidelines, but most workers do not have that. So, Gaurav, can you talk a little bit about years of claims on data about extreme heat? So, what did you find out about its effects on workers and what patterns really stand out? What might surprise people?

Gaurav Vasisht 06:38

So, we started off our work on extreme heat in 2023. And the starting point of the work was really the emerging consensus from credible scientists that climate change was a threat to human health and worker safety, and we wanted to see how that threat actually manifested in our claims data. So, we analyzed

95,000 claims over a period of four years to see what happens to our frequency and severity of claims on days where the National Weather Service, for example, issues a heat advisory. And what we found was that claims frequency jumps up as much as 45 percent; claim severity jumps up as much as 20 percent, depending on how hot it gets and depending on the heat index. Much of that work that we did really corroborated a lot of the science that already existed. There were a lot of academic papers on what happens to individuals in extreme heat situations, more accidents. So, much of it was just corroborating what was out there. And some of the things that we found in the data, which again, was about correlation, not necessarily causation at this point, we're still breaking open the data and making sure that we can find the more nuanced information. But some of the surprising things that emerged for us were that this is not just a problem for outdoor workers. That it's a problem for both outdoor workers in, for example, settings like agriculture, farms, construction sites, but it's also a problem for indoor workers that are in warehouses, manufacturing settings, et cetera. So, there's just a lot of work to be done to really break open the data, get the nuanced information. The other piece that's been a little bit surprising for us has been the lack of data, the lack of information. Heat injuries aren't really coded as heat injuries, so it becomes very difficult to classify them. So, if you see a musculoskeletal injury, you don't necessarily know if it was heat-related or not heat-related. So, that becomes difficult for us to do. So, data gathering has been a little bit of a challenge and really needs to be finessed, and we need to gather more data, do more analysis. And we also need to keep in mind that this is a problem that affects not just workers in the outdoor setting, but also in the indoor setting.

Emily Musil 08:54

Okay. Thank you. I think there's some—I'd not thought about it in that perspective. So, Judy, let's widen this to greater community. So, in the communities that the CDC Foundation serves, where are you seeing the greatest health impacts from extreme heat? And what sort of do you see as the greatest need to be met?

Judy Monroe 09:16

Yeah, thanks for the question. So, the headlines are like the heat strokes, the deaths on the field. You hear headlines. The work we're doing in several communities—we're working with the communities, and the health impacts are widespread. So, starting with mental health. First of all, we've had a rise in mental health in general. And then when you have extreme heat, it exacerbates those conditions. And now you've got more people coming to the emergency room or whatever, not going to work, not being productive. It also impacts your sleep. It impacts learning in young children. So, there's a whole host of things that are happening there. Then if you look at the cardiovascular and respiratory system, people may be coming into the emergency room because their heart disease has been exacerbated. It's actually the extreme heat that has gotten them there. Lung disease, COPD, and asthma are exacerbated by extreme heat. And then you just can keep going down the line of the various things that heat impacts. And we're not always capturing those. There are certain medications that people are on that because of the medications they're more sensitive to then, side effects, and again, more emergency rooms. We see ER visits just skyrocket, you know, during the extreme heat as well. Some of the things that are needed, certainly more approach to certain populations. So, pregnant women and infants is another area: the extreme heat can cause preterm delivery. And then now you've got low-birth-weight infants that get a rougher start to life, right, with more and more complexity. We need more attention to the elderly. You've mentioned the older population, so the vulnerable. You've got a lot of differences between cities and the rural communities, obviously heat domes in the city. So, it's a complex problem that needs to be solved. But one of the things key to

mitigating the deaths and the ER visits now is better local data. And then that local data has to be translated into the actions, and that really is at the community level. So, that's community-based organizations that know that data telling them who's at risk in the community, then reaching to them when the time comes.

Emily Musil 11:36

Okay. So, we're hearing a lot about data and also how they're really interconnected. Trying to figure out where extreme heat, all these different ways that can affect different communities. So, I want us to think about things in terms of framing of what we'll refer to as the three Ps: preparation, prevention, and protection. So, really thinking about preparation, things like protocols, trained personnel. Prevention: so, cooling, water, medical support in communities, and more. Protection: So, how do we keep people safe? What are the insurance mechanisms, financial incentives, et cetera? So, each of you works in this in a different way. So, let's think through these different elements of preparation, prevention, and protection. Allen, I'm going to start with you again. So, with 32 NFL teams across the country, from dry heat in Arizona to humidity in Florida, what makes an emergency plan work when it's actually put to the test? So, what role—do you do rehearsals, coordination amongst medical teams, et cetera? How do you prepare?

Allen Sills 12:39

Yeah, it's really the most critical element of this whole discussion, and that's preparation. And I think two things that I would highlight: this isn't just an NFL issue and it isn't just a football issue. This is across all sports at all levels. You know, we still see deaths in high school athletes every single year, and those are preventable deaths. It just takes preparation and planning. So, I'll spin off your three Ps and say, I'm going to translate it to PPE. You know, in the medical field, we talk about PPE: personal protective equipment. Here, to me, it's having a plan, having the people, and having the equipment. So, the plan is just that, an emergency action plan. Every one of our 32 teams has an emergency action plan for their stadium and their training facility. Because remember, players spend 95 percent of their time at the training facility, not on Sundays or other game days. So, you need that plan, and it has to include heat illness. Not just how we're going to recognize it, but how we're going to treat it. For example, getting a 300-plus-pound player in full equipment who's delirious into a cooling tub is really hard. And if you haven't thought through how you're going to do that, you're not going to do it effectively, which is going to impact the outcome. So, you've got to have a plan. Secondly, you've got to have the people. Who's going to be in charge of what, and what preparation do you have? And then you've got to have the equipment. And a cooling tub is a great example. You can go to any home equipment, you know, supply and buy one for 30 or 40 bucks. And now you've got state-of-the-art equipment to deal with a severe heat illness. Every field, every practice field should have that. But somebody has to think about that in advance. And then the last piece you mentioned are rehearsals. People may not know that our NFL teams actually do a simulated rehearsal of all of these medical scenarios every offseason. They go through spine injury, head injury, heart, heat illness. And I don't mean just sit around and say, "Well, here's what I would do." They literally go out and put a mannequin on the field, and the team that would do the resuscitation has to do that in real time. And we bring a third-party company in to observe that, to film it, and to give them feedback because we want to get better. And that is an incredibly important part of our preparation. We do it at the training site and at the game day. And I'll just share one quick anecdote how that comes into play. Last year, one of our teams, I can say Kansas City, did their training on a Monday. And one of the scenarios they practiced is, "What if we're inside the building, not even on the field, and somebody had a cardiac event? How would we respond?" Three days later, that event happened. A player went down with a cardiac arrest. And so, they

immediately did what they had trained three days earlier to do. Player made a full recovery. So, planning and preparation is great. You got to rehearse it as well.

Emily Musil 15:11

Okay, great. And also practice with a 320-pound man—

Allen Sills 15:16

It's a lot harder than you think. I promise.

Emily Musil 15:17

I can imagine.

Allen Sills 15:18

It takes more than one or two people.

Emily Musil 15:20

I would bet. All right. So, all of these plans that you talked about, plans and preparation, they only really work if employers invest in them, so you have to take the time and financial resources. So, NYSIF has developed two credit programs that are designed to influence employer behavior in this area. So, can you talk a little bit about what they are meant to incentivize and how employers are actually using them in practice?

Gaurav Vasisht 15:42

Sure. So, our data showed there was a problem. And the fundamental question for us was: What do we do about the problem? And we came up with a two-pronged approach. The first one was focused on policyholders, and specifically on hospitals, to create the monetary incentives to help them reduce their greenhouse gas emissions. And the second program is focused on workers, and specifically workers of small businesses, and empowering those small businesses to buy PPE for those workers who may be exposed to the elements. On the hospital side, when the climate action program that we've developed, any hospital that pledges to reduce their greenhouse gas emissions, that pledges to enhance their resilience, and that pledges to put forward a credible climate action plan has the benefit of a 5 percent premium discount up to $1 million. And they can use those dollars to create a foundation for their future work to reduce greenhouse gas emissions. For a program to be credible, they have to look at their indirect emissions. They have to look at their procurement policies and make sure they're prioritizing vendors that themselves are prioritizing, measuring, reporting greenhouse gas reductions. If a hospital puts forward a plan that's credible, for every year that a hospital meets its milestones in that program, meets all its responsibilities, NYSIF will stick with them and give them the benefit of a 5 percent discount, up to $1 million for the duration of the time that they're with NYSIF. So, the hallmark of the program is making sure that we stick with the hospitals, that those hospitals get the benefit of the dollars, that those dollars are then channeled back into reducing greenhouse gas emissions or channeled back into direct delivery of health care. So far, the program has been very successful. We've got nine large hospital systems that have signed up, 30 hospital facilities for nursing homes. And we've expanded the program from hospitals now to

all of health care, and we've moved forward into social services, public administration, other places. On the other program related to PPE, the gist of that program simply is: You've got a lot of workers that are exposed to heat conditions. We're going to liberate some dollars for you so that you can buy the PPE, you can buy the hats, you can buy the water, you can buy the canopies, the ACs, the fans, the cooling vests, and really make sure that you can mitigate and prevent some of the injuries that we can prevent. And what we hope to see with both these programs is as the data develops, as time goes on, we want to be able to make the business case for other insurance companies to do the same.

Emily Musil 18:30

Okay, great. Thank you for the really specific examples of when you incentivize something, what happens. So, these incentives can give employers a reason to act, but they also need to know what works. So, Judy, from where you sit, through all the community work and specifically your Health Action Alliance, can you talk a little bit about what you've learned about actually helping employers and local organizations translate awareness into practical application and actual prevention? What is working?

Judy Monroe 18:58

Yeah, sure, thanks. So, first, a shout-out to the Health Action Alliance. That was formed, actually, during the pandemic, and they've moved into climate and health and helping employers. They really focus on employers. So, they're a fantastic partner. And if you go to their website, they have incredible resources that are specific for employers. So, that it's the how, you know, what you need to do. Awareness alone has never protected anyone. So, awareness has to be translated into those policies and practices. And that's where employers can do that so well. And so, to build on what you were just saying, in the cooling systems, if it's outdoor workers, warehouse, whatever the situation is that the workers may be at risk during extreme heat, having those breaks for water, putting them in a cooler environment, making sure that you're working, you might not work during the heat of the day. You change your work hours. You know, it's those types of things that can be part of the policy. One of the really key things that employers can do is train the supervisors, so that supervisors know the early signs when someone is being impacted by extreme heat. So, those are the types of things that can be done. And then a really powerful thing, and we've learned this in public health in communities, is listening. Listen, engage the employees themselves who are doing the work, and listen to them. They will help you with the solutions. And we know that from work in public health with communities as well. So, I think it needs to be driven there. And then it comes back to data again, right? The employers need to have what—how are you tracking? How are you—what are the signals for the days? A big shout-out to CDC. If you go on to their website, they have a fantastic climate and health tracker. You can put your ZIP code in, and it will tell you on any given day what the risk is. And I think it maybe goes out to seven days. So, here's the risk in that geographic location down to the ZIP code. And if you know that, then that should trigger your actions, right? But you've got to have a team that's—you've got those policies in place and the educated team that will take those actions going forward.

Emily Musil 21:12

And then we also need to have an incentive on the employer side. So, let's turn to that as well. So, we're looking at how we prevent things. We know this costs money. So, thinking about how—I'm going to go to you, just saying, to start this one. So, when we're really thinking about why should an employer invest things like, you know, reducing absenteeism, fewer injuries, et cetera, et cetera. What are the ways we can really think through meaningful protection and the business case behind this? So, on the business case. So,

NYSIF's own data shows that injuries on hot days are more frequent, more costly. You've talked about this. So, how can insurers actually make sure that that is worthwhile to employers and make the case, rather, from the employee side to the employer? So, what is—what would it take to expand that so that more employers and workers would see a benefit from this?

Gaurav Vasisht 22:04

Yeah. I think the trick is to make sure that the conversations we're having in this setting and in the health-care setting become relevant for people within their businesses, within the HR function of the businesses. And there, the Health Action Alliance is doing some great work. NYSIF is doing some great work engaging directly with employers. That direct engagement is exceptionally important. Developing the business case for them is exceptionally important. I'll take a moment, though, to talk a little bit about how different NYSIF is. We are a state entity. Our mission is prescribed by statute. We don't have a share price. We don't have shareholders. We don't pay bonuses. So, we are very different from a traditional insurance company. And the incentives are different for us. We are a public purpose insurance company, which is why I think we find ourselves at the fore on the issues like this. But the obligation that we've set for ourselves and the mandate that we've set for ourselves is we are going to go out and do this work. We are going to go out and engage with employers. We will have, you know, a much more aggressive and active way of thinking about how we solve these problems. We're going to generate the data. We're going to develop the business case. And for us, success isn't gobbling up market share. For us, is what we do being replicated by other insurance companies. So, data collection becomes important. Engagement becomes important. Leading the way becomes important. Showing others why this makes sense for them, too, becomes important. And that's what we hope to accomplish.

Emily Musil 23:35

Okay. So, leading by example, forming partnerships. Judy, I'm going to circle back to you, and I promise I'll get back to you, Allen. So, this question about partnerships and influencing others, you talked in your previous comments about organizations that work really well. So, you work a lot with both private and philanthropic partners. So, where do you see the biggest opportunity for these sort of partnerships that are really working together to sustain these heat prevention efforts in communities? And what investments are the most difficult to create?

Judy Monroe 24:08

Yeah, that's a great question. So, first of all, I mean, the power of public-private partnerships when done well—we don't get any better than that. There's no sector that's going to do this alone, especially when you're talking about extreme heat, right? So, you look at what everybody brings to the table. You've got government. They bring data, they bring—they have the responsibility for emergency response. They have the infrastructure with the public health system: all health departments are governmental. So, you have that. You look at business. Private sector brings innovation. They have resources. They have the relationship to their employees and their customers. That's huge, being able to communicate. But the sweet spot, I think, is philanthropy. I've been—I was in government. I've been at the CDC Foundation a little over a decade. And the greatest joy I've had working with philanthropy is that what philanthropy can bring is sometimes that missing piece. It's that flexibility, it's that agility. It's the ability to test things, to see if—get the proof of concept, to see whether it's worthwhile scaling up. So, philanthropy can be just the catalyst in the middle of all of this. So, you combine all those together. That's where we can really move

things. And then when you look at what works, it really is that triad: we need that those strong local health departments; you've got to have the data. We've talked about that, the signals, communications. The private sector, doing all the things I talked about that employers can do. And then your community-based organizations. I mean, we've got to have the on the ground, the people that are trusted. And putting that all together is really the recipe. Easier said than done, you know, for all things. The thing about funding is when there's an emergency, dollars open up, whether it's legislators or members of Congress, suddenly there's money because we've got an emergency. Many times, especially in philanthropy or the private sector, building that one-time infrastructure, building the building that has your name on it, right? That's much easier than the hard part of funding, which is more the sustainability. And to me, it's the interstitial tissue that's needed. So, example, you might take a community, and I'm really big on what we can do with natural ways to decrease heat, right? So, bringing in, there's a lot of movement now bringing in native trees, native plants so that you've got more green space in communities. So, people might pay for the trees, but they're not going to pay then for the watering and the pruning and the management. Air conditioning: getting air conditioning into homes that where people have asthma or really high risk, how many times the air conditioners are paid for, but the electrical bill is not? And then they don't turn the air conditioner on. And so, we have stories like that emerge. So, those are the hard—that's the hard work, is funding.

Emily Musil 27:09

It's often the way in the details and the actual practical part of what it means for people.

Judy Monroe 27:12

And the daily—and having your community health workers there on a consistent basis. That's really hard.

Emily Musil 27:18

So, when we think about communities, sports is something that really unites communities. It's part of the work we like to do—and you also mentioned philanthropy, our sports philanthropy work at the Milken Institute—because we see how it can bring people together for social good across all types of borders and boundaries. So, the NFL already shares a lot of data with college programs, high school programs, et cetera. So, what do you think? Which practices from professional sports can be most effective when you're talking about how to scale to community programs? So, what are—how do we get some of the great lessons you've learned into communities?

Allen Sills 27:54

Yeah, I'm going to disagree with the moderator for a second. Can I do that?

Emily Musil 27:57

Yes, I love that.

Allen Sills 27:58

Can I attack the moderator? You said sometimes one of the barriers is it costs a lot of money. And this is an area where I think that's a misconception. So, it's easy for people to look at the NFL and go, "Oh my

God, you got all that money and you got all those resources." And that's right. We do have all of that. But that's not what makes safety go in the sporting field. You don't need the resources necessarily. And here's what I mean by that. I'll give you a specific example. We can trust everybody in here, right? Can we trust everybody?

Emily Musil 28:24

Of course, we can.

Allen Sills 28:25

I'll give you a little secret. The most important part of an NFL game nobody ever sees, in my opinion. It happens an hour before the game. So, we have a meeting called our 60-minute meeting. One hour before the game, all of the medical professionals get together: the team doctors, trainers, all of our independent personnel, and the referee—okay, the white-hat referee—come together and they meet under the stadium for one specific purpose. They are reviewing all of the emergency action procedures that we would do during the game. Where's the equipment? Who would do what? Where are we going—to what hospital? How are we going to get off the field? How's the referee going to stop the game? It happens before every NFL game: regular season, preseason, Super Bowl, international, doesn't matter. Do you know where the idea for that came from? It came from West Virginia high schools. There was a physician who couldn't get to a bunch of high school football games in West Virginia, and he realized there are a lot of games going and there's not a doctor or even a trainer. And he came up with this idea of, "Let's have a meeting before the game among some people from each team and the local emergency response. And let's just talk through what we would do in the sense of an emergency." And I heard him give that talk and I said, "That's brilliant." You know, why aren't we doing that at our level? And so, we literally stole his—we didn't steal his idea—we borrowed his idea and expanded it. But my point is that doesn't cost any money, really. It just takes somebody being proactive in thinking about, "Hey, this is something that's important, not just for the NFL, but it's important for our high school lacrosse game or maybe our soccer game or our swim meet." Whatever it might be, that proactive element of let's have a plan. Who's here? Where's our AED? You know, we hear stories every year of kids dying at schools because the AED was locked up in the school building. That just shouldn't happen. You know, that's just not sort of thinking ahead. So, I'm teasing you, of course. But I think people often think, "Oh, the money's a barrier." It's really not. It just takes somebody having the vision to say, "Hey, within our ecosystem, what can we do to adopt these best practices that really just mean we're going to think ahead?" And we talk about the three Hs. We talk about head, heart, and heat. Those are the three things that kill athletes, right? Head or spine injuries, obviously cardiac events, and then heat illness. And so, if you've thought about those three things and you've thought about how today in our community and our field with our people, how would we deal with that? Then you're going to be better prepared and you're going to have better outcomes for your athletes. And that's not really resource-constrained. That just takes vision and planning.

Emily Musil 30:45

Great. I stand corrected on that one. I also think we need to find that physician in West Virginia and give that person an award for the PPP Award for Innovation and Scaling.

Allen Sills 30:54

He is. Dr. Jim Kyle. He's a great doctor and still doing it.

Emily Musil 30:58

Great. All right. So, there seems to be a party happening next to us, and I realize it's Friday and we are keeping you from that. So, we're going to move into just a quick lightning round. So, we want to leave the audience and also all the people who are watching online—sorry, you cannot join us at the party, but—with something really practical. So, something where people can be in the position to really act. What is one concrete step that you would urge an employer or a community leader to take before the next stretch of extreme heat? We're going to go right down the line.

Gaurav Vasisht 31:31

Sure. Recognize that extreme heat is a problem, and prepare. Take advantage of a program that we have on PPEs. Use it to buy personal protective equipment for your employees. Invest in them.

Emily Musil 31:44

Okay. Great.

Judy Monroe 31:45

Have a plan. Put the plan together now. Do it during the wintertime, before the heat, and then practice the plan. That's the most important thing is practicing and making sure everybody's aware of it.

Emily Musil 31:57

Wonderful.

Allen Sills 31:57

Yeah, and I would just amplify that and say, don't wait on medical professionals necessarily to do this. If you're a school administrator, if you're an athletic director, if you're a parent. Many of us in the room are parents or grandparents who have students who are participating in sports. Ask, "Hey, how is my league prepared?" And again, don't think this is just about football. Another great example is *commotio cordis*. There was a death in a Spanish soccer player last week from someone who got kneed in the chest, and they didn't have resuscitation equipment. You know, you might be playing baseball or lacrosse, or your child is. Do they have that preparation? So, I think that's really important. And I have to put one last plug in. I often get asked, "What's the one thing we could do that would improve sports safety more than anything?" To me, that's get an athletic trainer at every high school. You know, we still have only about 35 to 40 percent of US high schools, US high schools, that have access to an athletic trainer. That would be transformative if we could get that to 100 percent. And again, that's just school districts sort of prioritizing that and saying, "You know what? This is going to make all of our students safer." So, I'd love to see us as a society, as school districts, as parents sort of demand that of our schools, that if we're going to have a sporting program, we really should have an athletic trainer there that can help out and engage everyone, including our coaches. Coaches have to be part of this because many times they're the only people around the athletes. You don't have medical professionals there.

Emily Musil 33:17

Okay, great. I think that's action for all of us. I know I'm going to go call my kids' sports leagues, and also really thinking about how people can act in community. And the funding that needs to go into that. So, before you go off to your Friday night party, I want to make sure we thank our panel here, that we all are ready to prepare, prevent extreme heat. Thank you to Judy Monroe, Allen Sills, Gaurav Vasisht. And I wish you all a great ending to the *Future of Health* here at the Milken Institute. We thank you for joining us. Happy Friday. Thank you, thank you.

Announcer 33:53

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