Across the land, rural people are being besieged by waste haulers hell-bent on opening landfills (dumps) and incinerators for all kinds of wastes. The southern and midwestern states are particularly hard-hit; there the dumpers are conducting open warfare against local people. Ironically, haulers are often using medical wastes to get a foot in the door. Who could oppose "responsible, state-of-the-art disposal" of wastes created by nurses and physicians rendering aid to the ill and infirm? Some communities have even allowed themselves to be convinced they have an obligation to take such wastes, almost a patriotic duty.

Unfortunately, the situation is not so simple as it may appear. The nation's nurses and doctors are doing good as they produce their dangerous wastes, but many of these wastes are unnecessarily dangerous and some of them are just plain unnecessary; worse, the medical community is handing dangerous wastes over to fly-by-night haulers who are trucking them into the countryside where they think they can bamboozle local people, or prey upon their sense of patriotism, or simply dazzle them with money.

Unfortunately, there are no federal regulations covering medical waste incineration. Each state must pass its own regulations and few have done so; fewer still have developed effective enforcement. Though proponents of new medical waste disposal facilities complain that they are confined by a web of strict regulations, the truth is, medical waste regulation is in disarray and the rule of the day is generally "anything goes."

After the summer of 88, when the Jersey shore found itself awash in needles and blood bags, doctors and their institutions (hospitals, labs) were willing to pay very high prices to clean up their image in the press. To get constituents off its back, Congress passed a half-hearted statute, the Medical Waste Tracking Act. (That law merely tries to create a paper trail for medical wastes in 10 states, as a pilot test of a medical waste tracking system.) The media furor created a business opportunity for anyone with a dump truck and the nerve to paint "Hi-Tech Med-Waste--You Call We Haul" on its door. So the past few years have witnessed an explosion in "medical waste processing" companies—many of them brand new to the business. The big haulers like Waste Management and BFI (Browning-Ferris Industries) jumped in and created new divisions just to handle medical wastes—though these new divisions use the same old polluting technologies their other divisions have used for a decade—landfills and incinerators.

A recent report from the Citizens Clearinghouse for Hazardous Waste (CCHW) can help people get these problems into perspective. Entitled MEDICAL WASTE: PUBLIC HEALTH VS. PRIVATE PROFIT, it describes the problem in particularly graphic terms, giving several short case studies showing how unscrupulous haulers buy local officials (for example, giving the mayor stock in the company), then bulldoze their way into a community, demanding the "right" to pollute the local environment with body parts, needles and syringes, clothing and equipment contaminated with deadly diseases, lead, mercury, cadmium, and even some radioactive materials. Medical waste is not just Kleenex and Band-aids, and the people bringing these wastes into rural America are not on an errand of mercy.

As with all pollution problems, real solutions must begin at the source. Medical practitioners simply use too many disposable items. This is a complex problem. If a hospital offers you a stainless steel bedpan, then pays a staff member to empty it, sterilize it and put it back in the supply closet, they can't easily tally the expense and charge you the way they can when they sell you a plastic disposable bedpan and throw it out after one use. The patient buys each throw-away and pays for it, itemized on the bill. Hospitals can mark up each item and make a small profit. In this sense, disposables are good business.

Secondly, there's an army of aggressive sales people urging the latest "innovation" on every doctor and every hospital administrator. The plastics people are especially good at pushing their products and they've got the medical world convinced that plastic throw-aways are modern, steel reusables are not.

Thirdly, fear of aids—and of other infections and liabilities—induces hospitals to use disposables. (This fear is not justified; reusable items can be safe, but both doctors and patients have to be educated to the facts.)

To handle the medical waste problem, the people who create medical waste need to examine their daily routines, item by item, procedure by procedure, and ask themselves why they use one product instead of another.

If they choose to use plastic items, they should require plastics that contain no cadmium, no lead, and no chlorine. These are common toxins in plastics and they make waste disposal dangerous. Doctors and medical administrators could drive bad plastics out of existence if they wrote careful contracts with their suppliers.

The number of disposable items should be decreased wherever possible. Reusable items should be sterilized by autoclave (subjected to high-temperature steam for sufficiently long to achieve sterilization); modern autoclaves work faster and better than the old designs. A study by California state government showed that regional autoclaves are the cheapest way for hospitals to sterilize equipment—cheaper than each hospital having its own autoclave, and cheaper than incineration. (See Rhode Island #179). An alternative to the autoclave is microwave technology.

Sharps (needles and scalpels) should be collected separately, sterilized, packaged securely, and sent to a landfill or processed by patented proprietary techniques.

Organic materials, including body parts, should be shredded, sterilized, then landfilled.

As Paul Connett of Work on Waste says, from a scientific viewpoint, "using an incinerator to disinfect pathogens is like using a chainsaw to cut butter."

Get: Brian Lipsett, MEDICAL WASTE: PUBLIC HEALTH VS. PRIVATE PROFIT (Falls Church, VA: Citizens Clearinghouse for Hazardous Waste [P.O. Box 6806, Falls Church, VA 22040; phone (703) 237-2249], 1990). $8.50. For an additional $15, CCHW sells an excellent packet of 42 reprinted articles on medical wastes. For $1.75 more, you get first-class mail delivery.


--Peter Montague

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NEW DATABASE AVAILABLE ON RACHEL -- ALL THE POLLUTERS SUED BY EPA, 1972-1990

We have added a new database to Rachel (our online computerized data system accessible to the public via modem). It contains 11,389 records from the U.S. Environmental Protection Agency's Civil Enforcement Docket; basically, it is a record of every civil lawsuit EPA has brought against polluters in federal court from 1972 through 1990. (There were not 11,389 suits brought; there were 2281 but they involved 11,389 separate defendants. In some individual cases, such as a large Superfund lawsuit, a hundred or more individuals and companies might be named as defendants.)

As with all the databases in Rachel, you can search this new one by every word in every document. For example, you can type in a
company name like Westinghouse and get all the Westinghouse records. Or you can type in Kingston and get all records for towns named Kingston. Or you can type in a postal code for a state like NH (for New Hampshire) and get all records for the state of New Hampshire. Type Davis and you'll get several records about individuals named Davis who have been sued by EPA.

The raw data from this new database comes from U.S. Environmental Protection Agency's Civil Enforcement Docket, sold on diskettes by National Technical Information Service (NTIS; 5285 Port Royal Rd., Springfield, VA 22161; phone (703) 487-4650). Order item No. PB91- 5919708. $320.00.

Rachel stands for "Remote Access Chemical Hazards Electronic Library" though it was really named for Rachel Carson, a true hero of our time. To get a free account on the Rachel computer simply dial into 410/263- 8903 and log on.

--Peter Montague

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Descriptor terms: epa; civil enforcement docket; computers; superfund; lawsuits; courts; databases; ntis; waste disposal industry; landflling; incineration; medical communities; regulation; medical waste; hazardous waste; nj; beaches; clean water; water pollution; medical waste tracking act; wmi; bfi; cchw; studies; lead; mercury; cadmium; radioactive waste; heavy metals; disposables; alternative treatment technologies; autoclaving; paul connett; ota; brian lipsett;