



May 19, 2009

The Honorable Kathleen Sebelius
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Dear Secretary Sebelius,

The recent outbreak of the swine flu reminds us that we still have vulnerabilities in our healthcare system when a pandemic strikes. Today's task for healthcare institutions is critically focused on emergency/pandemic preparedness and response. The ability for our healthcare facilities to maintain operations and infection control during times of crisis is a matter of interest for every American and should be a priority for federal and state policy makers.

Although we are concerned with many sectors of hospital operational sustainability that desperately need experienced solution management, the Healthcare Waste and Emergency Preparedness Coalition is chiefly concerned about the disposal of materials which could cripple our healthcare facilities during a medical surge caused by a natural disaster, pandemic, or terrorist act.

The time has come for the federal government to make on-site infectious waste control during a pandemic a priority. While healthcare facilities do not release patients infected into the public to avoid the spread of disease, we willingly transport H1N1 (swine flu) infected medical waste through local communities, which creates an unacceptable risk to public safety. We need to highlight the benefits of prudent alternatives of on-site sterilization capacity as a best practice for emergency preparedness and health care facility operational sustainability during a crisis.

Since the mid-90's, an estimated 90% of our hospitals in the U.S. have chosen to export their infectious waste through their local communities. However, during a pandemic, infectious waste should not be allowed to leave the realm of the clinical experts of disease control at our nation's hospitals. Our country has already begun to apply stringent actions across the board in order to avoid catastrophic health threats. For instance, the United States Department of Agriculture demands that food waste is sterilized at ports of entry to avoid agriculture contamination. A logical next step in our efforts to polarize waste and keep our country healthy would argue that we should sterilize medical waste at the point of generation as well – especially in the face of our current crisis.

We do need to ensure the burden to implement safer and greener waste disposal options doesn't fall solely on the hospitals. The federal government has invested billions of dollars in the "Hospital Preparedness Program" where funds have mostly been spent on perishable items in addition to worthy planning and training drills, as opposed to real capital and capacity enhancements. Such expenditures for on-site treatment of infectious waste are perhaps the only preparedness tool that would begin to pay for itself from the day of installation – when comparing costs to the alternative (hauling infectious waste off site for incineration).

While the economic advantage is to sterilize the infectious waste on-site, but there are other issues that supersede economics with regards to treating infectious waste on-site--namely, disease prevention, operational sustainability, and an environmentally green alternative (including, reduced truck traffic no incineration, and clean energy power).

We need new best practices for infectious waste treatment. The coalition has developed a six point action plan for medical waste sustainability during a pandemic (attached). I urge the Department of Health and Human Services to consider this plan as a part of its response to the recent H1N1 swine flu outbreak.

Thank you for your consideration of our plan.

Sincerely,

/s/

Darrell Henry
Executive Director

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