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## Health Care without Harm: Public Health Consequences of Medical Waste

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### The World Federation of Public Health Associations:

Noted, in 1996, that "UNEP adopted a short list of POPs previously identified by the UN and the European Economic Commission's Long Range Trans boundary Air Pollution process which included aldrin, dieldrin, endrin, chlordane, DDT, heptachlor, hexachlorobenzene, mirex, toxaphene, PCBs, dioxins, and furans."

It further noted that dioxins, furans and other endocrine disrupting POPs are created by the production, use, and disposal of synthetic chlorinated organic compounds. Specifically that they are produced and released into the environment during production and combustion of chlorinated plastic products;

Realizing that since that time the process of moving toward an international agreement to reduce or eliminate this type of pollution has proceeded rapidly with the convening of two intergovernmental negotiating sessions and a third planned for the fall of this year.

Being aware that, based on a policy resolution adopted in 1997 and a project initiated in 1998, the WFPHA has participated in this process and in educational activities for the delegates and NGO participants, as a registered NGO and has supported the efforts of the governments and stressed the need for a just transition with concerns for the health and welfare of those employed in producing the chemicals of concern.

Realizing that this problem cannot be solved purely at the governmental level but must as well involve us in our communities and in providing health care. The Health Sector itself is a major source of these persistent pollutants as well as mercury, continuing problematic exposure for pregnant woman throughout the world.

Observing that the amount of medical waste generated per hospital patient has more than doubled since 1955. Changing medical technology clearly has played a role in the rise of the medical waste mountain, due, in part, to the use of more plastic and more disposable products. Experts also point to other factors such as unnecessary red bag disposal of waste, inefficiencies in hospital waste management, excessive use of disposables, and the scarcity of storage space in hospitals.

Understanding that only 10 to 15 percent of hospital waste is properly described as "infectious waste." The rest is solid waste made up of paper and paperboard, plastics, food waste, metal, glass, wood and other materials. According to the Society for Hospital Epidemiology, "Household waste contains more microorganisms with pathogenic potential for humans on average than medical waste." Thus, despite many unique characteristics of health care facilities and enormous variability among those facilities, most medical waste can be reduced using the same waste minimization techniques used in homes and offices.

Further, according to the US Centers for Disease Control, 2% or less of a typical hospital's waste stream - - pathological waste (body parts) -- must be incinerated to protect public health and safety. However, hospitals routinely burn 75 to 100% of their waste. The unnecessary burning of polyvinyl chloride plastic, paper, batteries, discarded equipment and other noninfectious materials leads to emissions of dioxins and



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mercury as well as furans, arsenic, lead, cadmium, and the generation of toxic ash. The US EPA has identified medical waste incinerators as a leading source of both dioxin and mercury pollution of our environment and our food supply.

Finally, being aware as well that "end-of-the-pipeline" solutions (i.e. alternatives to incineration) are more expensive and less protective than a "preventive medicine" approach that integrates medical product purchasing and disposal decisions and which emphasize the use of non-toxic, recyclable, and reusable materials.

And in conclusion noting that the issue of medical waste is already stimulating activity amongst health care professionals in India, Asia, Africa, Europe, as well as North America.

Therefore, the World Federation of Public Health Associations will join with other professionals in health care to:

1. Promote comprehensive pollution prevention practices;
2. Support the development and use of environmentally safe materials, technology and products;
3. Educate and inform health care institutions, providers, workers, consumers, and all affected constituencies about the environmental and public health impacts of the health care industry and solutions to its problems;
4. Eliminate the nonessential incineration of medical waste and promote safe materials use and treatment practices;
5. Phase out the health care use of PVC (polyvinyl chloride) plastics and persistent toxic chemicals when replaceable by equally efficacious yet less toxic alternatives;
6. Support the US EPA and American Hospital Association in their effort to phase out the use of mercury in the health care industry in the US and declare this to be an important goal on a global scale;
7. Develop health-based standards for medical waste management and to recognize and implement the public's right to know about chemical disposal in the health care industry.