



Healthy Chemicals, Healthy Patients— Why Health Care Needs Federal Chemicals Reform



By *Rachelle Wenger, Director,
Public Policy & Community Advocacy*

Catholic Healthcare West (CHW) is a faith-based, mission-driven organization of nearly 60,000 physicians, employees and volunteers who daily deliver quality, compassionate care to communities across Arizona, California and Nevada. Our mission is to advocate for change, both within our industry and globally, that improves the quality of life. We continually ask ourselves and others how we can balance both moral and strategic issues in how we do business. Upholding the core values of dignity, justice, stewardship, collaboration and excellence, our healing philosophy serves not just our patients, but our staff, our communities and our planet.

At CHW, we recognize the interdependence between human health and the environment we live in. What we do today to preserve our planet will impact our patients' health and well-being now and

in the future for their children and grandchildren.

To that end, CHW develops strategies for promoting, developing and using chemicals that are environmentally preferable across their entire lifecycles. CHW supports and engages in initiatives to disclose product chemistry; assess and avoid hazards; promote the use of chemicals, processes, and products with inherently lower hazard potential; and advocate for public policies and industry standards that advance a greener economy.

Reducing Toxicity of Products Used in Health Care

In chemical policy terms, Catholic Healthcare West is a “downstream user”—we purchase everything that we use. To assess the chemical content of the products we purchase and reduce their toxicity, CHW created purchasing guidelines. CHW requests product chemistry data from suppliers and prioritizes chemicals of high concern, like PBTs (persistent,

bioaccumulative toxics) for elimination. We create contractual obligations with manufacturers, suppliers and distributors to avoid identified chemicals of concern, disclose processes that use chemicals of concern even if the chemicals used in the processes are not a part of the end product and substitute safer alternatives identified through hazard analysis. We develop goals and metrics to measure our progress and evaluate our results, and share our successes and lessons learned with others.

Since 2001 our hospitals have been virtually mercury-free and we have instituted purchasing policies to ensure no new mercury is introduced. Our hospitals organized thermometer exchange programs in their communities to help remove this toxic substance from the waste stream.

In another major effort, CHW is reducing the use of polyvinyl chloride (PVC), a plastic used in many medical devices. From premature babies to the elderly, hospital-

Catholic Healthcare West

- 8th largest hospital provider in the nation
- Largest hospital system in California
- Serving 22 million members
- \$9 billion in an annual revenues
- 50,000 employees
- 9,754 physicians
- 41 hospitals, 45 clinics, 9 trauma centers
- 1 million annual emergency room visits
- Delivering 66,000 babies each year

ized patients often receive life-sustaining fluids and medication through IV bags, which historically have been made of PVC. The cancer-causing agent dioxin can be formed during the manufacture of PVC or during the burning of PVC products. The chemical di-2-ethylhexyl phthalate (DEHP), used to soften the PVC plastic, is a reproductive toxicant and has been linked to birth defects and other illnesses. By fiscal year 2006, we phased out most PVC/DEHP IV products, using IV bags produced by B. Braun, which do not contain those chemicals.

At CHW we are also concerned with the impact of chemicals in products on the health and safety of our staff. We are identifying where chemicals of concern are used in our facilities and evaluating hazards in our hospitals that can lead to occupational and environmental problems. We will prioritize chemicals of concern for reduction or elimination and substitute or eliminate them as safer substitutes become available. Where safer substitutes are not available, we will control hazards through engineering, work practice and protective equipment to protect workers and safely dispose of chemicals of concern in an environmentally responsible manner.

Chemicals Policy Reform

The moral and operational imperatives are here, now, for health care to support safer chemicals reform. This isn't just a fight between environmentalists and the chemical industry, it's really about who cares for human health. If chemicals reform reduced toxic chemical exposures that translated into just a tenth of one percent reduction in health care costs, it would save the U.S. health care system an estimated \$5 billion every year.

While CHW has done much to play detective, to find out the toxic chemicals in the supplies we use and create markets for safer alternatives, there is only so much one individual organization can do to change the toxic chemical economy. It is beyond the capacity of our organization to ensure the safety of all the chemicals in all the products we use in our facilities. It is certainly beyond the capacity of individuals in the communities we serve to evaluate and ensure the safety of chemicals in products in their homes, schools and workplaces.



**“If it's good for the planet,
it's good for the patient.”**

Sister Mary Ellen Leciejewski,
Ecology Coordinator

In order to create a safer, healthier environment, we need stronger federal legislation.

- **All chemicals in commerce need a minimum data set within 5 years.** Chemical manufacturers should be required to provide full information on the health and environmental hazards associated with their chemicals, how they are used and the ways that the public or workers could be exposed. The U.S. Environmental Protection Agency (EPA) should be required to make such data easily accessible to the public.
- **New chemicals should only come to market after a full safety determination.** To avoid the replacement of known toxic chemicals with unknown, yet potentially equally toxic alternatives, chemical manufacturers need to provide a full safety data set when bringing new chemicals into commerce.
- **PBTs should be phased out except for critical uses.** PBTs are too hazardous to continue using because of the harm they pose to human health and

the environment. The U.S. EPA should be given the authority to immediately phase out the use of the worst chemicals to which people can be exposed and should act upon that authority expeditiously.

- **Expedited action is needed for other chemicals of high concern.** The U.S. EPA should have the authority to act immediately reduce our exposure to other toxic chemicals that can cause serious health problems such as DEHP, polybrominated diphenyl ethers (PBDEs) and bisphenol A (BPA).
- **Promote safer alternatives.** There should be national support for research into green chemistry and engineering, and policies should favor safer chemicals and products over those with known health hazards.

CHW supports safer chemicals policy reform. As a health care organization we invest billions of dollars annually in providing high quality health care. We do not want to undermine our investments by purchasing products whose chemical life cycle contributes to the diseases we treat every day.