Submitter: Susann Kaltwasser

On Behalf of: Clean Air Now (CAN) Coalition

Committee: Senate Committee on Energy and Environment

Measure: SB 488

As a longtime resident of Salem, I have spent over 30 years studying the Covanta incinerator at Brooks. Most of my study has been with the League of Women Voters of Marion and Polk Counties. Even though I don't speak for them here, the conclusion of the three studies that I participated in was always that there needs to be more regulation of the incinerator in order to ensure public health.

To achieve the goal of cleaner air, water, and food we need to have stronger regulations and find alternatives to waste production, as well as waste disposal.

According to the EPA there are 85,000 chemicals used in manufacturing in the US today. Of those only a few are actually regulated. Not because they are safe, but because the EPA has not yet evaluated them for harm to humans and the environment. The EPA doesn't even regulate such toxic chemicals as PFAS. So, when Covanta or any other company says that, "they meet all of the State and federal regulations" it does not mean that they are safe. In addition the EPA readily admits that they need to do much more to protect humans.

The goal is not to make waste disposal more convenience, or cheaper, but rather to make it cleaner, and safer.

Over the years I've learned that Covanta does not lie. But Covanta makes statements that are misleading. They answer questions with incomplete information, on other topics than the question asked, and tend to confuse the public with statements that are green-washed. An example, Covanta will tell the public that most of the emissions from their incinerator is just steam. This is a true statement on its face, but it is incomplete in that by their own test results that they submit to the DEQ the 'steam" also includes lead, cadmium, mercury, dioxins, furans, CO2, and tons of nano-particles that disperse into the surrounding air, water and soil. In fact they don't even know all that is emitted because they only test for the minimum six elements required by current state law. I urge you to read their comments with a discerning ear.

SB 488 requires that Covanta meet the same emission standards that all other medical waste incinerators, but incineration is not the only solution for medical waste disposal. And contrary to what Covanta wants you to believe, landfilling is not the only alternative either. There are multiple methods of waste disposal, such as autoclaving, microwaving, or sterilizing. Other states, other countries do not incinerate waste for very good reasons…cost, safety and environmental justice ….are just a few.

Another thing I learned in my many years of study is that the EPA standards are not set at a level for safety to humans. From the first line of the EPA webpage, “The Environmental Protection Agency protects people and the environment from significant health risks,”…. not all, but significant risks. EPA standards are set to reduce immediate harm. A good example is their standard for lead exposure. “EPA has set a standard for lead in the ambient air of 0.15 μg/m3 averaged over a calendar quarter. EPA has established 400 ppm for lead in bare soils in play areas and 1,200 ppm for non-play areas for federally funded projects.” They set this standard knowing full well that any doctor will tell you that no amount of lead exposure is safe for humans, especially not children.

The EPA sets standards that they believe are an acceptable risk for not causing immediate and acute harm… Not for human safety. They also set standards that they have determined industry can achieve. They are heavily lobbied by businesses who complain that if too heavily regulated they will be put out of business. So, they balance harm to humans with harm to business/jobs. Since EPA has determined that their standards are achievable and warranted for medical waste incineration, raising the standard for Covanta here in Oregon is not an unreasonable ask.

Children play in the shadow of the incinerator and yet **no entity in Oregon, not the DEQ, nor Department of Agriculture, nor even the Department of Education tests the soil** in local schools for lead, mercury, dioxin or the many other toxins known to be emitted by the incinerator. No one tests the food that is produced in the shadow of the incinerator. These children deserve to have the best chance to grow up healthy, but no one is ensuring they are safe.

Medical waste is proven to produce toxins when incinerated. A lot of it is plastics. Covanta’s own data reported to the Oregon DEQ proves that a lot of toxins escape the existing pollution control systems, which by the way are only tested once every year. They do not test daily or during start up or shut down when the equipment is not working in optimal fashion. This is when dioxin is most likely to be produced.

If the Brooks incinerator were a medical waste incinerator the EPA would require it to release much less pollution. But here in Oregon they slip through a loophole in the law by combining all that plastic with municipal waste, and thus emit far more toxics.

I urge you to pass SB 488. Close the loophole. Its a small step towards making Oregon a safer, cleaner place for our children and all our citizens.

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Here is some more information that I wanted to add after hearing Covanta’s testimony.

In response to Covanta’s SB 488 testimony saying this:

“ "In fact, processing of RMW at this facility is not new; the facility has been safely processing RMW for over 20 years. During that entire time, the Covanta Marion facility has operated well below federal standards for allowable emissions, and we continue to do so today."

Response:
Although the testimony presented on behalf of Covanta Marion says they have been burning medical waste below Federal standards for allowable emissions for years, there is no evidence that their once-per-year testing for toxic emissions has ever been done when they were actually burning “blue bin” medical waste, which contains the PVC plastics that produce the most toxic emissions. They always seem to manage a work-around to keep this from happening.

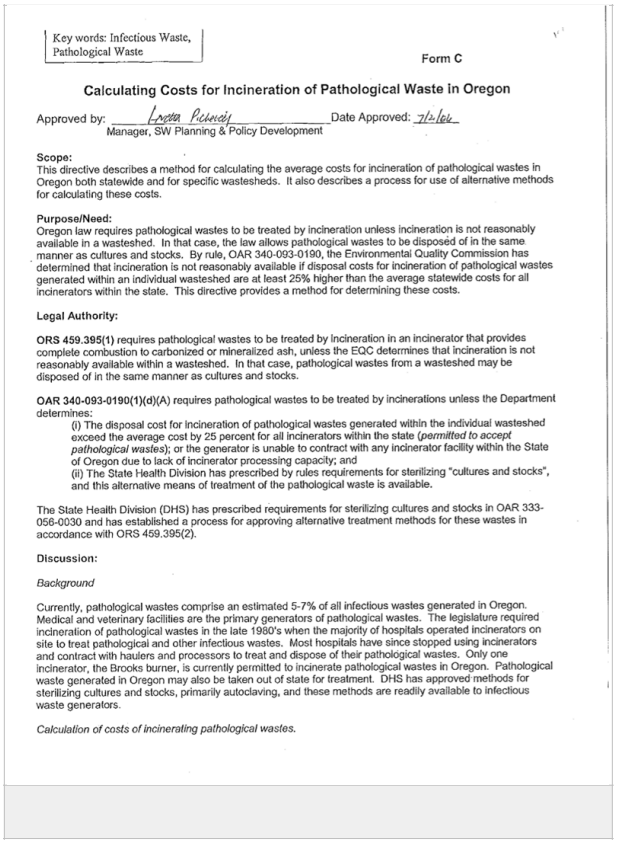
Not only that, but the emissions standards applied to them have been described by DEQ staff as being designed to accommodate the control technology readily available to old incinerators such as Covanta Marion rather than standards that are actually designed to protect public health. SB 488 would require their emissions to be much closer to a level that would actually preserve the lives and health of children, the elderly, and other vulnerable populations near the incinerator.

In response to this:

"Fourth, this bill would close the only in-state option for RMW. That would substantially increase the cost of disposal of RMW for the entire Oregon healthcare system and consumers."

Say this:

Oregon law regarding disposal of regulated medical waste (RMW) only requires about 5% to 7% of the infectious portion of medical waste generated in Oregon to actually be incinerated, and even then, only if an incinerator is economically available to the medical facility generating that waste. That 5% to 7% portion is called “pathological waste” and consists of human body tissue and diseased animal carcasses This link describes these facts in more detail:



Key words: Infectious Waste, Pathological Waste

Form C

Calculating Costs for Incineration of Pathological Waste in Oregon

Approved by: Loretta Pickerell Date Approved: 7/2/96
Manager, SW Planning & Policy Development

Scope:
This directive describes a method for calculating the average costs for incineration of pathological wastes in Oregon both statewide and for specific wastesheds. It also describes a process for use of alternative methods for calculating these costs.

Purpose/Need:
Oregon law requires pathological wastes to be treated by incineration unless incineration is not reasonably available in a wasteshed. In that case, the law allows pathological wastes to be disposed of in the same manner as cultures and stocks. By rule, OAR 340-093-0190, the Environmental Quality Commission has determined that incineration is not reasonably available if disposal costs for incineration of pathological wastes generated within an individual wasteshed are at least 25% higher than the average statewide costs for all incinerators within the state. This directive provides a method for determining these costs.

Legal Authority:

ORS 459.395(1) requires pathological wastes to be treated by incineration in an incinerator that provides complete combustion to carbonized or mineralized ash, unless the EQC determines that incineration is not reasonably available within a wasteshed. In that case, pathological wastes from a wasteshed may be disposed of in the same manner as cultures and stocks.

OAR 340-093-0190(1)(d)(A) requires pathological wastes to be treated by incinerations unless the Department determines:

(i) The disposal cost for incineration of pathological wastes generated within the individual wasteshed exceed the average cost by 25 percent for all incinerators within the state (*permitted to accept pathological wastes*); or the generator is unable to contract with any incinerator facility within the State of Oregon due to lack of incinerator processing capacity; and
(ii) The State Health Division has prescribed by rules requirements for sterilizing "cultures and stocks", and this alternative means of treatment of the pathological waste is available.

The State Health Division (DHS) has prescribed requirements for sterilizing cultures and stocks in OAR 333-056-0030 and has established a process for approving alternative treatment methods for these wastes in accordance with ORS 459.395(2).

Discussion:

Background

Currently, pathological wastes comprise an estimated 5-7% of all infectious wastes generated in Oregon. Medical and veterinary facilities are the primary generators of pathological wastes. The legislature required incineration of pathological wastes in the late 1980's when the majority of hospitals operated incinerators on site to treat pathological and other infectious wastes. Most hospitals have since stopped using incinerators and contract with haulers and processors to treat and dispose of their pathological wastes. Only one incinerator, the Brooks burner, is currently permitted to incinerate pathological wastes in Oregon. Pathological waste generated in Oregon may also be taken out of state for treatment. DHS has approved methods for sterilizing cultures and stocks, primarily autoclaving, and these methods are readily available to infectious waste generators.

Calculation of costs of incinerating pathological wastes.

The above link also points out that alternative methods for treating pathological waste are available. Thus, the Covanta testimony implying that Oregon's medical waste would have to be hauled to far away states to be incinerated without the availability of Covanta Marion is not only untrue, but is already being refuted by medical facilities in various parts of Oregon who are allowed to use alternative means of sterilization, such as autoclaving, microwaving, or any other method that is approved by the appropriate Oregon authorities. Oregon facilities near the State border can also take their pathological waste to a nearby state that already uses alternative methods besides incineration to dispose of it. Covanta has created a big "red herring" with their "alternative facts".

The following EPA website gives a list of alternative ways to sterilize pathological waste (thermal/microwave, steam/autoclave, electropyrolysis, or chemical mechanical): https://www.epa.gov/rcra/medical-waste

These methods are far less polluting and less of a threat to surrounding communities than incineration.

Sincerely,
Susann Kaltwasser
Salem, Oregon