

Statement of
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Taking Toxics Out of Maryland's Health Care Sector
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Good morning. And welcome again. Thank you for coming out today. I am Jay Feldman, executive director of Beyond Pesticides, a national clearinghouse for information on pesticides and safe pest management. Beyond Pesticides was established as a nonprofit organization in 1981 and since that time has sort to bridge science, policy and action with programs that track the latest scientific studies on pesticides and human and environmental health, advance policies to regulate pesticides and promote alternative strategies not reliant on toxic pesticides, and more broadly engage the public in action to curtail hazardous and unnecessary use of toxic chemicals.

As a project partner on the Integrated Pest Management (IPM in Health Care Facilities Project, Beyond Pesticides is seeking to broaden the impact of pest management strategies that eliminate the use of toxic pesticides while controlling pests.

The report being released today, *Taking Toxics Out of Maryland's Health Acre Sector: Transition to Green Pest Management Practices to Protect Health and the Environment*, describes an important breakthrough in the health care sector in Maryland which puts the places of healing and nurturing represented here today and identified in our report in the forefront of "green" facility management practices. While pest management is one piece of the larger definition of environmentally sensitive practices that include product choice, energy use, disposal practices and more, it is a large and critical piece that directly affects the health of patients, visitors and staff – affecting their exposure to toxic chemicals in the indoor and outdoor environment.

This is a good news report. Maryland facilities identified in the report have made a choice to lead the effort to put their institutions in the forefront of environmentally sensitive practices – to do more than is required by current regulations or regulatory agencies – and to embrace practices that seek to prevent or avoid the use of toxic pesticides. These facilities are utilizing a system of pest management called integrated pest management (IPM) – but a form of IPM with clear parameters and goals that seek to eliminate the use of toxic pesticides and only use least-toxic pesticides as a last resort. The IPM system seeks to limit pest entryways and harborage through systems of facility and staff

management that focuses on sanitation and maintenance practices, and exclusion through the sealing of cracks, openings and other entryways.

We live in a society where, unfortunately, regulation of toxic chemicals has not kept pace with the latest science. And so, we see toxic pesticides in wide use while the controversy surrounding their use is steadily brewing. It is not uncommon for federal and state regulators to evaluate a pesticide's use for 15 or 20 years while in wide use, only to determine that its use presents unreasonable adverse effects. The facilities identified in the report are committed to staying ahead of the curve, seeking to avoid the use of chemicals that are linked to hazards, such as cancer, birth defects, reproductive effects, neurological and immunological illness and other effects, such as endocrine disruption – not yet fully or adequately regulated by the U.S. Environmental Protection Agency.

The Veterans Administration actually acknowledged the special importance of this issue to health care facilities in its Pest Management Operations policy. The VA policy reads: "Pest management in health care facilities differs from control practices in other types of institutions. The effect on patients in various stages of debilitation and convalescence, and in varied physical and attitudinal environments, requires that a cautious, conservative policy be adopted concerning all uses of pesticides."

The findings of a statewide survey of pesticide use and pest management practices at health and elder care facilities are contained in the report and will be summarized today. We found a general reliance on toxic pesticides in pest control. We learned that specific pesticides used by those facilities participating in the survey are linked to cancer, neurological effects, reproductive effects, birth defects and developmental effects, skin sensitization and irritation, liver or kidney damage, and endocrine disruption. The Maryland data is not different from what is going on nationwide. In a report that Beyond Pesticides and Health Care Without Harm authored, *Healthy Hospitals: Controlling Pests Without Harmful Pesticides* in 2003, we found similar results at the same time that we identified hospitals that have embraced green pest management practices.

Critical to the success of a health care facility IPM program, committed to avoiding the use of these chemicals, is the adoption of a policy and a plan that governs pest management practices. Also critical is the appointment of an IPM Coordinator.

A majority of the facilities identified in the report have done just this.

These elements, a policy, plan and coordinator, are critical to the long-term success of the facilities' IPM program. These elements not only help drive the

facilities' commitment to a program, but they inform the coordination required among the departments and staff of the health care facility and define the criteria for a facility's contract with a pest control company.

One of the findings common to the national and Maryland surveys is that health care facilities typically contract for pest control services. That is, they hire companies to carry out their pest management program. While pest control companies may use a variety of chemicals identified in our survey, the adoption of an IPM program identifies acceptable nonchemical practices to prevent or exclude insects and rodents, and defines allowable least toxic chemicals to be used only as a last resort.

Pest control vendors associated with the health care facilities in the report and the facilities represented here today have been very receptive to the transition to the defined IPM programs being adopted.

The IPM systems adopted by the facilities in the report require new types of communication among those working in the facility so that all staff understand how different practices and problems can contribute to insect and rodent problems. Additionally, training becomes a critical element, as well, so that pest problems are identified and quickly reported.

Under the IPM system, the relationship with the vendor changes from one in which responsibility for the pest control is delegated in whole to the pest control company to one in which there is a partnership and collaboration to ensure that the causes of pest problems are being effectively identified and corrected.

In closing, I return to the VA policy: "[Due to] the rising public concern over the accumulation of pesticides in the environment and resulting adverse effects on some wildlife populations and human health, the concept of IPM has become the economically efficient, environmentally preferable approach to pest control."

Thank you.

I would like to introduce the panel today.

Chris Seale, Environmental Services Director, Johns Hopkins Hospital

Mel Tansill, Senior Director of Public Affairs, Erickson Retirement Communities

Brian Dorsey, Facilities Manager for General Services, Oak Crest

Mike Boeck, Director, IPM and Health Care Facilities Project, MPN/Beyond Pesticides

Joan Plisko, PhD, Technical Director, Maryland Hospitals for a Healthy

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