

BLUE RIDGE ENVIRONMENTAL DEFENSE LEAGUE

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EPA Docket Center
Environmental Protection Agency
Mailcode 6102T
1200 Pennsylvania Avenue, NW
Washington, DC 20460

Attention: Docket ID No. EPA-HQ-OAR-2006-0534

Re: Standards of Performance for New Stationary Sources and Emission Guidelines for Existing Sources: Hospital/Medical/Infectious Waste Incinerators

Environmental Protection Agency:

Thank you for the opportunity to provide comment on these proposed revisions to the rules for medical waste incinerators. The Blue Ridge Environmental Defense League opposes incineration as an inherently unsafe method of waste management. However, we recognize that regulations that further reduce emissions will likely result in increased costs to waste generators and should encourage medical care providers to find safer and more cost effective alternatives. EPA correctly points this out in their analysis when they conclude that new medical waste incinerators are unlikely given the level of controls that would be required. At the same time we would caution the EPA that waste management costs incurred by the regional monopolies in the commercial sector may be passed on to healthcare facilities and eventually to people paying their medical bills.

At this time our biggest concern is with existing facilities and in particular, the large commercial facilities that incinerate waste from numerous states. Such facilities, because of the volume of waste incinerated, have the potential to harm the communities where they are located. Risks are increased due to the large number of waste generators and the even larger number of people who are involved in the handling, collection, transportation and tracking of medical waste containers.

On pages 67-68 of the draft document EPA discusses the importance of medical waste segregation in reducing toxic air emissions from incinerators. You state, "The commercial operations that dispose of waste generated offsite indicated in their responses (a November 2007 survey) that they encourage waste segregation from their clients through various efforts, including waste management plans, contract requirements, and waste acceptance protocols." The case of the largest medical waste incinerator in North Carolina, unfortunately, is an example of the inadequacy of this "encouragement" policy.

This incinerator, which is located nearby in Haw River, had repeated stack test violations for mercury. The cause of the excess emissions was eventually identified as waste from dental care providers. The question was then raised concerning the responsibility for the preparation and the effectiveness of the waste management plan in the company's Title V operating permit as required by EPA regulations **40 CFR 60.55c**.

The company claimed that their efforts to educate customers and their waste acceptance protocol met this permit requirement. As a result the North Carolina Division of Air Quality spelled out in revised permit language that *the company was responsible* for assuring that waste from any potential provider of dental care was segregated from the waste incinerated at Haw River. "The waste management plan shall comply with the requirements of 40 CFR 60.55c. The Permittee shall implement the DAQ approved waste management plan in its entirety. The Permittee shall not incinerate dental waste at the facility, which is defined in the DAQ approved waste management plan." Following the implementation of a new dental waste identification and tracking system, mercury emissions declined dramatically. Our fact sheet with Title V permit language and a description of the waste management system is attached.

This example illustrates how a rigorous waste segregation system managed by the *incinerator operator* can reduce toxic air emissions. The Blue Ridge Environmental Defense League believes that incinerator operators are responsible for all of the waste in their possession and the emissions that result. EPA should do likewise and clarify for all incinerator operators that the term "affected source" in **40 CFR 60.55c** means them.

It will soon be ten years since the Court remanded these rules to EPA for clarification of how the 1997 regulations were developed. In that time many incinerators have thankfully closed down. But the fact is that too much waste is still unnecessarily incinerated and much of that waste stream is concentrated at a few large incinerators. Communities, including two here in North Carolina, are consequently at risk of nearly continuous exposure to toxic air pollution.

There are obviously hazardous materials, such as mercury, and some not so obviously hazardous such as plastics and paper that when burned create toxic air pollutants. It is this fact that makes incineration such an unacceptable method for medical waste treatment. Enforcing better waste segregation regulations is a logical step for EPA to take as it seeks to comply with the requirements of the Clean Air Act and we call on the Agency to take that step.

Thank you for the opportunity to comment today. We will provide additional written comment prior to the February 17 deadline.

Sincerely,

David Mickey
Blue Ridge Environmental Defense League
Enclosures