



**TESTIMONY OF SUSAN VICKERS, RSM – DIGNITY HEALTH
VICE PRESIDENT OF COMMUNITY HEALTH**

BEFORE THE

**UNITED STATES SENATE
COMMITTEE ON ENVIRONMENT AND PUBLIC WORKS**

HEARING ON

“Strengthening Public Health Protections by Addressing Toxic Chemical Threats”

July 31, 2013

Chairwoman Boxer, Ranking Member Vitter, Members of the Committee, good afternoon, and thank you for the opportunity to testify before you today. I’m Susan Vickers, a Sister of Mercy and the Vice President of Community Health for Dignity Health.

Dignity Health employs more than 60,000 caregivers and staff in California, Nevada, and Arizona at 150 ancillary care sites and 39 acute care hospitals. We’re the 5th largest hospital provider in the nation and the largest private, not-for-profit hospital system in California. Our mission is to deliver compassionate, high quality affordable care in the communities we serve, with particular focus on the needs of the poor, vulnerable, and disenfranchised. Dignity Health is committed to *preventing* the diseases that are disabling patients and driving up the costs of care for families across the nation.

FRAMING THE ISSUE

Right now, individuals, families, and communities are struggling with diseases and disorders that can be directly linked to industrial chemicals found in consumer products, the workplace and schools, the environment, our food and water. In our hospitals, we see firsthand the impacts of these chemicals on people’s lives.

- Leukemia and other childhood cancers have increased by more than 20 percent since 1975.ⁱ We treat these children and help their families through this horrific experience.
- Infertility rates continue to rise, affecting 40 percent more women in 2002 than in 1982.^{ii,iii} We care for these women and come to know their struggles.
- Asthma approximately doubled in prevalence between 1980 and 1995 and has continued to rise, with nearly 1 in 12 Americans suffering from the condition as of 2009.^{iv,v} We are constantly mindful of the health and safety of our workers, knowing that health care workers are a group of people who suffer disproportionately from asthma.^{vi}

While it is true that a person's overall health and the onset of most diseases result from the combination of several factors, certainly the chemicals we are exposed to—starting from the time we are in the womb—is an important one.

Although mounting evidence links chemical exposures to negative health outcomes, the federal Toxic Substances Control Act, which was created to protect the public from hazardous chemicals, has proven woefully inadequate. The lack of pre-market testing of chemicals and insufficient federal authority to regulate problematic chemicals means the health care sector must assess—on its own—the merits of claims that chemicals may cause harm.

DIGNITY HEALTH'S COMMITMENT

The health care sector is in the unique position of both serving the needs of those who suffer the impacts of inadequately regulated chemicals and also being a major downstream user of chemicals. Dignity Health has worked hard to determine the extent to which toxic chemicals can be found in the supplies we use and processes we implement in the delivery of care and also to help create a market for safer alternatives.

We created purchasing guidelines to assess the chemical content of the products we purchase and to reduce the toxicity of these products. We request, although at times with little success, product chemistry data from suppliers and prioritize chemicals of high concern, like PBTs (persistent, bioaccumulative toxics), for elimination. We create contractual obligations with manufacturers, suppliers, and distributors to avoid identified products that contain chemicals of concern. Dignity Health has eliminated virtually all mercury from our hospitals and has created a competitive marketplace for PVC/DEHP (polyvinyl chloride/diethylhexyl phthalate) free IV bags by urging the development of a safer alternative product and moving millions of dollars from one vendor to another who met our needs and could provide these products.

We develop goals and metrics to measure our progress and evaluate our results, and share our successes and lessons learned with others. At Dignity Health, we are also concerned with the impact of chemicals in products on the health and safety of our staff and visitors. 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.

But there is only so much an individual organization can do. And 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.

The moral and operational imperatives are here, now, for stronger chemical regulation.

OUR POLICY POSITION

Dignity Health has adopted the following four guiding principles for chemicals policy:^{vii}

1) Know and disclose product chemistry; 2) Assess and avoid hazards; 3) Commit to continuous improvement; and 4) Support public policies and industry standards that advance the implementation of the above three principles.

These principles help to guide our efforts, including advocacy for the modernization of the Toxic Substance Control Act (TSCA).

As health care providers in the midst of health care reform, modernization of TSCA will help to achieve the Triple Aim of bending the health care cost curve, elevating the quality of care, and improving population health (which in our mind, includes community and environmental health).

A modernized TSCA, however, must achieve the strongest protections for public health and the environment. The most recently introduced legislation that would overhaul TSCA—S. 1009, the Chemical Safety Improvement Act (CSIA)—falls well short of strengthening public health protections and addressing toxic chemical threats. CSIA has generated much-needed debate and bipartisan dialogue about the need to fix our current system, which we very much welcome. However, we believe CSIA must be significantly amended to strengthen rather than weaken TSCA. I would like to briefly address three of the significant shortcomings in the legislation by way of policy recommendations that should be part of any final TSCA-reform legislation.

- **First, vulnerable populations should be adequately defined and explicitly protected.**

Vulnerable populations, including developing babies and infants, pregnant women, and people who live in communities with significant existing chemical and non-chemical environmental exposures, must be protected. Evidence clearly shows that these groups are not only disproportionately exposed to chemicals but they are also more biologically susceptible to the impacts of toxic chemicals, and those impacts can be long-lasting and costly. Under the CSIA, the term “vulnerable populations” is not defined. The bill also does not explicitly require protection of these groups when making a safety determination for a chemical.

- **Second, all chemicals should be assessed based on adequate information to determine the extent to which they pose risks to human health or the environment.**

A thorough review of all chemicals for safety is necessary to assure that the chemicals used in commerce will be safe. Under the CSIA, there is no minimum set of screening criteria in order to decide whether a chemical is of high or low priority. As written, the bill allows a chemical to be deemed of low priority based only on available data, which unfortunately are inadequate for most chemicals. Once a chemical is designated a low priority, the U.S. Environmental Protection Agency (EPA) would not be able to require additional safety data, and States would be prohibited from taking action on that chemical.

- **Third, there must be a clear and direct path to get dangerous chemicals out of the marketplace.**

One of the flaws of TSCA is that the standard for action is so high that few chemicals have been phased out of commerce, despite clear evidence of harm or the potential for harm from certain chemical exposures. The CSIA requires an extra level of analysis and red tape before EPA would have the authority to phase out the production and use of a chemical, even after a chemical fails a safety determination. The agency will only want to pursue this option for the very worst chemicals, yet these cumbersome provisions could have the perverse impact of slowing down action on those chemicals most in need of regulation.

Dignity Health urges the Committee to work together to strengthen what is currently the most viable vehicle for TSCA reform—the Chemical Safety Improvement Act—so that it provides the strongest protections to human health and the environment.

Thank you again for the invitation to provide testimony today and for the leadership of this committee. Dignity Health will work with you to advance comprehensive chemical policy that not only protects all in America but also keeps central the humankindness^{viii} we share with one another, as well as for the vitality of our nation and our earth.

I look forward to answering any questions you may have.

ⁱ *America's Children and the Environment: Measures of contaminants, body burdens, and illnesses [Internet]*. Washington, DC: Environmental Protection Agency; [updated 2011 March 8; cited 2003]. Available from: www.epa.gov/ace/publications/index.html; www.epa.gov/ace/child_illness/d5-graph.html.

ⁱⁱ Chandra A, et al. Impaired fecundity in the United States: 1982–1995. *Family Planning Perspectives* 1998; 30(1):34-42.

ⁱⁱⁱ Chandra A, et al. Fertility, family planning, and reproductive health of U.S. women: Data from the 2002 National Survey of Family Growth. National Center for Health Statistics. *Vital and Health Statistics* 2005;23(25).

^{iv} Woodruff T, et al. Trends in environmentally related childhood illnesses. *Pediatrics*, 2004;113(4):1133-1140.

^v Vital Signs: Asthma prevalence, disease characteristics and self-management education – United States, 2001-2009 [Internet]. Atlanta: U.S. Centers for Disease Control and Prevention Morbidity and Mortality Weekly Report 2011 60(17):547-552; [2011 May 6]. Available from: www.cdc.gov/mmwr/preview/mmwrhtml/mm6017a4.htm.

^{vi} Pechter, E., Davis, L., Tumpowsky, C., Flattery, J., Harrison, R., Reinisch, F., Reilly, M., Rosenman, K., Schill, D., Valiante, D., Filios, M., “Work-Related Asthma Among Health Care Workers: Surveillance Data from California, Massachusetts, Michigan, and New Jersey, 1993-1997,” *American Journal of Industrial Medicine*, 47:265–275 (2005), <http://www.cdph.ca.gov/programs/ohsep/Documents/hcw.pdf>.

^{vii} Dignity Health, *Sustaining Our Healing Ministry: Fiscal Year 2012 Social Responsibility Report*, p. 35. http://www.dignityhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/stgss045842.pdf. These principles were developed by BizNGO Working Group, a unique collaboration in which Dignity Health has been actively engaged that promotes the creation and adoption of safer chemicals and sustainable materials in a way that supports market transitions to a healthy economy, healthy environment, and healthy people. <http://www.bizngo.org/guidingPrinciples.php>.

^{viii} Dignity Health, Hello Humankindness. <https://hellohumankindness.org/>. Also, attached to this testimony is a copy of an ad with the heading *The Earth's Health is Our Health* that has been released early in July 2013 in the Wall Street Journal and Washington Post, New Yorker magazine, and other print and media venues in Arizona, California and Nevada.

The Earth's health is our health.

Whether it's good soil, pure water, or clean air—our health is deeply connected to the health of our planet. Yet the very health care industry that's meant to heal us is a major contributor to environmental harm.

And humankindness is the answer.

By shining the light of humankindness on our own hospitals and care centers, we're helping to create a healthier future for our environment and the people living in it. Today, we can say we've transitioned to products free of PVC and DEHP, eliminated the use of mercury, and now power our Marian Regional Medical Center with methane from a nearby landfill.

These actions may win us recognition, but they also create clout to take on bigger challenges. We're now championing the modernization of the Toxic Substances Control Act in Congress to help ensure the chemicals and products we use are safe for humans, animals, and the ecosystem on which we all depend.

I am a woman of faith, and I believe we are called to respond when the earthly home we have been blessed with is threatened. Let's join together to protect the world around us. In doing so, we tap into a greater power to heal, to inspire, and to love.

And that's something we can all believe in.



Mary Ellen Leciejewski, OP
Sister Mary Ellen Leciejewski, OP
Director of Ecology, Dignity Health

Hello humankindness