

For the children

(and others in desperate need around the world)

by Helen French



I WAS 5 years old when my family emigrated in 1949 from war-torn Czechoslovakia to the United States, the land my father called “country of last hope.” My parents loved the freedom they found in the United States, but they missed what they left behind—family, friends, everything—to escape a totalitarian regime.

As the youngest of three children—a “Second World War surprise”—I heard the horror stories of war and what it does to people. Maybe that’s why I am so committed to—some would say passionate about—MERC I, a waste-recovery program I started at the University of Virginia in Charlottesville in 1991.

It was my manager who got the ball rolling. She told me that the 19 operating rooms in the hospital were generating too much regulated medical waste—otherwise known as RMW, that it was very expensive to incinerate and he wanted me to do something about it.

Because I’m an OR nurse, I was a logical choice to head up such a program. Operating rooms are the biggest generators of waste in a hospital, and no one knows better than an operating room nurse the myriad supplies and their uses. Moreover, OR nurses are well-versed in infection control and quality assurance.

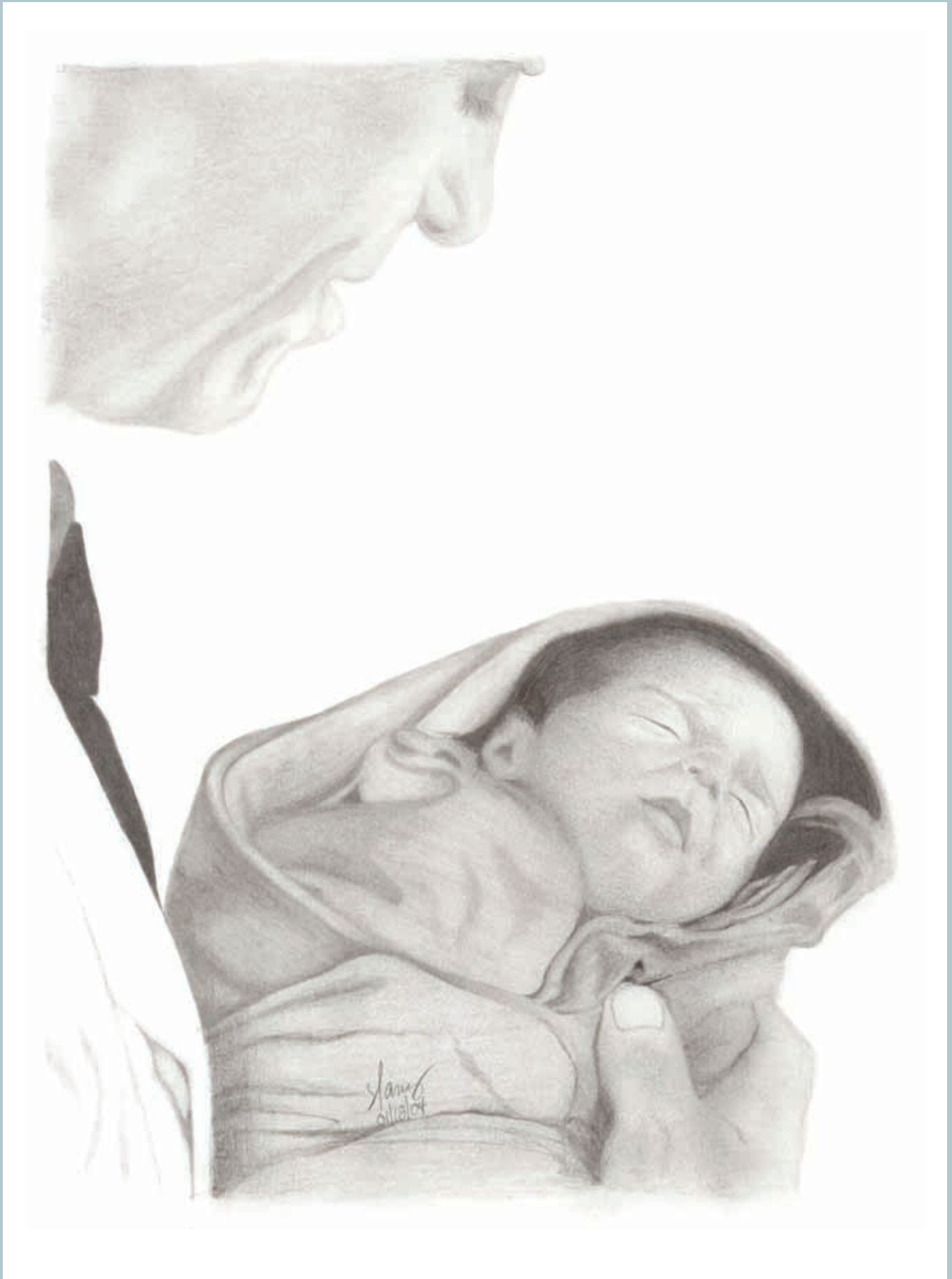
For more than a year, I researched the issue and discovered that there was, in fact, considerable tonnage of clean medical supplies that could be diverted each year from incinerators and landfills. After giving due diligence to relevant hospital policies as well as state and federal waste regulations, a program was

conceived that would save the medical center hundreds of thousands of dollars through more effective waste-stream management. Clean and unused medical supplies could be funneled back into the center as appropriate, or diverted to unregulated waste receptacles at considerable cost savings to the university. In the process, I discovered a wonderful opportunity for helping people in need around the world.

MERC I stands for Medical Equipment Recovery of Clean Inventory, and it has come to represent a meeting of people and resources, focused on common goals, to develop, disseminate and utilize our collective knowledge of serving those in need. MERC I is not about reducing, reusing and recycling paper and aluminum cans, but rather about capturing clean and unused medical supplies for which there is such a dire need internationally.

I call these valuable medical supplies “gold waste,” and we have proven that, through trials and tribulations—sometimes the tears of fatigue—a humanitarian program can exist and flourish while generating considerable cost-savings for hospitals.

To bring attention to the great worldwide need for medical supplies and the opportunity to help meet that need through recovery of clean medical waste, Nancy Anna Blitz Ruff is working with Helen French, author of this article, to publish a book. A nurse, writer and artist, Ruff is creating illustrations for the book from photos provided by doctors, nurses, residents and students who have gone on medical missions with supplies provided by French’s MERC I program. This illustration shows one baby who could not be helped and died when it was 4 days old.



MERCI is already a far-reaching program. Many nurses, especially OR nurses, are saving boxes of medical supplies for physicians' and surgeons' mission trips abroad. The goal of MERCI is neither profit nor selfish motivation, and it is not intended to serve only one particular group or mission. Rather, its supreme goal is to alleviate suffering by sharing information and networking to secure medical supplies and equipment for those in need in the United States and internationally.

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It is difficult to help someone with physical pain or deformity without proper medical supplies. MERCI has thus far diverted more than 200 tons of clean medical supplies to a large number of missions, plus tons of supplies for use by surgeons on mission trips, more tons of supplies to Virginia research labs and even more tons of supplies to missions by liaison. Diversion "by liaison" is a process by which personal contacts facilitate direct shipment of supplies to where they are needed from medical supply companies, from their representatives, and from local dentists and physicians.

MERCI has donated supplies to a training program on weapons of mass destruction and gloves to a physician traveling to the Ukraine, where the situation was so grim that rectal examinations were being done without gloves. In August 2002, more than 40 tons of supplies were diverted to a Lithuanian hospital. It is clear that a program such as MERCI benefits not only the profitability of medical centers, but also provides considerable and tangible assistance to those in need, worldwide.

Benefits do not end with humanitarian aid and the hospital's bottom line. Clearly, supplies diverted from waste are a tremendous benefit to a world experiencing increased issues with waste disposal. It is difficult to imagine the environmental impact of incinerating or pushing into landfills the more than 200 tons of useful medical supplies that MERCI has already diverted from waste—and that's from just one hospital!

Think then of the combined waste presently generated by all U.S. hospitals that do not have similar programs. Amidst growing concerns for the environment and recent Environmental Protection Agency reports of poor U.S. air quality, we must all strive to do what is necessary to protect human health for generations to come.

In addition to the environmental benefits are the teaching benefits. No school of nursing or medicine should have to buy medical supplies for training clinics. Scissors, Kellys and a myriad of chest drainage systems, catheters, skin staplers, laparoscopic shears, etc., can all be acquired through a program such as MERCI. Moreover, by helping to sort inventory,

nursing and medical students also learn about a multitude of supplies and their functions, thus becoming more competent and able to focus on operating in the OR setting.

MERCI already has an astounding record of success, but there is much left to do. Much more could be accomplished if nurses came together in a national or international meeting so that the individual efforts of many could translate into the strength and power of one unified group.

I would love to see a national, five-day workshop in which two nurses from every concerned hospital could meet to be trained in establishing a hospital-wide MERCI-like program that captures clean, unused medical supplies from the storeroom, central supply, hospital units and local free clinics for diversion to local, national and international needs. Even hospitals with good waste control will benefit from such a program.

We are nurses, but equally important, we are people who care about our environment and about those all over the world who are in desperate need of supplies. We all make a difference every day in our patients' lives, but let's join our efforts. The workload would be smaller and the program more focused and effective. What a tremendous power we would be! *RNL*

Helen French, RN, BSN, CNOR, founder and coordinator of the University of Virginia MERCI program and full-time OR staff nurse, lives in Waynesboro, Va.

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