**Sample Letter to Medical Society**

Dear [Contact at Medical Society]

I’m hoping to find whomever at the Society for XYZ may be tracking sustainability issues in the [surgical suite].  We’d like to explore collaborating on a sustainability commitment or impact statement from the Society.  We don’t know if this is something you all consider, nor do we know the process. So we are writing to request an introductory call.

For background:

[HHS/AHRQ](https://www.ahrq.gov/news/newsroom/press-releases/carbon-emissions.html) and the [National Academy of Medicine](https://nam.edu/programs/climate-change-and-human-health/action-collaborative-on-decarbonizing-the-u-s-health-sector/key-actions-to-reduce-greenhouse-gas-emissions-by-u-s-hospitals-and-health-systems/) are urging hospitals to increase the use of reprocessed single-use devices as a key strategy to reduce hospital greenhouse gas emissions.

Single-use medical devices used in many [XYZ] procedures are highly destructive for the environment. Greenhouse gas emissions caused by hospital’s supply chain (also known as Scope 3 emissions), generated in part by single-use products, account for 82% of all greenhouse gas emissions from the U.S. health sector. U.S. hospitals generate over 8% of all US greenhouse gasses, about triple that of airline travel ([Eckelman, Health Affairs, Dec 2020](https://www.healthaffairs.org/doi/10.1377/hlthaff.2020.01247)).

The image below links (control+right click) to a brief video exploring the waste generated by a single procedure.



Studies have found that use of FDA regulated reprocessed single-use devices cuts greenhouse gas emissions. They also reduce cost, waste and strengthen the supply chain. Using reprocessed devices is neither new nor untested. The potential for growth – and significant reductions in greenhouse gas emissions - are phenomenal. The Association of Medical Device Reprocessors internal estimates are that hospitals could immediately save an additional $2 billion if they use as many devices as those hospitals that reprocess at high levels already.  And a growing number of well-designed, peer reviewed life cycle assessments are finding that [reprocessing roughly cuts greenhouse gas emissions in half](https://amdr.org/newsroom/peer-reviewed/).

To give a sense of current scale, over 10,500 hospitals already use over 33 million “single-use” devices reprocessed by our members, saving hospitals $462 million. Cost savings come from a reduced sales point: commercially reprocessed devices typically cost 25 to 40% less than original devices.  Reliance on single-use items proved counterproductive during the pandemic, as global supply chains were strained beyond limits.

As if cost savings and greenhouse gas emissions weren’t enough of an incentive to advance the use of commercially reprocessed SUDs, they also improve supply chain resilience by reducing reliance on imports of new equipment because the practice keeps existing devices in circulation longer. Reprocessing is conducted more locally, further reducing dependence on foreign manufacturing as hospitals can have their existing medical device assets reprocessed.

***And that’s where we want to ask for your help, because Society [XYZ] could use its leadership position to advocate for this simple change to use more reprocessed device to cut greenhouse gas emissions in half compared to using virgin products.*** It’s a change that can be made immediately. All that’s missing is education and incentives to get the health sector more focused on the solution at hand. With leadership from Society [XYZ], these environmental and cost savings could be used by hospitals to invest in more expensive environmental remediation efforts.

Is this something that your association would engage on with its members? We are pleased to explore ideas (writing articles for sharing with membership, considering a policy recommendation, or perhaps a session at a conference?)

I look forward to hearing from you.