

Editorial

The Ultimate Sick Building Syndrome

Superheated, volatilized polyvinylidene chloride (PVC), polyethylene, acrylonitrile-butadiene-styrene (ABS), reinforced thermosetting resin pipes (RTRP), office desks, chairs, partitions, telephones, and insulated wire, as well as other plastics, solvents, cleaning agents, heavy metals, asbestos and other chemicals too numerous to begin naming here, were released in huge quantities on September 11, 2001, and for the following weeks. Sadly, human beings suffered and perished in that same conflagration, and the world will never be the same.

The burning of the upper portions of the twin towers of the World Trade Center released huge amounts of these substances into the atmosphere, much of it rising away from the impact site. Upon the collapse of the buildings, and the ensuing inferno, additional substantial contamination was released at ground level and into the surrounding areas. Over the next few months it will become apparent to insightful medical personnel, especially those who will treat the “ground zero” rescue workers, that health-related problems involving the upper gastrointestinal tract, the upper respiratory tract, the central nervous system, the immune system, headaches, etc., have increased dramatically. The myriad symptoms of the chemically sensitive patient, observed by those who practice in the field of clinical ecology, will very likely become another tragic legacy of the terrorists for those unfortunate enough to have suffered even minimal exposure at “ground zero” and the surrounding areas.

No doubt many local medical personnel – who have long ignored or dismissed as psychological the reality of the cellular nightmare many chemically sensitive patients suffer with – will have an abundance of chances to see the etiology and progress of this syndrome first hand. Instead of being the occasional, dismissible, faceless patient, they will be faced with their friends, neighbors, stockbroker, or banker, even relatives. With any luck, these practitioners will have the sense to seek advice from complementary practitioners, many who have dealt with these kinds of patient problems for years.

Widespread acceptance of the work of such a pioneering genius in the field of environmental medicine as Dr. Theron Randolph would be a monumental step forward in helping the many thousands who will suffer from the ultimate “sick building syndrome.” If it becomes as bad as it has the long-term potential to, we could soon have what will no doubt be known as “Trade Center Syndrome.”

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Publisher