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REACTION TO NIGHTLINE PROGRAM OF MARCH 20, 2008.

Although in the past, Nightline has been known for balanced reporting, such was not the case recently when a featured story was done on the Environmental Medicine practice of Dr. Bill Rea in Dallas, Texas. Dr. Rea and one of his patients, Lisa Nagy, were expecting fair treatment as they participated in extensive interviews and filming prior to the broadcast: Unfortunately, biased editing presented the viewer of this nationally broadcast television program with less than a fair understanding of the truth.

As president of the American Academy of Environmental Medicine I would like to respond to some of the expressed or implied allegations made in that program.

1. The implication that Dr. Rea's very existence and his practice of Environmental Medicine is a threat to public health is either a tragic misunderstanding or a malicious misstatement. Very much to the contrary, Dr. Rea and his colleagues are among the courageous few who speak up about the danger to public health coming from exposure to environmental hazards. Environmental Medicine physicians candidly educate patients and their communities about the hazards of acute or chronic exposure to solvents, pesticides, strong electromagnetic fields, dusts, toxic metals and molds while mainstream doctors all too commonly look the other way. Nightline and its "experts" should be extremely grateful for the work of Dr. Bill Rea and, in my opinion, apologize for misrepresenting his valuable contributions.
2. Those interviewing Dr. Rea implied that since his research had not been published by a "mainstream journal" it was either not important or not true. In fact, he has been published in mainstream journals such as the Annals of Allergy and the Archives of Otolaryngology. While we applaud the careful scrutiny of editorial boards that oversee the various journals it should be appreciated that there are numerous quality peer-reviewed journals around the world in addition to those considered mainstream. Dr. Rea's publications have passed the scrutiny of many peers who have taken the time to appreciate the specific and at times unique problems with the patients he treats as well as the special techniques that are required to handle their conditions. It almost goes without saying that editorial boards of those particular journals which are largely financed by drug companies are unlikely to be free of bias.
3. The Nightline interview suggested that only double-blind, randomized, controlled, prospective studies provide sufficiently reliable information upon which to base our practice of medicine. It is well known that over half of what we do in mainstream clinical practice as physicians is not based on such studies. Further, many areas of medicine including the

complex problems seen in the practice of environmental medicine are not as easily studied because there are so many variables. Testing a single drug for the treatment of a single problem like high blood pressure is far easier than working with a patient that has 10 or 20 things going on simultaneously. Many conventional physicians forget that coronary bypass surgery has never been tested on humans where the "controls" went through sham surgery to see if the *hope* inducing placebo of improved heart function was as important as actually doing the bypass grafts. We all need to recognize that the practice of medicine is both a complex art and a complex science and admit that more elementary models of "science" may not be sophisticated enough to evaluate the problems at hand. Environmental Medicine physicians eagerly support solid research in the pursuit of truth.

4. How disappointing it was to see that when ABC television had the opportunity to highlight the positive side of environmental health it let the opportunity slip away. The producers of this program could have explained that Dr. Rea sees patients who have failed to get well in the mainstream medical system. The complex problems he encounters are different from the ordinary and television viewers needed to know that. It would have been helpful for the average American to know that the patients who are treated at the Environmental Health Center in Dallas, Texas have already seen 5, 10, 15 or even more doctors who have failed to find an answer to their physical problems. Dr. Rea typically sees the sickest of the sick and these types of patients require different approaches than traditional surgeries, psychiatry, or more drugs.

5. How thoughtless and cruel it is to tell a physically sick patient that their condition is "all in their head". Sadly, a large number of physicians are of the opinion that "if a person's health problem cannot be fixed with a drug then the problem does not exist". The immunologist quoted in the television presentation stated that psychiatric conditions are more common than we realize, thereby implying that persons who have failed mainstream medical care need something like Prozac rather than the Environmental Medicine interventions as offered by Dr. Rea and other Environmental Medicine physicians. While of course persons with psychological problems need psychological care, treating physical problems as if they were psychiatric is misguided. Important environmental factors need to be addressed.

6. Patients whose disease is primarily related to exposure to allergic, sensitizing or toxic substances need to avoid such exposures. Their first step in Environmental Medicine treatment is not a drug, not a surgery, and not a psychiatrist, but rather avoiding exposure. When doctors ignore the importance of providing nontoxic, non-allergenic environments and return an injured worker to a chemically or mold contaminated workplace while covering up their symptoms with medications they are doing no one a favor: They have simply failed to address the source of the problem.

7. The interviewer put great emphasis on the fact that Dr. Rea was doing skin testing with chemical extracts. The implication that toxic amounts of chemicals were being administered to patients is simply not true. Allergists administer potentially harmful extracts to a person through skin testing all the time without triggering asthma or anaphylaxis because the dose is carefully monitored. If we need to test sensitivity to chemicals or metals, diluted extracts can be administered in a safe fashion. Those physicians who fail to test for chemicals may never become aware of the fact that a person can get sick from exposure to chemicals just as with pollens, dust mites or foods.

8. By the end of the Nightline presentation one had the impression that Environmental Medicine was being presented as an interesting health care effort lacking substance which perhaps led to health to improvements at times but only because the patient "believes they are doing better". That perspective is simply not true. The specialty of Environmental Medicine is based on a combination of solid science and years of clinical experience. Most patients who work with an environmental physician find concrete help for their problems and are grateful that there are doctors willing and able to provide this type of care. Serious research has

demonstrated that most patients complaining of environmentally triggered illness are in fact physically sick and not making excuses for underlying psychological problems.

The one-sided presentation last week left me with the question: Wasn't ABC at all interested in learning about techniques for diagnosing environmentally triggered health problems in addition to the therapeutic usefulness of provocation neutralization, documented toxin removal through sauna therapies, the benefit of resolving serious nutritional deficiencies with healthy food and intravenous nutrients, oxygen therapies, and the importance of eliminating dangerous chemicals, electromagnetic fields, molds and mold toxins from the workplace and home?

If you are interested in learning more about Environmental Medicine, study our website at www.AAEMonline.org and consider attending our teaching sessions, doing further reading or coming to one of our annual conferences.

Philip Ranheim M.D.