

# New beginnings—no turning back

## An Interview with Kathryn Treat, author of *Allergic to Life: My Battle for Survival, Courage and Hope*—by Michellina van Loder

In 2009, the World Health Organisation (WHO) put together the ‘WHO Guidelines for Indoor Air Quality: Dampness and Mould’. These build on fundamental truths many doctors and scientists have known about for over a decade: prolonged exposure to mould can cause intense suffering. “The most important effects are increased prevalence of respiratory symptoms, allergies and asthma as well as perturbation of the immunological system.” Also documented are serious consequences for people who suffer these exposures—in the workplace or home—for extended periods of time.

The statistics on the devastation wrought by toxic mould are harsh: people in the U.S have learned important lessons from the damage left behind by Hurricane Katrina, and now, Hurricane Sandy. Mould is insidious, and it can impact lives. And, as many people already know, exposure to mould can cause Environmental Illness/MCS and it’s guilty of exacerbating most health conditions, consistently and traumatically, wreaking havoc on immune systems.

On a global scale, guidelines like the WHO’s show people who are building homes and creating workplaces just how important the prevention and minimisation of mould growth and dampness within buildings is to public health.

However, when working mother, Kathryn Treat, first became sick while working in a toxic-mould-ridden school, her health complaints weren’t taken seriously until, grappling with the devastation of her health and the loss of life as she’d known it, she dragged her employer through the US Workers’ Compensation court system. She won. Now, with lifetime medical, and a bi-monthly cheque, she is the second person in California to have

achieved this outcome, sending out a message about what can and must be done about toxic mould in the workplace.

These days, Kathryn is a stay-at-home author and blogger. She’s written and published the book, *Allergic to Life: My Battle for Survival, Courage and Hope*. It reads like a ‘how-to’ manual for getting through life that’s become toxic. An immune system like a war zone, in the middle of a world filled with chemicals hidden like time bombs; invisible, just like mould, ready to implode within, shattering her world all over again. Her book, which took ten years to complete, is a cornucopia of information.

However, it hasn’t been easy writing it. Many of the finer details have come from journals written while undergoing treatment under the care of Dr William Rea, or when confined to various rooms, while still adjusting to her ‘new’ life. She felt like a prisoner each time she managed to find a room safe enough for her to stay in. Locked away from the world, she poured out the depth of her feelings. “Writing my poems and notes about my loneliness, and fear for my health, I believe, has helped me get through.”

For a chemically sensitive person reading *Allergic to Life: My Battle for Courage, Survival and Hope* lightens the load because it takes us along on a journey through her darkest hours, where all seemed impossible. But she shows that people are capable of surviving through illness, adversity, and the added encumbrance of exclusion from society.

Lately, she’s been busy with book signings (in health food shops, while wearing a mask). As well, she’s been doing online tours, where other blogs and websites host different authors each week. One such place is ‘Slusheap’, a website for new writers and authors.

During the day when she’s not working on her hugely popular blog, she’s been working on getting her book published: today she’s been on the phone with the photographer, her book publisher, organizing blog tours and, she’s even getting ready for a radio talk! Still, it’s been a long road to get to this busy yet peaceful place...

### The Journey

On the very first day Kathryn arrived at the Dallas Environmental Health Centre, in Texas, for treatment under the care of Environmental Medicine doctor, William Rea, she entered a crowded waiting room where women and men—some pale and gaunt, most appearing awfully sick—were sitting in chairs. Most wore masks. Shocking her, some wore the more heavy-duty-cumbersome-looking gasmasks. While others wore white-fabric masks; the most popular being the ‘I Can Breathe’ brand. There were only a handful whose faces showed naked skin, their bare facial features starkly juxtaposed against their masked-fellow sufferers’ faces. This showed just how daunting Kathryn’s situation had become!

Confronting her further, stood the oxygen tanks whose Tygon tubing—replacing traditional medical-grade plastic tubing—snaked its way up to the ceramic oxygen masks attached to their owners, who were sprawled, appearing exhausted, in chairs scattered around the room. And then there were the patients who dragged their I.V poles everywhere they went like awkward companions.

This picture of a human mass of ill health and environmental illness did not fit with her self-image. Not at all! Surely she was in the wrong place? This *wasn’t* where she belonged; these people were far too ill. She was nothing like them, she kept telling herself. Besides, this wasn’t what she’d signed up for... *Was it?*

However, within a few days it

dawned on her that she was exactly like them; perhaps even worse than some she met that day...

She says, "people don't believe that we can have these types of problems with chemicals; they don't understand that people can end up reacting to everything." It's made its mark on every part of her life. It's been a long journey. One that's difficult to comprehend unless you hear her speak about it or read her story.

During this transatlantic interview — from Australia to the US via Skype — Kathryn is wearing a snuggly-warm dressing gown, in a shade of eggplant: the colour suits her. Surrounded by framed photos of her daughters and grandchildren, with papers scattered on top of an old-fashioned roll-top writing desk, she appears to be just like any other grandmother. And, having just kissed them goodbye, after taking care of them for the day, she *is* just like any other grandmother: dinner has been served, and she's ready for an early night.

Kathryn chats easily: her family, love of cooking and sewing, and the antics of her beloved grandkids feature strongly. So does the low-toxic house her husband built especially for her during the life-changing time away at Dallas Environmental Health Centre.

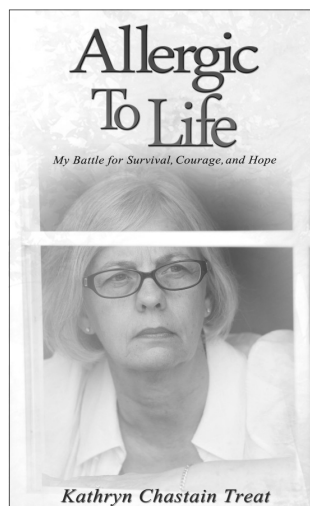
She is so warm and charming that it's hard to believe the trauma she's been through. Or that she has won a drawn-out landmark case against her employer, for causing the mould illness, which led to her becoming chronically chemically sensitive. But the determination in her voice reveals a staunchness and tenacity and unwillingness to give up, which are, most likely, the key ingredients to getting through such a tumultuous time.

From talking to her, it is apparent that she knows more about the medical processes, diagnoses and issues relating to mould illness and MCS than many general practitioners.

Tragically, before Kathryn became sick, other employees at her

workplace could smell something strange. It was only described as 'mustiness'. One employee even went as far as buying a scented candle trying to layer over it. Kindly, Kathryn asked her co-worker what the scent was so that she, herself, could go and buy the same type. (This was so that the scents wouldn't be competing with one another.) Little did she know that within a couple of years, a scented candle would have the muscle to constrict her throat in an anaphylactic grip, capable of killing her.

Her mould illness and chemical sensitivities were so severe that they took away more than a decade of health, her social life, and work



life—even ending treasured friendships.

The court debacle went on for six years: An appeal was first filed in 2001, there were offers to settle in 2006, and then finally, she was given an award by the judge in 2007. Lifetime medical is not what it sounds: Kathryn refuses to take the treatments because they are not those recommended by her specialists. (Some of them are conventional treatments for allergies and may make her more ill.) Although the process was stressful, Kathryn says to anyone going through this, the fight was worth it. "They are going to make it hard and make you want to quit, saying that you have a somatisation disorder." This is a common tactic used when people don't want to pay out. It's par

for the course, really; and can't be taken too seriously. "You have to know deep down that you're in the right."

During the process, Kathryn didn't say she had MCS, but rather that she had sensitivities to the particular chemicals as shown by medical testing. There was general agreement among her doctors, most of whom regarded her condition as chemical sensitivities, that she was chemically sensitive. Dr Rea wrote her letters for court that said she had various chemical sensitivities and severe mould sensitivities. She also had good letters from her Ear, Nose and Throat (ENT) doctors, and had a great report from a psychiatrist to counteract the psychiatric assessment and report requested by the school where she had become ill.

Graciously, in her book she doesn't name people in the school that caused her illness.

### **Before MCS**

Kathryn was born in Missouri, later moving to the Central Valley of California. She had a stable upbringing, even though, during her early years, the family shifted around and she went to several different elementary schools. Her father was a kind and loving man, working most of his life to support the family. He was a mechanic and a welder who helped build the runway at a local military base.

Her mother worked in a shirt and drapery factory, sometimes supplementing their income by working in a bakery. The older of two girls, Kathryn was an average student until the family finally settled in California and she was in high school. Here she blossomed, focusing more on her studies. A diligent student, she only ever missed half a day from her sophomore year to her final senior year at school.

She married and had two daughters. A stay at home mum, Kathryn had a busy life: "I was on the school board; I was Parents' and Teachers' Association (PTA) President; I was a 4H leader for our local 4H. (4H is an agricultural based learning group where the kids raise

animals, show them at shows, learn cooking, cake decorating, and where the parents are usually leaders.) I was a sewing leader for two years and I helped with public speaking for about four years. I enjoyed helping the kids write and read their speeches.” This experience also helped Kathryn become more outgoing and confident with her own public engagements as PTA President. No doubt, this would have set her in good stead, enabling her to charter her way through the tumultuous times ahead.

Kathryn lists the activities she now misses: “I had a girlfriend who had a pilot’s licence and a plane. We used to go away on shopping trips. I played Bunco (a game played with dice) once a month for almost nine years. I’d go to houses where there were plug-ins [fragrance emitting devices (FEDs)] and scented candles.”

“We had a group of friends who would have monthly dinner outings trying out different restaurants. I went on all of the field trips my daughters did in school. We liked to make trips like to Nashville or Disneyland where we could spend the night in a motel, actually go for dinner and shop. I sewed and held a Christmas craft bazaar in my home several years in a row. I loved taking my daughters shopping. We would spend the entire day at the mall: shopping, eating lunch, then getting a snack or dinner before driving home.”

## Now

Legally, Kathryn is disabled. She’s housebound, only going out for doctor, specialist and dental appointments and to visit family occasionally. “I didn’t go into the stores for seven years.” She only went into Wholefoods (an organic health food type of shop scattered across the US), where they don’t have carpet.

For those first seven years of this illness, Kathryn was forced to practise the only known-to-work treatment for people with MCS/Environmental Illness: avoidance of chemicals. Apart from

shopping online, and having others pick up her groceries, shopping is something that’s been off the radar.

However, joyfully, in the last couple of years she’s been able to attempt more... Recently, she has been able to go into Target. (In the US, just like in Australia, the homeware and clothing store, Target, doesn’t sell the range of chemical-based garden and laundry products that most stores do. However, there is a personal care section laden with fragrance chemical based products.) “But you know, the thing I can’t do is, I can’t like, go in there today and then go again tomorrow. I can’t decide that I want to go to *this* store, then on another day, go to *that* store. I have to make sure I don’t do this regularly. I still get [physically] overwhelmed; I still get brain fog if I stay in the stores too long.”

“I’ve been able to go at seven in the morning because [at that time] there’s no one else there. But if I go in the middle of the day, I have to make sure there is someone else with me to make sure that I’m okay.” Often, she goes with her husband or daughters, leaving them at the checkout to pay. “If I get foggy, I can go wait in the car and then they can drive me home.” These types of brain fog reactions make it almost impossible to go anywhere by herself. Especially without wearing a filter mask over her face.

“I’ve gone in and tried to take my mask off, started coughing and had to leave. So I know I can’t do that without my mask. Or there’s been times where I’ve gone into Target and been so wrapped up in what’s there and before I know it I can’t think straight. I just lose the ability to focus. I can’t make a decision. And then once I get out of there I realise I reek [of fragrances]. And then it just kind of catches up with me; so I have to be very mindful of how often I do this.”

Supermarkets can also be an enormous challenge for those whose health is impacted on by the inhalation of fragrances and chemicals and, even though Kathryn has made remarkable headway in her

recovery, she is no different. “I can go in if I wear my mask and I stay away from the laundry soap area, and if I don’t stay very long.”

She has tried to go to outdoor events with her husband, “We’ve been to the baseball, the first game - we had to leave. It was nice for us to go though. We can’t go to the mall and go shopping together, or go away to the coast and stay somewhere overnight. We need to have some sort of normal life.”

I went to a cinema to watch the movie, Winnie the Pooh, with my grandchildren but I had to leave after ten minutes. I can’t say I’ll never do that again but I won’t be trying it again soon.”

There have been others who’ve recovered similarly to her, yet suffered setbacks after not taking care to avoid the triggers. “I had a friend who never really wore a mask in the stores. She used to try and go shopping, just doing ordinary things. And she had a setback... You know, we are always just a reaction away from getting ill; especially around mould or pesticides or certain chemicals [or whatever our health is intolerant of], which can set us right back to where we started if we are not careful.”

Kathryn’s friend was just trying to live a normal existence. “The isolation just gets to you. You want to just try and do something.” Her friend had recovered and was feeling much better. “She was always wanting to go into stores—you know, have a life!” After a while she ended up having another huge setback with her health.

“In my old life I was always going somewhere and doing something and I never really slowed down. This forces you to slow down and take stock of how you live, what you do, what’s important.”

It’s only been in the last three years that she has been able to do more. “It’s only because I’m well enough, now, that I can try to do this... I have to at least try, [I] can’t let my fear hold me back.” As exciting as this improvement is for her, Kathryn knows her limits. “If it were a mouldy building, I wouldn’t even try

going in there.”

## Her Recovery

### Successful treatments, so far:

- A chemical free living space
- A non-toxic home built with materials she is okay with
- Avoidance of chemicals she knows impact on her health
- Diet (elimination, avoiding food allergens, food rotation)
- Low Dose Antigen (LDA) immunotherapy—she has to stop all treatments to do this, including supplements
- Support of husband, children, grandchildren and friends
- Inclusiveness in family gatherings
- Medical support (Dr William Rea of the Dallas Environmental Health Centre; and her Ear, Nose and Throat specialist (ENT))
- IV supplements (glutathione, vitamin C, magnesium)
- B12 injections
- Acupuncture (for her liver, immune system. They focus on her sinuses, keeping them open and the swelling down, lessening the chance of more chronic sinus infections)
- Regular infrared saunas—Kathryn has her own Heavenly Heat sauna. (A brand that makes and sells modified saunas, made with materials to suit chemically sensitive individual’s health needs.)

Note: After she stops all her supplements for the LDA, she brings them back in slowly to see if she still needs them and if they are still helping.

### Low Dose Antigen

Notes on LDA Therapy, from Environmental Medicine doctor, W.A. Shrader Jr:

“We use an advanced immunotherapy in my office called LDA immunotherapy, short for ultra low dose enzyme enhanced immunotherapy. It was developed from EPD Immunotherapy (enzyme potentiated desensitization). EPD immunotherapy was discovered and developed by a brilliant British allergist, Dr. Leonard McEwen. It is a type of immunotherapy enhanced by the enzyme beta glucuronidase,



given only every two months at first and less often as time progresses, that effectively treats a myriad of problems having to do with any degree of failure of the immune response. LDA and EPD may be used to treat a considerable number of conditions.”

([www.drshrader.com/news.htm](http://www.drshrader.com/news.htm))

Kathryn started similar protocol treatments in California in 2000, before going to see Dr. Rea. “I did the food one, and the inhalants, but the mould ones didn’t work but that’s because I was still working in it [and being exposed to it].”

“I credit Dr Rea with getting me to this point...” After going back to the treatment centre three times between 2002 until 2005, “I just didn’t have it in me to go away for three months again. The skin testing is so hard, and I test very slowly. It takes about an hour to test me for one thing. It’s very little of the antigens in the shots. Later, I went to a doctor who did the LDA, and it was very similar to the EPD. That’s when I started doing the treatments again. I’ve discovered that I don’t have to have shots daily. Now my shots are about

five months apart. I know people who only go once a year and get three shots. Here, the mould gets really bad in the winter. So I try and get my shots before that starts.”

There’s one for foods, one for inhalants (the pollens, the moulds, the dust) and one for chemicals. It takes about two weeks for your T cells to mature. The pollens work the fastest, and then the foods, and the chemicals take the longest. Each time you go the shots last longer and longer.”

Even though the (LDA) shots have helped, she still has physical problems with particular chemicals. Her reactions are not so severe and that’s why, so long as she monitors how often she does them, she is able to go out more and attempt more things.

*In part II of 'New Beginnings—No Turning Back' we discuss how Kathryn Treat created a non-toxic home and the building materials she used; how she handles Christmas and holidays; faith; her use of Tyvek suits; and how she avoids being exposed to fragrances.*

Kathryn Treat’s book can be borrowed from the AESSRA library or bought in paperback