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Attorney for Plaintiff Safe Air for Everyone

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF IDAHO

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| _____ |) | |
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| SAFE AIR FOR EVERYONE, |) | |
| |) | Case No. _____ |
| Plaintiff, |) | |
| |) | |
| v. |) | |
| |) | |
| WAYNE MEYER, <i>et al.</i> , |) | DECLARATION OF JOHN H. |
| |) | STRIMAS, M.D., M.SC. |
| Defendants. |) | |
| |) | |
| _____ |) | |

Pursuant to 28 U.S.C. §1746, John H. Strimas, M.D. declares as follows:

1. I am a board certified pediatric and adult allergist and immunologist. I received my M.D. from Albany Medical College in 1970 and my Masters of Science from Adelphi University in 1969. I have been in medicine for 32 years, and in private practice in Coeur d' Alene, Idaho for 6 years. I am the Director and owner of the North Idaho Allergy, Asthma, and Immunology Center, and am affiliated with Kootenai Medical Center in Coeur d' Alene, Idaho. I am also on staff at Gritman Medical Center in Moscow, Idaho.

2. My medical practice is classified as that of an allergist, which is a subspecialty in the field of medicine. My patients are adults and children, in equal distribution, who suffer from pulmonary ailments including asthma, allergies, hay fever, chronic fatigue syndrome, autoimmune disease, and other respiratory disorders. I currently treat approximately 8000 patients, all of whom reside in and around North Idaho. I am the only allergist in North Idaho.

3. As indicated on the *curriculum vitae* attached to this declaration as Exhibit A, I have extensive knowledge and professional experience in the field of allergies, immunology, and pediatric medicine. My medical education, training, and professional experience have allowed me to form a medical opinion as to the effect of exposure to smoke from grass residue burning on the health of my patients.

4. This declaration details my medical opinion that exposure to smoke from grass residue burning frequently aggravates the existing condition of my patients with pulmonary sensitivities, pulmonary illnesses, and upper respiratory disorders. It is my further opinion, expressed to a reasonable degree of medical certainty, that the aggravation caused by smoke from residue burning is often the trigger for episodes of acute respiratory distress that range in severity from irritating and uncomfortable to dangerous and life threatening.

5. The smoke from grass residue burning has direct and substantial adverse effects on my patients. There is a strong correlation that suggests a causal relationship between the increase of respiratory distress episodes among my patients and the grass residue burning in North Idaho. The number of patients that visit my office increases

during burning season. The most marked increase is in the number of telephone calls my office receives. Patients call worried, concerned, and seeking advice on how to alleviate the distress to their lungs, eyes, nose, and throat. Our number of acute patients also increases, meaning that I see more patients who experience an increase in the frequency and severity of their symptoms. Many patients indicate that their asthma attacks, coughing, eye irritation, etc., began immediately or soon after exposure to the smoke from grass residue burning.

6. Increased reports of pulmonary distress also correlate with the detection of higher carbon particulates during grass residue burning. In my allergy practice, I collect air samples to provide a pollen and mold count to local news stations. I employ a device termed a Rotorod Sampler that samples the air for one minute out of every ten minutes during a twenty-four-hour period. The device is constructed such that a silicone-coated rod attached to a motor periodically rotates through the air. The silicone has an adhesive quality. Particles floating through the air adhere to the silicone, creating a sample of air particulates for a given day. The sample is typically tan in color. However, the heavy carbon from grass residue burning turns the sample a dark gray or black on burn days. The change in air quality corresponds with increased reports from my patients of respiratory distress.

7. Smoke from agricultural burning causes respiratory distress because the smoke contains fine particles, or “particulates,” suspended in the air. The particles that the nose is unable to filter out enter the respiratory system. The particles irritate and inflame the tissue of the upper respiratory system, lungs, and bronchial tubes, causing

respiratory problems. The severity of respiratory problems varies depending on the person and the degree of exposure.

8. My patients experience a variety of symptoms as a result of their exposure to residue burning smoke. Respiratory conditions to which smoke can serve as a trigger to respiratory distress include asthma, allergies, and bronchitis. A description of each condition follows.

9. Asthma is an inflammatory immunologic condition suffered most commonly by children, but also by adults. The condition causes patients to experience frequent acute respiratory distress, precipitated by a variety of triggers. An asthmatic episode is characterized by swelling of the air passages and a narrowing of air passages through which to breathe. Asthma patients experience coughing, wheezing, bronchospasms, and difficulty in breathing. In serious episodes, the inability to breathe can be dangerous and life threatening.

10. Patients that suffer from allergies suffer an adverse reaction to environmental irritants, or allergens. Allergens can be inhaled, eaten, injected, or can come into contact with the skin. Common allergens include pollen, mold, and dust, but, as I will later explain, people also suffer pseudo-allergic reactions to smoke. Allergic reactions to airborne irritants include burning eyes, sneezing, congestion, runny nose, and itchy eyes, nose, ears, and throat.

11. The symptoms of sneezing, congestion, runny nose, and itchy eyes, nose, throat, and ears describe rhinitis. Rhinitis is a reaction that occurs in the eyes, nose, and throat when airborne allergens trigger the release of histamine. Histamine causes

inflammation and fluid production in the fragile linings of nasal passages, sinuses, and eyelids. Rhinitis need not be allergic, but can also be caused by irritants. This is referred to as vasomotor rhinitis, and individuals suffering therefrom experience pseudo-allergic, *i.e.*, allergy-like, symptoms. Smoke, fumes, and atmospheric changes are some of the irritants that trigger vasomotor rhinitis. Thus, some North Idaho residents who do not otherwise suffer from common allergies or asthma are affected by smoke from grass residue burning.

12. Bronchitis is an inflammation of the bronchial tubes, or bronchi (the air passages that extend from the windpipe into the lungs). The inflammation may be caused by a virus, bacteria, smoking, or the inhalation of pollutants or dust. With progressive inflammation of the cells of the bronchial-lining tissue, the tiny hairs (cilia) within them, which normally trap and eliminate pollutants, are destroyed. Consequently, the air passages become clogged by debris and irritation increases. In response, a heavy secretion of mucus develops, which causes the characteristic cough of bronchitis. Severe cases may also cause general malaise and chest pain. Patients can have acute bronchitis or chronic bronchitis. Brief bouts of acute bronchitis often evolve from a severe cold, or it may follow or accompany the flu. Acute bronchitis usually lasts about ten days. Chronic bronchitis is defined as excessive mucus secretion in the bronchi and a chronic or recurrent mucus-producing cough that lasts three or more months and recurs year after year. Chronic bronchitis may result from a series of attacks of acute bronchitis, or it may evolve gradually because of heavy smoking or the inhalation of air contaminated with other pollutants in the environment.

13. As I have previously stated, all of these upper respiratory and pulmonary conditions are exacerbated sometimes in small ways and sometimes severely by exposure to smoke from grass residue burning. The extent of the exacerbation varies from patient to patient, depending on the severity of the patient's respiratory condition and the patient's exposure to the smoke irritant. Of course, my patients also experience the symptoms described above when they have not been exposed to smoke. However, I receive substantially increased reports of respiratory distress in late summer to early fall, during the time of grass residue burning.

14. As I explained previously, individuals diagnosed with chronic respiratory conditions are not the only ones that suffer respiratory distress from airborne irritants. I have treated others who complain of coughing, wheezing, and burning eyes as a result of the smoke.

15. However, patients diagnosed with conditions such as asthma or bronchitis are more sensitive to the smoke than those without such respiratory conditions. A small amount of irritant will trigger a greater reaction in those patients than in patients without such conditions. Moreover, repeated exposure to irritants creates a cumulative effect that renders chronic patients more susceptible to later respiratory distress.

16. There is a full range of problems caused by grass residue burning. Not only do I see physical adverse health effects during times of agricultural burning, but I see evidence that the burning affects my patients' mental health as well. Although I am not specially trained in mental health, I am able to see in my patients that grass residue burning instills fear and shock in those exposed to the burning. Children are afraid of the

smoke and get anxious. Consequently, their parents become anxious. Many describe to me the anxiety they experience when they see a giant cloud of smoke only miles away and coming closer, looking like someone has dropped a bomb. My patients express feelings of anxiety that they are unable to escape the smoke because there is no safe haven.

17. As part of my treatment of my patients during the late fall to early summer, I advise my patients to avoid the smoke as best they can. Many of my patients try to anticipate when burning will occur and prepare for it. Several patients stay indoors, and some parents report keeping their children out of school until the burning is over. I advise my patients to stay inside if they think that is best. However, burning days are hard to predict; the grass residue burners know before the public knows when the burning will occur. Moreover, my patients experience adverse symptoms even if they stay indoors.

18. The smoke from grass residue burning requires increased medication for those with pulmonary sensitivities. I prescribe medication throughout the year for patients with asthma and other pulmonary conditions. For example, my allergy patients take medications such as Flovent or Azmacort. These medications are prescribed to control my patients' conditions. In anticipation of burning season, I instruct my patients to increase their medication. I instruct them to be diligent about taking their medication, or I increase their dosage. In this way, we try to counter the effects of the smoke by loading their systems with "controller" drugs. We try to get enough controller drugs in their systems so that the smoke does not bring on an attack.

19. When persons with pulmonary allergies and asthma are exposed to the smoke from grass residue burning, they need to be “rescued” from instances of severe pulmonary distress much more often than when they are not exposed to the smoke. During times of grass residue burning in North Idaho, and in anticipation of the burning, I load my patients’ systems with their controller medications to avoid the necessity of using rescue drugs. A rescue drug is medication much stronger than daily medication and is meant to relieve an acute, heightened reaction once a pulmonary attack is triggered. Use of the drugs Albuterol and Ipratropium and the use of a nebulizer are examples of rescue methods for asthma sufferers. Corticosteroids treat inflammatory and allergic reactions.

20. My patients often report that the smoke from grass residue burning has triggered their attacks. These reports are consistent with my knowledge, from both education and experience, that smoke is an aggravating factor for pulmonary conditions such as asthma, bronchitis, emphysema, and allergies.

21. Good asthma control means my patients are using rescue drugs no more than twice a week. During burning, many people exceed this dosage and use them daily.

22. It is undesirable for a patient to reach the point where a rescue drug is needed, or is needed frequently. This is the case for two reasons:

a. First, a rescue drug may or may not be helpful. Severe asthma attacks can be fatal. The risk of death from an asthma attack is the same regardless of whether one is classified with mild, moderate, or severe asthma. Once the asthmatic has been exposed to an amount of an airborne trigger sufficient to cause an attack in that

individual, the risk of death does not vary. Therefore, individuals with pulmonary sensitivities must take particular care to limit exposure to smoke from grass residue burning.

b. Second, rescue drugs have documented side effects. Albuterol causes muscle tremors and, in rare cases, can lead to cardiovascular disorders. Corticosteroids can cause stomach discomfort, disrupted sleep patterns, and change of appetite. Treatment with corticosteroids over time can accumulate to cause serious side effects, such as osteoporosis, hypertension, stunted growth, and suppression of the immune system.

23. As I stated initially, it is my medical and scientific opinion that exposure to the particulates from grass residue burning presents a substantial danger to public health in that exposure significantly exacerbates the severity and frequency of symptoms in my allergy, asthma, and bronchitis patients. In many patients, the connection between grass residue burning and an aggravation of the pulmonary condition is evident because the patients see a significant deterioration in their medical condition each year during the late summer and early fall, when exposure to smoke from grass residue burning is most frequent.

24. My opinion expressed in Paragraph 23 has been corroborated by discussions with my professional colleagues in the North Idaho medical community, who describe to me similar experiences in their practices. There is not any significant disagreement among doctors in the Idaho panhandle about the consequences of the grass residue burning that I describe above.

I declare under penalty of perjury that the foregoing is true and correct.

EXECUTED ON
this ____ day of _____, 2002

by: _____
John H. Strimas, M.D.