LOVE CANAL

Testimony Submitted to the House Sub-Committee on Oversight

and Investigations

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by Luella Kenny

Introduction

My name is Luella Kenny. I am a cancer research assistant at Roswell Park Memorial Institute in Buffalo, New York. I reside at 1064-96th Street, Niagara Falls, N.Y., which is located approximately 0.1 of a mile from the northern boundary of the Love Canal. My husband and I with our two surviving sons reside at this location. An old stream bed, which intersected with Love Canal, runs through our property. This stream bed is now filled and is part of our yard. In addition, at the back edge of our property is Black Creek which has been found to be contaminated with chemicals by the Environmental Protection Agency and by the New York State Health Department. Also located on this property is a storm sewer which drains the area north of the Love Canal. Our seven year old son died last October 4th from complications that resulted from nephrosis.

Jon's death

Up to June 6th, 1978, Jon had been a healthy little boy. On that date he had some swelling. On June 8th this swelling was diagnosed as being due to an allergy, and an antihistamine was prescribed. I took Jon back to the doctor's on June 26th when his stomach was beginning to swell. The allergy diagnosis still stood. Nephrosis in its early stages is often masked by symptoms resembling allergies. On July 1st, when there was no improvement, I took Jon back to the pediatrician and at that time we were sent directly to the hospital because protein was observed in the urine and nephrosis was suspected. Further tests in the hospital confirmed this diagnosis and the standard treatment with prednisone was started. Jon responded well to the drug and within one week his urine was free of protein, but he remained hospitalized and on prednisone until July 25th, 1978. Nephrosis in 75% of the cases is a recurrent disease, which disappears about age 14. Therefore, we were referred to the renal clinic at Buffalo's Childrens Hospital. We visited the clinic on August 2nd for the first time and Jon was fine. He had not been taking prednisone since July 25th. We had to test Jon's urine twice a day at home, and keep a record of protein readings as well as weight fluctuations due to fluid retention.

On August 14th the protein reappeared in the urine and Jon was hospitalized for one day on August 22nd and a two-month prednisone treatment was begun. By August 31st the protein had again disappeared. On September 13th we again visited the renal clinic and the only problem at that time was a slightly elevated blood pressure. This is a common occurrence with prednisone treatment, so the dosage was lowered. On September 16th protein was present in the urine.

On September 22nd Jon was sent home from school with a headache and dry heaves. During the night we rushed him to a local hospital because he was having convulsions and he did not respond to any stimuli. He was transferred to Buffalo's Childrens Hospital and put into the intensive care unit where a team of specialists were called in for consultations, but were unable to explain why Jon was having the convulsions. Jon's elevated blood pressure was listed as the probable cause, but the doctors were not completely convinced because most children with neophrosis have had much higher pressures.

After two days Jon began to respond, but he was having visual hallucinations for the next couple of days. Jon was released from the hospital on September 29th. At that time the protein in his urine was very high and his entire body was swollen because of fluid retention. By Sunday, October 1st Jon had difficulty breathing and could not hold down any food. We took him back to Children's Hospital on October 2nd where his condition continued to deteriorate and the doctors couldn't understand what was happening. He died on October 4th after having had a cardiac arrest brought on by the exertion in trying to breathe. We later found out that he had a massive pulmonary embolism - an extraordinarily rare complication of nephrosis.

At the time of Jon's death we had no idea that it could be linked to chemical toxicity. We requested an autopsy because we wanted to know why our son had died when we had been told all along that nephrosis was nothing to worry about. To quote the urologist at Children's Hospital, "Nephrosis is the best disease a child can have, because it can be cured". However, this same doctor was puzzled by the fact that Jon's symptoms were not typical, particularly the convulsions, nor did he respond to treatment as expected.

Response of the New York State Health Department

The death of a seven year old so close to the Love Canal was picked up by the news media in the area. In fact, we learned in October by reading the newspsper that the State was planning an investigation of Jon's death. However, the State did not contact us. On February 8th, 1979, I attended a public meeting for Love Canal residents and I openly asked Dr. Axelrod, New York State's Commissioner of Health, about the investigation that I had read about in the paper. Dr. Axelrod informed me that an investigation had been conducted and we would hear from the State shortly in order to discuss the matter privately. On February 24th I sent a letter to Dr. Axelrod reminding him of our conversation on February 8th. When there was no response to this letter, a second letter was sent on March 23rd to Dr. Steven Kim, who is in charge of the environmental studies at Love Canal. Dr. Kim called me on March 26th and it was at this time that we learned the creek adjacent to our property was chemically contaminated. This information has taken us several months to learn because all the samples that were collected from the creek kept getting lost. Dr. Kim was unable to answer our questions about Jon so he directed us to Dr. Nicholas Vianna, the epidemiologist in charge of health studies at Love Canal. I called Dr. Vianna on March 27th and he suggested that I go back to Children's Hospital for answers to my questions. Actually, I had already tried to get the final report from Children's Hospital and I was told that it was not completed. On March 28th I received a phone call from Dr. Haughie of the New York State Health Department, informing me that he had contacted my pediatrician and the urologist and pathologist from Children's Hospital on March 27th. He informed me that the final autopsy report was not ready, but it should be ready in a few days.

Meanwhile, we are living in a home that could possibly have killed one child and we're worrying about our two other children. Our twelve year old son complains of headaches and he has a kidney problem. Our ten year old son has anorexia nervosa (loss of appetite) and frequent nosebleeds. The latter symptom was one of Jon's first symptoms. Are we being poisoned by the chemicals in the adjacent creek, and possibly by chemicals migrating through the major swale that runs under our property? My husband likes to garden, but last spring none of the seeds he planted germinated. We are currently checking the possibility of chemical contamination in our yard by having our soil analyzed.

Did Love Canal Chemicals cause Jon's Death

Since my husband and I are both scientists, we started our own investigation into what may have caused Jon's death. We have spent hours in medical libraries delving into the current research being done in the field of nephrosis and also searching the older literature. In addition, we have corresponded with some of this country's leading research groups, who are currently working on nephrosis. By doing this we had hoped to learn as much as possible about the disease, and we have postulated some possible theories.

The first theory evolved from the fact that current research shows that nephrosis is linked to immunological responses. Many of the chemicals identified in Love Canal suppress immunological responses. Many Love Canal residents claim that they get more frequent colds, bronchitis, ear infections, and pneumonia. This would be expected if immune responses were impaired. Some neighbors who live on the same swale as our house have very low white blood counts (1000 and 3000 instead of a normal 10,000) as might be expected if chemicals were interfering with the immune response. Jon was our only child who was born after we moved into this house. Were his immunological responses suppressed by these chemicals? Did this suppression of immune response lead to his nephrosis or make it more difficult for him to cope with the nephrosis?

Our second theory is that Jon may have been the one in 15,000 that would have developed nephrosis, but that the chemicals triggered relapses. Therefore with constant relapses because of continual exposure to chemicals, his system never had a chance to rebuild before it was down again. Several of the Love Canal chemicals are renal poisons and do damage the kidney.

Our third hypothesis is that toxic chemicals were stored in Jon's body, probably in the fat. During Jon's illness, either because of the stress of the illness or because of the prednisone treatment, the fat reserves were mobilized thus releasing these toxic chemicals from storage. The toxicity of these chemicals and the illness combined were too much for Jon.

Conclusion

We do not know if any of these theories are right. We do want a thorough investigation of Jon's death by specialists in renal toxicology. We know that this cannot bring Jon back nor in any way ease our sense of loss, but we have a responsibility to our other two sons and to all the other children living in Love Canal.

Although these facts are not conclusive, they do indicate that the factor of chemical toxicity is highly probable and possible in causing Jon's death.

As Jon's mother the realization that Jon was a victim of chemical poisoning is a horrible nightmare. During these brief seven years I was so concerned that he received the proper food and was properly clothed yet all my love and care were in vain because of a chemical dump that I knew nothing about. And now that I know about the dump, I am powerless to protect my other two children from exposure to these killing chemicals.