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Aerotoxic Syndrome and other people

A discussion of the problem from the perspective of employers, colleagues and family.

Introduction

Aerotoxic Syndrome is the name given to being poisoned by exposure to contaminated air. The main difficulty which non-sufferers have in understanding what a serious problem this is, is that the Aerotoxic Syndrome sufferer often looks normal, walks normally (and may even be able to run a little) and probably even speaks normally most or perhaps all of the time. And should the sufferer be in such a condition as to be able to do little more than sit around, perhaps in the garden in the summer, he or she may also even have a tanned appearance, further adding to the illusion of good health.

Be in no doubt that this is an illusion; the neurological and physiological symptoms are mostly 'invisible' and so perhaps understandably, this can easily lead to an employer, colleagues and even family members forming the conclusion that the pilot in question may be malingering, or that its 'all in their head'. There is certainly plenty of evidence that this occurs, particularly with employers and even our own colleagues, who may express sentiments such as – 'if they are ill, then why aren't we all?'

Flight crew members and their employers

It is usually only when an individual becomes long-term sick that that person's name becomes known to the management of a company. One of the unfortunate side-effects of a large, remote workforce, such as the pilots and cabin crew in an airline, is that individuals are sometimes just names and those in management feel little accountability for those they do not personally know. When this fact is added to the fact that they may never have even heard of the contaminated cabin air problem, it is thus easy to understand why a company may - incorrectly - assume that a poisoned pilot is not genuinely ill.

Sometimes word of this type of assumption unofficially leaks out and becomes known to the unfortunate poisoned individual. This is highly offensive and is also deeply unjust – not only has he or she been seriously injured by a potent neurotoxin, but the 'perpetrators of the crime' may be denying any responsibility and may also appear to be covertly accusing the sufferer of immoral behavior and refusing to acknowledge that the individual deserves support.

Another probable reason for a high level of ignorance about the contaminated air problem in general and the sufferer's symptoms in particular, is that almost everyone in the industry has an interest in covering the problem up, so it doesn't get much press. Fortunately, this is beginning to change. Also of course, non- or only partially-symptomatic pilots invariably don't want to 'raise their head above the parapet' or



confront the fact that their working environment may be poisoning them. Furthermore, aircrew having chronic low-level symptoms such as fatigue and under-performance (not of course something people, and perhaps especially pilots, would readily admit to) are often ignorant of the true cause of their symptoms, and put them down to the fatiguing effects of their roster, ageing, stress and such like.

Family members

The family members of someone suffering from Aerotoxic Syndrome may well indirectly feel some of the effects of the poisoning – one symptom in particular that seems to come up frequently is that the exposed individual becomes emotionally volatile. This symptom manifests itself by the victim losing some or even much of their ability to control their emotional state, perhaps becoming unusually susceptible to emotional outbursts such as episodes of tearfulness, anger and so on. They may also become withdrawn, lacking in motivation and shy away from social activities, preferring their own company instead. These symptoms might appear to be those of someone suffering from stress or depression, but it's more than likely to be the effects of toxins in the body

It is important to appreciate that the individual concerned might have little or no awareness of any such change in their own condition, and even if this is brought to their attention, it may still not be accepted as being the case. Any such increased emotional volatility can make it hard to live with an exposed individual, and understandably this can prove to be very hard on other family members. If the issue is not openly addressed, it can of course lead to an increased likelihood of difficulties with relationships, up to and including serious conflicts and even divorce.

Exposed individuals might do well to brief family and perhaps even friends of this possible consequence of their situation, perhaps by showing them this document. By doing this, those close to the exposed individual can be helped to understand that it is the poisoning that is the factor most likely to be responsible for any change in their behaviour – any such behaviour changes are neither the fault nor the choice of the individual concerned, who may well have little or no control over their increased emotional volatility.

Those who have not been briefed about the effects of such poisoning may well conclude, understandably but in fact incorrectly, that the individual themselves is responsible for the change in their own behaviour, and react accordingly. It can thus easily be seen how serious family tensions can develop; an extremely unfortunate side effect for all concerned; the Aerotoxic Syndrome victim needs an increased level of support and understanding at what is a very difficult time, and certainly does not need or wish to be alienated from family members. At least if family members understand what has happened to their loved one, they will be better equipped to 'ride the storm' and assist the exposed individual back to emotional normality.

Fortunately, for those who manage to detoxify themselves, such emotional volatility does appear to pass and the individual can regain normality in this regard. It should be understood that this volatility can be expected to persist for a period of time after exposure is stopped; it is probable that such behaviour changes correlate to the presence of certain particular toxins. Therefore, for those individuals who are continually re-exposed, perhaps because they continue to work in a polluted environment, the condition may appear to be ongoing. Put simply, a poisoned flight crew member may not



be easy or pleasant to live with. However, once exposure to the toxins is stopped, the body has a chance to cleanse itself, and the individual can start to move back towards better health. Naturally, detoxification strategies should be sought by anyone suspecting they have been poisoned by contaminated air.

It's difficult to say with certainty how long any such change in emotional volatility will persist after exposure has been stopped. As a rough guide, from experience it may be wise to plan on at least a few months and perhaps a year or even more before normality is resumed. However, it seems reasonable to assume that any such increased emotional volatility may be expected to persist for much longer if the individual does nothing to promote detoxification.

Psychological effects

This is a useful opportunity to discuss some of the typical personal issues that can come up for the Aerotoxic Syndrome victim. Not only has the individual been poisoned, but they are also experiencing a rapid, unexpected and possibly frightening decline in their health. And as if that were not enough, they are also now unable to work, and so in time may come to experience many of the problems of the unemployed person. These can include the feeling of the loss of identity, the feeling of a lack of purpose and no longer feeling like they belong to an organisation. This is especially possible if an employer denies responsibility.

Yet even that is not all – most medical professionals are still unaware of the problem. Because the symptoms of Aerotoxic Syndrome can closely resemble depression, this is a common misdiagnosis. From the doctor's perspective, depression is the 'best fit', so anti-depressants are commonly prescribed for Aerotoxic Syndrome victims. Anecdotal experience shows that a dose of synthetic pharmaceuticals usually make things worse.

It can thus be seen that the sufferer of Aerotoxic Syndrome has a number of serious problems to contend with, additional to the obvious one of feeling unwell. The families also experience a significant change; from having the partner being often away at work flying, the individual is now permanently at home. This change can disrupt old routines and taken altogether, the new set of circumstances all results in an increased level of stress, not only for the individual but of course also for the whole family concerned. These factors are probably more easily coped with if they are at least recognised and acknowledged.

Finally, it's as well to know that most Aerotoxic Syndrome sufferers seem to commonly experience problems convincing those around them that they are genuinely ill. This health problem has yet to become acknowledged by the public and the medical profession, as happened in the early days of Gulf War Syndrome. However if you had early stage terminal cancer, people would in all likelihood believe you – and you'd still look all right wouldn't you?

Good luck.

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