Michael R. Robichaux, MD P.O. Box 68 Mathews, Lousiana 70375

March 25, 2012

The Honorable Carl Joseph Barbier Judge, U.S. District Court for the Eastern District of Louisiana 500 Poydras Street New Orleans, LA 70130

# Dear Judge Barbier:

My name is Michael Robichaux, and I am an Ear, Nose and Throat physician from Raceland, Louisiana. I've been in practice in this area for 37 years. My wife, Brenda Dardar Robichaux, is a recently retired Principle Chief of the United Houma Nation, the largest (17,000 member) tribe in the state.

Brenda and I have spent our lives together working with members of her Tribe in various pursuits. Additionally, I treat a large number of fishermen and oilfield workers in my medical practice. Because of my medical practice and because so many of Brenda's Tribal citizens are either fishermen or work in the oilfield, we were keenly interested in the health of our patients and friends who worked with or near the oil and other chemicals involved in the Deepwater Horizon tragedy.

In late November, 2010, I received a call from Marylee Orr, the Executive Director of LEAN (The Louisiana Environmental Action Network). Marylee asked that I draw blood for Volatile Organic Compounds on a group of people from Florida, Mississippi and Louisiana who had exposures to chemicals from the Deepwater Horizon tragedy.

A dozen or more patients arrived at my office one afternoon and it was at this time that I became convinced that there were some severe problems resulting from exposure to the chemicals from the spill, as many of these individuals were extremely ill.

I began seeing progressively larger numbers of patients and I drew blood on approximately 80 patients for Volatile Organic Compounds. LEAN paid for all of the testing performed in this matter.

To the best of my recollection, the majority of the samples obtained showed abnormal and unhealthy levels of the chemicals being tested.

Most of my earliest patients were indigent, as they had lost their jobs and they were unable to work because of their illnesses. Since we had no money for laboratory studies, and because those studies we were able to perform (aside from the VOC tests) were often normal, little in the way of lab work has subsequently been performed on my patients.

I did the best I could to manage their problems and soon became very familiar with the symptoms associated with these illnesses. What was amazing was the fact that the symptoms I elicited from questioning my patients were identical in patients from Florida, Alabama, Mississippi and Louisiana. Additionally, most of the symptoms were quite bazaar, and were unlike anything I had seen in over 40 years of being a doctor.

After several months of "Band Aiding" patients, I had the great fortune of meeting a

young man who offered to help us open a "Detox Clinic." I had no experience in this field, yet my patients and I were desperate to find a way to treat their illnesses and we agreed to work with him to make his proposal a reality.

A few months ago we opened the Gulf Coast Detox Project in my family home in Raceland. It needs to be understood that neither my wife or I had any idea as to the usefulness of this program, but we were desperate and agreed that we would do the best that we could and if the program did not work, we'd put our tails between our legs and look for other ways to help our friends and neighbors.

Since that time we have treated about 40 patients and we have several more under treatment at this time. Our results have been nothing short of sensational. I am not easily impressed or overly expressive about events in my lifetime, but I have never witnessed ANYTHING as uniformly helpful in my 40+ years as a physician. The treatment program has been literally saving lives and giving our patients a new opportunity at living normal existences.

Our efforts have not cost our patients a nickel, as the money for this operation has come strictly from donations. I receive a stipend for doing medical assessments on the patients and for caring for them daily while they are under treatment. I have been in the Sauna EVERY DAY since the program began and I take care of any medical problems our patients may have and instruct them on their nutrition and other health needs. The loss of income from my practice is far greater than my income from these endeavors.

There are undoubtedly thousands of people with problems similar to those being suffered by my patients. The medical community has been somewhat indifferent to these problems because the vast majority of us don't have any experience in treating people with chemical toxicities, and because most of my patients do not have the resources to pay for their care. When studies are performed, they are often negative and even the most caring and compassionate physicians are at a loss to manage these difficult problems.

Several months ago I received a call from an author who had read about some of the symptoms I was describing and he and asked that I read his book on the 1991 Gulf War.

His book was an eye-opener and I began reading extensively on what has become known as "Gulf War Syndrome."

Following Operation Desert Storm (1991), about 175,000 American troops returned home with a bazaar complex of illnesses that eventually became known as Gulf War Syndrome. For reasons beyond this discussion, our government and the VA system chose to label these war heroes as malingerers and psychotics, and came up with a number of excuses to avoid appropriately diagnosing and treating our nation's finest patriots.

Eventually, a very conscientious and dedicated member of the U.S. Senate initiated an investigation of this issue and, in 2008, a U.S. Senate committee prepared a 454-page document titled "Gulf War Illness and the Health of Gulf War Veterans." I have read and re-read this publication several times and the messages are fascinating. The remarkable thing about this illness was that the symptoms being suffered by these veterans were IDENTICAL to those being suffered by our patients.

# http://www.va.gov/RAC-GWVI/docs/Committee Documents/GWIandHealthofGWVeterans RAC-GWVIReport\_2008.pdf

One of the things that the Senate investigation uncovered was that the majority of the problems that these American were experiencing could not be verified by conventional testing.

I abstracted the entire article and will give you a few items from the "EXECUTIVE SUMMARY" that you might find of interest.

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Despite the swift and decisive victory achieved in Operation Desert Storm, at least one fourth of the nearly 700,000 U.S. military personnel who served in the war have experienced a complex of difficult and persistent health problems since their return home.

This symptom complex, now commonly referred to as Gulf War illness, is not explained by routine medical evaluations or by psychiatric diagnoses, and has persisted, for many veterans, for 17 years. While specific symptoms can vary between individuals, a remarkably consistent illness profile has emerged from hundreds of reports and studies of different Gulf War veteran populations from different regions of the U.S., and from allied countries.

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Gulf War research has posed a complex scientific challenge for researchers. Most obviously, Gulf War illness does not fit neatly into well-established categories of disease.

(Mike Robichaux: THE FOLLOWING PARAGRAPH BEST SUMMARIZES MY EXPERIENCE WITH THIS DISORDER:)

Gulf War illness refers to the complex of symptoms that affects veterans of the 1990-1991 Gulf War at significantly excess rates. It is characterized by multiple diverse symptoms not explained by established medical diagnoses or standard laboratory tests, symptoms that typically include a combination of memory and concentration problems, persistent headache, unexplained fatigue, and widespread pain, and can also include chronic digestive difficulties, respiratory symptoms, and skin rashes.

(While writing this letter I interviewed a young woman who is a victim of the spill. Her symptoms are IDENTICAL to the symptoms described above.)

A similar profile of excess symptoms has been described in every study of U.S. Gulf War veterans from different regions and units, and in Gulf War veterans from the United Kingdom and other allied countries.\*\*\*\*\*\*\*\*\*\*

Like the veterans of the 1991 Gulf War, the few individuals who I have treated who have had studies performed have not received definitive diagnoses of their problems.

Several months ago I had the great fortune to meet and work with a gentleman named Kaye Kilburn. Dr. Kilburn is an 80-year-old physician and scientist who, many years ago, rode a speaking circuit with Dr. Alton Ochsner, Sr. Dr. Ochsner preached, to oftenskeptical audiences, that cigarettes were responsible for lung cancer, while Dr. Kilburn lectured on the dangers of cigarettes causing chronic lung disease.

On his trip from his office in Pasadena, California to the bayou country of Lafourche Parish, Dr. Kilburn examined 14 individuals who had experienced exposure to the products of the oil spill. After he had run a battery of studies on these individuals he was literally fascinated by his findings. Prior to leaving for home he mentioned to me that this was the greatest public health crisis that he had observed in his lifetime!!

# Thus the purpose of this letter:

I have read the proposed settlement with BP and the Plaintiff Steering Committee several times and, in my opinion, it is not a document that was designed to assist the victims of the Deepwater Horizon tragedy, but rather to skirt the real issues and provide a "Band Aid" approach to a problem requiring major surgery.

When the committee was first formed, I offered to speak to them regarding my observations and experiences in treating patients with what I now call "BP Syndrome."

To the best of my knowledge, there is no other physician who has seen as many ill patients with these disorders and no one who has had more hands on experiencing in treating these problems. I personally spoke to a member of the committee and offered my services and experiences and expressed the same offer to numerous attorneys who have contacted me in the past regarding assisting them with the cases they were having. No one has ever contacted me on this issue.

My one observation in the legal arena has been that the members of the PSC are the same individuals who are representing most of the people in my area who have been affected by the spill.

It is important to know that I have no affiliation with any plaintiff or defense attorneys and I have done my best to avoid any real or perceived conflict of interest in this matter. My wife and I only wish to see our people treated with the respect and consideration they deserve in this matter.

I would like to respectfully recommend the following to the court:

- An ad-hoc committee of the PSC be appointed to meet with Dr. Kaye Kilburn, Dr. Wilma Subra, Marylee Orr, and myself and entertain a mutually agreed upon proposal to institute a study and treatment plan that would be funded by the settlement agreement.
- Dr. Kilburn would provide us with the diagnostic equipment and expertise to run
  objective studies on our patients and this data would be made available to the
  patients, their attorneys and the PSC. The patients would receive diagnostic
  testing and those wishing to obtain treatment could avail themselves to our
  treatment program.
- The data would be published and Dr. Kilburn, Dr. Subra, and any other experts in this field that they may wish to bring on board, would prepare a peer review quality

research paper on our results.

- This information would be shared with members of the U.S. Congress and the officials of the U.S. Veterans Administration involved in the management of soldiers with "Gulf War Syndrome."
- Depending on the results of our experience with the treatment program, the settlement agreement could offer to treat 100 Veterans currently diagnosed with this disorder and a peer review quality report be generated with this data.

I believe that I can speak for Dr. Kilburn, Marylee Orr and Dr. Subra in saying that we have a huge crisis on our hands and that the proposed settlement will benefit BP dramatically and leave some very ill and innocent victims out in the cold. These individuals will be left to fiend for themselves in a manner similar to the treatment we provided to our sons and daughters who fought in Operation Desert Storm over 20 years ago.

Please, don't let us be part of another generation who stood by idly while thousands of our neighbors, friends and relatives were relegated to spend the rest of their lives in a living hell because it would inconvenience or cause financial stress to an industry that could certainly afford to live up to their responsibilities in causing unrelenting misery to thousands of innocent individuals.

I would be more than happy to provide you with exit statements from the individuals who have completed our treatment program and I am certain that the majority of them would gladly agree to be interviewed regarding their experience with their treatment.

My most fervent dream, aside from helping the innocent victims of this tragedy, would be to have Dr. Kilburn and Dr. Subra write a new chapter in our medical texts that would explain to young doctors how chemical exposures can cause neurological disorders and other illnesses that heretofore have not been recognized, identified or treated.

Our efforts could pave the way to finding novel new treatments that would build upon previous works and provide remarkably improved and more efficient ways to treat some very old problems.

I will copy Dr. Subra, Dr. Kilburn and Marylee Orr with this letter and we will be anxiously awaiting your response to our request.

#### Documents:

(The following documents are being sent by separate mail.)

Curriculum Vitae of:

Kaye Kilburn, MD

Wilma Subra, PhD

Marylee Orr, Executive Director Louisiana Environmental Action Network

Biography:
Brenda Dardar
454 Page Report:
Gulf War Illness and the Health of Gulf War Veterans Scientific Findings and Recommendations Research Advisory Committee on Gulf War Veterans' Illnesses
Sincerely yours,
Michael R Robichaux MD

Michael Robichaux, MD