



Asthma Sufferers Victimized by UN Ozone Madness

Few things are more terrifying than being smothered, yet millions of Americans who suffer from asthma and other respiratory ailments experience this sensation on a regular basis. For many it is not just an unpleasant and debilitating experience, but a life-threatening one. For decades, these sufferers have received emergency relief from albuterol metered-dose inhalers (MDIs). These traditional MDIs, however, are propelled by chlorofluorocarbons (CFCs) which environmental activists, UN bureaucrats, politicians, and some scientists claimed were destroying the Earth's stratospheric ozone layer.



Remember the "ozone hole"? That was the global environmental "crisis" that was threatening our planet with an imminent apocalypse — before being replaced by "global warming." In a campaign similar to that which we are experiencing today regarding climate doomsday scenarios, various "experts" claimed that all human-produced CFCs must be eliminated — or we would all suffer skin cancer and blindness due to increased ultra-violet radiation from the sun. [The science behind the theory was always very flimsy](#) (or outright fraudulent, as many scientists assert), but a chorus of voices sponsored the UN, government agencies, and environmentalist organizations — and amplified by support from the major media — claimed a "scientific consensus" on the matter. Hence, the Montreal Protocol crafted by the United Nations mandating a phased reduction of, and eventual global ban on, Freon, halon, and other CFCs.

In 1992, President George Bush (the elder) eagerly jumped aboard the green bandwagon and committed the United States to going even beyond the Montreal Protocol. A [White House press statement](#) of February 11, 1992, announced: "President Bush today announced that the United States will unilaterally accelerate the phaseout of substances that deplete the Earth's ozone layer and called on other nations to agree to an accelerated phaseout schedule. Current U.S. production is already more than 40 percent below the levels allowed by the Montreal Protocol and more than 20 percent ahead of Europe's nonaerosol production phasedown."

Medical devices such as inhalers were exempted from the ban. A few years later, however, during the Clinton administration, CFC-propelled MDIs were arbitrarily and arrogantly sacrificed on the altar of political expediency and political correctness. The FDA, acting under prodding of the EPA (then under Carol Browner, who is now Obama's energy and climate "czarina"), agreed to phase out the CFC MDIs even though the CFCs emitted by the inhalers are minuscule and no effective and affordable substitute was (or is) available to replace them.

CFCs from MDI inhalers are insignificant, accounting for less than 0.5 percent of total CFC emissions, so banning them will have *no* impact on the ozone layer. Drusilla Hufford, then-Acting Director of the EPA's Stratospheric Protection Division admitted that the decision was purely political, to avoid the



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difficulty of wrangling over the many possible exemptions for small usages.

[Hufford told the FDA](#) on April 11, 1997:

I would like to just very briefly try to provide you a little historical context, if I could. At the outset of policy discussions for controlling the ozone layer problem, the majority of U.S. uses of these chemicals were in the major air conditioning and refrigeration uses....

About a third of the problem, though, was made up of very small uses. CFCs were so industrially ubiquitous ... the parties to the Protocol and certainly those in the U.S. environmental community and the regulatory community faced the question of should there be any kind of move to exempt small uses on the basis of their smallness.

Because small uses then in the aggregate represented such a large portion of the problem, the decision was made to go ahead and address the problem as a whole, because if we ended up exempting an individual use based on its smallness [such as CFC MDIs], it would be very difficult when the next small user came in, to say, well, no, we need to hold the line here.

The FDA would later admit: "We are unable to quantify the environmental and human health benefits of reduced CFC emissions from this regulation [banning CFC MDIs.]"

Thus, medical relief essential to some 20 million Americans was preemptorily outlawed because the "environmental community and the regulatory community" decided not to upset the UN agenda.

Scientists, medical groups, physicians, pulmonary experts, and asthma sufferers testified and petitioned against the FDA/EPA mandate. Dr. Sallie Baliunas, an astrophysicist at Harvard University and the George Marshall Institute, said, "The amount of CFCs in inhalers is minute, so banning them won't make any improvement, and not having them will have a detrimental effect on some children." John Berlau, writing for *Insight on the News* in 1997, noted:

The FDA received more than 9,000 comments from medical groups, physicians and asthmatics. All except about 50 were opposed to the new regs. Physician groups including the AMA and the Joint Council of Allergy, Asthma and Immunology, or JCAAI, said the proposal would raise costs, lessen competition and leave many patients to suffer without alternatives. Daniel Ein, a Washington allergist who is president-elect of the JCAAI, says, "We feel, as practicing physicians, that we need to have as many tools available to us — to treat a variety of patients with all their various needs — as possible. The FDA proposal would artificially shut down a lot of those options, and we'd be forced often to use second- or third-best treatment rather than first-best treatment. We don't think that's good for our patients."

The FDA solemnly proclaimed that it would listen to and weigh the testimony of all petitioners before making a final decision on the matter; but there was never any doubt which way the Browner/Gore/Clinton forces were headed.

"The decision to make the change was political, not medical or scientific," [says Leslie Hendeles](#), a professor of pharmacy at the University of Florida, who co-authored a 2007 paper in the *New England Journal of Medicine* explaining the withdrawal and transition.

The replacement for CFCs in the new inhalers is hydrofluoroalkane (HFA), which is supposedly better for the ozone layer and, according to spokesmen for the government, is completely satisfactory. However, testimonials by scientists, medical authorities, and asthma sufferers cited on the website of the [National Campaign to Save CFC Asthma Inhalers](#) claim the HFA inhalers are many times more



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costly and do not provide the emergency relief of the traditional CFC albuterol inhalers.

Dr. Nicholas J. Gross of the Stritch-Loyola School of Medicine was on the FDA advisory board that adopted the CFC MDI ban. [He has since publicly stated](#) he regrets the decision and has requested that the ban be pushed back for at least another year.

That won't happen, of course, unless Congress comes under severe pressure from the 20-million-plus asthma sufferers and their families, friends, and physicians. Congress has been grossly negligent and irresponsible in allowing executive regulatory agencies such as the EPA and FDA to make these life-impacting decisions.

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