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In the Spring of 2003, just two months after my son Conner was born, I participated in a breast milk study conducted by the Environmental Working Group, a non-profit based in Washington D.C. that conducts scientific studies to better inform policy-making. At the time, I hoped, quite naively, that my breast milk would contain few PBDEs. I had tried to live a healthy lifestyle, eating healthy foods and avoiding chemicals known to be harmful. I figured my results would be on the low end. I was wrong.

I will never forget sitting at the kitchen table with my husband, reading the letter from the Environmental Working Group that summarized the results. My results were not the highest, but they were well above average. Many, many times the amounts found in breast milk in women in Europe and Japan.

It was very difficult to know that I had contaminated my son, with uncertain consequences, without my consent. Possible impacts on learning and memory, permanent impacts. We're talking about reducing our children's ability to function in the world.

Every parent wants to give their child the best start in life. We all know we can't keep our kids entirely safe. There will be skinned knees, broken bones, heartbreak, the flu. But we try to give them the best start possible, so that they can succeed in school, weather the ups and downs of adolescence, and become happy, fulfilled adults. Exposing our kids to PBDEs in quantities never before seen, with potentially harmful consequences, is not the best start.

Pregnant women of our generation are vigilant about what they put in their bodies. We don't smoke. We don't drink. We are told to avoid certain kinds of fish, due to mercury contamination. It can be daunting to keep track of all the dos and donts. We shoulder a tremendous burden in protecting the health of the next generation, and we shoulder it largely as individual consumers.

But, really, as many scientists have pointed out, what we put in our bodies before we are pregnant also counts. We have a body burden of toxics that cannot be eliminated by any sort of clean living during pregnancy. Things accumulate from a variety of sources.

In Fall 2003, the Environmental Working Group asked me to participate in a study of household dust. I sent off my vacuum cleaner bag and held my breath. The results showed some of the highest levels of penta and deca PBDEs ever recorded. We knew we had sources of penta in our house - old couches and foam eggcrates. But the high levels of deca were a mystery. We had one small TV and one computer, and few other appliances. Yet our deca levels were off the charts.

Remember. Scientific evidence accumulates slowly. Especially with regard longterm health effects. We cannot wait for a 20 year study on PBDEs. We have ample evidence from recent research that PBDEs are harmful. We cannot wait for a generation of learning-impaired children to grow up. We need to act now. The job of policy-makers, like yourselves, is to take conservative action to stave off harmful futures. I truly believe that reducing PBDE use is the conservative thing to do.

Despite all of this, I continued to breastfeed. The research shows that contamination occurs primarily in the womb and breastfeeding is still the best food for babies. But, I wish we could all be confident that our breast milk was pure, and that we were truly giving the next generation the best start possible. We, as parents and a society, owe it to them. We can be safe and reduce the use of the most harmful chemicals.

As Montanans, we can make a clear statement to Congress that we want these chemicals banned from further use. As with DDT, it took us awhile to learn that PBDEs were accumulating in our bodies and affecting our children. But now we know. It is time to take this burden off the shoulders of our nation's mothers and enact public policy that reduces this risk. Montana can and should show leadership on this issue.