

97-125 DATEP 29 - LAUNGCARE -  
REGISTRY

Representative Glenn Grothman, Cochairperson, Joint Committee for Review of Administrative Rules  
P.O. Box 8952  
Madison, WI 53708

Dear Representative Grothman:

I am writing to you as a private Wisconsin citizen because I need your help. Please, as you review Clearing House Rule 97-125 (formerly "DATP 29"), **keep intact the section within this Rule that provides a Registry allowing citizens to receive pre-notification of commercial lawn applications on a resident's block or any adjacent block.** This section is crucial as is, to provide Wisconsin citizens with sufficient warning of nearby pesticide use.

The nine-block pre-notification Registry provides information citizens use to protect themselves from exposure to pesticides. The DATCP Board unanimously voted, following testimony at public hearings and letters sent to the Board during the hearing period, to keep this Registry as it is.

The unanimous vote came after the DATCP Board heard testimony and received individually written (not pre-printed) letters from a large number of citizens who urged the retention of the current nine-block notification (not a reduced) notification area. These residents represented a wide cross section of Wisconsin's people from all walks of life, ranging from medical doctors, chiropractors, University professors, housewives, school teachers, an actuary, environmental groups, and the Wisconsin PTA, to a variety of individuals with various health conditions that are worsened with pesticide exposures.

I ask, as you review Clearing House Rule 97-125, that you also be aware of and alert to misleading information now being circulated regarding issues that arose during the public hearings held by DATCP on this Rule. For example, Wisconsin legislators recently received a memo from the Wisconsin Agribusiness Council that presents incorrect information about a widely-recognized disorder called Multiple Chemical Sensitivity (MCS). Concentration on the existence or non-existence of MCS is a 'red herring' used to divert attention from the real issue. **The real issue is one of basic human rights: individuals have the right to know when substances which are toxic or potential health hazards are used in their proximity.**

Although the issue of MCS is not and should not be the focus of our attention, I am including with this letter fully referenced material that clearly lays out the facts in this matter. In it you will find that twenty-two Federal authorities, (including, for example, the Social Security Administration, HUD, and the U.S. Department of Justice), twenty-three State authorities, Canadian government agencies, and many others have recognized Multiple Chemical Sensitivity as a legitimate (non-psychogenic) medical condition and/or disability. I am also including a brief pamphlet from the American Cancer Society clearly outlining the potential health effects of common pesticides.

Please contact me directly if I can provide additional information or be of any service to you regarding these issues. Once again, I ask that you **keep intact the Registry allowing citizens to receive pre-notification of commercial lawn applications on a resident's block or any adjacent block - we have the right to know when pesticides are being used.**

Sincerely,



Judy Davinich, B.S., M.S., S.F.O.  
P.O. Box 304, Little Chute, WI 54140  
(920) 788-5956

February 16, 1998

# What you should know about pesticides...

## Q. What are pesticides?

A. Pesticides are poisons designed to kill a variety of plants and animals such as insects (insecticides), weeds (herbicides) and mold or fungus (fungicides). Pesticides include active ingredients (chemical compounds designed to kill the target organisms) and inert ingredients which may be carcinogens or toxic substances.

## Q. Are pesticides safe?

A. No one can assure your safety when using pesticides. Most pesticides are associated with some risk to human health or the environment.

## Q. Are pesticides registered by the U.S. Environmental Protection Agency (EPA) really safe?

A. No. EPA registration is not a consumer product safety program. It is not intended to determine the safety of the pesticide, but rather to indicate it will kill a targeted pest. The EPA is now reconsidering the registration of many pesticides which have been on the market for years, registered before the current testing requirements took effect. This re-registration process will take years to complete. Meanwhile, these pesticides are still on the market. The following pesticides are among many that fall into this category: carbaryl, dicamba, glyphosate, malathion, maneb and methoxychlor.

## Q. What are the potential health effects of common pesticides?

A. The EPA has identified health effects such as eye, skin, respiratory or throat irritation and muscle spasms in humans and animals. There may be long term health risks from pesticide exposure:

- A National Cancer Institute study indicated that children are as much as six times more likely to get childhood leukemia when pesticides are used in the home and garden.
- The Journal of the National Cancer Institute suggests that non-Hodgkins lymphoma may be linked to pesticide exposure.

According to a report in the American Journal of Epidemiology, more children with brain tumors and other cancers were found to have had exposure to insecticides than children without cancer.

- As explained in the Journal of the National Cancer Institute, heavy and prolonged exposure to DDT may cause pancreatic cancer.

According to the State Attorney General:

- 95% of the pesticides used on residential lawns are considered probable or possible carcinogens by the EPA.

• Organophosphates, like Diazinon and Dursban, and carbamates are designed to act as nerve poisons and may cause headaches, dizziness, fatigue, twitching muscles and mental confusion. Diazinon is banned for use on golf courses and sod farms, but is widely used

• 2, 4-D was a component of Agent Orange and is used in about 1,500 lawn care products.

## Q. How can pesticides reach people?

A. Pesticides can be absorbed through the skin, swallowed or inhaled. During application, pesticides drift and settle on porches, laundry, toys, pools and furniture. People and pets may track pesticide residue into the house.

## Q. Are there healthy alternatives to deal with insects, weeds and fungus?

A. Yes. The use of chemicals can be eliminated by natural or mechanical lawn care practices which build a strong vigorous lawn. Healthy lawns are better able to resist weeds and pests.

- Organic natural methods of lawn and garden care, as well as household insect problems are available.
- Pull out weeds manually. Use biological controls or less toxic pesticides like insecticidal, herbicidal, or fungicidal soaps for serious problems.

For more information contact:

**AMERICAN DEFENDER NETWORK**  
P.O. Box 911  
Lake Zurich, IL 60047  
(708) 381-1975

**What do I need  
to protect myself,  
family, home  
and pets?**

**It is a violation  
of federal law to  
state that the use  
of pesticides is  
safe when used  
as directed.**

**The benefits of  
a healthy family  
and populace  
outweigh the  
cosmetic benefits  
of a picture  
perfect lawn.**

\* Consumers who use toxic substances and those who cannot avoid its use by others, are urged to learn about the chemicals they are experiencing, their health effects and to take precautions to limit exposure. Be especially careful with children. Depending on the chemical applied, it could remain toxic for over a month. Always request a material safety data sheet on the chemicals used.

For more information:

State Attorney General  
Environmental Protection Bureau  
(716) 847-7149



Environmental Protection Agency  
Pesticide Information Hotline  
(800) 858-7378



American Cancer Society  
(716) 689-6981



"Lawn Care Pesticides: A Guide for Action",  
Attorney General Robert Abrams,  
May 1987, NYS Dept. of Law, 1992  
Environmental Protection Bureau

Special thanks to:  
State Attorney General's Office

**AMERICAN  
CANCER  
SOCIETY**

This publication has been produced  
by the Erie County Unit of the  
American Cancer Society.

**WARNING:  
The use of  
pesticides  
may be  
hazardous  
to your  
health!**



# RECOGNITION OF MULTIPLE CHEMICAL SENSITIVITY

Multiple Chemical Sensitivity or MCS is a chronic condition marked by heightened sensitivity to multiple different chemicals and other irritants at or below previously tolerated levels of inhaled and/or ingested exposure. Smell sensitivity is often accompanied by new food and drug intolerances, photosensitivity to sunlight and other sensory abnormalities, from hypersensitivities to touch, temperature extremes, loud noises and certain tastes to impaired senses of balance, memory and concentration. MCS is more common in women and can start at any age, but usually in one's 20s to 40s. Onset may be sudden (from brief high-level toxic exposures) or gradual (from more chronic low-level exposures), as in "sick buildings."

The syndrome is defined by multiple symptoms occurring in multiple organ systems (most commonly the neurological, immune, respiratory and musculoskeletal) in response to multiple different exposures. Symptoms may include chronic fatigue, aching joints and muscles, difficulty sleeping and concentrating, memory loss, migraines, and irritated eyes, nose, ears, throat and/or skin. The frequency and/or severity of these symptoms are worsened by subsequent "triggering" exposures to many different chemicals and other irritants from a great variety of sources (air pollutants, food additives, fuels, building materials, scented products, etc.). Consistent with basic principles of toxicology, MCS usually can be improved, although not completely cured, through the reduction and environmental control of such exposures. Many different terms have been proposed in professional and lay literature over the past 100 years to describe MCS syndrome and possibly related disorders whose symptoms also wax and wane in response to chemical exposures. Diagnoses listed in the International Classification of Diseases (ICD9-CM) are marked with an asterisk.

## Alternate Names Proposed for MCS

Acquired Intolerance to Solvents  
Allergic Toxemia  
Cerebral Allergy  
Chemical Hypersensitivity Syndrome  
Chemical-Induced Immune Dysfunction  
Ecological Illness  
Environmental Illness or "EI"  
Environmental Irritant Syndrome  
Environmentally Induced Illness  
Environmental Hypersensitivity Disorder  
Idiopathic Environmental Intolerances or "IEI"  
Immune System Dysregulation  
Multiple Chemical Hypersensitivity Syndrome  
Multiple Chemical Reactivity  
Total Allergy Syndrome  
Toxic Carpet Syndrome  
Toxin Induced Loss of Tolerance or "TILT"  
Toxic Response Syndrome  
20th Century Disease

## Disorders Associated With Single or Multi-Organ Chemical Sensitivity

Akureyri Disease \* (coded as EN)  
Asthma \*  
Cacosmia  
Chronic Fatigue Syndrome \*  
Disorders of Porphyrin Metabolism \*  
[Benign Myalgic] Encephalomyelitis \*  
Epidemic Neuromyasthenia \* (EN)  
Fibromyalgia Syndrome \*  
Gulf War Syndrome  
Icelandic Disease \* (coded as EN)  
Mastocytosis \*  
Migraine \*  
[Postviral] Neurasthenia \*  
Royal Free [Hospital] Disease  
Sick Building Syndrome  
Silicone Adjuvant Disease  
Systemic Lupus Erythematosus \*  
Toxic Encephalopathy \*

Listed alphabetically below are the U.S. federal, state and local government authorities, U.S. federal and state courts, U.S. workers' compensation boards, Canadian government authorities, and independent organizations that have adopted policies, made statements, and/or published documents recognizing Multiple Chemical Sensitivity disorders under one name or another as a legitimate (i.e. non-psychogenic) medical condition and/or disability. **A new section summarizes MCS recognition in medical literature.**

The exact meaning of "recognition" varies with the context as each listing makes clear. Recognition by a court of law, for example, usually refers to a verdict or appeal in favor of an MCS plaintiff, while recognition by government agencies varies tremendously--from acknowledgement of the condition in publications and policies to research funding and legal protection of disability rights. [The dates in parentheses refer to the specific references, which are usually but not necessarily the earliest available.] **New entries are in bold.**

Source documentation is available for \$.20/page (\$10.00 minimum) or \$250 for all from MCS Referral & Resources, 508 Westgate Rd, Baltimore MD 21229 or call 410-362-6400 to order by Visa/MC. Please cite reference number [R#] in your order. **See last page for info on Quoting, Reprinting and Subscribing.**

## RECOGNITION OF MCS IN MEDICAL LITERATURE [Updated in Bold]

Based on a master bibliography compiled by MCS Referral & Resources; available sorted either alphabetically or chronologically for \$50. The breakdown by subsets as shown below is available for an additional \$50.

**Among over 425 peer-reviewed scientific papers, reports, editorials, and book chapters on MCS:**  
(not counting anything from the journal Clinical Ecology, which has specialized in MCS issues for decades)

- **231 present findings of a physical/organic basis for MCS and/or critique a psychogenic basis**
- **104 present findings of a psychogenic basis for MCS and/or critique a physical/organic basis**
- **59 present findings of both perspectives and/or do not take a clear position either way**
- **25 present research protocols designed to test hypotheses about the basis of MCS**

The peer-reviewed medical literature on MCS dates from 1952 but more than half the 400+ references identified by MCS R&R were published in just the last 5 years. Position papers on clinical ecology and/or MCS by the American College of Occupational and Environmental Medicine, American Academy of Allergy and Immunology, American Medical Association, American College of Physicians, and California Medical Association all predate 1993 and fail to take this new literature (including the majority of references) into account. In recognition of the out-dated nature of their earlier statements, the California Medical Association formally reclassified its 1985 paper as a "historical informational document only" [1995, 1 page, R-146], while the American College of Physicians reported in 1996 that it now has no position on MCS [1 page, R-147].

## RECOGNITION OF MCS BY 22 FEDERAL AUTHORITIES

### ***U.S. Agency for Toxic Substances & Disease Registry***

... in a unanimously adopted recommendation of the ATSDR's Board of Scientific Counselors, which calls on the ATSDR to "take a leadership role in the investigation of MCS" [1992, 24 pages, R-1]. To coordinate interagency research into MCS, the ATSDR co-chairs the Federal Work Group on Chemical Sensitivity, which it convened for the first time in 1994 (see below). The ATSDR has helped organize and pay for three national medical conferences on MCS: sponsored by the National Academy of Sciences in 1991, the Association of Occupational and Environmental Clinics in 1991, and the ATSDR in 1994. The combined proceedings of these three conferences are reprinted in Multiple Chemical Sensitivity, A Scientific Overview, ed. Frank Mitchell, Princeton NJ: Princeton Scientific Publishing, 1995 (609-683-4750 to order). ATSDR also contributed funding to a study conducted by the California Department of Health Services to develop a protocol for detecting MCS outbreaks in toxic-exposed communities via questionnaires and diagnostic tests (see entry below on California Department of Health Services). Officially, however, ATSDR has not "established a formal position regarding this syndrome" [1995, 1 page, R-2].

### ***U.S. Army, Medical Evaluation Board***

... on US Army Form 3947 (from the U.S. Army Surgeon General), the U.S. Army Medical Evaluation Board certified a diagnosis of "Multiple Chemical Sensitivities Syndrome" for a Persian Gulf veteran on 14 April 1993 [1 page, R-3]. MCS is defined on this form as "manifested by headache, shortness of breath, congestion, rhinorrhea, transient rash, and incoordination associated with exposure to a variety of chemicals." The Board's report further recognizes that this patient's particular MCS condition began approximately in April 1991 (while the patient was serving in the Gulf and entitled to base pay), that the condition did not exist prior to service, and that it has been permanently aggravated by service. At least five other active duty Persian Gulf veterans have been diagnosed by the Army with MCS, as reported by the Persian Gulf Veterans Coordinating Board in "Summary of the Issues Impacting Upon the Health of Persian Gulf Veterans," [3 March 1994, 4 page excerpt, R-4]. The Army Medical Department also has requested funding for a research facility to study MCS (reported in an Army information paper on "Post Persian Gulf War Health Issues," 16 November 1993).

### ***U.S. Congress***

... in a VA/HUD Appropriations Bill for FY1993 signed by President Bush in 1992 appropriating "\$250,000 from Superfund funds for chemical sensitivity workshops." These funds were used by the

Agency for Toxic Substances and Disease Registry (see above) to co-sponsor scientific meetings on MCS with various other organizations [1992, 3 page excerpt, R-5].

***U.S. Consumer Product Safety Commission, U.S. Environmental Protection Agency, American Lung Association, and American Medical Association (jointly)***

... in a jointly published booklet entitled Indoor Air Pollution, An Introduction for Health Professionals, under the heading "What is 'multiple chemical sensitivity' or 'total allergy'?", these organizations state that "The current consensus is that in cases of claimed or suspected MCS, complaints should not be dismissed as psychogenic, and a thorough workup is essential." The booklet is prefaced by the claim that "Information provided in this booklet is based upon current scientific and technical understanding of the issues presented..." [1994, 3 page excerpt, R-6]

***U.S. Department of Agriculture, Forest Service***

... in its Final Environmental Impact Statement on "Gypsy Moth Management in the United States: a cooperative approach", people with MCS are mentioned as a "potential high risk group" who should be given advance notification of insecticide treatment projects via "organizations, groups and agencies that consist of or work with people who are chemically sensitive or immunocompromised." MCS also is discussed in an appendix on Human Health Risk Assessment (Appendix F, Volume III of V) under both "Hazard Identification" and "Groups at Special Risk" [1995, 11 page excerpt and 1 page cover letter from John Hazel, the USDA's EIS Team Leader, to Dr. Grace Ziem of MCS Referral & Resources, R-130].

***U.S. Department of Education***

... in the enforcement by its Office of Civil Rights of Section 504 of the Rehabilitation Act of 1973 which requires accommodation of persons with "MCS Syndrome" via modification of their educational environment, as evidenced by several "agency letters of finding" (including San Diego (Calif) Unified School District, 1 National Disability Law Reporter, para. 61, p. 311, 24 May 1990; Montville (Conn.) Board of Education, 1 National Disability Law Reporter, para. 123, p. 515, 6 July 1990; and four letters (along with an individualized environment management program) in the case of the Armingier children of Baltimore County, MD [in 1991, 1992, 1993 and 1994; 20 pages total, R-7]. These accommodations also are required under the terms of Public Law 94-142, now known as the Individuals with Disabilities Education Act (CFR34 Part 300). The Department of Education as a whole, however, has no formal policy or position statement on the accommodation of students with MCS.

***U.S. Dept. of Health and Human Services, National Institute of Environmental Health Sciences***

... in "Issues and Challenges in Environmental Health," a publication about the work of NIEHS, research priorities are proposed for "hypersensitivity diseases resulting from allergic reactions to environmental substances" [NIH 87-861, 1987, 45 pages, R-8]. It is not clear from the context if this statement was meant to include or exclude MCS, since the condition was still thought by some at the time to be an allergic-type reaction. In 1992, then director Dr. Bernadine Healy responded in detail to an inquiry from Congressman Pete Stark about the scope of NIEHS research into MCS: "It is hoped that research conducted at NIEHS will lead to methods to identify individuals who may be predisposed to chemical hypersensitivities. ... NIH research is directed toward the understanding of the effect of chemical sensitivities on multiple parts of the body, including the immune system." [1992, 3 pages, R-9]. In 1996, director Dr. Kenneth Olden wrote US Senator Bob Graham that "NIEHS has provided research support to study MCS. ... NIEHS has also supported a number of workshops and meetings on the subject." [15 April 1996, 2 pages, R-101]. Dr. Olden also states that "Pesticides and solvents are the two major classes of chemicals most frequently reported by patients reporting low level sensitivities as having their initiated their problems."

***U.S. Department of Health and Human Services, National Library of Medicine***

... in the 1995 Medical Subject Headings (MESH) codes used to catalog all medical references, which started using Multiple Chemical Sensitivity (and its variations) as a subject heading for all publications indexed after October 1994 [3 page excerpt, R-10].

**U.S. Department of Health and Human Services, Office for Civil Rights (OCR)**

... in the final report by the Regional Director (of Region VI) regarding OCR's investigation of an ADA-related discrimination complaint filed by a patient with MCS against the University of Texas M.D. Anderson Cancer Center for failing to accommodate her disability and thereby forcing her to go elsewhere for surgery. Prior to completion of the investigation and the issuance of any formal "findings," the OCR accepted a proposal from the Univ. of Texas to resolve this complaint by creating a joint subcommittee of the cancer center's Safety and Risk Management committees. This subcommittee's three tasks (as approved by the OCR) are to "identify a rapid response mechanism which could be triggered by any patient registering a complaint or presenting a special need which is environment related; develop a 'protocol' outlining steps to be taken to resolve environmental complaints by patients ...; and inform the medical staff through its newsletter of the mechanism and the protocol so that they will better understand how to address such questions or concerns." The OCR has placed the M.D. Anderson Cancer Center "in monitoring" pending completion and documentation of these changes, but it may initiate further investigation if M.D. Anderson fails to complete this process within the 13 months allowed. [27 March 1996, 11 pages, R-99]

**U.S. Department of Health and Human Services, Social Security Administration [Updated Entry]**

... in enforcement of the Social Security Disability Act (see Recognition of MCS by Federal Courts, below), and in the SSA's Program Operations Manual System (POMS), which includes a section on the "Medical Evaluation of Specific Issues -- Environmental Illness" stating that "evaluation should be made on an individual case by case basis to determine if the impairment prevents substantial gainful activity" [SSA publication 68-0424500, Part 04, Chapter 245, Section 24515.065, transmittal #12, 1988, 1 page excerpt, R-11]. In 1997, SSA Acting Commissioner John Callahan wrote up SSA's official position on MCS--specifically recognizing it 'as a medically determinable impairment'--in a memorandum requested of him by the U.S. District Court in Massachusetts in *Creamer v. Callahan* (see *Recognition of MCS by US Federal Court Decisions*, below). MCS is also recognized in several "fully favorable" decisions of the SSA's Office of Hearing and Appeals: in case #538-48-7517, in which the administrative law judge, David J. Delaitre, ruled that "the claimant has an anxiety disorder and multiple chemical sensitivity," with the latter based in part on the fact that "objective [qEEG] evidence showed abnormal brain function when exposed to chemicals" [1995, 7 pages, R-12]; in case #264-65-5308, in which the administrative law judge, Martha Lanphear, ruled that the claimant suffered severe reactive airways disease secondary to chemical sensitivity and that this impairment prevented her from performing more than a limited range of light work [1996, 8 pages, R-120]; in case #239-54-6581, in which the administrative law judge, D. Kevin Dugan, ruled that the claimant suffered severe impairments as a result of pesticide poisoning, including "marked sensitivity to airborne chemicals," which prevent her from "performing any substantial gainful activity on a sustained basis" [1996, 4 pages, R-135]; in case #024-40-2499, in which the administrative law judge, Lynette Diehl Lang, recognized that the claimant suffered from severe MCS and could not tolerate chemical fumes at work (as a result of overexposure to formaldehyde in a state office building), as a result of which he was awarded both disability benefits and supplemental security income [1995, 8 pages, R-140]; in case #184-34-4849, in which administrative law judge Robert Sears ruled that the claimant suffered from "extreme environmental sensitivities," and particularly "severe intolerance to any amount of exposure to pulmonary irritants" [11 June 1996, 7 pages, R-156]; and in case #246-98-4768, in which the administrative law judge, Frank Armstrong, classified the claimant's "dysautonomia triggered by multiple chemical sensitivities" as severe and said it "prevents the claimant from engaging in substantial gainful activity on a sustained basis" [18 March 1997, 8 pages, R-157].

**U.S. Department of Housing and Urban Development**

... in a letter from HUD Assistant Secretary Timothy Coyle to Senator Frank Lautenberg, confirming HUD recognition of "MCS as a disability entitling those with chemical sensitivities to reasonable accommodation under Section 504 of the Rehabilitation Act of 1973" and also "under Title VIII of the Fair Housing Amendments Act of 1988" [26 October 1990, 2 pages, R-13]. This was followed by a formal guidance memorandum from HUD Deputy General Counsel G.L. Weidenfeller to all regional counsel, detailing HUD's position that MCS and environmental illness "can be handicaps" within the meaning of section 802(h) of the Fair Housing Act and its implementing regulations [1992, 20 pages, R-14]. Also recognized in a HUD Section 811 grant of \$837,000 to develop an EI/MCS-accessible housing complex

known as "Ecology House" in San Rafael, CA, consisting of eleven one-bedroom apartments in a two-story complex. This grant was pledged in 1991 and paid in 1993. [2 pages, R-15] (See also **Recognition of MCS by Federal Courts, Fair Housing Act**, below.)

***U.S. Department of the Interior, National Park Service***

... in response to a disability rights complaint filed against the Baltimore County Parks and Recreation Department (BCPRD) by Marian Armingher on behalf of her three children, which the National Park Service (NPS) accepted for review pursuant to both Section 504 of the Rehabilitation Act and Title II of the Americans with Disabilities Act. The Acting Equal Opportunity Program Manager of the NPS ruled that "the BCPRD must accept the determination of disability by the Baltimore County Public Schools [BCPS, see US Department of Education, above] regarding the children and their disability of MCSS [MCS Syndrome]. This will eliminate possible retaliation with a different conclusion by the same public entity." [Case #P4217(2652), 1996, 4 pages, R-102]. The NPS further ruled that "With the determination that these children are individuals with a disability (MCSS), it is necessary to make reasonable modifications to program facilities. It appears that discontinuing, temporarily or permanently, the use of outside or inside pesticide application and toxic cleaning chemicals is the basic reasonable modification necessary in this case. ... Therefore we believe that steps should be taken by the BCPRD to provide the necessary communication with other affected agencies such as the BCPS and develop, in consultation with the parents and others deemed appropriate, a plan for the reasonable modification of the program environment for these children."

***U.S. Department of Justice***

... in its enforcement of the Americans with Disabilities Act of 1990, under the terms of which MCS may be considered as a disability on a case-by-case basis, depending--as with most other medical conditions--on whether the impairment substantially limits one or more major life activities. The Office of the Attorney General specifically cites "environmental illness (also known as multiple chemical sensitivity)" in its Final Rules on "Non-Discrimination on the Basis of Disability in State and Local Government Services" (28CFR35) and "Non-Discrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities" (28CFR36), as published in the Federal Register, Vol.56, No.144, pages 35699 and 35549 respectively [26 July 1991, 2 pages, R-16]. "Environmental illness," also is discussed in the ADA Handbook, EEOC-BK-19, 1991, p.III-21 [14 page excerpt, R-17], jointly published by the Department and the U.S. Equal Employment Opportunity Commission. The ADA Handbook describes environmental illness as "sensitivity to environmental elements" and, although it "declines to state categorically that these types of allergies or sensitivities are disabilities," it specifically asserts that they may be: "Sometimes respiratory or neurological functioning is so severely affected that an individual will satisfy the requirements to be disabled under the regulations. Such an individual would be entitled to all the protections afforded by the Act..."

***U.S. Department of Veterans Affairs***

... in recognizing MCS as a medical diagnosis (although not as a "disability") in the case of at least one Persian Gulf War veteran [Gary Zuspann, October 1992, 3 pages, R-18]. It is impossible to know exactly how many other Persian Gulf veterans may have been diagnosed with MCS as the diagnostic data recorded in the VA's Persian Gulf Registry are based on the International Classification of Diseases (ICD-9CM), which does not yet include a specific code for MCS. In June 1997, VA released its "Environmental Hazards Research Centers' Annual Reports for 1996." These included preliminary data from the New Jersey EHRC showing that, of the 1161 veterans randomly selected from the VA's Persian Gulf Registry (living in NJ, NY, CT, MA, MD, DE, IL, VA, OH or NC) who completed the center's questionnaire, 12.5% "endorsed symptoms compatible with a conservative definition of MCS" [1997, 5 page excerpt, R-144].

***U.S. Environmental Protection Agency, Office of Pollution, Prevention and Toxics, Health Effects Division, Occupational and Residential Exposure Branch, Special Review and Registration Section***

... in a peer-reviewed memorandum entitled "Review of Chlorpyrifos Poisoning Data" from EPA's Jerome Blondell, PhD, MPH, and Virginia Dobozy, VMD, MPH, to Linda Propst, Section Head, Reregistration Branch. The memo discusses data from several sources on acute and chronic health effects, including MCS, associated with exposure to Dursban and other chlorpyrifos-containing pesticides,

and recommends many changes (subsequently agreed to by DowElanco, the manufacturer) in the use and marketing of these products, including the phase out of all indoor sprays and foggers, consumer concentrates, and all pet care products except flea collars. Most significantly, the memo documents that of 101 cases of unambiguous chlorpyrifos poisoning reportedly directly to EPA in 1995, 38 had chronic neurobehavioral effects (including 4 who also had peripheral neuropathy), while 59 "reported symptoms consistent with multiple chemical sensitivity" [1997, 70 pages, R-145].

***U.S. Environmental Protection Agency, Office of Radiation & Indoor Air, Indoor Air Division***

... in its August 1989 Report to Congress on Indoor Air Quality, entitled Assessment and Control of Indoor Air Pollution (EPA/400/1-89/001C), the Environmental Protection Agency's Indoor Air Division describes MCS as "a subject of considerable intraprofessional disagreement and concern (Cullen, 1987). While no widely accepted test of physiologic function has been shown to correlate with the symptoms, the sheer mass of anecdotal data is cause of concern." [14 page excerpt from Vol.2, R-19]. In 1991, the Indoor Air Division asked the National Research Council to sponsor a scientific workshop on "Multiple Chemical Hypersensitivity Syndrome," the proceedings of which are published in Multiple Chemical Sensitivities: Addendum to Biologic Markers in Immunotoxicology [National Academy Press, 1992].

***U.S. Environmental Protection Agency, Office of Research & Development*** [Updated Entry]

... describes "chemical sensitivity" as an "ill-defined condition marked by progressively more debilitating severe reactions to various consumer products such as perfumes, soaps, tobacco smoke, plastics, etc." in The Total Exposure Assessment Methodology (TEAM) Study, Summary and Analysis: Volume 1, by L. Wallace, Project Officer, Environmental Monitoring Systems Division, EPA Office of Research and Development [1987, 2 page excerpt, R-20]. The Office of Research and Development (ORD) began conducting human subjects chamber research at its Health Effects Research Branch in Chapel Hill (NC) in 1992 to identify possible diagnostic markers of MCS. (See also joint entry under U.S. Consumer Product Safety Commission, above.) **In the justification for its fiscal year 1998 budget, ORD devotes one paragraph to MCS in the section on Air Toxics, saying that it plans to release "information comparing individuals who identify themselves as belonging to a particular subgroup (multiple chemical sensitivity) against established norms for a variety of health-related endpoints," and will make "recommendations for follow up to evaluate the potential relationship between the signs/symptoms reported by these individuals and objective/quantitative health endpoints" [1997, 3 page excerpt, R-160].**

***U.S. Equal Employment Opportunity Commission***

... in the ADA Handbook EEOC-BK-19 [1991, 14 page excerpt, R-17], jointly published by the EEOC and the Department of Justice (see above) and in a Determination Letter signed by Issie L. Jenkins, the director of the Baltimore District Office, recognizing MCS as a disability under the Americans with Disabilities Act requiring workplace accommodation, consisting in this case of a private office with an air filter, Mary Helinski v. Bell Atlantic, No 120 93 0152, 17 May 1994 [2 pages, R-22].

***Federal Coordinating Council for Science, Engineering, and Technology, Subcommittee on Risk Assessment, Working Party on Neurotoxicology*** [New Entry]

... in its Final Report: Principles of Neurotoxicology Risk Assessment, published in the Federal Register by the US EPA's Office of Health Research [17 August 1994, 45 pages for entire report, R-161, or 3 page excerpt, R-162], which says in Section 2.5.1 on "Susceptible Populations" that: "Although controversial [Waddell 1993], recent evidence suggests that there may be a subpopulation of people who have become sensitive to chemicals and experience adverse reactions to low-level exposures to environmental chemicals [Bell et al 1992]." The report is "the result of the combined efforts of 13 Federal agencies comprising the ad hoc Interagency Committee on Neurotoxicology," including ATSDR, the Center for Food Safety and Applied Nutrition, Center for Biologics Evaluation and Research, Center for Drug Evaluation and Research, Consumer Product Safety Commission, Dept. of Agriculture, Dept. of Defense, Environmental Protection Agency, National Center for Toxicological Research, National Institutes of Health, National Institute of Occupational Safety and Health, and the National Toxicology Program.

***Federal Interagency Workgroup on Chemical Sensitivity***

... formed in 1994 to review and coordinate the role of federal agencies involved in research on multiple chemical sensitivity [1 page agenda from 9/14/94 meeting, R-91]. The Work Group is co-chaired by Dr. Barry Johnson, Assistant Surgeon General and Assistant Administrator of the Agency for Toxic Substances and Disease Registry (ATSDR) and Dr. Richard Jackson, Director of the National Center for Environmental Health at the Centers for Disease Control and Prevention. Other agencies represented include the Departments of Energy, Defense, and Veterans' Affairs, the Environmental Protection Agency and two other institutes within the Department of Health and Human Services: the National Institute for Occupational Safety and Health, and the National Institute of Environmental Health Sciences.

***National Council on Disability (an independent federal agency)***

... in ADA Watch--Year One, its "Report to the President and Congress on Progress in Implementing the Americans with Disabilities Act," which recommends that Congress and the Administration "should consider legislation to address the needs of people with "emerging disabilities," such as those ... "with environmental illness who are severely adversely affected by secondary smoke or other pollutants in public places" [5 April 1993, 8 pages, R-23].

***President's Committee on Employment of People With Disabilities***

... in its report to the President, entitled Operation People First: Toward a National Disability Policy, which recommends that the federal government "develop, refine and better communicate methods of 'reasonable accommodation,' in particular, the accommodation needs of people with ... chronic fatigue syndrome and multiple chemical sensitivity" [1994, 5 pages, R-24].

## **RECOGNITION OF MCS BY 10 CANADIAN AUTHORITIES**

***Canada Department of Finance***

... in a press release from the Minister of Finance announcing that "eight new items will be added to the list of qualifying medical expenses for tax assistance under the Income Tax Act commencing with the 1988 taxation year," including "certain items required by environmentally hypersensitive persons." [2 pages, 20 December 1988, R-124].

***Canada Mortgage and Housing Corporation (a federal government "Crown Corporation")***

... in The Clean Air Guide: How to identify and correct indoor air problems in your home [published by the Public Affairs Centre, 1993, 6 pages, R-25] and in two reports commissioned in 1990: "Housing for the environmentally hypersensitive: Survey and examples of clean air housing in Canada" [by O. Drerup et al, 119 pages, R-26] and "Survey of the medical impact on environmentally hypersensitive people of a change in habitat" [by S.R. Barron, 92 pages, R-27]. Also recognized in This Clean House (1996) a video designed to accompany The Clean Air Guide, and Building Materials for the Environmentally Hypersensitive (1996), which "compiles known or published information on the uses, applications and health effects of building materials together with the experience of environmentally hypersensitive individuals with these materials." [Both of these are available from the CMHS, 416-282-2950]

***Canadian Human Rights Commission***

... in a letter from the Director of Communications, Martin Padgett, stating that the Commission "is well aware of the issue of environmental illness and regards it as a disability. In fact, since 1990, the Commission has accepted three discrimination complaints from people with environmental illness." [4 December 1995, 1 page, R-103] Also in a letter from the Chief Commissioner, Maxwell Yalden, to the Minister of Health and Welfare, stating "It is my understanding that environmental hypersensitivity is a true medical problem, and that we owe it to people who have the misfortune to suffer from this syndrome to be more public and more positive in acknowledging that fact." [3 August 1988, 1 page, R-122]

***Department of National Health and Welfare (now Health Canada, a cabinet department)***

... in the published proceedings of two workshops that it sponsored on MCS in 1990 (Environmental Sensitivities Workshop, a supplement to Chronic Diseases in Canada, January 1991, published by Health & Welfare Canada) and 1992 (Multiple Chemical Sensitivities and Their Relevance to Psychiatric Disorders, Workshop Proceedings, Ottawa, Ontario, 7 December 1992, Health Canada). Also

in a letter from the Minister of NHWC, Perrin Beatty, to the Honourable Charles Caccia, MP for Davenport Ontario, stating that the New Jersey Dept. of Health report on MCS by Dr. Claudia Miller and Dr. Nicholas Ashford (see entry for New Jersey, below) "has been reviewed by officials of my Department. This is considered to be an excellent report. The authors' general conclusion that the search for environmental causes in a patient should proceed psychiatric workup is fully supported by departmental officials." [1 page, 26 September 1990, R-123]

#### ***Nova Scotia Department of Health***

... in establishing and funding the Nova Scotia Environmental Medicine Clinic with the specific purpose of examining and treating "environmental illness" referrals from physicians throughout the province [1990]. In 1994, the Department announced the formation of a permanent Environmental Health Clinic at Dalhousie University (affiliated with the Office of the Dean of Medicine).

#### ***Ontario-Carelon Regional District Health Council***

... in a negotiated settlement, achieved and approved by the Ontario Human Rights Commission, with Chris Brown, who filed a complaint against the Council after it refused to include environmental hypersensitivity in its health planning process. The Council agreed to recognize environmental hypersensitivity as a disabling physical condition and to organize an educational workshop (held 6 April 1990) to promote a wider understanding of the problem. [2 pages, 1 February 1990, R-121].

#### ***Ontario Management Board Secretariat***

... in a letter from Project Manager Ekki Bunten to Chris Brown confirming that "the design team for the Whitby Psychiatric Hospital [WPH] is including provisions which will take into account the problem of environmental hypersensitivity and which will provide the healthiest practical indoor environment for all patients and staff." Design features contributing to "a healthier indoor environment" include integrated pest management without pesticides and natural landscaping with chemical-free lawn maintenance. "Scientific testing has been arranged by WPH for key indoor finishes ... Offgassing results will be analyzed with respect to potential effects on the general population as well as ... people who may be environmentally hypersensitive." [2 pages, 29 July 1993, R-128]

#### ***Ontario Ministry of Health***

... in the "Report of the Ad Hoc Committee on Environmental Hypersensitivity Disorders," appointed and commissioned by the Ontario Minister of Health, environmental hypersensitivity is described as "a chronic multisystem disorder, usually involving symptoms of the central nervous system and at least one other system. Affected persons are frequently intolerant to some foods and they react adversely to some chemicals and some environmental agents, singly or in combination, at levels generally tolerated by the majority" [1985, 313 pages, R-28]. This report--and its 30 specific recommendations--were subsequently reviewed and for the most part endorsed in the Ministry's "Report of the Advisory Panel on Environmental Hypersensitivity," also known as the Zimmerman Report [1986, 48 pages, R-29]. The Ministry sponsored a networking workshop for MCS clinicians and researchers in 1990 and every year since it has funded a variety of MCS medical research projects. In 1994, it provided \$1.5 million for the creation of a new environmental health clinic at the Womens' College Hospital in Toronto which will focus on diagnosis and treatment of environmental hypersensitivity/MCS disorders in collaboration with medical research projects at the University of Toronto [1 page press release, 1994, R-30].

#### ***Ontario Ministry of Housing***

... in providing startup funding and low-rate, long-term mortgage guarantees for a project sponsored by the Barrhaven United Church to build seven prototypical "healthy buildings" (a mix of row-houses and stacked dwellings) for people suffering from "environmental hypersensitivity" (finished 1993).

#### ***Ontario Ministry of the Solicitor General, Office of the Chief Coroner***

[New Entry]

... in a letter to Bryan Davies, Deputy Ministry of Housing, documenting the suicide by gunshot of an MCS sufferer (who was distraught over his difficulties in obtaining a disability pension) and encouraging the Deputy Ministers of Housing, Health, Community and Social Services "to begin a consultative process and help to establish some guidelines" spelling out exactly what services and benefits are available to provincial residents with MCS, including

possible admission to treatment facilities in the United States [27 October 1989, 2 page letter and 2 pages of press coverage from the Globe & Mail, R-158].

## RECOGNITION OF MCS BY 23 U.S. STATE AUTHORITIES

### ***Arizona Technology Access Program, Institute for Human Development, Northern Arizona University***

... in a report written for the general public entitled Topics: Multiple Chemical Sensitivity with sections on What is MCS, Symptoms of MCS, People Diagnosed with MCS, What Can Cause MCS, Treatments, MCS and the Medical Community, MCS is Now Recognized as a Disability, Accommodating Individuals with MCS in the Workplace, MCS is Preventable, and a list of organizations and government agencies to contact for Help and Information. Funding for this document was provided by the US Dept of Education National Institute on Disability and Rehabilitation Research (NIDRR), grant #H224A40002, but a disclaimer notes that the content does not necessarily reflect the views of the US government [October 1996, 11 pages, R-129].

### ***Arizona Department of Economic Security, Rehabilitation Services Administration, and Statewide Independent Living Council***

... in RSA's Interim Fiscal Year 1995 State Plan for Independent Living, specifying that "Services Related to Housing" include "modifications to accommodate people with EI/MCS" [Attachment 12, 1 October 1994, 7 pages, R-31] and in an administrative review decision issued 22 June 1992 in the case of a vocational rehabilitation client determined to be "severely disabled" by "environmental illness, allergies." In addition, training on MCS was presented to both Vocational Rehabilitation and ILRS counselors at the 1994 state staff conference.

### ***Attorney General of California***

... in the final report of the Attorney General's Commission on Disability, recognizing environmental illness as a disabling condition [1989, 8 page excerpt, R-33].

### ***Attorneys General of New York*** (backed by 25 other Attorneys General from AL, AZ, CT, FL, IA, KS, MA, MN, MO, ND, NJ, NM, NV, OH, OK, OR, PA, SD, TN, TX, UT, VT, WA, WI, WV)

... in a thoroughly documented petition to the U.S. Consumer Product Safety Commission, requesting the issuance of safety standards and warning labels governing the sale of carpets, carpet adhesives and paddings suspected of causing MCS and other illness [1991, 1 page excerpt, R-32a, 350 pages total].

### ***California Department of Health Services, Environmental Health Investigations Branch***

... in its extensive final report on "Evaluating Individuals Reporting Sensitivities To Multiple Chemicals," funded by the federal Agency for Toxic Substances and Disease Registry under Cooperative Agreement No. U61/ATU999794-01 [September 1995, 6 page excerpt including abstract, advisory panel members, and table of contacts, R-34]. A cover letter sent by the EHIB to the project's Advisory Panel members notes the extraordinary preliminary results obtained from an annual survey of random Californians to which questions about MCS were added for the first time in 1995. Of the first 2,000 people surveyed, 16% reported suffering from MCS symptoms while 7% ("certainly far higher than any of us may have expected") claim they have been diagnosed with MCS by a physician. [3 October 1995, 2 pages, R-100]. Citing personal communication with Dr. R. Kreutzer, the acting chief of the EHIB (also confirmed with Dr. Kreutzer by MCS R&R), Dr. Ann McCampbell reported the study's final results in a letter to the editor published by Psychosomatics (38(3): 300-301, May-June 1997): of 4,000 people surveyed, 15.9% reported chemical sensitivity and 6.3% said they had been given the diagnosis of MCS by a physician [1997, 1 page, R-141].

### ***California Energy Commission***

... in its report on California's Energy Efficiency Standards and Indoor Air Quality (#P400-94-003), which says of MCS that "Its increasing incidence is suggested as accompanying the increasingly widespread use of products manufactured with potentially toxic chemical constituents. Available information

points to this condition as an acquired disorder usually resulting from prior sensitization to chemicals in the environment" [1994, 2 page excerpt, R-35].

**California Legislature, Senate Subcommittee on the Rights of the Disabled**

... in its final report on Access for People with Environmental Illness/Multiple Chemical Sensitivity and Other Related Conditions, chaired by Senator Milton Marks, that summarizes four years of investigations by the subcommittee, [30 September 1996, 26 pages, R-109]. The report addresses common barriers to access in public buildings, transportation, institutions, employment, housing, and presents detailed suggested solutions, both those required under law and others recommended. It covers the work of the subcommittee, its outside Advisory Panel, and its MCS Task Forces (on Building Standards and Construction, Environmental Illness, Industry, Medicine and Health).

**Florida State Legislature**

[Revised Entry]

... in legislation that created a voluntary Pesticide Notification Registry for persons with pesticide sensitivity or chemical hypersensitivity, as long as their medical condition is certified by a physician specializing in occupational medicine, allergy/immunology or toxicology [Florida Statute 482.2265(3)(c), 1989, 7 pages, R-38]. The legislation requires lawn-care companies to alert registry members 24 hours in advance of applying chemicals within a half-mile of their home. Note that pesticide sensitivity registries also have been adopted in CO, CT, LA, MD, MI, NJ, PA, WA [1992, 6 pages, R-149], WV and WI, but these do not refer specifically (by any name) to MCS-type illness, and most require notification only of adjacent properties.

**Hawaii State Dept. of Labor and Industrial Relations, Disability Compensation Division**

... in its decision in the workers' compensation case of Perry, William v. NV, Inc. and Inter-Island Adjusting Company [Case No. 49200727, decision letters of 13 November 1992 and 6 December 1994 [6 pages, R-39].

**Maryland State Legislature**

... in Senate Joint Resolution No.32 directing the Maryland Department of the Environment (MDE) to carry out a study of Chemical Hypersensitivity Syndrome [1988, 3 pages, R-40]. The MDE commissioned a state-of-the-art review from Rebecca Bascom, M.D., entitled "Chemical Hypersensitivity Syndrome Study" [1989, 132 pages, R-41].

**Missouri Department of Social Services, Division of Ageing**

... in a detailed response to a request from Dr. Grace Ziem for workplace accommodation of an employee with MCS, the agency agreed to (among other things): make changes in the work schedule; provide a private work area with floor to ceiling walls; provide multiple carbon-fiber air filtration machines; conduct staff education on MCS; adopt and post voluntary fragrance free policy governing all employees; request maintenance staff use cleaning products only from an approved list; and clean the carpet. [3 pages, 1 April 1996, plus 1 of follow-up, R-98]

**New Jersey Department of Health**

... in a comprehensive review of chemical sensitivity with recommendations for state action commissioned from Nicholas Ashford, Ph.D., J.D., and Claudia Miller, M.D., entitled "Chemical sensitivity: a report to the New Jersey Department of Health" [1989, 176 pages, R-45].

**New Mexico Department of Education, School Health Unit**

... in a brochure on "Multiple Chemical Sensitivities" describing the illness and nine "steps schools can take to promote environmental safety." Also lists resource persons and materials [1996 (undated), 2 pages, R-139].

**New Mexico Department of Energy, Minerals & Natural Resources, State Park & Recreation Division**

... in a letter from the director outlining steps the division is taking to reduce barriers to access for individuals with EI/MCS [10 January 1994, 1 page, R-46]. These include prohibiting smoking in restrooms,

temporarily discontinuing the use of certain cleaning and disinfectant chemicals upon special request of EI/MCS individuals, and switching to least toxic/allergenic cleaning and pesticide products.

***New Mexico Department of Health, Community Health Systems Division,  
Emergency Medical Services Bureau***

... in an editorial from Barak Wolff, MHP, chief of the EMS Bureau, entitled "'Scared to Death' of Having to Call 911" and an accompanying article by Dr. Ann McCampbell entitled "First ... Do No Harm: The Challenge of Patients with Multiple Chemical Sensitivities," both published in the state's Focus on Emergency Medical Services newsletter [Vol 15, No 3, October 1996, 4 pages, R-117]. The editorial and article discuss the need for emergency service personnel to accommodate people with MCS and they make several specific recommendations for 911 operators, emergency responders and hospital staff.

***New Mexico Governor's Committee on Concerns of the Handicapped***

... in sponsoring and financing a day-long "Town Hall Meeting on Multiple Chemical Sensitivities" on 24 June 1996 with the full support of the governor, despite his earlier veto of a legislative proposal for additional funding (see next entry). Described as "A public forum to discuss the problems faced by chemically sensitive New Mexicans and to propose state level solutions," this was the first state-wide effort to bring together a panel of representatives from state agencies to "hear from persons with MCS and other interested parties on the issues of Housing, Employment, Health Care, Pesticides, Schools, and Access to State Facilities and Services." [Brochure, program and detailed fragrance free policy, 24 June 1996, 3 pages, R-96]. Based on the testimony received at the Town Meeting, the Governor's Committee then issued a "Report to the Legislature on Multiple Chemical Sensitivity," including a "Suggested Public Meeting Policy on Accessibility for Persons with Multiple Chemical Sensitivity [27 August 1996, 8 pages, R-104]. The report recommends six actions "be taken now," including funding the state Office of Epidemiology to study the prevalence of MCS within the general population"; directing all hospitals to "establish written protocols for providing barrier free environments for the use of persons with MCS admitted for any reason"; directing all ADA coordinators of public facilities in New Mexico to adopt public meeting policies "to allow attendance by persons affected by MCS"; creating an "MCS information and assistance" program within State government to "provide ADA coordinators, housing officials, hospitals and other decision makers with the most complete and up-to-date information on MCS as well as ... providing individual assistance to affected persons via an "800" telephone number"; and "conducting a study of the housing needs of persons affected with MCS."

***New Mexico State Legislature***

... in a "Joint Memorial Requesting the Governor's Committee on Concerns of the Handicapped to Study Issues Related to Multiple Chemical Sensitivities." The resolution specifies that the study focus on "issues of health care, insurance, public benefits and services, access to government, legal services and environmental regulation" [Senate Joint Memorial 10-House Memorial 6, Second Session, 1996, 3 pages, R-91]. A follow-up amendment to the General Appropriation Act of 1996 requesting \$50,000 in funding for this "Memorial" also was passed by the legislature (House Bill 2 on 15 February 1996) but then vetoed by the governor on 4 March 1996.

***New York State Department of Health***

... in a \$100,000 grant given to the Mt. Sinai Occupational Health Clinic for MCS research, part of a larger annual grant to the clinic in 1993 [4 page excerpt, R-47]. The report, including a review of MCS cases seen at eight occupational clinics in New York State, originally was supposed to be completed in late 1994 but is now expected in 1997.

***Pennsylvania Human Rights Commission***

... in a decision (upheld on appeal to the Commonwealth Court of Pennsylvania) finding that a landlord must make reasonable accommodation for a tenant who suffers from MCS, including giving tenant prior notification of painting and pest treatments (see *Recognition of MCS by State Courts*, below, for reference).

***Washington State Board of Health***

... in its 1994 Washington State Public Health Report, which says "Several hundred Washington residents have reported a condition diagnosed by some physicians as Multiple Chemical Sensitivity" and goes on to discuss common MCS symptoms and sensitivities. [December 1993, 3 page excerpt, R-55].

***Washington State Departments of Health and Labor & Industries***

... in the joint "Final Inter-Agency Report on Chemically Related Illness" issued by the Secretary of the Department of Health and the Director of the Department of Labor and Industries, which acknowledges that "MCS has become a focus of increasing public health concern in Washington state and elsewhere," cites the 1987 Cullen definition, and says "Public agencies are increasingly recognizing a need to address the public health aspects of the MCS syndrome, without necessarily waiting for conclusive answers from scientific research" [June 1995, 5 page excerpt including table of contents, R-54].

***Washington State Chemically Related Illness Advisory Committee***

... in its final report, in an appendix devoted to MCS, the committee says MCS is "characterized as a condition in which individuals experience symptoms following exposures at low levels to multiple chemical substances. It is a chronic condition that is reproducible with challenge, and which resolves when incitants are removed" [June 1995, 3 page excerpt, R-95]. The committee included representatives of state government, affected business and labor organizations, the medical community, and MCS patients. Its final report also is included as an appendix in the Washington State Final Inter-Agency Report on Chemically Related Illness (see entry above).

***Washington State Governor's Committee on Disability Issues and Employment***

... in a booklet entitled Reasonable Accommodation: A Guide for Employers, Businesses and Persons with Disabilities, signed by the governor and the commissioner of the State's Employment Security Department, which discusses MCS/EI in detail in a section on "Reasonable Accommodation for Persons with Hidden Disabilities" [March 1992, 34 pages, R-53].

**RECOGNITION OF MCS BY 13 U.S. LOCAL AUTHORITIES**

***Berkeley (CA) Department of Public Works, Commission on Disability***

... in voting on 30 April 1996 to require a statement about "odor sensitivity" in all City-sponsored event and meeting notices, followed by a memo from the City Manager on 8 August 1996 urging "staff who attend meetings to assist the City in accommodating the needs of persons with sensitivities and to respect those needs in their own use of personal products," and finalized on 13 November 1996 with the adoption of detailed "Procedures to Implement Clean Air Practices for Meetings" for use by city and commission staff [6-page memo from Commission on Disability to the Mayor and City Council, 14 January 1996, R-111].

***Chicago (IL) Transit Authority***

... in its Paratransit Operations Newsletter, people with disabilities who use the Chicago Transit Authority's Special Services and Chicago Taxi Access Program are asked to "assist people with EI by practicing the following suggestions: Keep scented personal care products to a minimum; Never smoke in a Special Services vehicle and refrain from smoking near the vehicle; [and] If possible, please accommodate an EI person's request to sit by an open window in a Special Services vehicle if it doesn't inconvenience other customers who may be sensitive to hot or cold air." [6th edition, Winter 1995, 2 page excerpt, R-36].

***Contra Costa (CA) MediCal Advisory Planning Commission***

... in all public meeting announcements, which include the following notice: "Please help us accommodate individuals with EI/MCS and refrain from wearing scented products to this hearing" [1994, 1 page excerpt, R-37].

**Fairfax County (VA) Public Schools**

... in a detailed 7-page report from the Director of the Office of Human Relations to Dr. Grace Ziem documenting the accommodations that the school system was willing to provide for a teacher with MCS, including changes in her school assignment and the elimination or control of a wide variety of aggravating exposures, from the art clay used in her classroom to custodial use of cleaning fluids, pesticides, carpets, air fresheners, paints, glues, adhesives & other remodeling materials. They even offered to provide a special parking space to limit her exposure to vehicle exhaust. [26 April 1996, 7 pages, R-97]

**Jefferson City (MO) Public Schools**

[Updated Entry]

... in an accommodation plan provided under Section 504 of the Rehabilitation Act of 1973, adopted for a 6th grade student with MCS, asthma and allergies, specifying that a) "classmates will be solicited for cooperation in providing a scent-free environment," b) student "will be allowed to self-limit activities that involve running or other strenuous exercise," and c) if student misses more than two days in a row, "she can request after school help from her teachers to review missing work" [1996, 1 page, R-138]. **List of reasonable accommodations upheld upon review in 1997 [15 August 1997, 1 page, R-153].**

**Minneapolis Advisory Committee on People With Disabilities**

... in a letter to the Minneapolis Public Housing Authority (see below) about the "expressed need for proper living conditions for people with Environmental Sensitivities." [1994, 2 pages, R-42]

**Minneapolis Housing Finance Agency**

... in awarding a \$6,500 grant from its Capacity Building Grant Program to Twin Cities HEAL to establish an office to better serve the needs of those seeking MCS-accessible housing in the Minneapolis-St. Paul Metro Area. [1993, 2 pages, R-43]

**Minneapolis Public Housing Authority**

... in letters to Twin Cities HEAL and the U.S. Department of Housing and Urban Development expressing "an interest in working with HEAL to assist in the development of suitable housing for persons with chemical sensitivity disabilities" [1994, 3 pages, R-44].

**Northwest Air Pollution Authority (Island, Skagit and Whatcom Counties, WA)**

... in a "Dear Resident" letter from Terry Nyman, Air Pollution Control Officer, to neighbors of "an individual with a disabling condition related to chemical sensitivities [who] has moved into your area. This individual is extremely sensitive to smoke and a health care provider has requested that we send you information about outdoor burning, heating with wood and the health impacts of breathing wood smoke." [21 September 1996, 1 page, R-105]. The letter notes that the NWAPA is empowered to enforce under the WA State Clean Air Act "to secure and maintain levels of air quality that protect human health and safety, including the most sensitive members of the population" (RCW 70.94.011, italics in the original) and says "We want you to be aware of this situation and ask that you read the enclosed literature to see if you can minimize potential smoke impacts caused by these activities."

**Oakland (CA) City Council**

... in the City's "Access Policy for People with Environmental Illness/Multiple Chemical Sensitivity" which requires city departments to "make reasonable efforts to accommodate persons with EI/MCS" in city programs, activities and services. [Administrative Instruction #138, 1995, 9 pages, R-48].

**San Francisco (CA) Board of Supervisors**

... in a resolution requesting citizens attending public meetings "to refrain from wearing perfume or other scented products to allow individuals with environmental illness and MCS to attend" [1993]. Although the formal resolution was subsequently rescinded under pressure from industry opponents, the following notice is still included in all published announcements of public meetings as required by Chapter 66 of the City's Sunshine Ordinance: "In order to assist the City's efforts to accommodate persons with severe allergies, environmental illnesses, MCS or related disabilities, attendees at public meetings are reminded that other attendees may be sensitive to various chemical based products. Please help the City to accommodate these individuals" [Section 66.15(d), as amended 2 August 1993, 2 pages, R-49].

**Santa Clara (CA) City Council**

... in the city's "Public Services Self-Evaluation/Transition Plan" (required by the Americans with Disabilities Act), which includes several provisions for accommodating individuals with "MCS, also known as environmental illness, resulting from acute or chronic chemical exposure" [1993, 6 pages, R-50]. The comprehensive plan requires "wherever possible, purchase and use of less toxic, hypoallergenic and non-fragrance materials"; reasonable accommodations for "employees and persons doing business with the City [who] may have this illness"; and the posting of notices at entrances to public buildings warning of "construction, remodelling or toxic cleaning activities." The City also includes a notice in all City Council agendas and other public program notices, stating that "Individuals with sever allergies, environmental illness, multiple chemical sensitivity or related disabilities should contact the City's ADA office at (408) 984-3222 to discuss meeting accessibility. In order to allow participation by such individuals, please do not wear scented products to meetings at City facilities" as revised by the Santa Clara's ADA Committee [March 1994, 2 pages, R-51].

**Santa Cruz (CA) City Council**

... in a resolution of the City Council (#NS21,285) establishing a Self-Evaluation and Transition Plan (as required by the Americans with Disabilities Act). The comprehensive plan includes provisions requiring smoke and fragrance-free environments for public meetings, the elimination of chemical air fresheners/fragrance emission devices" in all city-owned and managed restrooms and workstations, the use wherever possible of the least toxic maintenance products and application methods in public buildings, and signage warning of the use of hazardous materials in public areas [1993, 6 pages, R-52].

## RECOGNITION OF MCS IN 8 U.S. FEDERAL COURT DECISIONS

... in decisions affirming MCS (by this or another name) as a real illness, handicap or disability under:

[New Entry]

**Daubert:** Kannankeril v. Terminix International Inc, Third Circuit Court of Appeals (CA 3), No 96-5818 [17 Oct. 1997, 5 pages, R-148], overturning a lower court's summary judgement for the defendant (District of NJ, No 92-cv-03150) on a Daubert motion, saying it had "improperly exercised its gatekeeping role by excluding" the plaintiff's medical expert, Dr. Benjamin Gerson, and his testimony on causation-- specifically his view that the plaintiff developed MCS as a result of overexposure to chlorpyrifos. [Terminix had sprayed Dursban in the plaintiff's home 20 times in 17 months.] The court described MCS as becoming "sensitized to multiple other chemicals" and said "It is an acknowledged scientific fact that chlorpyrifos, the active ingredient in Dursban, is harmful to humans and can cause the very symptoms displayed by Dr. Kannankeril," which included headaches, fatigue, numbness, memory and concentration problems, sleeplessness, nausea, and skin rashes. Even though Dr. Gerson had not examined the plaintiff or written about the toxic effects of organophosphates, the court said his "opinion is not a novel scientific theory" and "is supported by widely accepted scientific knowledge of the harmful nature of organophosphates."

**Fair Housing Act:** United States v. Association of Apartment Owners of Dominis West et al, Case No. 92-00641 (D.Ha.) 25 August 1993 [19 pages, R-61], in which a consent order won by the Department of Justice's Housing and Civil Justice Enforcement Section requires the management of an apartment complex in Honolulu to take several steps to accommodate a tenant with MCS.

**Rehabilitation Act:** Vickers v. Veterans Administration, 549 F. Supp. 85, W.D. Wash. 1982 [4 pages, R-56], in which the plaintiff's sensitivity to tobacco smoke was recognized as handicap by the VA and the court, but his request for totally a smoke-free environment was denied on the grounds that the VA had already made sufficient reasonable efforts; Rosiak v. Department of the Army, 679 F. Supp. 444, M.D. Pa. 1987 [6 pages, R-57], in which the court, although finding the plaintiff "not otherwise qualified" to continue working, implicitly recognized his MCS disability, as did the Army, which the court found had made sufficient reasonable (albeit unsuccessful) efforts to accommodate the plaintiff's chemical sensitivity

**Social Security Disability Act:** Slocum v. Califano (Secretary, HEW), Civil No. 77-0298 (D.Haw.) 27 August 1979 [9 pages, R-60], in what is believed to be the earliest decision of any court recognizing MCS, the US District Court of Hawaii awarded disability benefits to a plaintiff whose pro se claim of "chemical

hypersensitivity" dated from 1 May 1968; Kornock v. Harris, 648 F.2d 525, 9th Cir. 1980 [3 pages, R-59]; and Kouril v. Bowen, 912 F.2d 971, 974, 8th Cir. 1990 [7 pages, R-58]; Creamer v. Callahan, Civil No.97-30040-KPN (D.Mass.), 5 November 1997, [5 pages, R-150] reversing and remanding the decision of the SSA Commissioner, who agreed that the administrative law judge's "analysis was flawed with respect to MCS." The court ordered the Commissioner to file a supplemental memorandum on SSA's "position with respect to MCS," which he did—specifically stipulating that SSA "recognizes multiple chemical sensitivity as a medically determinable impairment" (Docket #12).

## RECOGNITION OF MCS IN 20 U.S. STATE COURT DECISIONS

... in decisions affirming MCS illness (by this or some other name) as a handicap or injury in cases regarding:

**Housing Discrimination:** Lincoln Realty Management Co. v. Pennsylvania Human Relations Commission, 598 A.2d 594, Pa. Commw. 1991 [47 pages, R-62].

**Employment Discrimination:** County of Fresno v. Fair Employment and Housing Commission of the State of California, 226 Cal. App. 3d 1541, 277 Cal. Rptr. 557 Cal App. 5th Dist. 1991 [11 pages, R-63]; and Kallas Enterprises v. Ohio Civil Rights Commission, 1990 Ohio App. 1683, Ohio Ct. App. May 2, 1990 [6 pages, R-64].

**Health Services Discrimination:** Ruth, Barbara; June P. Hall; Cricket J. Buffalo; Susan Molloy; and Cathy Lent v. Kenneth Kizer/Molly Coe, Director, CA. Department of Health Services, No. 665629-8, 1989 [1 page, R-65], in which the plaintiffs won the right to receive oxygen treatments for MCS by successfully appealing to the CA Superior Court of Alameda County which overturned the prior ruling of an administrative law judge.

**Negligence/Toxic Tort:** Melanie Marie Zanini v. Orkin Exterminating Company Inc. and Kenneth Johnston, Broward County Circuit Court, No. 94011515 07, verdict of 7 December 1995 and final judgement of 28 December 1995 [4 pages, R-92], in which the jury ruled that the pesticide applicator's negligence in applying Dursban was the legal cause of damage to the plaintiff, who was awarded a total of \$1,000,000 in damages by the jury. This was subsequently reduced to \$632,500 in the final judgement.; Ruth Elliott, et al., v. San Joaquin County Public Facilities Financing Corp. et al., California Superior Court, San Joaquin County, No. 244601, 31 October 1996 [2 page verdict report, R-112] in which a public lease-back corporation was held responsible for 14 awards of partial to permanent disability based on MCS and various other health complaints that started after extensive renovations were inadequately ventilated (half the roof air conditioners did not work). Awards ranged from \$15,000 to \$900,000 each (total \$4,183,528); Linda Petersen and Eleni Wanken v. Polycap of California, California Superior Court, Alameda County, No. H7276-0, 1 April 1988 [1 page verdict report, R-143], in which plaintiffs were awarded \$250,000 and \$13,000, respectively, for MCS they developed after a polyurethane roofing material was installed at two school buildings where they worked. These jury awards led to prompt settlement of a dozen other cases against the same defendant.

**Tort of Outrage and "Deliberate Intention" Exception to Workers Compensation:** Birkliid et al v. The Boeing Company, Supreme Court of the State of Washington, 26 October 1995, No. 62530-1, in which the court issued an EN BANC ruling in response to a question it "certified" from the Ninth Circuit Court of Appeals. By unanimous 9-0 decision, the WA Supreme Court found sufficient evidence of Boeing's deliberate intent to harm its employees from chemical exposure that the 17 workers who claim they were physically and/or emotionally injured as a result (including those with MCS) can sue the company for civil damages in addition to their workers' compensation benefits. (This "deliberate intention" exception was last allowed by the court in 1922). The court also found that the chemically-injured workers had a claim under the Tort of Outrage for recovery of damages arising from Boeing's intentional infliction of emotional distress. The matter now returns to the U.S. District Court for the Western District of Washington for a jury trial. [25 page decision with a 2 page background paper from Randy Gordon, one of the plaintiffs' attorneys., R-66].

**Workers' Compensation Appeals (State Courts only, others follow)**

**Arizona:** McCreary, Robert v. Industrial Commission of Arizona, 835 P.2d 469, Arizona Court of Appeals 1992 [1 page, R-70];

**California:** Kyles v. Workers' Compensation Appeals Board et al, No. A037375, 240 Cal. Rptr. 886, California Court of Appeals 1987 [9 pages, R-68]; Mendez v. Continental Ins. Co., 515 So.2d 525, La.App.1Cir. 1987 [6 pages, R-69];

**New Hampshire:** Appeal of Denise Kehoe (NH Dept. of Labor Compensation Appeals Board), No.92-723, Supreme Court of New Hampshire 1994, 648 A.2d 472, which found that "MCS Syndrome" due to workplace exposure is an occupational disease compensable under NH's workers' compensation statute and remanded to the Compensation Appeals Board "for a determination of whether the claimant suffers from MCS and, if she does, whether the workplace caused or contributed to the disease" [3 pages, R-71, see also ]; (2nd) Appeal of Denise Kehoe (NH Dept. of Labor Compensation Appeals Board), No.95-316, Supreme Court of New Hampshire 13 November 1996, in which the Court again reversed the Compensation Appeals Board, finding both that the claimant had MCS (legal causation) and that "her work environment probably contributed to or aggravated her MCS" (medical causation) [5 pages, R-127];

**Oregon:** Robinson v. Saif Corp, 69 Or. App. 534; petition for review denied by 298 Ore. 238, 691 P.2d 482 [5 pages, R-67]; Saif Corporation and General Tree v. Thomas F. Scott, 824 P.2d 1188, Ore.App.1992 [6 pages, R-89];

**South Carolina:** Grayson v. Gulf Oil Co., 357 S.E.2d 479, S.C.App.1987 [6 pages, R-88];. and Harvey's Wagon Wheel, Inc. dba Harvey's Resort Hotel v. Joan Amann, et al., No.25155, order dated 25 January 1995, Nevada Supreme Court [4 pages, R-93], in an order dismissing the casino's appeal of a district court ruling that reversed the decision of an appeals officer in favor of a group of 23 claimants. The Supreme Court agreed with the lower court's finding that the officer had "overlooked substantial evidence offered by the [23] claimants that clearly supported a causal relation between their work place injuries [due to pesticide exposure] and their continuing disabilities."

**West Virginia:** Arlene White v. Randolph County Board of Education, No. 93-11878, 18 November 1994 decision of Administrative Law Judge Marshall Riley, Workers' Compensation Office of Judges, reversing denial of MCS claim for temporary total disability and medical payments by Workers' Compensation Division [7p, R-131]; Julie Likens v. Randolph County Board of Education, No. 93-14740, 4 April 1995 decision of Chief Administrative Law Judge Robert J. Smith, Workers' Compensation Office of Judges, reversing denial of MCS claim for temporary total and medical disability by Workers' Compensation Division [8p, R-132]; and Barbara H. Trimboli v. Randolph County Board of Education, No. 92-65342-OD, 10 June 1996 decision of Administrative Law Judge Terry Ridenour, Workers' Compensation Office of Judges, reversing denial of MCS claim for temporary total disability and medical payments by Workers' Compensation Division [5p, R-133].

## RECOGNITION OF MCS IN 14 WORKERS' COMPENSATION BOARD DECISIONS

... in decisions affirming MCS illness (by this or some other name) as a work-related injury or illness in: **[New Entries in Bold]**

**Alaska:** Hoyt, Virginia v. Safeway Stores, Inc., Case 9203051, Decision 95-0125, Alaska Workers' Compensation Board 1995 [21 pages, R-73].

**Connecticut:** Sinnamon v. State of Connecticut, Dept. of Mental Health, 1 October 1993 Decision of Nancy A. Brouillet, Compensation Commissioner, Acting for the First District, Conn. Workers' Compensation Commission. [10 pages, R-106]. The commissioner, citing testimony from Dr. Mark Cullen, among others, found "the great weight of medical evidence supports the diagnosis of MCS syndrome causally related to the Claimant's exposure while in the course of her employment" in state office buildings with poor indoor air quality. She ordered payment of temporary permanent disability benefits as well

payment "for all reasonable and necessary medical treatment of the Claimant's MCS syndrome."; O'Donnell v. State of Connecticut, Judicial Department, 22 May 1996 Decision of Robert Smith Tracy, Compensation Commissioner, Fourth District, Conn. Workers' Compensation Commission. [5 pages, including cover letter from plaintiff's attorney, R-107]. The commissioner recognized MCS "caused by numerous exposures to pesticides at work ... and exacerbated by repeated exposure to other odors and irritants at work" in a Juvenile Court building. Because "this claimant has been given special accommodations since March 1992 when she was granted an isolated office and the stoppage of spraying of pesticides" that allowed her to continue working full-time, no monetary benefits were awarded.

**Delaware:** Elizanne Shackle v. State of Delaware, Hearing No. 967713, Delaware Industrial Accident Board in and for New Castle County, December 1993 [21 pages, R-142], awarding total temporary disability benefits and "one attorney's fee" based on the IAB's finding that the claimant's work exposure (in a state correctional facility built by prison labor) had "caused her present respiratory symptoms" and that this "has sensitized her to other odors."

**Maryland:** Kinnear v. Board of Education Baltimore County, No. B240480, Md. Workers' Compensation Commission, 28 June 1994 [1 page, R-75].

**Massachusetts:** Sutherland, Karen v. Home Comfort Systems by Reidy and Fidelity & Casualty Insurance of New York, Case No.023589-91, 8 February 1995 decision of Mass. Department of Industrial Accidents [21 pages, R-74]; Steven Martineau v. Fireman's Fund Insurance Co., Case No.9682387, 15 May 1990 decision of Administrative Judge James McGuinness, Jr., Mass. Industrial Accident Board, ordering that the employer pay for disability benefits as well as "all costs, including transportation, lodging and meals, incurred or to be incurred in the course of seeking and obtaining reasonable medical and related care ... including treatment rendered by and at the Center for Environmental Medicine." [18 pages, R-125]; Elaine Skeats v. Brigham & Women's Hospital, Case No.02698693, 24 October 1996, decision of Administrative Judge James McGuinness, Jr., Mass. Industrial Accident Board, ordering that the employer "compensate the employee for expenses incurred in the course of satisfying the historic and prospective prescriptions of Doctors ... prompted by her industrial injury and relative to: intravenous therapy, vitamin and nutritional supplements, massage therapy, air conditioning, air purification, air filtration, masking, water filtration, allergy bedding, laboratory testing and mileage travelled." [14 pages, R-126]

**New Mexico:** Elliott, Erica v. Lovelace Health Systems and Cigna Associates Inc., No. 93-17355, 8 November 1994, decision of Rosa Valencia, Workers' Compensation Judge, finding that MCS was triggered by glutaraldehyde and Sick Building Syndrome for which employer had been given timely notice. Also supported Elliott's refusal to return to work in the buildings that made her sick buildings as "reasonable under the circumstances." Decision granted 3 months of temporary total disability pay followed by permanent partial disability for "500 weeks or until further order of the Court" [15 pages, R-113]

**New York:** Crook v. Camillus Central School District #1, No. W998009, 11 May 1990, decision of Barbara Patton, Chairwoman, NY State Workers' Compensation Board specifies "modify accident, notice and causal relationship to multiple chemical sensitivity" and awarded continuing benefits of \$143.70 per week [1 page, R-108].

**Ohio:** Saks v. Chagrin Vly. Exterminating Co Inc., No. 97-310968, 18 September 1997 [2 pages, R-151], decision of District Hearing Officer Arthur Shantz, recognizing claim of chemical sensitivity; and Kelvin v. Hewitt Soap Company, No.95-599131, 5 June 1996 [2 pages, R-152], decision of District Hearing Officer Steven Ward, recognizing claim of multiple chemical sensitivity as "occupational disease" contracted "in the course of and arising out of employment."

**Washington:** Karen B. McDonnel v. Gordon Thomas Honeywell, No. 95 5670, 22 October 1996 decision of Judge Stewart, WA State Board of Industrial Appeals, recognizing "toxic encephalopathy" as an acceptable diagnosis for MCS-induced permanent partial disability [2 p, R-118].

## RECOGNITION OF MCS BY 26 INDEPENDENT ORGANIZATIONS

### ***American Academy of Environmental Medicine (New Hope, PA)***

... the first medical academy in the United States to recognize EI/MCS as a legitimate physical condition (founded 1965). Views detailed in "An Overview of the Philosophy of the American Academy of Environmental Medicine" by Dr. Gary Oberg [1990, 77 pages, R-76].

### ***American Council On Education, National Clearinghouse on Postsecondary Education for Individuals with Disabilities, Health Resource Center (Washington DC)***

... in a detailed report on "Students with MCS/EI: An Accommodation Challenge" published in its Information Health newsletter, which is underwritten by a grant from the U.S. Department of Education [Vol 15, No 2 & 3, June/July 1996, 3 pages, R-115].

### ***American Lung Association (Washington DC)***

(See joint entry under U.S. Consumer Product Safety Commission, above.)

### ***American Medical Association (Chicago IL)***

(See joint entry under U.S. Consumer Product Safety Commission, above.)

### ***Association of Occupational and Environmental Clinics (Washington DC)***

... in its directory of American Occupational and Environmental Clinics, which describes the most commonly seen occupational and environmental diagnoses seen at the AOEC's 52 clinics [1993, 53 pages, R-77]. MCS is listed as one of the top three environmental diagnoses by clinics at Massachusetts General Hospital, Johns Hopkins University, Emory University, Robert Wood Johnson Medical School, and many others.

### ***Association of Trial Lawyers of America, Consumer & Victims Coalition Committee***

... in a resolution recognizing Ecological Illness (MCS) as "an emerging and potentially major public health problem" [1994, 2 pages, R-78].

### ***Civil Service Employees Association, AFSME Local 1000 (Albany NY)***

... in a "Safety & Health" booklet entitled Multiple Chemical Sensitivity, produced by the CSEA Occupational Safety and Health Department through a grant from the New York State Occupational Safety and Health Training and Education Program # 6789 [1994, 20 pages, R-90].

### ***Communications Workers of America, AFL-CIO***

[New Entry]

... in a memo from Executive Vice President M.E. Nichols to all local presidents (cc'd to the Executive Board and all staff), requesting that they forward information on MCS and other member health problems associated with workplace indoor air quality (and exposure to carbonless copy paper in particular) to the CWA's Occupational Safety and Health Department [25 July 1997, 2 pages, R-154].

### ***The Evergreen State College (Olympia WA)***

... in a memorandum from Jim LaCour, the director of the Office of Human Resources, on "a long-awaited policy that was developed by community representatives to address IAQ issues." The policy states the college's support for "the concept of a fragrance- and pollutant-free environment on its properties and in its programs" and details procedures for public notice, training, information posting, inspection, use of scented products (by students, faculty, and other staff), policy dissemination, facilities' use, complaints, and records maintenance [1996, 8 page memo and 2 page "A Guide to Indoor Air Quality," R-134; policy also posted at [http://192.211.16.12/user/pol\\_proc/g-air.htm](http://192.211.16.12/user/pol_proc/g-air.htm)].

### ***First Baptist Church of Houston (TX)***

... in developing a fragrance-free Sunday School department and a "safe worship area" for the benefit of the chemically-sensitive among its more than 21,000 members [1995].

***First Unitarian Society of Chicago (IL)***

... in a plan developed by the society's Environmental Task Force to "purchase, from now on, only those cleaners and other property maintenance products which are safe for people and the environment, in line with the [society's] Model Environmental Community Plan..." The plan was adopted "in light of the fact that our church has chemically sensitive individuals and should be open to others who are chemically sensitive" [1995, 6 pages, R-79].

***Habitat for Humanity International (Americus GA)***

... in its "Tentative Survey Form for those suffering from chemical sensitivity" and accompanying cover letter stating that "The Environment Department is concerned about hazardous chemicals in homes as well as the syndrome they cause, MCS" [1994, 2 pages, R-80]. Although an official HfHI policy has not been formulated, guidelines on "Addressing the Need" have been written by David Ewing, Senior Advisor, HfHI Department of the Environment [1996, 2 pages, R-137], and at least one affiliate (in Athens OH) has built a house for an MCS sufferer.

***Holy Cross Hospital (Taos NM)***

... in a policy statement on the "Management of patients with Multiple Chemical Sensitivities" that identifies 13 steps taken to "reduce the risk of patients or employees developing additional health problems while in the hospital." These range from providing operable windows in all patient rooms to a directive that "scented personal care products should not be worn in the presence of MCS patients." The policy was adopted in conjunction with the opening of a new wing in December 1994 that includes two rooms with two beds each specifically designed for MCS patients, including a separate entrance and private sitting room [1994, 2 pg policy with 1 pg article, R-81].

***International Labor Organization (Geneva, Switzerland)***

... in its 1994 World Labor Report, recognizing Sick Building Syndrome as the major problem specific to office workers in industrialized countries [6 page press release, R-82; full report available for \$18 from ILO, 518-436-9686].

***Jewish Hospital (Louisville, KY)***

[New Entry]

... in its policy to accommodate the needs of "Environmentally Sensitive Patients" on an individual basis, which was developed and approved by the Practice Council of the Nursing Department [1997, 2 pages, R-163]. "To reduce the risk of clients developing additional environmentally sensitive health problems while in the hospital," the policy specifies 4 specific procedures to be followed in admissions and 13 more to be followed in nursing care, including not wearing perfume, make up, hairspray, underarm deodorant or fragrances while caring for the client, if so requested.

***Johns Hopkins Medical Institutions, Kennedy Krieger School (Baltimore MD)***

[New Entry]

... in an "Individualized Environmental Management Program" for student Joseph Arminger designed to accommodate his need to avoid exposures that might aggravate his "MCS Syndrome" [30 May 1996, 2 pages, R-155]

***The Labor Institute (New York City, NY)***

... in Multiple Chemical Sensitivities at Work, "a training workbook for working people" and accompanying video entitled "MCS: An Occupational Hazard" [1993, 95-page book and 1/2 hour video available for \$3 and \$12, respectively, from MCS Referral & Resources, R-83].

***Levi Strauss & Co. (San Francisco, CA)***

... in a formal memorandum on "Reasonable Accommodation" from Ed O'Masta of the company's "Global Human Resources" department that commits Levi Strauss & Co. to making the following accommodations for an employee with MCS: specially selected office location with portable air filtration system, older no-longer-offgassing furnishings, carpet and electronic equipment, less toxic cleaning products and paints, when necessary, no pesticide use in the office and no photocopy machines in the immediate vicinity, scent-free sign on the door, flexible meeting and teleconference arrangements, and

support for requesting (but not requiring) scent-free accommodations from co-workers [26 January 1996, 2 pages, R-116].

**Massachusetts Continuing Legal Education (MCLE)**

[New Entry]

... in sponsoring a half-day educational seminar on "Multiple Chemical Sensitivity Case: A Practical Guide to Understanding the Issues" featuring medical and legal experts representing both defense and plaintiff perspectives. It describes MCS as a "highly controversial diagnosis that is rapidly becoming a hot spot for indoor environmental health cases." [16 April 1997, 1 page announcement, R-159; written materials and audiocassettes available from 800-966-6253].

**National Academy of Sciences / National Research Council**

... in a collection of research papers describing the neurologic, respiratory, and immune impairment of MCS patients, in Multiple Chemical Sensitivities--Addendum to Biologic Markers in Immunotoxicology [1992, book available from NAS]. Note that the NAS/NRC has not made any statements or estimates on the incidence of MCS in the U.S. population. The often quoted figure of 15% attributed to the National Research Council actually refers to an estimate of the percent of the U.S. population with "an increased allergic sensitivity to chemicals commonly found in household products..." made by the *NRC's Committee on Neurotoxicology and Models of Assessing Risk, part of the Commission on Life Sciences' Board on Environmental Studies and Toxicology* [in Evaluating Sensory and Hyperactivity Reactions From Exposures to Inhaled Pollutants, 1987, 6 pages, R-84].

**National Association of Social Workers (Washington DC)**

... in a resolution on MCS approved by the delegate assembly [1993, 1 page, R-85].

**North Seattle Community College (Seattle WA)**

... in its Winter 1996 and Spring 1996 Quarterly Class Schedule catalogs [2 page excerpt, R-94], which includes the following in the description of all courses taught by an MCS member of the faculty: "This classroom accommodates the needs of those suffer from Multiple Chemical Sensitivity (MCS). As a designated scent-free area, students are required to refrain from the use of scented personal care products, such as cologne, aftershave, scented hairsprays, lotions, etc. Your cooperation is very much appreciated."

**Ontario Medical Association, Committee on Public Health**

... in its 1987 Report to Council, reviewing the 1985 report of the ad hoc committee on Environmental Hypersensitivity Disorders which included an OMA representative, and in consultation with OMA's sections on Allergy and Clinical Immunology and General and Family Practice, the committee recommended that the social agencies in Ontario address the social problem of people "not being well served in their need for support services." It also expressed "support for efforts to improve the ability of practising physicians to treat these patients" and recommended that the Ontario Ministry of Health focus its research funding for studies of "environmental hypersensitivity" on etiology, diagnosis, treatment and epidemiology" [1987, 1 page excerpt, R-136].

**Shepherd of the Hills Presbyterian Church (Austin TX)**

[New Entry]

... in its sponsorship of the Jeremiah project, a nationwide "interdenominational ministry with and for people who are chemically sensitive and/or have been chemically injured." Free information available from [www.shpc.org](http://www.shpc.org), [jeremiah@texanet.net](mailto:jeremiah@texanet.net) org, and the Rev. Linda Kay Reinhardt (212-935-4618).

**United Methodist Church, General Board of Global Ministries**

... in a "United Methodist Resource Book about Accessibility" entitled Accessibility Audit For Churches, (prepared for the Health and Welfare Ministries Program Department by the Mission Education and Cultivation Program Department), the church recognizes MCS as an indoor air quality problem, details the types of indoor air exposures that may exacerbate MCS, and provides recommendations for accommodating MCS persons [1994, 7 page excerpt, R-86, full report available for \$5.95 plus \$1.50 shipping from 1-800-305-9857, Stock No.3810].

**University of Minnesota School of Social Work (Minneapolis MN)**

... in a scent-free policy adopted in the fall quarter of 1993 to accommodate "those with MCS who are either students or staff in the School of Social Work" [1993, 3 pages, R-87].

**World Institute on Disability (Oakland CA)**

... in a letter to the Oakland City Council's Health and Human Services Committee supporting "acceptance and implementation of A.I.#138, the City Access Policy for People with Environmental Illness / Multiple Chemical Sensitivity" [see entry for Oakland CA, above] from WID president Ed Roberts, a former director of California's Department of Rehabilitation [1994, 1 page, R-96].

## **CORRECTIONS OR DELETIONS SINCE LAST ISSUE**

None.

## **CREDITS**

Thanks to Marian Arminger, Robert Autieri, Barbara Bergquist, Chris Brown, Anette Buder, Diane Canfield, Sue Darcey, Cindy Duehring, Vivienne Dietemann, Rus Cooper-Dowda, Dr. Erica Elliott, Jill Ellison, Dr. Barry Elson, Diana Fairechild, Siegfred Fischer, James R. Fox, Anthony Gammage, Linda Lee Harry, AR Hogan, Jeanne Hunt, Robert Jacobs, Tom Kerns, Louise Kosta, Ken Krispin, Dr. Thomas Lacava, Mary Lamielle, April Lang, Dr. Ann McCampbell, Mary Agnes McDaniel, Susan Molloy, Elizabeth O'Nan, Martha Poinar, Kay Richardson, Dr. Gerald Ross, David Ruyle, Robert Saks, Lillian Sinnamon, Frank Slocum, Melva Smith, Cindy Spitzer, Fran Starr, Matthew Sweeting, Jamie Tessler, Pat Wilcox, Barbara Wilkie, Cynthia Wilson, Dr. Grace Ziem, and Betty Zuspahn for their comments and contributions.

## **QUOTING & REPRINTING**

**This publication has no copyright and may be freely quoted or reprinted but please contact MCS Referral & Resources before you do either in order to obtain the latest edition as old entries may have been revised or deleted and new ones added. Whenever quoting or reprinting, please include the following credit and disclaimer:**

Recognition of MCS is edited by Albert Donnay, MHS, and published quarterly without copyright by MCS Referral & Resources, Inc., 508 Westgate Road, Baltimore MD 21229-2343, 410-362-6400. MCS R&R verifies new entries to the best of its abilities but cannot be held responsible for omissions or subsequent changes. MCS R&R also disclaims all liability for any claims made based on this information. None of these entries should be construed as offering medical or legal advice, which should be obtained only from qualified professionals. Please inform MCS Referral & Resources of any corrections or additions.

## **SUBSCRIPTION INFORMATION**

Recognition of MCS is made available to individuals and non-profit organizations for \$12 per issue or by subscription for \$40 per year (4 issues), plus 20% if mailed outside USA. The rates for professionals and corporations are \$60 per issue and \$200 per year (plus 20% if mailed outside USA). Documentation for all entries is available on CD-ROM with full text search and retrieval software for \$250. To order, call 410-362-6400. VISA, MC and Discover accepted.

**THIS ISSUE DEDICATED TO THE MEMORY OF JULIA KENDALL  
FOUNDER OF CITIZENS FOR A TOXIC-FREE MARIN  
WHO DIED 12 JULY 1997**

**FOR A FREE COPY OF JULIA'S CLASSIC "MAKING SENSE OF SCENTS"  
AND THE FACTS ON FRAGRANCE-FREE ZONES  
SEND A SELF-ADDRESSED STAMPED ENVELOPE TO MCS REFERRAL & RESOURCES**