

MCS: Canaries in the Coal Mine

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I appreciate this opportunity to speak with you about the harmful effects of chemical exposures on humans. I speak tonight from three perspectives: First, as a woman with an environmental illness-Multiple Chemical Sensitivities, MCS; Secondly, as a professional nurse who counsels others with environmental illnesses; and thirdly, as the chairperson of the Environmental Health Coalition of Western Massachusetts, a grassroots organization that serves the needs of people with chemical sensitivity.

When I mention the term "chemical exposures", I am referring to hazardous chemicals found seemingly everywhere in our modern day world: in personal care, laundry, and cleaning products, in home furnishings especially carpets and overstuffed chairs, in computers, printers, and fax machines, in pesticides, insecticides, and herbicides, in wood smoke, gas and oil and most sadly in our food and water.

I have learned the hard way that long term exposure to low level chemicals can damage the body by "sensitizing" it so that after sensitization, even minute amounts of a chemical can cause physical symptoms. I was diagnosed with MCS in 1993 many years after the disease process had begun. Even though I had been a nurse for 30 years, I had no idea why I had become so ill. I couldn't digest most of what I ate, consequently lost 25% of my body weight, had trouble concentrating, short term memory problems, allergies, sinus problems and early menopause.

To heal, I camped out in the southwest for 6 months, lived in a specially constructed trailer for 1 and 1/2 years and built a non-toxic home. I have and continue to make numerous life style changes as does my family, friends, and co-workers. I am significantly better although I continue to be chemically sensitive and conscious about the environments I choose to be in.

What caused me to have MCS? I don't really know. Today, however, I question was it the chlordane that my father routinely used around the house? was it a solvent exposure when I renovated a 1860 year old brick colonial, was it exposure to pesticides used to kill gypsy moths? was it living in a newly built, air tight house? was it house renovations that included installation of wall to wall carpeting and a deck built with pressure treated wood? I don't know what triggered my illness but I do know that people develop MCS from the combination of two things: toxic chemical exposure and susceptibility.

Of course, the chemical industry thinks susceptibility, that is sensitivity is the major culprit. A quote from the Wary Canary, a Chicago-based MCS newsletter, says it this way. **"Lay off that 'sensitive' crap! If your kid plays in the street and is run over by a truck, do you say, 'Poor thing, he's sensitive to Fords'? We're basically dealing with poisons, not frail health."** When you get to know most people with MCS, they report good if not excellent health prior to chemical exposure.

When people say they are chemically sensitive, they mean that they get sick when around chemicals. For example, getting a headache when around perfume, feeling spaced out when exposed to fresh paint, or developing an unsteady gait when walking in an area treated with pesticides. Usually, only one organ system is affected in chemical sensitivity whereas in MCS many organ systems are affected and it is

frequently a long term health problem which worsens over time. People however can and do recover.

We know that the incidence of chemical sensitivity and MCS, like asthma and cancer, are increasing at alarming rates. Studies have investigated the incidence of chemical sensitivity and MCS. Chemical sensitivity has been shown to occur between 16% (North Carolina study) and 33% (California study) of the population. MCS has been shown to occur between 1.7% (New Mexico study) and 7% (California) of the population. In Western MA we have identified well over 200 people with MCS.

People with MCS experience numerous challenges:

1. Locating health care practitioners who are knowledgeable about MCS.

Even though many social service agencies such as Social Security, Worker's Compensation, HUD and many others recognize MCS as a diagnosis, the American Medical Association has yet to do so.

2. Finding environmentally safe housing: no carpeting, no gas heat/appliances, no pesticides, use non-toxic building materials; finding "safe" clothing; finding "safe" food
3. Securing workplace or school accommodations: fragrance free, non-toxic cleaning products, no pesticide policy, air purifiers
4. Being believed by others: Having a hidden or invisible illness and one that seems to defy logic, like becoming sick around such tiny amounts of a chemical, is one of the greatest challenges faced by this population.
5. People can die from MCS, usually by suicide.

What can you do to help people with chemical sensitivity/MCS?

1. Believe them!
2. Avoid using fragrances in all personal care, laundry and cleaning products. Over 90% of fragrances are petroleum products that are

neurotoxic, capable of causing brain dysfunction. Fragrances are one of the most significant contributors to IAQ problems.

3. Avoid using pesticides, insecticides, and herbicides.

4. Avoid using wood as a heat source. Wood smoke is filled with numerous toxic chemicals that trigger symptoms in people with allergies, asthma and chemical sensitivities.

5. Support the EHCWM by joining with us to help people with chemical sensitivities/MCS and to prevent others from becoming ill.

Like canaries in the coal mine, people with chemical sensitivity/MCS are trying to send a message to those not yet affected. But, who is listening?

Possible Projects

Smith College Interns
Spring, 1999

1. Finding a safe location for the resource library
2. Preparing packets of information for new members, special requests
3. Assisting with mailing out newsletter-end of February
4. Researching possibilities for grants: environmental, non-profit/grassroots
5. Prepare mailing list on disc
6. Set up lending library
7. Getting ads for newsletter
8. Organizing grant information
9. Preparing an informational brochure for the EHCWM
10. Preparing a fragrance-free brochure
11. Outreach to college students, high school students, general public
12. Letters to the editor

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