



PRESIDENT'S Annual Report - 2008
by Carolyn Wysocki, MA. MHSA

Summer Time and the Living is Easy, as the song goes, but nothing is easy for us with MCS. There's the spraying of pesticides for West Nile Virus, smoke from the charcoal grills for barbecues, and chlorine for the pools: an ever ending array of actions that we must be vigilant about the year round, but especially in the summer. But the good news is that there are larvicides that can control mosquitoes breeding, electric grills and solar energy to heat pools and ozonators to keep pool water safer.

ECHO continues to actively supporting these alternatives through various coalitions during this past year. As a Founding member of the **Coalition for a Safe and Healthy Connecticut**, we have provided testimony and support towards the passage of the **Public Act 08-106, An Act Concerning Child Product Safety**. The law takes effect October 1. It requires the state to compile a list of children's toys that contain banned hazardous substances and post that list on the Department of Consumer Protection's website at www.ct.gov/dcp. Here we had another ounce of prevention.

Governor M. Jodi Rell also signed an environmental justice bill that will provide a mechanism for meaningful public participation when a facility generating a significant new source of pollution is proposed in a neighborhood. **H.B. 5145, An Act Concerning Environmental Justice Communities and the Storage of Asbestos Containing Material**, affects 25 "distressed" municipalities and 34 other affected municipalities in Connecticut.

Other bills that we supported and provided testimony but did not pass were on the use of pesticides in day care centers, wood burning stoves, bromalade flame retardants, phthalates and artificial turf. All are being considered for this next upcoming legislative session.

In addition to advocacy, we were very involved in education the community about MCS through our display and at the Channel 30 Wellness Festival, PACE Conference, Connecticut Nurses Association Conference, Berlin Health Fair and the Conservation Voters Legislation Conference. ECHO and CASH held an information forum on Toxic Toys in Berlin.

We also had the opportunity to do some networking at the Law & "Going Green", and the Green Chemistry Conference. Networking is great at these conferences as you never know who you will meet. I met Marcie Sanders a professor at Quinnipiac College who teaches Occupational Therapy Students. I was invited to speak at the college to over 40 potential Occupational Therapists about MCS for two hours. It was great and the students asked so many intelligent questions. Another welcomed speaking engagement was at the First Baptist Church in West Hartford where a member has MCS and they wanted to have a better understanding of how they could accommodate him.

On page 59 in the recently published book **"Not Just a Pretty Face"**, author, Stacey Malkan, quotes yours truly and devotes a page to being fragrance free and MCS.

To round out the year for ECHO, Governor Jodi Rell proclaimed May 2008 as MCS Awareness Month for the 11th year. Our telephone support line is getting more and more calls from people who have housing needs and are looking for information about MCS and physician referrals. Our web site keeps getting more and more hits and our list serve is growing. This next section was in my last report but bears repeating.

The world needs you. ECHO NEEDS YOU! Please take a moment to call, write or email your Senator/ Representative in your town and tell them about your experiences with MCS and why you support a particular bill. Sign up for the ECHO list serve for updates. Let ECHO know of your successes so we can acknowledge you great work. We need to let our community and legislators know what happens to our health and our lives when we are injured by chemicals. We need to let people know that we may have an invisible illness but we are not invisible. Let me know if you are interested in working with any of the mention Coalitions, we can always use more help. How about using Multiple Chemical Syndrome for MCS? Let us know what you think.

MCS Housing: Share, Care, and Prayer, Inc., announces a proposed building project for MCS housing near Binghamton, NY. If interested, write for a survey to: Janet Dauble, Ex. Dir., PO Box 2080, Frazier Park, CA 93225

ECHO Donations – Patrons – Leona Marcus, Charleen Dann, Mary Lamielle and Ted Carl; Thank you Friends for your continuing support: Clare Brady, Patricia Gilmore, Elizabeth Popko, Elizabeth Osmond, Ed Garry, Judith Puhalski, Tracy O'Donnell, and Contributors: Joyce Kowalczyk, Joan Beaulieu, and Elizabeth Mikkelson.

Dr. Grace Ziem writes ECHO:

Thank you for the ECHO issue of Fall 2007. As I mentioned, this [**Dr. Ziem's Neural Protocol** – see page 3 of this issue] is outdated not only on ingredients but instructions – the latter will be irritating to many of the chronically ill. I have updated instructions on: **Treating Chemical Injury Step by Step**. This should help other people and their doctors to use it better.

I have modified amounts of some ingredients based on retesting hundreds of patients – my goal is a basic formula that works for the majority and we have that now.

- 1) I have added more myelin repair ingredients.
- 2) Choline (phosphatidyl choline) is deficient in well over 95%: Phospholine is the only substance that orally treats this, dry choline will not, based on our patient testing.

People can save money by diluting their own hydroxocobalamine for nebulizer and making their own nasal spray of it as well to use often whenever they have ANY symptoms, to turn off reactions. This also then stops the vicious cycle and subsequent damage, saving illness and cost of future repair needs. Hydroxocobalamine is stable without refrigeration; a nasal bottle can be carried around and refrigerated later. Fax dated: **January 31, 2008**
[Editor- If you would like a copy of *Treating Chemical Injury Step by Step*, write the ECHO office with a SASE.]

Eating For Healing By Grace Ziem, M.D., Dr. P.H.

To best help repair chemical injury, the right foods speed repair.

What to eat and how is listed first; then why to eat it follows.

What and How:

1. Eat free range meat/eggs; fresh caught fish; fresh and organic foods whenever possible.
2. Reduce carbohydrate servings to **small**, avoid refined carbohydrates (sugars, refined grains)
3. Eat protein with every meal and snack
4. Eat seeds/nuts daily. Refrigerate in airtight containers.
5. Eat 4-5 servings of vegetables and fruit daily. Good antioxidant foods include berries, citrus, parsley, onions, colorful vegetables and fruits, and legumes. Eat a variety to get balanced antioxidant protection.
6. Avoid all "fake fats": margarine, hydrogenated fats, Olestra, etc. Avoid peanuts/peanut oil, canola oil and cashews when possible. Eat coconut oil and saturated fat.
7. Rotate foods, try to avoid eating the same food daily.
8. Know what foods you test intolerant to, avoid until you have better intestinal healing.
9. Chew all food until liquid before swallowing. Sip all liquids slowly.
10. Balance omega 3 (flax, hemp and fish) and omega 6 (eggs, GLA, meat, sunflower seeds). If you are stiff/achy/inflamed, get some extra omega 3 (1:3 ratio omega 3 to 6). If not achy/stiff, use 1:4 ratio. Refrigerate, keep all omega 3 products airtight.
11. Test your pancreatic function yearly and use digestive enzymes until function recovers.
12. Eat onion family often (onions, leeks, garlic, chives, shallots).
13. Eat fresh sprouts often.
14. Don't heat or cook with omega 3 oils. For cooking, use olive oil, ghee/butter, coconut oil.
15. Avoid body acidity from inflammation: follow alkalinity food fact sheet (800-553-5742) and keep urine above 6 (testing with pH Hydrion paper range 5.5 to 8 from a drugstore).
16. Hydrate well with lots of water: avoid caffeine, diuretics when possible.
17. Get adequate iodine (100-150 mcg/day): seafood, seaweed (e.g. Dulse flakes, other). Iodized salt has inadequate iodine. Salt competes with iodine. Iodized sea salt is better, but not as the only source.

Why You Should Eat for Healing: #1-17 Point by Point:

"Why" answers correspond to numbers above.

1. Much high nutrient levels, lower pesticide/toxic residue. Canning/drying reduces nutrients. See references at bottom 1, 2, 3, 4
2. When you eat enough carbohydrates to release insulin, your body also releases an enzyme (phospholipase A2) that damages cell membranes and myelin repair of brain nerves.
3. Complete protein (all essential acids) is needed for repair and detoxification.
4. Seeds and nuts have essential oils for membrane and brain repair, protein, and essential nutrients.
5. Vegetables and fruit have essential antioxidants and fiber for intestinal health. There are many types of antioxidants that provide different protection and work in

different parts of the body. A good variety of foods is needed to provide good protection.

6. Fake fats, canola oil enter and damage cell membrane function. Some saturated fat and cholesterol is essential for myelin and membranes. Peanuts are more likely to have toxic fungus.
 7. Rotating foods improves nutrient balance and reduces risk of new food intolerances.
 8. Food intolerance occurs in most chemically injured patients but often has only delayed symptoms, so only testing will detect. Eating intolerant foods increases fatigue and aching.
 9. Digestion begins in the mouth with saliva enzymes.
 10. Both omega 3 and omega 6 are essential oils/fats and both are needed for cell membrane and brain repair.
 11. Digestive enzymes are impaired in the majority of chemically injured patients and essential nutrients are wasted (not absorbed) without adequate levels: a waste of health and groceries.
 12. Onion family provides essential sulfur for repair and detoxification.
 13. Sprouts have all nutrients essential for life. Broccoli sprouts help prevent cancer.
 14. Heating damages omega 3 oils can make them harmful.
 15. All body functions work better at slightly alkaline pH and ample hydration.
 17. Iodine is essential for thyroid function and all endocrine, other body cells. Adequate iodine can reduce thyroid autoimmunity.
1. B Smith "Organic foods vs supermarket foods: element levels", *J.App.Nut* 45: 1993. 2. B Baker, *et al*, "Pesticide residues in conventional, IPM-grown and organic foods: Insights from three U.S. data sets", *Food Add Contam*, 19:427-446, 2002. 3. OP Pesticides in children's bodies: the effects of a conventional versus organic diet", *Environ Health Perspect* 114: A112, 2006; 4. L Chensheng, "Organic diets significantly lower children's dietary exposure to organophosphorus pesticides", *Env. Health Persp*, 114:260-263, 2006.

Brain: Use It to Repair It: Studies now show that some brain repair can occur with brain use. Problem solving (games, puzzles, etc.) and memory (poems, phrases, spiritual verses, etc.) are both important. For some, just dealing with getting better seems all they can mentally do: if this is you, spend enjoyable time daily (music, comedy, friends, etc.) to help brain and endocrine repair.

Maintaining the Alkaline/Acid Balance - As mentioned above, your body functions better when it's slightly alkaline. Consult the Alkaline Diet for Healing chart (www.chemicalinjury.net/html/alkaline_diet_for_healing.html) to make sure your diet contains more alkaline foods than foods that can make your body too acid.

Dr. Ziem's Neural Protocol Rx follows: Dr. Ziem is glad to work with other physicians who have questions about applying the protocol with chemically intolerant patients. Please consult with your treating physician before starting any new treatments. Dr. Ziem's Website: www.chemicalinjury.net [ECHO thanks Dr. Ziem for her work and for providing this information to our members.]

NEURAL PROTOCOL Rx

Date _____

Grace Ziem, M.D., Dr. P.H.
16926 Eyer's Valley Rd.
Emmitsburg, MD 21727
Ph 301-241-4346 301-241-4348 Fax

Patient Name _____
Address _____
Phone _____
Date of Birth _____

Rx

Medically Necessary Protocol for Toxic Encephalopathy

I. **Reduced L-Glutathione Nebulized Soln** 10mg/ml 20mg/ml 30mg/ml 60mg/ml 100mg/ml **AeronebGo**
Disp: 120ml 240ml extra dropper saline sterile water Refill _____ times PRN
Begin _____ **DROPS**, 2 droppers water. As inflammation calms, gradually dilute less. Goal 2 ml via nebulizer 2-4 times daily.

II. Nitric Oxide Scavenger

Hydroxocobalamine at _____ mg/drop. Dilute when beginning in extra bottle, 1 drop in _____ drops water. Slowly work up to full strength as able. Add to nebulizer **AFTER** adding water/saline. Use 2-4 times daily.
 extra 4cc brown bottle extra nasal spray bottle Disp _____ ml amt per pt Refill PRN

Nasal hydroxocobalamine at _____ mcg/spray. One spray each nostril _____ daily _____ with exposures or with reactions, one spray per nostril every few seconds until symptoms better. Dilute if any irritation. Disp. _____ ml Refill PRN

III. Neural Sensitization Capsules: Always take with food in stomach. Begin gradually, take three times daily or more for best protection with meals/snack. Ultimate E, One daily. lipoic separate NSP with lipoic Refill PRN
Glutathione Function/Reactivation

1. Ascorbic acid (Vitamin C) 2000mg (2gm) per day Patient self testing Perque C strips 800-806-8671. PRN
 buffered C _____ gm BID, _____ TID with exposures Refill PRN

2. Selenium, 400mcg per day.

3. Alpha lipoic acid, 600mg/day. Begin at 100mg/day. Take separately **WITH FOOD** (e.g. Jarrow/Thorne) and increase gradually until full dose tolerated). Reduce dose if gastric irritation.

4. Riboflavin-5-phosphate (bioactive form): 100mg/day.

Components of superoxide dismutase:

5. Zinc, 20mg/day as picolinate (or more if deficient on SpectraCell testing). MTHF 1 mg/d PRN

6. Copper, 1mg/day, as picolinate (or more if deficient on SpectraCell mineral testing).

7. Manganese, 2mg/day, as picolinate (or more if deficient on RBC mineral testing).

Compounds related to peroxyinitrite biochemistry:

8. Magnesium, 400mg per day, as magnesium malate (or more if deficient on RBC mineral testing).

9. Betaine (also called trimethylglycine) (methyl donor), 500mg/day.

10. Bioactive folate (MTHF) 1 mg/d.

Scavengers of peroxyinitrite and its breakdown products:

11. Thorne Ultimate E 500IU or Xymogen Xcellent E with 200IU gamma tocopherol (peroxyinitrite scavenger). 1 capsule daily.

12. Ginkgo biloba extract, 120mg per day.

13. Silymarin (milk thistle extract) 200mg per day.

14. Bilberry extract, 150mg per day.

15. Cranberry extract, 400mg per day.

16. Carotenoid mixture (5mg lycopene, 5mg beta-carotene, 5mg lutein, smaller amounts of other carotenoids per day).

Superoxide Scavenger:

17. Activin grape seed proanthocyanidin 300mg/day.

18. Epigallocatechin gallate (EGCG) 300 mg.

GABA formation to calm NMDA activation

19. Pyridoxal-5-phosphate (bioactive form) 100mg/day.

20. Taurine 500mg - 1 to 4 taken separately mid to late evening.

Energy metabolism for healing and to calming NMDA:

21. Acetyl-L-carnitine 500mg/day

25. Molybdenum 200mcg

22. Niacinamide 50mg

26. Chromium 250mcg

23. Thiamine HCl. 50mg

27. Pantothine (B5)500mg

24. CoQ10 100 mg

28. Biotin 1mg

Xymogen CoQ (Qec 100 or 200/day)

Membrane/myelin/brain and nerve repair

Carlson/Nordic Naturals cod liver oil 1 Tbs/day

Phosphaline Xymogen up to 1-2 Tbs/day

Carlson tocotrienols 1-2/day

THIS Rx WITH ALL COMPONENTS MUST BE TAKEN FREQUENTLY EACH DAY TO INTERRUPT THE VICIOUS BIOCHEMICAL CYCLE OF NEURAL SENSITIZATION. For questions on ingredient purity/efficacy, contact

Key Pharmacy 800-878-1322; Abrams Pharmacy 800-458-0804 or Village Green (oral ingredients) 301-530-0800

**TOWNSHIP OF VOORHEES PESTICIDE
REDUCTION POLICY - RESOLUTION NO. 126-08**

WHEREAS, it is the desire of the Mayor and Township Committee of the Township of Voorhees to promote matters which benefit the health, welfare, comfort and safety of the citizens of the community, and

WHEREAS, scientific studies associate exposure to pesticides with asthma, cancer, developmental and learning disabilities, nerve and immune system damage, liver or kidney damage, reproductive impairment, birth defects and disruption of the endocrine system, and

WHEREAS, infants, children, pregnant women, the elderly and people with compromised immune systems and chemical sensitivities/intolerances are especially vulnerable to pesticide effects and exposure, and

WHEREAS, lawn pesticides are harmful to pets, wildlife, soil microbiology, plants, and natural ecosystems and can run off into streams, lakes and drinking water sources, and,

WHEREAS, Integrated Pest Management is the coordinated use of pest and environmental information and all available pest control methods (sanitation, mechanical, biological and "least toxic" chemical) to prevent unacceptable levels of pest damage by the most economical means with the least possible hazard to people, property and the environment, and

WHEREAS, Integrated Pest Management has been investigated and considered by the Environmental Commission and is recommended by the Environmental Commission and by the state of New Jersey and the Environmental Protection Agency as a desirable and appropriate policy in order to reduce or eliminate the use of pesticides, and

WHEREAS, the Township of Voorhees does maintain public properties at which pest management issues are an ongoing concern, and

WHEREAS, the Township of Voorhees has determined that it is in the best interest of the health, welfare, comfort and safety of the Township's citizens to adopt Integrated Pest Management as the Township's pest management policy,

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Committee of the Township of Voorhees that the Township does hereby adopt Integrated Pest Management, as the pest control policy and strategy to be employed in the maintenance of the Township's public properties and facilities, and

BE IT FURTHER RESOLVED, that the Mayor and the Township of Voorhees will encourage all citizens to make every effort to participate in this endeavor on their own property, and that the Township will designate public properties such as community parks as "Pesticide Free Zones". These areas will be posted with a sign indicating that conventional chemical pesticides have not been applied at the site.

DATED: April 28, 2008 **MOVED:**

MR. LOVALLO AYES: ALL SECONDED: MR. MAZUREK NAYS: NONE **APPROVED BY:** Michael R. Mignogna, Mayor; I, Jeanette Schelberg, RMC, Clerk of the Township of Voorhees hereby certify the foregoing to be a true and correct copy of a Resolution adopted by the Mayor and Township Committee at their meeting held Monday, April 28, 2008 in the Municipal Building, 620 Berlin Road, Voorhees, NJ.

Pesticide Reduction Policy:

On April 28 the Voorhees Township Committee approved Resolution 126-08, Township of Voorhees Pesticide Reduction Policy. The New Jersey Township has adopted Integrated Pest Management (IPM) as the pest control policy and strategy to be used in the maintenance of the township's public properties and buildings. The township parks have been pesticide free for some time and are now posted "Pesticide Free Zones" with the environmentally friendly Lady Bug.

Mary Lamielle, who proposed the IPM resolution, has been asked to draft specifications that will guide the township's pest control contractor in practices to be used in the township buildings to continue to eliminate or significantly reduce the use of hazardous pesticides. The guidance will in part be based on the New Jersey School IPM Law (S. 137, adopted September 26, 2002), which requires that after non-chemical means of pest control have been considered and exhausted and conventional pesticide use is deemed necessary, preference be given to using a pesticide that is classified "low impact." Low impact pesticides according to the New Jersey School IPM Law include a first category of pesticides or substances that are U.S. EPA exempt from regulation and a second category of pesticide ingredients or formulation types that are considered lesser risk because of the nature of the product formulation (gel, paste, or bait), the ingredient (boric acid, silica gel, or diatomaceous earth), or how the pesticide is used (boric acid in a wall cavity as opposed to boric acid clumped along a baseboard or on a heating element).

New Jersey Pesticide Control Regulations require posting and notification in the event of the use of conventional pesticides. Those at risk of harm from pesticides can request advance notification including the date and time of application; the brand name and EPA registration number of the pesticide(s) which will be applied; the common chemical name(s) of the active ingredient(s) of the pesticide(s) applied; the location or address of the application; and the name and telephone number of a contact person to call to receive further information. (N.J.A.C. 7:30-9.15). The Voorhees Township Pesticide Reduction Policy is attached.

Mary Lamielle, Executive Director, National Center for Environmental Health Strategies, Inc., 1100 Rural Avenue Voorhees, New Jersey 08043; (856)429-5358; (856)816-8820. marylamielle@ncehs.org

[ECHO thanks Mary Lamielle for her continued work on behalf of the MCS Community and congratulates her on this successful IPM resolution in her town. More information from Mary below.]

Emerging Trends: Opportunity to Submit Comments to National Council on Disability (NCD) Extended

Please take some time to tell the National Council on Disability just how difficult life can be with chemical sensitivity (MCS). Include a brief statement about your need for housing, healthcare, access or accommodations or employment. The deadline for comments is August 7, 2008. Send comments to NCD, Attn: Emerging Trends Committee, 1331 F St., NW, Suite 850, Wash., DC 20004.

National Center For Environmental Health Strategies (NCEHS) has made the following recommendation to NDC and asks for your supportive comments:

"The NCD should catalyze action on chemical sensitivities/intolerances in the appropriate federal agencies to expand and enhance the rights of those with these disabilities; facilitate the creation of an interagency panel/coordinating committee on CS/CI that would consist of representative of federal agencies, researchers, policymakers, patient advocates, and others to address research, policy development, patient support, and public education in order to meet the needs of affected populations; and urge Congressional authorization and funding for a comprehensive research, policy development, patient support, and public education program to address CS/CI and related disabilities including funding for Environmental Medical Research Units (EMUs)."

Long-term Pesticide Exposure May Increase Risk of Diabetes

For Immediate Release Wednesday, June 4, 2008
Contact: Robin Mackay 919-541-0073
<http://www.nih.gov/news/health/jun2008/niehs-04.htm>

Licensed pesticide applicators who used chlorinated pesticides on more than 100 days in their lifetime were at greater risk of diabetes, according to researchers from the National Institutes of Health (NIH). The associations between specific pesticides and incident diabetes ranged from a 20 percent to a 200 percent increase in risk, said the scientists with the NIH's National Institute of Environmental Health Sciences (NIEHS) and the National Cancer Institute (NCI).

"The results suggest that pesticides may be a contributing factor for diabetes along with known risk factors such as obesity, lack of exercise and having a family history of diabetes," said Dale Sandler, Ph.D., chief of the Epidemiology Branch at the NIEHS and co-author on the paper. "Although the amount of diabetes explained by pesticides is small, these new findings may extend beyond the pesticide applicators in the study," Sandler said. Some of the pesticides used by these workers are used by the general population, though the strength and formulation may vary. Other insecticides in this study are no longer available on the market, however, these chemicals persist in the environment and measurable levels may still be detectable in the general population and in food products. For example, chlordane, which was used to treat homes for termites, has not been used since 1988, but can remain in treated homes for many decades. More than half of those studied in the National Health and Nutrition Examination Survey in 1999-2002 had measurable evidence of chlordane exposure. "This is not cause for alarm," added Sandler "since there is no evidence of health effects at such very low levels of exposure."

Overall, pesticide applicators in the highest category of lifetime days of use of any pesticide had a small increase in risk for diabetes (17 percent) compared with those in the lowest pesticide use category (0-64 lifetime days). New cases of diabetes were reported by 3.4 percent of those in the lowest pesticide use category compared with 4.6 percent of those in the highest category. Risks were greater when users of specific pesticides were compared with applicators who never applied that chemical. For example, the strongest relationship was found for a chemical called trichlorfon, with an 85 percent increase in risk for frequent and infrequent users and nearly a 250 percent increase for those who used it more than 10 times. In this group, 8.5 percent reported a new diagnosis of diabetes compared with 3.4 percent of those who never used this chemical. **Trichlorfon is an organophosphate insecticide classified as a general-use pesticide that is moderately toxic. Previously used to control cockroaches, crickets, bedbugs, fleas, flies and ticks, it is currently used mostly in turf applications, such as maintaining golf courses.**

"This is one of the largest studies looking at the potential effects of pesticides on diabetes incidence in adults," said Freya Kamel, Ph.D., a researcher in the intramural program at NIEHS and co-author in the paper appearing in the May issue of the American Journal of Epidemiology.

"It clearly shows that cumulative lifetime exposure is important and not just recent exposure," said Kamel. Previous cross-sectional studies have used serum samples to show an association between diabetes and some pesticides.

Diabetes occurs when the body fails to produce enough insulin to regulate blood sugar levels or when tissues stop responding to insulin. Nearly 21 million Americans have diabetes. The cause of diabetes continues to be a mystery, although genetics and environmental factors such as obesity and lack of exercise appear to play roles.

To conduct the study, the researchers analyzed data from more than 30,000 licensed pesticide applicators participating in the Agricultural Health Study, a prospective study following the health history of thousands of pesticide applicators and their spouses in North Carolina and Iowa. The 31,787 applicators in this study included those who completed an enrollment survey about lifetime exposure levels, were free of diabetes at enrollment, and updated their medical records during a five-year follow-up phone interview. Among these, 1,171 reported a diagnosis of diabetes in the follow-up interview. The majority of the study participants were non-Hispanic white men.

Researchers compared the pesticide use and other potential risk factors reported by the 1,171 applicators who developed diabetes since enrolling in the study to those who did not develop diabetes. **Among the 50 different pesticides the researchers looked at, they found seven specific pesticides — aldrin, chlordane, heptachlor, dichlorvos, trichlorfon, alachlor and cyanazine — that increased the likelihood of diabetes among study participants who had ever been exposed to any of these pesticides, and an even greater risk as cumulative days of lifetime exposure increased.**

All seven pesticides are chlorinated compounds, including two herbicides, three organochlorine insecticides and two organophosphate pesticides. "The fact that all seven of these pesticides are chlorinated provides us with an important clue for further research," said Kamel. Previous studies found that organochlorine insecticides such as chlordane were associated with diabetes or insulin levels. The new study shows that other types of chlorinated pesticides, including some organophosphate insecticides and herbicides, are also associated with diabetes. The researchers also found that study participants who reported mixing herbicides in the military had increased odds of diabetes compared to non-military participants.

The Agricultural Health Study (AHS) is a prospective study of licensed pesticide applicators from North Carolina and Iowa recruited in 1993-1997 at the time of license renewal. The cohort includes 4,916 commercial applicators from Iowa and 52,395 private applicators, mostly farmers, from both states. More than 75 percent or 32,347 spouses of married private applicators also enrolled in the cohort. The study is a collaboration of the National Institute of Environmental Health Sciences (NIEHS), the National Cancer Institute (NCI), the Environmental Protection Agency (EPA) and the National Institute for Occupational Safety and Health (NIOSH). For more information about cancer: <http://www.cancer.gov>. Reference: Montgomery MP, Kamel F, Saldana TM, Alavanja MCR, Sandler DP. Incident diabetes and pesticide exposure among licensed pesticide applicators: Agricultural Health Study 1993 - 2003, Amer J Epidemiol, 2008;167:1235-46.

**D-LIMONENE -SOMETHING ORANGE IN THE AIR?
Jessie MacLeod Answers A Question From ECHO**

**Dear ECHO: I went to a new office which had a terrible orange-smelling liquid in the bathroom. My skin burned afterward even though I was only in there a minute or two. Could it have D-Limonene in it? I know lots of air fresheners contain it. Any information you can provide would be appreciated. Thank you.
An ECHO Member**

Jessie Answers – Dear ECHO Member:

The terpen d-limonene is in everything, especially air fresheners, soaps, fabric softeners, etc. It is used as a carrier in thousands of products, and used full strength in many household products.

Because so many people feel that "essential oils" and "natural oils" are safe, they don't question what they really are. D-limonene is basically pure orange oil, which has been produced from orange peel. It is distilled and defractionated just like so many other oils are. But what results is a very potent terpene (solvent). The oil from pine needles is a good example; that pine oil is turned into turpentine. D-limonene has the same chemical structure as turpentine.

D-limonene is a known sensitizer which, when exposed to air, water, or other chemicals oxidizes and becomes even more potent. Sadly, because it is such a cheap commodity, industry is on the bandwagon and promoting it as a disinfectant, sanitizer, "green" cleaner, so it is now used everywhere in institutions, hospitals, nursing homes, doctors' offices, etc; the places where it can do the most harm. I have a terrible time going into any of these facilities.

There are few actual published articles regarding human studies on inhalation; mostly because long-term inhalation studies would be difficult to carry out due to the risks involved. However, there was a very good research study published by UC Berkeley. It was a four-year study initiated by the California EPA to determine the effects of household chemicals on the indoor environment. As you probably know, indoor pollution is harder on everyone than outdoor pollution. **The study confirmed the high concentration of VOCs and toxins in household products, and that d-limonene is one of the most prevalent and toxic.** I downloaded the complete 200-page report, and it was like opening all my files on d-limonene, which I had accumulated during my research for the trial and my book. The head researcher on the study was Professor William Nazaroff. After I read the report, I corresponded back and forth with Dr. Nazaroff. He read my book and has referred people to me since then. Here is the URL for the abstract on the report: <http://www.arb.ca.gov/research/abstracts/01-336.htm>

As you know, my book is full of information on d-limonene, since the application of it to kill termites and the toxicity of it was the basis of the lawsuit. There might be some passages in that about the dangers of VOCs, etc., which you could refer your doctor to.

Florida Chemical, which is one of the largest producers of d-limonene, has a website that used to have some pretty interesting information regarding the manufacture of d-limonene. Of course they are selling it

there, but it does talk about the potency of it, and discusses how it is used as an "industrial solvent." That industrial strength oil is the same stuff that is sprayed out of cans and dispensed as oils which is then inhaled by unsuspecting patients, etc. It is a very potent and toxic VOC. They talk about the 'food quality' oil, but basically it is just the same oil but used in strengths that are hundredths of a fraction amounts.

No wonder your skin burned after you were exposed; all the MSDS literature states that if you get it on your skin, it will burn, since it is a solvent. Your sensitivity just sucked that oil right in, because it does oxidize in air and travels everywhere. Most people don't realize how VOCs travel, and that everything that goes on you goes in you, traveling not only through your nose, but your eyes, skin, etc.

Editor's Note: *Jessie MacLeod has been a corporate meeting planner for a multinational pharmaceutical company and a copywriter for a major Napa Valley winery. She has been an elementary school teacher and is now a freelance journalist. She lives in Southern California.*

Jessie MacLeod writes: *Canary in the Courtroom is the culmination of a seven-year journey.* *I entered a courtroom as the plaintiff, Jessie MacLeod, but in order to survive a civil trial that was all about my life, I needed to distance myself. I did so by becoming an observer, and often pretended I was a journalist witnessing everything that was taking place in the courtroom. From the moment the trial began, I knew I would write the book. And to be able to share my experiences, I chose to write as an observer. Therefore, the main character became Christine Rankine.*

About the book: *Canary in the Courtroom* is the compelling true story of a woman poisoned in her own home by a pesticide and her resultant civil action against the pesticide company that applied it. It raises questions and encourages awareness about the toxins in our environment.

Canary in the Courtroom documents Jessie MacLeod's (Christine Rankine) experience in and outside the courtroom, and illustrates what can happen to an individual after chemical exposure. Just as canaries once warned coal miners about toxins in the mines, chemically injured men, women and children are now signaling a universal warning about toxins in our environment. We are being exposed to increasing amounts of chemicals in our lives, and each day more people are becoming injured from that exposure.

This courtroom drama and the story that parallels it provide insight into what can happen to an individual after becoming chemically injured. In this powerful autobiography, Ms. MacLeod examines the influence of the chemical industry and illustrates how labels and manufacturers' claims are often deceptive. She exposes legal loopholes that allow toxic ingredients in commonly used products and discloses weakness in federal laws and regulations that are meant to protect the consumer. Ms. MacLeod skillfully weaves credible research, colorful characters, and entertaining courtroom drama into this riveting story. What happened to Ms. MacLeod could happen to anyone. Reading her story will enlighten and entertain you, and perhaps give you the knowledge necessary to save you or a family member from possible chemical injury.

**Publisher: iUniverse, Inc.,
April 4, 2006. 322 pages. \$22.00**

EHHI Releases Original Research Report: *Plastics That May be Harmful to Children and Reproductive Health*

Hartford, Conn., June 12, 2008 - A ground-breaking report, entitled *Plastics That May be Harmful to Children and Reproductive Health*, is being released today by Environment and Human Health, Inc. (EHHI). EHHI is a non-profit organization composed of doctors, public health professionals and policy experts dedicated to protecting human health from environmental harms.

The lead author of this research report is John Wargo, Ph.D., professor of Risk Analysis and Environmental Policy at Yale University's School of Forestry and Environmental Studies, with two contributing authors from the Yale School of Medicine, Hugh S. Taylor, M.D., and Mark R. Cullen, M.D.

The study focuses on the health effects from two chemicals found in some plastics - bisphenol A (BPA) and the phthalate DEHP. These chemicals are found in both infant and baby products, as well as many everyday consumer items. Both chemicals are hormonally active in test animals, with BPA mimicking estrogen and DEHP blocking testosterone. Government-sponsored studies have found that BPA is biologically active in exceptionally small doses. Although the U.S. government has the authority to regulate or prohibit the production, sale and disposal of both BPA and DEHP, BPA is virtually unregulated by the federal government and DEHP is ineffectively regulated through volunteer agreements.

John Wargo, professor of Risk Analysis and Environmental Policy at Yale University, summarized the research group's findings, "We've reviewed hundreds of scientific studies on these chemicals and discovered that this is a far more serious problem than most believe. The plastics industry has escaped serious regulatory attention by federal and state authorities, while producing billions of pounds of resins each year used to manufacture thousands of products. Almost none of it is recycled, and most is buried or incinerated, which explains its presence in soils, groundwater and even air."

"Worse yet, BPA and DEHP are now present in the tissues of most people tested, with highest concentrations in children. Evidence that BPA and DEHP are hormonally active is now sufficient to switch the burden of proof to the plastics industry to demonstrate their safety before they market products likely to become part of children's environments. Consumers now have no way to identify these chemicals in products, meaning that exposures continue without the public's knowledge or consent. If Congress, state and local governments follow our recommendations, human exposures could be significantly reduced," Wargo added.

Besides BPA and DEHP being detected in the blood and urine of nearly everyone who has been tested, they are also found in human breast milk, and both compounds cross the placenta and the blood-brain barrier. Nearly 100 billion pounds of plastic are produced in the U.S. each year. Plastics are now heavily used in food and beverage packaging, toys, medical devices, and many household products. Plastics comprise nearly 70 percent of the synthetic chemical industry in the nation. Because the plastic labeling system was devised to simply facilitate recycling, the public is kept completely uninformed about which plastics contain which chemicals. Plastics are not labeled for that purpose. Bisphenol A has been linked to a number of adverse health outcomes. There is growing concern that fetal exposures can lead to obesity, and that has been corroborated by studies in mice. One study found that female mice whose mothers were

exposed to BPA from early pregnancy through day 16 of lactation showed increased weight in adulthood. There was no difference in the food intake or activity levels between the mice who became fat and the mice that did not.

As well, normal breast cells exposed to low levels of BPA expressed genes characteristic of aggressive breast cancer cells, and exposures have shown reduced sperm production in mice. Moreover, exposure to BPA in male rats a few days after birth predisposed male rats to develop prostate cancer in adulthood. "While the final verdict on the risks of BPA may remain uncertain for years, the evidence for harm is already strong enough, as this report makes crystal clear, to immediately start protecting potentially vulnerable people - especially children - from any unnecessary exposures," said Dr. Mark Cullen, professor of Medicine and Public Health, Yale University School of Medicine.

As for the phthalate DEHP, in the last several years, scientists have noted health effects in animals given low, environmentally relevant doses of DEHP. Prenatal and lactational exposure to DEHP reduced daily sperm production and induced reproductive abnormalities in male offspring rats. Several studies reported an association between phthalate exposure and sperm damage in men. In 2003, researchers from Harvard University and the Centers for Disease Control and Prevention (CDC) found that men with low sperm counts and impaired sperm quality are more likely to have higher phthalate levels. Highest phthalate concentrations were found in men with the lowest sperm counts.

A study of low, environmentally relevant DEHP levels on testicular function reported that "low levels of DEHP may shift the body's hormonal equilibrium to a higher level as the endocrine system struggles to overcome the anti-androgenic propensities of the chemical. The overall increase in circulating testosterone is sufficient to significantly speed the onset of puberty in male rats." DEHP has also been associated with allergic responses. Exposures to DEHP have produced enhanced atopic dermatitis-like skin lesions in mice at very low levels. Several recent studies report an association between DEHP and respiratory illness, including asthma. A Swedish study found a positive association between allergic asthma in children and DEHP in house dust, noting that DEHP in house dust correlated with the amount of PVC in flooring. One study suggests that development of lung problems in the first two years of life may be linked to exposure to plastic interior surfaces. A survey of asthmatics found that 30 percent of people with asthma reported that air fresheners caused breathing difficulties. Pre-term infants exposed to DEHP from respiratory tubing have been reported to have a higher risk of bronchial asthma.

A recent study reported that men with higher levels of the DEHP metabolite MEHP in their urine had lower levels of two major thyroid hormones in their blood. Thyroid hormones influence cell growth and brain development in children. "These plastics may damage a fetus or a child. Preventing exposures to harmful chemicals is the most important thing we can give to the next generation," said Dr. Hugh Taylor, professor of Obstetrics, Gynecology and Reproductive Sciences, Yale University School of Medicine, and contributing author on this report.

EHHI's report lays out where many products containing both BPA and DEHP can be found and how consumers can try to avoid them. The report also has recommendations for the federal, state and local governments, and individuals. The report can be downloaded from EHHI's website at: <http://www.ehhi.org>. #####
Nancy Alderman, President, Environment and Human, Health, Inc.;
1191 Ridge Road, North Haven, CT 06473; Ph. 203-248-6582,

**Part 1: Kairos on Kauai by Monika Quinlan
The Wonder of Waimea**

ALOHA:

- A** is for **AKAHAI**, meaning kindness
to be expressed with tenderness.
L is for **LOKAHI**, meaning unity,
to be expressed with harmony.
O is for **OLU OLU**, meaning agreeable,
to be expressed with pleasantness.
H is for **HA AHA A**, meaning humility,
to be expressed with modesty.
A is for **AHONUI**, meaning patient,
to be expressed with perseverance.

Thank you one and all! Reading your responses, (*Kairos - Part 2*) leads me to ask what inspires me to wonder, to feel awe. And, what immediately comes to mind is that nothing, absolutely nothing, can come close to the awe I feel when considering the Almighty Mystery, the great "I Am Who Is," both our source and our summit; the One we call God—the Being of beings whose love, in the form of mercy, wisdom, and power shines throughout creation, coming to full fruition in human beings, especially when we live in loving relationship with Him, our neighbor, and the rest of creation. (Gen 1—2; Book of Job; Psalms 8, 19, 98, 103; Luke 10:25-28; 1 Corinthians 12)

Now I must hasten to add that reflecting on such profundities, complete with Bible references, is not a daily occurrence. Like many of you, I find that the adventures of life with MCS keep me fully occupied. This past March, however, graced with ten days on the Hawaiian Island of Kauai, I had plenty of time and countless opportunities to reflect on the wonders of God: the most wonderful wonder being that I did not become unduly ill and so really could enjoy 'fun in the sun' with spouse, son and daughter-in-law.

I think the main reason why MCS symptoms didn't have their usual traveling-sway was that, not only my family members, but all the people of Kauai with whom we had dealings, even those who had never heard of MCS and gluten intolerance, living true to their culture's Aloha spirit, made efforts to accommodate my special needs—what a blessing!

Hoping to minimize the risk of nasty exposures my husband arranged for us to stay at Waimea Plantation Cottages—a former sugar-and-copra plantation. Located on Kauai's southwest coast, adjacent to the historic town of Waimea, this unique resort offers the renovated, up-dated houses of its former workers to island visitors who prefer to relax in peace and quiet, far away from the trendier, condominium/shopping/dining/surfing centers to the east.

Next, I contacted the Plantation's staff to ask for details about the cottages, in particular the renovations (how recent, what was done etc.?), and to find out if they would be willing to make some changes in their usual cleaning routines during our stay. All would be well I was cheerily assured. The establishment's general manager I was informed "knew all about MCS" and would ensure that his staff would.....

Understandably skeptical, I said thank you, and proceeded to prepare for the worst. So you can imagine my surprise when we arrived. It seemed too good to be true.

We'd been given an ocean-front cottage at the outskirts of the property, a good distance from the resort's on-site restaurant-microbrewery complex, laundromat, and pool-play area. The cottage had umpteen windows, as well as French doors, that actually opened, allowing the heavenly ocean breeze free access. No need for an air purifier here!

It had been thoroughly cleaned; a faint scent of vinegar still lingered. The mahogany, rattan, and wicker furnishings were aged and aired out. The bedding and towels had been specially laundered in scent free detergent. The kitchen area was equipped with the amenities of home: electric stove, full-sized fridge, microwave oven, toaster, coffee-maker and blender. And, a picnic table and barbecue were provided for outdoor dining. Moreover, a small colony of ants beside the kitchen sink and weeds in the yard showed that they'd followed through on their promise to suspend pesticide application in our area well in advance of our arrival.

Even the weather cooperated—sunny 80's during the day, comfortable 60's at night, and no significant rainfall until the day of our departure.

The ocean current at this part of the coast is too strong for safe swimming/surfing activity, but this didn't bother us. Walking along the sparkling, coral-studded sandy shore became my daily delight while my husband and the younger folk drove to the safer regions for scuba diving, surfing lessons, and a splashy luau at the Hilton, no less.

Of course there were some glitches in this idyllic holiday, such as the frantic search for a restroom after trying some the island's renowned all-natural guava ice-cream, and the must-have Hawaiian motif handbag I purchased too hastily. In the rush to get out of the store as quickly as possible I failed to notice that this beautiful creation was missing a vital screw—the one that controlled the bag's closure mechanism. (Somewhat like your brain my husband lovingly whispered in my ear)

But these incidents just added some humor to the trip, reminding us that no holiday is complete without some laughs to recall at a later date.

And that reminds me: the next sense we'll discuss is the sense of humor, and how it helps us deal with MCS. So please take some time over the next few months to reflect on the following questions:

1. What types of things strike you as being humorous/funny?
2. Do you have any favorite jokes/riddles/anecdotes to share with our readers?

Does your sense of humor help you deal with the symptoms of your illness? If so, how? And until next time, may God bless you with many hours in *kairos*!

**Please send your answers to Monika Quinlan, 3528
Vintage Circle, Anchorage, Alaska 99517
E-Mail: chezmak@gci.net**

In Memoriam:

**The Officers, Board of Directors and members of ECHO
extend our condolences to MACI members as we all
mourn the loss of long-time MACI member,
Patricia Dolan.**

Kairos #2 Part 2: Your Wonder-Full Responses

O God, you are over all, in all, beyond all. Open our eyes to see the wonders that surround us; open our hearts to know the wonders of our brothers and sisters; open our lips to sing your praise. (Magnificat: Morning Prayer - 3/16/08)

Welcome back to *Kairos*. Yes, it's time once again to put our ordinary *chronos* worries aside and attempt to tune in to what the Spirit is saying to us. Let's start by referring to the last article in which I suggested that along with our physical senses, we also have spiritual senses which connect us to the immaterial, spiritual aspects of life. And furthermore, that just as the physical senses give rise to the negative symptoms of our illness, the spiritual senses help us to cope with and live through these symptoms. I suggested five spiritual senses: a sense of wonder; a sense of humor; a moral sense; an aesthetic sense; a communal sense of relationship to other beings; and, as a bonus, the ability to imagine, and then asked you, what you thought about my idea, posing the following questions...

Do you think we have spiritual senses? If so what are they? What provokes you to wonder, to feel awe? What happens to you when you wonder about something you've seen/heard/read? Does witnessing something wonderful help you forget about and/or cope with the negative symptoms of your illness?

Here's what you had to say:

Yes, I think we have spiritual senses, compassion, trust, presence, awareness, mindfulness, acceptance -- I am sure there are many more. Awareness of God's beauty in creation, awareness of God's presence in self and others—such awareness provokes me to wonder, and feel a sense of gratitude, praise, adoration; an overwhelming feeling that takes me to another level; that helps me transcend the pain, discomfort; that gives me hope. (M. J. M.)

Your use of "senses" in different meanings reminds me of the writings of Teresa of Avila and John of the Cross. They both speak of the spiritual journey and suffering in terms of the gradual death of our more earthly senses, and the growth, through grace, of the heavenly senses. Also, a beautiful book, "Fruits and Gifts of the Holy Spirit", speaks of this journey in a most inspiring way. The author (Keating if I remember correctly), states that with the gift of "long suffering", "we are content to wait for God's deliverance in every situation, especially during prolonged dryness and dark nights." Well that's a work in progress for me, and experiencing the awesome things in life definitely helps. Often I have to make a concerted effort to remember to look at flowers, smell them, look up at the night sky, and the other things that help me let go of the consuming struggles of EI, Lyme disease, and CFS. . With these illnesses, I mostly feel unwanted, useless, unholy, icky, all those nasty words. But looking at clouds, stars, birds, flowers, gives me time away from all that. There's a Hubble telescope website that has a live photo of galaxies. That one really reminds me of the Awesome. So cool. (D.L.B.)

Yes, we have spiritual senses. In fact, I believe that 'spiritual blindness' can create functional problems for us. Such problems manifest in many forms—depression, loneliness, hopelessness, meaninglessness, and so on. Our spiritual sensory equipment includes intuition, feelings and emotions, dreams and visions, prophesy, religious and

philosophical beliefs. Through the lens of Christianity, we may even connect with angels and saints via the mechanism of prayer. I find that when I give my spiritual senses free play some problems that previously plagued me become much easier to solve. (I.S.)

Yes, I believe we have spiritual senses that are nascent, embryonic in children, but unless deliberately cultivated, are often lost in adolescence. However they can be regained later by specific effort. *Empathy* is so essential to what it means to be human that we recognize the lack of it as profoundly pathological. That makes me think that if we practice empathy, really work at being mindful of the thoughts and needs of others, we can develop it to the level of a spiritual sense.

We usually we think of *compassion* as a virtue or habit rather than a sense, but if compassion allows us to look past the bad behavior, the negative words and acts of others, to the pain and wounds and grief that drives their hurtful behavior, then I think we can regard compassion as a spiritual sense, a kind of specialized vision. And, I want to include *ethics* as a spiritual sense, even though traditionally ethics is seen as a branch of philosophy. But I think ethics can become a spiritual sense if we cultivate an intuitive regard for truth, for fairness, for authenticity in relationships. Maybe the old fashioned word *righteousness* better conveys the spiritual sense I'm referring to, the internalization of the laws of justice and equality, so that even if we find ourselves in an unfamiliar situation, we will have an instinctual sense of how to choose right action. At the moment I'm enthralled with quantum physics, about the way it may be able to help us resolve the conundrum of the brain versus the mind. I really do think quantum physics is at the heart of the interface between the spiritual and the material—I mean there isn't really any *actual* interface, there's this interpenetration—I can barely understand it much less explain it—but it's awesome. What consistently helps me to overcome the negative consequences of my illness is helping other people, people who are more ill than I am, or have fewer resources, or are just feeling overwhelmed. In this sense, I think that *work on behalf of others* can be a spiritual sense, as well as a spiritual practice, because as we make efforts on behalf of other beings, we become more and more aware of their value, and of our own privilege to be on the same planet with them. In the Jewish tradition, the mainstream emphasis is on what we *do*, not on what we *believe*, so I found that my attempts to identify spiritual senses kept coming up instead with spiritual *actions*. So I've just accepted that that's the way it is for me. *Al shloshah devarim ha-olam oved-Al ha-torah, v'al ha-avodah, v'al gemelut chasidimaa*—On three things the world is supported: On the law, on work, and on deeds of loving-kindness. (M.F.W.)

Definitely, we (3 of us) agree that we have spiritual senses. As well as the ones you mention, we suggest that gratitude, hope, love, empathy, kindness and compassion might be considered innate spiritual senses. And, oh yes, time and time again our these senses have proven to be our "saving graces," helping us to cope with the symptoms of severe MCS and cancer. Simple things, such as the unexpected kindness of a stranger, the sight of a hummingbird at our feeder or stars on a clear night provoke us to wonder, and at least temporarily, forget about our daily dose of misery. (S.P., M.H., S.B)

**MACI News: Governor Patrick Proclaims
Multiple Chemical Sensitivity Awareness Week
May 11th-17th 2008**

MACI was successful in obtaining a Proclamation from Governor Deval Patrick for a Multiple Chemical Sensitivity Awareness Week in Massachusetts. Governor Patrick's Proclamation helps to raise public awareness about MCS and becomes part of MACI's exhibit display at conferences. Please thank the Governor's Office for the issuance of the Proclamation and let him know that the Proclamation is important to you. Contact Mary Kate Feeney at 617-725-4005.

This year the Greater Boston support group meetings featured several professionals who spoke on green and healthy building. MACI member Jennifer Matlin, who practiced architecture for 11+ years, was our speaker in February. The past 7+ years she has worked with more environmentally and health conscious firms than the typical. Professionally she is looking for her place in the world of "healthy living & building", not just "green". Jenn is chemically sensitive. Her first personal project is compiling a list of all the so-called green/healthier products out there and getting input from many of our members. See Jenn's article in this newsletter. We thank Jeff May who gave us permission to reprint his © short article on some IAQ Tips.

MACI Mourns Patricia Dolan's Death

It is with profound sadness that we inform you that Patricia Dolan, a long time member of MACI, officer for several years, advocate and good friend of many of our members, passed away unexpectedly at home, June 13th. Pat, as some of you might remember, had battled a bout with cancer and had continued to live her life with a courageous will to help educate about chemical exposure and her acquired chemical sensitivity and cancer. Pat has been active in our support group meetings and was always ready to give a new attendee to our meetings or a person she might meet at another meeting or doctor's office a telephone number or name from her address book. If you would like to contribute to MACI's memorial remembrance of Pat you can send a memorial donation in Pat's name to **MACI, P.O. Box 754, Andover, MA 01810. Pat will be deeply missed.**

Updates on Toxics: Diesel Pollution, Safer Alternatives and Campaign for Safe Cosmetics By Elizabeth Saunders

Senate Passes Bill to Get Toxics Out of Products: On January 29th, the Massachusetts Senate unanimously passed the Safer Alternatives Bill (S-2481, An Act to Promote Safer Alternatives to Toxic Chemicals). This bill will replace toxic chemicals in our homes, schools, and workplaces with safer alternatives whenever possible. Now the bill must pass in the House. Well funded industry groups are working hard to stop the bill from passing, so your help is needed. We must all let our Representatives know why we want toxics out of our homes, schools and workplaces. **What You Can Do to Help:** Visit the website of the *Alliance for a Healthy Tomorrow (AHT)*: www.healthytomorrow.org and take action. Visit the Safer Alternatives Bill Action Page for your Representative and write a message on a postcard. Then, watch the new video, *Contaminated Without Consent*. This video brings experts into your living room and provides current information on what's most dangerous and how to protect your loved ones. If you like the video, AHT can send

you on one DVD along with a Healthy Products Party kit to help bring the issue to your friends and motivate them to take action to get toxics out of products.

Diesel Legislation Can Make Our Communities Healthy Don't Emit, Retrofit! - Diesel pollution from buses, trucks, locomotives and other large vehicles makes us sick. Massachusetts has the highest health risk from diesel soot in New England, responsible annually for over 450 premature deaths, heart attacks, and thousands of asthma attacks, respiratory problems in children, and lost work days. The good news is, retrofitting these vehicles with Diesel Particulate Filters can reduce harmful fine particle pollution by up to 90%. Other states like CA, NJ, and NY have aggressive programs to protect public health by installing this appropriate technology.

In Massachusetts, **Bill S-2338, An Act to Protect Public Health and Air Quality by Reducing Harmful Diesel Emissions**, is currently before the Senate Committee on Ways and Means. The bill will get all state-owned and contracted heavy duty vehicles retrofit. The bill would also require municipally contracted waste haulers and recycling trucks to install retrofit filters. **What You Can Do to Help:** Call your State Senator at 617-722-1455 and ask him/her to support S-2338 An Act to Protect Public Health and Air Quality by Reducing Harmful Diesel Emissions.

HEALTHIER BUILDING CHOICES - By Jennifer Matlin

I bet "**Green Doesn't Mean Healthy**" often rings in your head if you have MCS. As an architect with MCS, I've been frustrated with trying "green" products that still make me sick. Even though non-voc products are considered to be safer for the environment as well as people, they are often still very irritating to our human membranes. Even many natural things like woods and citrus have irritating chemicals found in nature, such as terpenes and tannins. Maple and beech are deemed safest for sensitive individuals. Unfortunately, I don't have any perfect solutions for many things. The best we can do is get educated on what all our options are and choose the lesser of the evils.

There are some general practice rules of thumb you can follow to reduce the impact that work on the house has on the inhabitants. The best thing you can do is seal off the area being worked on and use a separate entrance to the workspace. Also seal off any HVAC registers to prohibit any fumes from traveling through the ducts. Keep a negative air pressure in the workspace until job is done. Vacuum often. Hepa filters are now available for standard shop vacs at any hardware store. Air out the workspace when the job is done, by exhausting a fan out the window. Be sure to change your furnace filter every 3 months, or more if necessary. Use one that is allergy rated.

Material selection can be agonizing, as can the so-called green materials themselves. Reclaimed products have off-gassed most of the finish, but sometimes have absorbed other chemicals from its previous home. Recycled plastics are still plastic, which offgas. Look for pre-finished products for flooring and cabinetry. Adhesives typically have formaldehyde and other chemicals. Factory applied peel-n-stick is a safer choice than self applied adhesives when it's available. Formaldehyde is also typical in engineered wood products such as plywood, particle board, and fiberboard. Beware of engineered wood cabinets which are standard today.

All standard exterior wood is pressure treated with arsenic. You can specify an arsenic-free treated wood for deck beams. Use a good all weather wood like ipe, cedar, mahogany, or teak for the decking and railing. Not only does ipe naturally resist decay, insects, and mold, it also does not need to be sealed or oiled. Composite decking may be a good choice if you are sensitive to the terpenes and tannins. It is made of recycled plastic and saw dust. Some have resin with formaldehyde.

Choose no-voc and water-based products. Proceed with caution as they can still cause irritation to some sensitive individuals. Beware of fungicides and fire retardants in general. Beware of plasticizers in concrete, mortar, grout, caulk, sealant and use traditional formulas that don't have them. Avoid gluing your flooring. Most tongue and groove systems can be floating. There are no great answers for a clear finish. Most products seem to be acrylic or urethane, which is still quite toxic for many with MCS. Other options are oil and/or wax products. Beware of linseed oil as an irritant as well as any petroleum derivatives such as paraffin, propylene, and even acrylics. Tung oil is considered benign if it is 100% tung, additive free. Most no-voc paints are made of an acrylic latex or milk/casein base. Some people with MCS have difficulty with these products. There are a couple of paint manufacturers that use a different base such as clay, collagen, vegetable oil or cellulose. However, I haven't found any reviews of how people are affected by these products and how durable they are. It seems about half the people I encounter with MCS are o.k. with the no-voc acrylic paints which do not contain solvents or antifreeze (ethylene glycol). An alternative to paint is a mineral tinted plaster. American Clay goes on wallboard as a thin layer of plaster.

Everything in the field of construction is about tradeoffs. There is rarely one best solution that will be the ideal for all. So, all we can do is try our best to make the best possible educated decision. Unfortunately it's often a gamble for those with MCS, even with so-called healthier products. It is a good idea to try small samples of products before investing in enough for a room or house. I hope some of this information has helped you. I am available for consultations in assisting you in your home renovation choices and communicating those to your contractor.
Contact: jennifermatlin@yahoo.com

A Housewarming Gift: Poor Indoor Air Quality

©2008 By Jeffrey C. May - When one person moves out of a house or apartment, and another person moves in, possessions may be left behind. These may seem like welcome gifts but like the Trojan horses in Homer's *Ulysses*, they can cause indoor air quality problems. Some "gifts" should be cleaned or even removed. **A Refrigerator.**

There is often allergenic dust on the sides and back, as well as trapped in the appliance's coils and insulation. These surfaces can be HEPA vacuumed (using a vacuum with a high efficiency particulate arrestance filter). A 36-inch flat crevice tool attached to the vacuum can help you reach surfaces. You can find this tool on line; search for "36 inch vacuum crevice tool." Every frost-free refrigerator has a drip tray. The tray can be contaminated with mold, bacteria and yeast. By-products of this growth can become airborne when the appliance's compressor turns on. A few tablespoons of salt in a clean plastic, not metal, drip tray can deter microbial

growth. In newer refrigerators the drip tray is on top of the compressor and is only accessible for cleaning from the rear, after removal of a panel. Don't use salt in such a tray.

A Washer and Dryer. Biodegradable lint can pile up in back of a dryer, and if the washer has ever leaked, there can be mold growth on the floor or the lower few inches of wall behind the appliance. Slide the appliances out and clean the exteriors as well as the area where the appliances were located. Any minor mold growth present can be treated with a detergent or bleach/water solution - one part bleach to ten parts water - and the area repainted when dry. Operate a fan on exhaust and wear gloves and respiratory protection when doing this kind of work. The dryer hose should vent to the exterior, so elevated levels of moisture aren't introduced into the house, potentially leading to mold growth. Check the dryer hose regularly to be sure it vents to the exterior and that it's not kinked, which would restrict flow. If the hose is crushed, replace it with a periscope dryer vent or other metal adaptor. Use a metal hose, not flexible plastic hose.

Built-in's in an unfinished basement. Basements are prone to mold-growth problems because they can be naturally damp and are often not adequately dehumidified in humid weather. You may think the workbench or pegboard that was left behind will be useful, but it may be covered with a nearly invisible film of mold growth. Hold a bright flashlight parallel to smooth, finished surfaces to see if there are spots that look like mold colonies. If you want to keep a built-in, HEPA vacuum surfaces or wash them with a bleach/water solution. When dry, the surfaces can be painted to adhere residual, potentially allergenic dust. But I recommend you get rid of these items.

Carpeting and built-ins in a finished basement. More than half the finished basements I see should be sent to the Dumpster because they haven't been consistently dehumidified in the warm, humid months or consistently heated in the cooler months. All too often, mold has sprouted on the lower few feet of walls, built-in bars, bottoms of shelves, and in carpet dust. The carpet must be removed and replaced with vinyl or ceramic tile flooring. Any solid-surface built-ins should be removed, or cleaned with a detergent or bleach/water solution or with a household cleaner suitable for the purpose. Surfaces can then be painted to adhere residual dust. The lower few feet of pressed-board or painted walls can also similarly treated. When cleaning in an unfinished or finished basement, operate a fan on exhaust so air will flow from the basement to the exterior, rather than to the rooms above. Keep the door leading from the basement to the first floor closed and covered with plastic sheeting. Remove objects by taking them directly to the exterior, rather than up through the house. **Pets.** If you or anyone in your family has pet allergies and anyone living in the home owned a pet, the carpeting in rooms, hallways and on stairs contains pet dander and should be removed. Baseboard convectors should be HEPA vacuumed and perhaps even treated with steam vapor - using a steam-vapor machine; follow manufacturer's directions for safe use. It's best to do this work prior to occupancy. Look a gift horse in the mouth. Your health may depend on it.

Certified Indoor Air Quality Professional (CIAQP) and a member of the MACI board, Jeff has been investigating building problems for over twenty years. He is author or co-author of four books on indoor air quality and is a nationally recognized speaker on the impact conditions in an indoor environment can have on human health.

ECHO/MACI NEWS INDEX

1. PRESIDENT'S CORNER – **Carolyn Wysocki**
2. Dr. Grace Ziem- Up-Date – Eating for Healing
3. Neural Protocol Rx – **Dr. Grace Ziem**
4. Voorhees Pesticide Resolution - **Mary Lamielle**
5. Long-term Pesticide Exposure - Diabetes
6. D-Limonene by **Jessie MacLeod**
7. EHFI Report: *Plastics -Harmful to Children
and Reproductive Health*
8. Kiaros – Hawaii by **Monika Quinlan**
9. Member Responses to Kiaros
10. MACI - Governor Patrick Proclaims
MCS Awareness Week
10. MACI Mourns the Loss of Patricia Dolan
10. *Healthy Building Choices-* **Jennifer Matlin**
11. *Poor Indoor Air Quality* by **Jeff May**

We are the ones we have been waiting for...

- A Hopi Prayer

MACI Mourns the Loss of Patricia Dolan



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Massachusetts Association for the Chemically Injured, Inc.

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ECHO/MACI NEWS INDEX

- 1. PRESIDENT'S CORNER – Carolyn Wysocki**
- 2. Dr. Grace Ziem- Up-Date – Eating for Healing**
- 3. Neural Protocol Rx – Dr. Grace Ziem**
- 4. Voorhees Pesticide Resolution - Mary Lamielle**
- 5. Long-term Pesticide Exposure - Diabetes**
- 6. D-Limonene by Jessie MacLeod**
- 7. EHHI Report: Plastics -Harmful to Children
and Reproductive Health**
- 8. Kiaros – Hawaii by Monika Quinlan**
- 9. Member Responses to Kiaros**
- 10. MACI - Governor Patrick Proclaims
MCS Awareness Week**
- 10. MACI Mourns the Loss of Patricia Dolan**
- 10. Healthy Building Choices- Jennifer Matlin**
- 11. Poor Indoor Air Quality by Jeff May**

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