

The Banality of a Cover-up

Background submitted to the

Alternative Dispute Resolution Services Branch
Canadian Human Rights Commission

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by

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Hannah Arendt escaped
from Germany in 1933.

Re-taken in Paris in 1940,
Arendt got away again.

In 1961, she traveled to
Jerusalem for The New
Yorker, to cover the
Adolf Eichmann trial.

“It was as though in those last minutes he was summing up the lesson that this long course in human wickedness had taught us—the lesson of the fearsome, weird and thought-defying *banality of evil*.”

She urged her students to participate: “Insert yourself,” she would say, “and make the world a little better.”



This presentation is **not** about multiple chemical sensitivities (MCS), environmental illnesses (EI) or 20th Century disease, which may one day be better defined.

This presentation is **not** dependent on the explanations, theories, history or clinical approaches of Doctors of Environmental Medicine, who have helped many people and saved many lives.

Environmental Sensitivities

- People with environmental sensitivities react diversely to substances, electromagnetic radiation or temperature, when exposed at levels that do not affect most other people.
- Effects range from mild discomfort to total disability, even death.
- One or more body systems, biological (including disease) processes may be affected.
- According to a 1985 Ontario Ministry of Health Report by Judge George Thomson, other studies and consumer experience, usually the central nervous system is affected.

Thomson Report (Ontario, 1985)



- Judge Thomson and the physicians wrote that “public confidence...is eroded” by “acrimonious debate fueled by media reports that highlight extreme positions.”
- Noted that patients are being caused preventable harm by acts of commission.
- Identified available protections, proscriptions.
- Reminded Ontario Ministry of Health of the existing, publicly insured method of diagnosis.
- Identified three “clearly untenable” premises, namely:
 - Medicine is based on science, not clinical experience.
 - People with sensitivities are emotionally ill.
 - The environment does not make people sick.
- Expressed very limited support for clinical ecologists.

Medical Considerations

- A medical diagnosis may describe the sickness experienced rather than a specific disease.
- Sensitivities may result from any of “compendium of disorders” (Health Canada correspondence).
- Underlying mechanism is often unknown.
- For patients, most reactions are repeatable, controllable experiences.
- The insured method of diagnosis is and always has been the patient interview or history.
- It is unethical for a physician or others to dismiss a patient’s reporting of symptoms that occur in repeatable, controllable circumstances.
- Onus is on detractor in specific cases.
- Individual patients show no tendency to be towards a mean.

Mainstream Medicine

- Sensitivities are not new. Reptiles have them, and mammals.
- Medical literature goes back 2,500 years to Hippocrates, 10th century Islam (Razi), at least 300 years in English and French.
- Benjamin Rush, MD, the “Father of American Psychiatry” learned about the effect of odours on mental illness in Edinburgh, Paris and Philadelphia in the late 18th Century.
- Effects of odours on mental illness are accommodated by providing ventilation in hospitals for the insane as specified by the forerunner of American Psychiatric Association before (and after) the Civil War.
- The method of diagnosis described at a 2003 Ontario College of Family Physicians conference was described in the 5th C BCE by Hippocrates in “On Airs and Waters.” It is the patient history.
- Many professionals and academics have the history of sensitivities thoroughly confused with controversy about the relatively recent claims of doctors of environmental medicine.



Hannah Arendt
(1906-1975)

“Our personal problem was not, in fact, what our enemies were doing, but rather what our friends did...”

Clinical Ecology

- Unfortunately, in the 20th Century physicians calling themselves “clinical ecologists” used persons with environmental sensitivities as needs substantiation for questionable medical practices.
- Some aspects of clinical ecology were helpful. Others were ineffective, dangerous or unethical.
- Saying that sensitivities were “new, resulting from the modern environment,” clinical ecologists and their followers appropriated the voice of people with long-existing sensitivities, eclipsing our common history with new concerns, sabotaging our rights and their own in the process.
- Criticism of clinical ecology is often inaccurately portrayed, *especially by supporters*, as a denial of the long mainstream medical history of sensitivities.
- In the late 1980’s, many clinical ecologists changed their title to “doctor of environmental medicine,” to distance themselves from clinical ecology’s untenable claims.
- Some unethical practices persist. Their narrative continues to sabotage the legal rights of the people affected.

Canadian Government (1984)

- Health and Welfare (H&W) had responded negatively to two decades of approaches by supporters of clinical ecology.
- Other federal agencies pressed H&W to act on mainstream medical history, centuries of literature, actual experience of people with sensitivities, quite aside from the claims of clinical ecology.

Mulroney Era

- CHRC's Max Yalden wrote Health Minister Jake Epp.
- Several cabinet ministers wrote in support, including Lucien Bouchard and Jean Charest, Mike Wilson, Flora Macdonald, and Joe Clark.
- All three parties spoke in House of Commons.
- Dr. John Davies, H&W Chronic Disease Epidemiologist
 - Knew some history, became H&W "File Manager."
- Dr. Bruce Halliday, MP
 - Family Physician of Year 1978.
 - Chaired Parliamentary Health, then Human Rights Committees, invited testimony about sensitivities at both.
 - Got Health Minister Perrin Beatty's ear in early 1989.
 - Worked through John Davies.

First H&W Conference (1990)

- Held to address attitudes, demonstrate concern.
- Recommendation: "Persons with sensitivities should not be dismissed as neurotic but receive respect and support."
- Proceedings were distributed to more than 20,000 physicians, and article to H&W "*Issues*" subscribers (other departments, journalists, provincial ministries and agencies) with century-old quote from Marcel Proust on cover.
- Demonstrated that H&W was no longer skeptical about sensitivities, if separated from the paradigms forwarded by doctors of environmental medicine.

Considered Thought (1990-92)

- Once Health and Welfare moved on attitudes, further discussion involved:
 - All three political parties (PC, Lib, NDP)
 - CHRC (Max Yalden, John Dwyer, others)
 - Consumer organizations
 - Interested MP's and cabinet ministers, staff
 - Minister & DM of Health and Welfare
 - Laboratory Centre for Disease Control
 - Mental Health Branch

Obligation Not to Cause Harm

- H&W realized sensitivities are underdiagnosed, people are being caused preventable harm by acts of commission in government facilities and the health care system.
- Used Thomson Report to identify high risk groups, looking at symptoms of people already identified.
- H&W chose affected psychiatric patients as the group most hurt for not being identified.
- In this period, other federal, provincial and private agencies showed mixed but improving recognition of the need to accommodate sensitivities in housing, workplace, disability policies, access education, CPP, etc.
- Finance Canada gave tax deductions for certain prescribed health expenses related to sensitivities.
- Organizations of persons with sensitivities participated in National Access Awareness Week for several years.
- CMHC did research, education on housing implications.

Second H&W Conference ('92)

- Explored sensitivities, central nervous system reactions and psychological sequelae.
- Intention was to kick off process of rescuing those psychiatric patients whose problems are exacerbated by sensitivities.
- Ashford (MIT) and Miller (U of Texas)
 - Macedo Award for 1989 New Jersey study.
 - Recommended assessing high risk patients for sensitivity before doing things that might make them sick, disable or kill them, or cause financial or other damages.

H&W On Record Before 1993

- Health Ministers Beatty and Bouchard wrote that departmental officials “fully support” Ashford and Miller’s recommendation to assess for sensitivity in patients with ambiguous symptoms, to avoid causing preventable harm by acts of commission.
- Health department acted to begin rescue of people in one high risk group—people with certain psychiatric symptoms.
- Department demonstrated an awareness of the long history, of available methods of diagnosis, of their legal obligation not to cause patients preventable harm.
- Health Canada knew and acted on the knowledge that a legitimate but separate debate about doctors of environmental medicine should not eclipse one’s obligation or ability to avoid encouraging the commission of unnecessary harmful acts.

Health Canada since 1993

- Claim ignorance of previous work, knowledge.
- Eclipse long mainstream history with recent controversy about approaches of environmental medicine.
- Pretend sensitivities are new to the department, first raised by doctors of environmental medicine.
- Profess ignorance about responsibility, means to protect people from being caused preventable harm in government facilities, in the health care system.
- This “ignorance” or “lack of corporate memory” persists despite reminders from various parties who were previously involved.

Human Rights after Yalden

- Not long after former Chief Commissioner Maxwell Yalden left the Canadian Human Rights Commission, other knowledgeable staff also moved on.
- CHRC staff eclipse the history of persons with sensitivities with controversy about doctors of environmental medicine.
- Human rights officials confuse “sickness,” “condition” and “disease.”
- Human rights staff devalue sickness as a diagnostic indicator.
- Commissions ignore the most vulnerable, with undiagnosed sensitivities, who were to be protected but are instead being caused preventable harm, who cannot complain because they do not, themselves, know who they are.

Chrétien Era

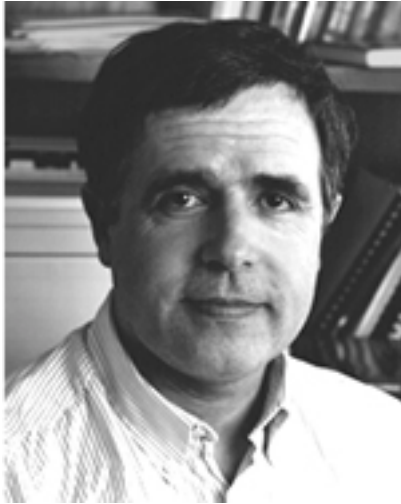
- Officials forget, trivialize work done by Health and Welfare prior to 1993, the knowledge on which it was based and the legal obligations attending to that knowledge.
- People who were to be protected have instead been caused preventable harm by acts of commission.
- Officials profess sympathy, but eclipse actual history, including the means and responsibility to protect, behind legitimate but separate controversy they know or ought to know is unrelated to the responsibility to do no harm.
- Most officials innocently, some knowingly misleading Canadians.
- People are being caused preventable harm by continuing acts of commission.

Agencies of Remedy

- Agencies have made mistakes, failed in their mandates.
- People have been, are being caused harm.
- Even agencies of remedy may be managing liability.
- Staff and officers are rife with ignorance, misconceptions, cynicism and dismissiveness.
- Agencies seem quite prepared to help hide mistakes, to fudge issues indefinitely, to turn their backs on criminal endangerment even as people, including children, are hurt and killed by acts of commission.
- Banal evil rules.
- Unnecessary harm is being caused while agencies of remedy turn a blind eye.

Mistakes by Professionals

- Miss an obligation to respond when children or others are hurt by acts of commission or where there is a duty of care.
- Confuse “sickness” (patient’s experience) with “disease” (defined cause).
- Devalue sickness as diagnostic indicator.
- Subject persons who have a repeated, controllable experience to a reverse onus concerning the validity of that experience, their integrity.
- Ignore history, literature, long-existing methods, consequent legal obligations of various parties.
- Ignore conflicts of interest arising from multiple liabilities amongst agencies involved in cases or as information sources.
- Enable abusers by arbitrarily “adopting the abuser’s mindset.”
- Fail to prosecute endangerment, assault, negligence when they occur, fail to educate victims as part of crime prevention.



“The protective psychological mechanism that comes into action when one knows deeply other people have been harmed, because of their negligence, or because they have been hiding behind the presumed lack of science, because they have minimized, belittled the issues, this mechanism which hides behind denial, camouflage, or aggression needs to be uncovered. Consequences need to be brought to the conscious level for healing to take place and prevention to take its role. Now people at governmental, industrial and academic level hide behind the oppressive properties of fear, fear of acknowledging what has happened.”

Dr. Michel Joffres, PhD, MD
1998, Dalhousie University

Goals Through ADR

- CHRC mediation, perhaps other venues.
- **No** restitution or compensation for myself.
- End federal cabinet misrepresentations about our legal obligation to protect patients in high risk groups who are being caused preventable harm, reduce related costs.
- End eclipse of long-existing knowledge by recent controversy, especially where previously ended.
- End unethically medicalized reverse onus.
- Sustain 25-year record and documentation for other advocates, ADR and third party litigation.
- Increase youth, public awareness of “the banality of evil.”
- Relate my experience as a citizen.

The Banality of a Cover-up

Presentation, documentation
available at:

AGES.ca

Advocacy Gateway for Environmental Sensitivities