

**Human Rights  
and the  
Environmentally Sensitive**

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Thank you very much for this opportunity to discuss systemic human rights abuses against persons disabled by environmental sensitivities. You may have trouble fully appreciating these remarks, especially if this is the first time you have heard about these problems. Part of the reason you will have trouble accepting what I have to say is that, despite our advances, what is being done to this group, and to those with the problem who are as yet undiagnosed, is quite horrible, and insupportable.

Environmental sensitivity is not an illness. It is a disability that can be caused, apparently, by a variety of illnesses. An Ontario Commission<sup>1</sup> found that "no test is consistently altered". The same Commission found that pretty well any system of the body can be affected, including the respiratory system, digestive system, endocrine system, reproductive system, immune system, and the central nervous system.

Although a variety of methodologies relieve symptoms and reduce reactions in some people over time, the only widely agreed upon method of treatment is the avoidance of substances people are sensitive to. Not being a doctor, I would refer you to the most recent official study I know of, by Nicholas Ashford of M.I.T., and Claudia Miller, of the University of Texas, for the New Jersey State Department of Health (Dec 89)<sup>2</sup>.

Before I get into the subject of my presentation, I'd like to take a minute as there are people I must thank. Mr. Chairman, you will appreciate how grateful

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and how moved I am that there are now too many people to thank than we have time for.

Mr. Maxwell Yalden, Chief Commissioner of the Canadian Human Rights Commission, wrote the Health Minister in 1988 stating<sup>3</sup> "we owe it to people to be more public and more vocal in acknowledging that sensitivities are a true medical problem". Before this committee last May<sup>4</sup>, he mentioned the humiliation and suffering people have endured or succumbed to, and promised to do what he could to help people, especially those who lay complaints with the Commission.

The Hon. Charles Caccia, M.P. for Davenport, first raised this issue in the House of Commons in 1988<sup>5</sup>, and he has recently secured an assurance from the Health Minister<sup>6</sup> that Health and Welfare officials now believe that, in ambiguous cases, testing for chemical sensitivities should precede any psychiatric workup. The Hon. Sheila Copps wrote the past Health Minister<sup>7</sup> several times, and issued several news releases<sup>8</sup>.

The Hon. Alan Redway has been helpful, successfully raising the issue of tax deductions for medical expenses with Mr. Wilson, the Finance Minister. The Hon. Margaret Mitchell called for public education<sup>9</sup>.

Dr. Ross Bennett<sup>10</sup>, former Chief Coroner with the Province of Ontario, and Dr. Jim Young, his successor, have encouraged several provincial Ministries to address "the important component of what to do to aid these people while decisions are being made as to the

scientific basis of their illness". Mr. John Krauser,<sup>11</sup> of the Ontario Medical Association, wrote the Ontario Premier's office two years ago, and stating that "people are ill with a condition that is not well defined scientifically, and they are not being well served in their need for support services. It is important to avoid blaming the victim".

I would like to express a special thanks to Ms Catherine Frazee, Chief Commissioner of the Ontario Human Rights Commission, for summarizing our problem (in a casual conversation) as: "The presumption was on the wrong side". The Ontario Human Rights Commission was the first in Canada to accept and ratify an amicable resolution of a complaint in our favour<sup>12</sup>. The Ontario Commission has a very helpful policy of trying to resolve complaints amicably before moving to an adversarial and/or punitive stage.

I must thank Mr. Perrin Beatty for his willingness to re-think Health and Welfare's position with respect to the environmentally sensitive and to encourage Health and Welfare officials to do some of what they should have done, in my opinion, a quarter-century ago. I believe the new Deputy Minister of Health and Welfare, Margaret Cately-Carlson, deserves thanks here as well.

When a group is violated and abused over a long period of time, members of the group tend to react by turning inside themselves, hiding under a rock, or by becoming angry. You have no doubt heard of this phenomenon in relation to other abused persons. In the

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atmosphere of terror chronically abused people endure, the need for the company and support of others becomes extreme. I thank those who have kept the Allergy and Environmental Health Association of Canada going, since it was first formed under another name by Dr. John MacLennan, M.D., in 1969. There has been a lot of tension in our community, and those who have been able to organize and maintain the self-help group have shown a courage and maturity that should be an inspiration to any other disadvantaged group.

I must mention Lynda Brooks, of Nepean, and the other members and past members of the executive of the Allergy and Environmental Health Association, such as Bruce Small, of Goodwood, and Ed Lowans, of Caledon East, current President of A.E.H.A. I would also like to thank Marie Laurin, of the Advocacy Group for the Environmentally Sensitive, of Orléans.

Probably the greatest inspiration I have found in the past decade has come from those who are seriously disabled by sensitivities. (The organizations, because of their limited resources, are unable to help.) More than those in positions of responsibility and privilege, the desperate among us have been the ones who have brought the issue forward simply by fighting to survive. There is decided irony in the fact that they are often told they would not be disabled if only they had a positive mental attitude.

The one other person I would like to thank, Mr. Chairman, is yourself. Your quiet diligent work on this

issue is known and appreciated in our community. Your kindness, your work, but more important, simply your understanding, is deeply, and very sincerely valued.

There are many I have not been able to mention, and probably some who would prefer not to be mentioned in this context.

It is necessary to be very clear about the subject of my remarks. I have not come to the committee seeking legitimacy for our cause, or for the people affected.

I am not addressing the Committee on the discriminatory withholding of services, such as Canada Pension Plan Disability Benefits, nor is it the failure of the government to provide "reasonable accommodation" to public servants with this problem, nor the failure of Medical Services at Health and Welfare to provide proper health care to aboriginal peoples and public servants with sensitivities.

Nor is it the fact the Speaker of the House of Commons may be causing House of Commons employees, such as those who work on the ground floor of this building, to develop this disability by having them work in conditions which can cause it.

I have not come to address the issue of provincial health care delivery to the environmentally sensitive, which is abysmal and, where it exists, sometimes abusive. Nor am I here to talk about the failure of the provinces

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to provide other services, such as housing, environmental protection, and disability-based welfare.

I am not here to complain that school boards across Canada are abusing children<sup>13</sup> with this disability, although they are<sup>14</sup>.

What I came here to discuss is far more important than the probable fact that insurance companies are paying out millions of dollars a year in benefits to people with chronic health problems that are caused by undiagnosed and improperly managed sensitivities, and to survivors of accidents caused by undiagnosed sensitivities intermittently influencing co-ordination and central nervous system function.

For all of the above, I would suggest the Committee invite representation from a few of the several self-help groups of people affected.

I am not here, and not qualified, to address issues in medical arts and science, and there are many in connection with sensitivities. On that subject the Committee may wish to consult with specialist in environmental medicine; I'm sure Mr. John Krauser of the Ontario Medical Association could help you get in touch with one or two. I would caution against consulting allergists and immunologists, as the problem only sometimes affects the immune system, and members of that specialty have concentrated their efforts on simply criticizing those who have said the problem is entirely immune system mediated.

It has taken me more than ten years to get here. In the meantime, I suspect that hundreds of Canadians have died unnecessarily.

What I am here to talk about is more fundamental to Human Rights and Disabled Persons than these rampant abusive manifestations of prejudice. I had an opportunity to go to a library associated with this place last week, and I looked up the term "Human Rights" in a dictionary on political science. The definition made reference to "the right to enjoyment of life protected from arbitrary interference", and I felt that definition provided the sharpest focus for the subject of my remarks.

We must start from the position that the environmentally sensitive, as human beings, have a right to legitimacy unless proven otherwise through due process and evidentiary fact. The environmentally sensitive have not been protected from arbitrary interference. We were not protected from such interference from government, by employers, doctors and medical institutions, journalists, editors<sup>15</sup>, or management in media operations<sup>16</sup>.

Generally speaking, the argument against protecting the dignity of this group, against protecting us from arbitrary interference, has been a supposed lack of science, itself a debatable point. (Within an hour after being diagnosed (in 1979) I found an article in the Carleton University Library in a book published in 1951. Further research shows articles dating back to 1775. A bibliography published by Health and Welfare in the 1987

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report "Healthy Environments for Canadians"<sup>17</sup> lists articles on sensitivities back to 1908.)

But the issue is not one of science. It is how we act while not omniscient. I suggest, Mr. Chairman, perhaps a bit facetiously, that despite the efforts of our research communities, we are unlikely to be omniscient for some time. Because discrimination and bigotry usually coexist with a lack of understanding, it is important to remember how to act in the face of life's constant mystery, a mystery that professionals and journalists sometimes seem to think can be explained away.

In 1980, I joined a self-help group. I found that there were thousands of Canadians diagnosed as having sensitivities, and that most of us had relatives and ancestors with the problem. Environmental sensitivities are not new. They are not always the result of our modern environment, although polluters can cause people to develop sensitivities, and cause people with sensitivities to become temporarily or permanently disabled.

Around the beginning of the United Nations Decade of Disabled Persons, in 1983, several Ottawa media outlets made a regular habit of raising unfounded doubts about the credibility of a Smith's Falls woman who had sensitivities, and who had a housing problem<sup>18</sup>. They didn't report that her bank manager had refused to provide "reasonable accommodation". (He refused to abstain from wearing after shave while meeting with her.)



They didn't emphasize that she had been given a provincial pension for her disability. They didn't report that NASA and British Medicare and the World Health Organization and others recognized her problem. They didn't report on the dozens of scientific articles available on the subject at the time. They didn't report that OHIP had paid part of the cost for people with sensitivities to go out of the country for treatment for a number of years.

They reported that the woman "claimed" to have "allergies". One TV reporter questioned this on air, based on the fact that the woman owned a dog. They didn't report that the woman had received death threats from people in her home town who became convinced, on the basis of comments from officials and reporters, that she was a fraud. To this day, I know of only one journalist who has apologized to her for what was done, and only one outlet which has reported that her housing problem has been solved (and legitimized) through renovation grants from C.M.H.C. and the Ontario Ministry of Housing.

The woman is quite religious, and it numbs me to hear her say, as she did recently, that she is now just waiting to meet her Maker. Pack journalism, more than anything, has stolen her enjoyment of life, her feeling of having a place in her community<sup>19</sup>.

Once having shot the wounded, journalists have not returned to the scene of the crime. Perhaps it has to do with preserving the myths of objectivity and of providing authoritative information. The actions of some media

outlets on this story certainly makes a myth of their espoused values of corporate responsibility.

Perhaps its best they now leave her in peace.

In the newsroom where I worked, I became incensed that SOME of my fellow employees and bosses tossed their intellectual and moral principals out the window in covering her story. My anger grew as I became aware of the spillover effect the irresponsible journalism was having on others who have the disability.

What are so-called ordinary people supposed to think when officials and journalists consistently express not only sceptical, but cynical, opinion?

A Carleton University professor who told me he had developed this problem after installing UFFI in his home knew that I was a member of the self-help group. He often phoned me at the newsroom to express his concern about the unfairness of journalism that defamed and suspended the reputations of persons on the basis of an absence of information, without evidentiary cause, and when supportive science was available<sup>20</sup>. He felt ridiculed by his fellow psychology professors. He told me that his concerns about working in a sealed building were dismissed as neurotic.

In 1984, after his family broke up, and his reputation was severely hurt, he shot himself and died.

The effects of that coverage of my friend in Smith's Falls linger in the community to this day, to the extent that six years later, when one Eastern Ontario man was recently looking for reasonable accommodation for his son in school, he was told the problem was fraudulent (on the basis of the story about the dog) by one of his neighbours.

In 1985, I decided to really start fighting. And I mean fighting. Fighting to get the bully off our backs. Fighting to prevent other suicides. Fighting to "rescue" those in high risk groups whose problems were caused or significantly exacerbated by sensitivities. I had tried through the self-help groups, but they were too victimized to stand up and be counted...sort of like abused wives. When they did stand up, they were publicly branded as possibly not-of-sound-mind. They were unaware of their rights, and understandably preoccupied with solace and survival.

I had been Gunner of the Year in an Artillery Regiment in Centennial year...and it was time for the artillery. I set out on my own, with a loose affiliation and support line from some individuals in our community.

My adventure as a Citizen of Canada was less than encouraging.

I knew that, although everyone discussed the problem as if it were new, it had been around for generations. I knew that although many thought there was no science, the literature went back at least to the turn of the

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century. It seems that in the 60s (remember the 60s?) it became fashionable to describe the problem as psychological or emotional in nature - "It's all in the Mind".

It seems that, as the environmentally sensitive became less convenient with increases in pollution, and decreases in building air-exchange rates, the psychosomatic explanation became increasingly convenient to officialdom. As we pressed our point, officialdom dug in their heels. Governments, public servants, doctors, and journalists continued to give credence to those who said the problem was emotional, even though that position was described as "clearly untenable" in a provincial commission report by former Judge George Thomson in 1985. The report also made mention of the fact that the media were partly to blame for a hardening of attitudes, but it seems no-one reads commission reports. (The report was subsequently handed over to a man well known for his uninformed, but opinionated and self-important attitude on the subject, Dr. Barry Zimmerman, for review<sup>21</sup>. One of thirty recommendations has been implemented...the one calling for more research.)

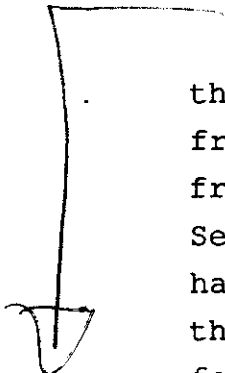
The effect of these statements has not been simply hurt feelings. The effect of the labelling was devastating for people involved, and not just in respect to health care. Families broke up, as one spouse, armed with advice from "authorities", decided the other was just not trying. Problems developed with (and for) landlords and employers. Reputations and careers were ruined. As often happens amongst abused persons, many

people lost their self-confidence, peace of mind, and any positive self-image.

Although there were several suicides, journalists, politicians and public servants continued to pass on unsubstantiated damaging opinion as credible in the debate. Professionals, corporations, government institutions and health care facilities refused to acknowledge any responsibility for what was happening.

A Toronto woman who was supposed to return to hospital for treatment for a related problem, who had been in the hospital before and had been ridiculed, killed herself. Another patient of a Toronto doctor stabbed herself several times. She survived.<sup>22</sup>

Perhaps the most offensive circumstances relate to the suicide of an Ontario man as recently as June, 1989. Some facts of his case are worth mentioning.



He had been diagnosed as sensitive, but he found that no-one in his city believed him. After years of frustration, he finally applied for a disability pension from the Ontario Ministry of Community and Social Services. Despite the fact that the Minister at the time had stated (June 1986) that he "administered services to the environmentally sensitive" the man was turned down for benefits. He was turned down by a medical adjudicator who advised the ministry to write the applicant denying him benefits because his problem was "thought to be psychological". (The adjudicator didn't examine the patient; a copy of Toronto psychiatrist Donna

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Stewart's illogical, unscientific, unethical and irresponsible article, published in the CMA Journal 15 November 1985 was later found in the man's COMSOC file.<sup>23</sup>) Despite the fact that we had made repeated appeals to the Minister in other cases, and dozens of requests that he inform his staff of his expressed policy of administering services, the Ministry followed the medical adjudicator's advice.

A few weeks later the man went upstairs to his room in the family home, stuck a shoe under the door, and killed himself with a rifle.

I had been in touch with the coroner for about a year by this point, asking for an inquest into any of the previous suicides, and the fiance of one of the other suicide victims had also been asking for an inquest. But the coroner had told me six weeks before that death that "as callous as it may seem to you, we just have to wait for a better example". When the man's brother called to let me know about the death, he left a message saying "I guess the coroner got what he wanted".

Amazingly, the incident produced no apparent action in the Ministry of Community and Social Services. The family declined an inquest, but the coroner wrote the Ministry (27 October 1989) and suggested that the Ministry develop clear guidelines for staff. Still no action.

In February, the new Chief Coroner for the province sent me a copy of the letter so that some pressure might

be brought to bear on the Ministry. I blanked out the name and sent the letter to the Globe and Mail. Christie Maclaren did two stories<sup>24</sup>, and a few weeks later the Ministry sent a memo<sup>25</sup> to all income maintenance staff "to remind you of Ministry procedures as they pertain to FBA applicants/recipients with environmental hypersensitivity. These policies were first developed in 1983." (The head of the Ottawa COMSOC office later told me she had checked with the Minister's office a few weeks before the suicide, and that there was no policy regarding the sensitive.)

Why did this man die? In his letter to the Ministry of Community and Social Services, the coroner says that "the reasons for his suicide are obviously very complex but there seems little doubt that the frustrations and problems encountered concerning his environmental hypersensitivity contributed to his ultimate demise".

While the provincial government has been abusive, the federal government has also made its marks. Several management and Medical Services public servants have dismissed the problem as emotionally based, at least since Office Building Sickness became evident in the early eighties. Health and Welfare employees stated outright that people going to Hull to work at Terrasses de la 'Shoddy Air' were just suffering stress from having to go across the river to Quebec to work<sup>26</sup>. (Very few of my friends and acquaintances have ever expressed any negative feelings about going to Hull.)

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Many hundreds of appeals to the past federal Health Minister, from self-help groups, individuals, Members of Parliament, and other Cabinet Ministers were dismissed on the basis of a lack of science. I submit that it does not require any science at all to understand that it is wrong to make damaging statements on the basis of an absence of information.

The media also seemed comfortable with the idea of apparently arbitrary interference. Several nationally distributed news releases during the first six months of 1986 about the suicides and the unsubstantiated nature of defamatory comments prompted three replies<sup>27</sup>.

I boycotted my census. Six cabinet ministers admonished me for breaking the law<sup>28</sup> (and potentially throwing off the whole survey!). But they expressed, for the first time, their belief in the legitimacy of the concern.

I developed the depressing image that in facing government, I was facing an opposing football team. Government is no longer us sitting around discussing concerns and what to do about them. Government is like an opposing football team. You can go into a crouch position and try to go straight up the middle; I tried to develop a lateral action (based on lateral thinking) to do an end run around the defensive blockers.

In the fall of 1986 I invented the "FRESH AIR Brick". Canada Brick kicked in a pallet (tale) of bricks, and we silkscreened the words "FRESH AIR" on the



side. We also made "Les Briques PLEIN AIR". The Bricks, which had a good weight, were intended to be used in dealing with sealed windows in office buildings. Two Bricks were available to pregnant women, free of charge.

An ad<sup>29</sup> for the "FRESH AIR Brick" was sent to 300 media outlets. We reached an audience of three million people in just a few weeks. It seems journalists prefer the lateral approach to discussions of serious abuse.

Perhaps I should have sent a Brick to the Prime Minister. I had approached his office considering the "Prime Minister's Strategy to Help Disabled Persons" announced in the throne speech of 1985. In one of my last conversations with his office (December, 1986) I asked if staff there understood that people were killing themselves because of attitudes fostered, in part, by Health and Welfare. The answer (I had begun recording my calls) was "Yes, I assume they know. You've been perfectly clear". I asked if the Prime Minister would do anything. The answer - "It's hard. I've tried. I feel really badly"<sup>30</sup>.

Six months later, officials in Mr. Crombie and Mr. MacMillan's offices, the Ministers for Disabled Persons and the Environment, sprung money for a conference of people affected, knowing the problems we were having with Health and Welfare, and, they said, without input from the PMO. But still, Health and Welfare refused to clean up the mess it had helped create. It refused to deal with the unethical and intellectually dishonest debate that was resulting in increased disability, damages,

disenfranchisement and deaths. It was still discriminating in the provision of CPP disability pensions and other services.

The past Health Minister informed me in writing that he was sympathetic, but staff in other Ministers' offices and journalists told me the Health Minister's staff were telling them the problem was not recognized. Nothing was done, apparently, to stop Health and Welfare officials from legitimizing insupportable damaging statements.

In 1987, I announced that I would no longer pay taxes, and that I had not paid taxes for the years 1985, 86, and 87. The government, in my opinion, had broken its social contract. I received a letter from Revenue Minister Elmer Mackay's office stating "Dear Mr. Brown, I sympathize. Your crusade is long and arduous. But please, Mr. Brown. I care not to be an inquisitor. (signed) Vicki Huntington, Special Assistant to the Minister<sup>31</sup>".

A month later, all three federal parties agreed to pick up the issue, after turning it away for so long. Sheila Copps put out a news release. Jean Charest referred the concern to the Prime Minister's office<sup>32</sup>. Margaret Mitchell agreed to bring me to the Parliamentary Standing Committee on Health and Welfare<sup>33</sup>.

In February of 1988, my own M.P., Michael Cassidy, wrote to Mr. Epp stating "It is my understanding that your department originally believed, and made public your belief, that people suffering from environmental

hypersensitivity were actually suffering from psychosomatic symptoms. As a result, it has taken some time to have the condition recognized...and created untold difficulties for people suffering from this disease"<sup>34</sup>.

No action.

In May, after my appearance before the Standing Committee on Health and Welfare, Global television did a report stating that Health and Welfare would not take a position because "the matter is deeply controversial within the medical community"<sup>35</sup>.

I repeat: The issue I had brought forward had nothing to do with science, but about the attitudes to be fostered while a scientific understanding is developed. The argument in the medical community, for the most part, is not about existence, but about proper methods of medical intervention. That is a welcome argument as far as most with the condition are concerned. Perhaps the Global reporter, like many of her colleagues, did not understand the precise nature of the issue being raised. Perhaps Health and Welfare contributed, once again, to the attitudinal pollution that is killing members of this group<sup>36</sup>.

All parties - the Human Rights Commission, Health and Welfare and other government departments, provincial Ministries of Health, media, and other institutions with social responsibilities had given credence to unsupported and damaging abuse of this group.

Finally, after several years of the Canadian Human Rights Commission saying that any Human Rights case would have to include proof of the medical nature of sensitivities<sup>37</sup>, a new Human Rights commissioner wrote Health and Welfare saying we "owe" it to people to be more public and more positive in acknowledging that sensitivities are a true medical problem. Again, his attention was obtained by kicking up a fuss, after rational, sensible dialogue had failed.

Within a week of Mr. Yalden's letter being distributed, Alan Redway called for tax deductions for related medical expenses in a statement in the House. Within a month, the other two parties had asked for action instead of private expressions of sympathy. But despite literally thousands of expressions of the concern, none of the responsible parties seemed to understand what I was concerned about...the idea that it is discriminatory to allow an identifiable group to be subject to arbitrary defamation.

Health and Welfare has not accepted nor acted on any responsibility for the consequences, direct and indirect, of its actions<sup>38</sup>. I do not believe it is appropriate that the department and/or officials should be free of any responsibility for their actions, where others have been damaged, directly or indirectly.

In 1988, the Department was still giving credence to the idea that the environmentally sensitive might just be emotionally ill, although other Departments and Ministers had moved forward considerably<sup>39</sup>, despite internal memos

later obtained through access to information that stated "One of the basic findings (of the Thomson Report) was that the disease existed" (Health Protection Branch, 6 November 1986) and "There was no doubt that some people suffered illnesses ranging from mild discomfort to severe disability" (Mrs. Grace Wood, Health Protection Branch, 12 January 1987/: 4:00 p.m.<sup>40</sup>)

In May of 1989, Sheila Copps wrote Mr. Epp again on the subject asking him to "assist Canadians who have suffered as a result of public misconceptions and ensure that sufferers of environmental sensitivities have not and, in the future, will not be misdiagnosed with the result being the placing of sufferers in institutions for the mentally disabled"<sup>41</sup>.

No such assurance was forthcoming.

If officials in SecState were to accommodate the opinion that African-Canadians are dumb, or Jews are crafty, and deny program benefits to them on that basis, it would be on the floor of the House of Commons in a second. If someone working for the Minister Responsible for the Status of Women were to question the validity of women's concerns, perhaps on the basis of their hormones, it would be considered an outrage. Heads would roll.

Instead, our heads rolled. People with sensitivities paid the price of protecting the reputations of those who had hurt us.

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Why is it not obvious that we, like others, deserve protection from arbitrary interference? Where is the due process we should expect before having our reputations brought into question? Suspected criminals are not charged, let alone convicted, without evidentiary cause. Can we not expect the same protection? Where was our opportunity to respond?

Mr. Chairman, I have mentioned that things have moved forward. Thanks to yourself and to others, opinion has changed at the highest level. But I am concerned for people with this problem. I am concerned about misconceptions widely held across Canada. I am concerned about abuses we remain vulnerable to until it is made clear, "publicly and positively" that these problems are real. And although opinion has changed at the ministerial level, management and line staff lack clear guidelines updating policies from those previously expressed.

I am concerned for all those persons who have chronic disabilities as a result of undiagnosed sensitivities.

I am concerned about the "radical objective professionalism" of some journalists, and members of other professions, who may forget that ours are among those referred to by the journalistic dictum - "Be careful. There are reputations out there".

Please hear me when I say I have NOT come to this Committee seeking legitimacy for our cause. Not at all.

The kind of legitimacy that officialdom, the medical community, and the media have robbed us of cannot be granted by a Committee on Human Rights, or by any other Committee. It cannot be granted by the House of Commons. It cannot be granted by government, or by Parliament.

It is ours.

It is ours simply because we are human beings. What should be of concern to government, to journalists, and to Canadians at large, is how this arbitrary personal and social devastation was allowed to occur. What is illegitimate is the insupportable defamation. The reputations at stake are those of public servants, government officials, doctors, journalists, and others, who made damaging statements without evidentiary reason, due process, or scientific validity.

Recommendations:

1) That you join Mr. Yalden in encouraging Mr. Beatty's efforts to be "more public and more positive" in acknowledging that environmental sensitivity is a true medical problem, perhaps by implementing Health and Welfare's planned communications strategy on this subject.

2) That you encourage Mr. Beatty to support the work of the self-help groups, perhaps by providing sustaining grants to at least the largest and truly national of the self-help groups involved, the Allergy and Environmental Health Association.

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3) That you inform the Provincial and Territorial governments that it is a terrible mistake to suspend people's right to participate in life, simply because scientists and the rest of us are not omniscient.

4) That government provide the Human Rights Commission with resources to explore this issue further. The issue is not so much who did what to whom, but more, as with a coroner's inquest, to prevent future similar abuses. (People with chronic fatigue, post polio, and many other disabling conditions have experienced very similar damaging concerns. These and other groups should be protected in the future.)

5) That Health and Welfare encourage the "rescue" of persons in high risk groups, who may have undiagnosed sensitivities as the cause of their problems, including those with auto-immune disorders, degenerative heart disease, digestive problems, reproductive disorders, and central nervous system dysfunction.

6) That Treasury Board insist that private disability pensions paid for by public servants and public funds not be withheld in a discriminatory manner from members of this disabled group.

7) That Public Works and CMHC develop building standards, in conjunction with experts in the accessible environments field, to provide



accessibility guidelines concerning access barriers faced by this group.

8) That Agriculture Canada consider the need for chemical-free food for members of this disabled group.

9) That immigrant communities be informed of the effects diet changes can have.

10) That Medical Services provide information about sensitivities Canada's to aboriginal peoples, and to public servants.

11) That the Provinces consider making available post-traumatic syndrome counselling, free of charge, to people diagnosed as having sensitivities.

12) That this committee, here, today, now, indicate or acknowledge your support for the notion that people's general reputation of soundness of mind, and the validity of their experience not be called into question by authorities except:

- a) that the statement be made only about specific individuals, where
- b) there had been due process
- c) based on evidentiary fact
- d) with an opportunity to respond.

Thank you for your concern and attention.

Chris Brown

Orléans

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1. "Report of the Ad Hoc Advisory Committee on Environmental Hypersensitivity Disorders" - George Thomson, Ontario 1985.
2. "Chemical Sensitivity, a Report to the New Jersey State Department of Health", Ashford & Miller, 1989.
3. Letter from Mr. Max Yalden, Chief Commissioner of the Canadian Human Rights Commission, to former Health Minister Jake Epp stating "we owe it to people who suffer from this syndrome to be more public and more positive in acknowledging that environmental hypersensitivity is a true medical problem" (3 Au 90).
4. Statement by Mr. Max Yalden before the Standing Committee on Human Rights and the Status of Disabled Persons (10 Ma 90) commenting on negative attitudes in some circles, and the Commission's resolve to respond to complaints. Mr. Yalden also states "I think we all have a duty to try to help".
5. Statement from Hansard, 21 September 1988.
6. Letter from Perrin Beatty to Charles Caccia, 24 September 1990, stating that "the search for environmental causes in a patient should precede psychiatric workup."
7. Letter from Sheila Copps to Perrin Beatty (17 May 89) calling for help for Canadians who have suffered due to public attitudes on sensitivities.
8. News Release from Sheila Copps, 18 December 1987, calling for action on Twentieth Century Disease during the twentieth century!
9. Margaret Mitchell, Statement from Hansard, Question Period (26 August 1988) calling for the Health Minister to express publicly his support for the environmentally sensitive.
10. Letter from Dr. Ross Bennett, Chief Coroner of the Province of Ontario, to the Deputy Minister of Community and Social Services, calling on the Ministry to make their policies clear to staff in the Ministry.
11. Letter from John Krauser, O.M.A., to the Premier's office, noting that "people are ill with a condition that is not well-defined scientifically, and they have a need for support services that is not being well met".
12. News Release (1 Fe 90) distributed by the Ontario Human Rights Commission to Ontario media celebrating the amicable resolution of a Human Rights complaint by Chris Brown against the Ottawa-Carleton Regional District Health Council, "achieved through the joint effort and goodwill of the complainant and the respondent".

13. "Recommendations for action on pollution and education in Toronto: A Report", Small and Associates, 1985.
14. "Behaviour Problems linked to Environment" Education Leader, 23 March 1990, BC School Trustees Association.
15.
  - A. Associated Press newspaper article carried by the Globe and Mail headlined "Twentieth Century Disease Psychosomatic, M.D. says". In fact, the study had only shown that the problem was not, consistently, an immune system problem.
  - B. *ibid*, as published in the Ottawa Citizen.
  - C. "Twentieth Century Disease May Mask Mental Illness - MD" story published in the Toronto Star on the basis of Dr. Donna Stewart's Rushtonesque work.
  - D. "You can twist scientific facts to support outrageous theory" story in Toronto Star by Dr. Howard Seiden (26 fe 87) telling the story of the professor who found that when a grasshopper's legs are cut off it no longer jumps when shouted at, proving that grasshoppers hear with their legs, and using the story as a jumping off point to ridicule the environmentally sensitive.
  - E. Second story by Dr. Seiden - "20th Century Disease a Potentially Dangerous Theory" which uses ridicule to argue against the legitimacy of concerns of the environmentally sensitive, but does not present any evidentiary fact.
16. A) Letters to CBC expressing concern that:
  - 1) CBC reporters had often stated there was an absence of scientific evidence to support the existence of sensitivities, despite the fact that a bibliography listing several dozen articles on the subject had been in the corporation's possession since 1982.
  - 2) Several CBC journalists are unwilling to discuss how their approach is fostering damaging public attitudes.
  - 3) Indicating that CBC journalists have often confused debate about proper intervention as being debate about the legitimacy of the concern.
  - 4) CBC journalists had contravened CBC journalistic policy on several occasions while approaching this issue, including:
    - a) "research should be carried out in cooperation with responsible research agencies",
    - b) "exercise care not to be 'captured by the viewpoint of those who may have special interests",
    - c) "guard against exaggeration and distortion",
    - d) "the greatest service it can render society is to show itself as it is evolving, neither magnified nor diminished",

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e) "insufficient attention may be paid to important trends and events which are not in themselves spectacular. Producers should constantly remind themselves of the importance of examining and keeping before the public those aspects of society which have a positive value, as well as those which require amendment,

f) "The nature of journalism is to look for novelty and cap it with an attention getting headline. But this search for the new carries with it the danger of falling into sensationalism, the exploitation of subordinate news values because of their piquancy, be they morbid, or scandalous,

5) Letters to the CBC also included the following references to CBC Journalistic policy on libel and slander:

a) "The statement of fact must contain all the relevant facts and not omit certain facts which, if included, would change the whole complexion,

b) "It would be unfair if the broadcaster reported the testimony of one witness which made grave accusations against another person but then failed to report other evidence which completely refuted such accusations,

c) "It is not the intention of the author but rather the impression that is conveyed to the casual or reasonable viewer which is critical,

d) "It is no defense for the broadcaster to state that he has reported simply what someone else has told him", and "it is no better if the statements are modified by words such as 'we are informed by usually reliable sources', even if everyone in the community knows that this story is going around."

B) Article from the Ottawa Citizen in which a CBC spokesperson decries reporting of confrontations in CBC management. This article is ironic considering the mis-stated reporting by CBC of confrontation in the medical community about sensitivities.

C) Letter to "As It Happens" at CBC asking if they plan to do a documentary "Behind the Blue Pizza" as a follow up to their report on discriminatory attitudes in Canadian police forces, entitled "Behind the Blue Wall".

D) Article by CBC journalist Knowlton Nash in Content magazine, (base on a presentation to investigative journalists) stating:

1) Canadian television news is better than that in the U.S.,  
2) "I do think of us as teachers",  
3) journalism, while incomplete is "the hinge of democracy",

- 4) "I believe the media are the glue that holds together our democratic society",
- 5) "Real participatory democracy today cannot survive without a free, independent, and professionally and socially responsible media",
- 6) "Most of us in journalism are not trying to shoot the wounded",
- 7) "The temptations of flash and trash journalism can be attractive for those who hold entertainment values over news values",
- 8) "Scepticism is necessary for an inquiring mind, but cynicism is a malign prejudgment",
- 9) We're not giving reality and truth a fair chance if we sensationalize, if we're lazy, or careless, or unscrupulous, or if we're shallow, simplistically looking only for good guys and bad guys, and not looking hard enough for the significant nuances and subtleties of complex stories."

E) Letter to CBC objecting to "Morningside" coverage of the environmentally sensitive, which pitted two competing theories against each other, and ignored volumes of legitimizing information available.

F) Two articles from the Ottawa Citizen, one about Chronic Fatigue, the other about sensitivities. The editorial approach and slant of the two stories is significantly different, although the status of both illnesses is substantially the same.

17. "Healthy Environments for Canadians", Small and Associates, 1987, funded by Health and Welfare Canada.

18. Various newspaper Articles, Ottawa Citizen, 1981-84

19. Diaries of Jean Metcalfe, of Smith's Falls.

20. Bibliography on sensitivities available in 1982, prepared by Bruce Small.

21. On the subject of Dr. Barry Zimmerman, Head of Research Committee on ES for the Ontario Ministry of Health:

A. Letter from Dr. Zimmerman to Elie Martel, M.P.P., (31 Ja 85) and copied to several Ontario Cabinet Ministers, which states that sensitivities are bound up in "charlatanism" and "pseudoscience".

B. Letter from Dr. Gordon Nikiforuk, Professor and Immediate Past Dean of the Faculty of Dentistry of the University of Toronto, disassociating the university's committee from both the "temperament and substance of Dr. Zimmerman's comments".

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"Dr. Zimmerman's assessment of the development of hypersensitivity as a controversial area triggered by the 'entrepreneurial American Medicine and charlatanism' is sheer gobbledygook. His labelling of some members of the committee as 'orthodox' and others as representing 'pseudoscience' only perpetuates the harsh polemics and prevents a positive consensus from emerging."

C. Letter from Dr. Jozef Krop, M.D., (10 Ja 86) to Murray Elston, Ontario Health Minister, decrying the fact of Dr. Zimmerman being asked to chair a committee reviewing the Thomson report (Ontario, 1985) as:

"Dr. Zimmerman is well known for his bias..and for his lack of understanding of the issue, an attitude he has made known at conferences and meetings, as well as in his recent article in the Canadian Medical Association Journal (15 Nov 1985) and in a letter to the Hon E. Martel on the subject last year. He is totally unacceptable as an advisor on environmental illness. As a physician and taxpayer I object to the calling of the committee."

D. Letter from Evelyn Gigantes, M.P.P. (and now Ontario Minister of Health) stating:

"I have spent some effort to investigate the basis of criticism lodged against your appointment of Dr. Barry Zimmerman as the head of the committee reviewing environmental sensitivities. I have come to the conclusion that the complaint is well-founded."

Ms Gigantes also stated:

"Find out what is happening on environmental sensitivity for Heaven's sake. These are the issues of the 1980's and 1990's. You have the chance to lead - why not do it?"

22. Surreptitiously recorded telephone conversation with doctor.

23. On Dr. Donna Stewart, Professor of Psychiatry, University of Toronto, and Past Chair of the psychosomatic committee of the Canadian Psychiatric Association:

A. Letter to Doug Geekie, Canadian Medical Association, objecting to the unscientific, illogical, unethical and

damaging article by Dr. Donna Stewart in the Canadian Medical Association Journal (15 Nov 1990) explaining:

- 1) her sample was unscientific and not representative,
- 2) her article is replete with ridicule, hyperbole and innuendo, and devoid of logical argument,
- 3) her article makes damaging statements without evidentiary fact or substantiation.

B. Letter from Dr. Bruce Squires, of the Canadian Medical Association Journal, stating that "we stand by our original decision to publish (the article mentioned above)".

C. Letter from Chris Brown to Dr. George Connell, President of the University of Toronto, (23 ja 89) asking that academic freedom not be defended at the expense of scientific method and people's lives.

D. Letter from the University of Toronto PR office stating it "must not sit in judgement" of it's employees.

E. Letter to UofT PR spokesperson relating the costs of Dr. Stewart's belligerence.

F. Letter from Chris Brown (24 June 89) to Board members of the University of Toronto informing them of the role Dr. Stewart's work had played in contributing to the suicide of an Ontario man (2 June 89). The man killed himself after the Ontario Ministry of Community and Social Services refused benefits in a letter that stated his problem was "thought to be psychological". A copy of Donna Stewart's article from the CMAJ was included in the COMSOC file as the basis of the opinion. No COMSOC doctor ever examined the man.

24. "Help urged for Victims of Environmental Illness" and "Despite coroner's urging, Ontario lacking policy on environmental illness", Christie Maclaren, Globe and Mail, 1990.

25. Memo from Bob Cooke, Director of Income Maintenance, to all regional offices on policies concerning delivery of services to the environmentally sensitive. (26 April, 1990)

26. CBC Film interview, Chris Brown with Ian Marriot, Health and Welfare, on the subject of worker's complaints about air quality at Terrasses de la "Shoddy Air".

27. CBOT, CKO, and the Winnipeg Sun responded.

28. Letters from Joe Clark, Monique Vezina, Tom McMillan, and others on the subject of my census boycott.

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29. Ad for "Fresh Air BRICK".
30. Audio tape recording of conversation with Suni Loccatelli, Prime Minister's Office, December 1986.
31. Letter from Vicki Huntington, assistant to Mr. Elmer Mackay, Minister of Revenue, (8 Dec 87) and news release - "Could the Taxman be More Humane than the Minister of Health?"
32. Letter from Jean Charest, (8 Dec 1987) indicating he had referred the concern to the PMO.
33. "Brief to the Parliamentary Standing Committee on Health and Welfare on Damages caused by the Department to the Environmentally Sensitive." Chris Brown, 1988.
34. Letter from Michael Cassidy, M.P., asking the Health Minister to deal with suffering caused by Health and Welfare having described the problem as psychosomatic.
36. Videotape of Global television story that states Health and Welfare would not take a position on sensitivities, when in fact Mr. Epp had stated sympathy for the problem some time before.
36. Registered letter to Dr. Maureen Law, former Deputy Minister of Health and Welfare, week of June 1st, 1988, asking her to produce the name of one doctor who disagreed with any point I had made in my presentation to the Standing Committee on Health and Welfare, after Health and Welfare was reported to have stated the matter I had brought forward was "deeply controversial in the medical community". (There was never an answer. Exactly one year later there was another recorded suicide.)
37. A. Letter from Mr. Gordon Fairweather to Chris Brown stating that increased scientific understanding is necessary before the human rights of the environmentally sensitive can be securely protected.  
  
B. Letter from Human Rights officer to Chris Brown stating that newspapers are not covered by Canadian human rights legislation.
38. Letter from Mr. Jake Epp to Mr. Maxwell Yalden, responding to questions other than the ones raised by Mr. Yalden.
39. "Milestones - the Progress of the Environmentally Sensitive", Chris Brown, 1988, commissioned by the Secretariat for Disabled Persons.
40. Documents obtained from Health and Welfare by Gord Douglas, special assistant to Sheila Copps, M.P. under access to information legislation.



41. Letter from Sheila Copps to Jake Epp, 17 May 89.