"MCS is also a direct threat to the profits of the chemical industry."

Thomas Orme, Ph.D., a proponent for the insurance industry, was seriously concerned about multiple chemical sensitivity (MCS) in 1994. However, his concern was not for those being injured by toxic chemicals, but rather that the injured were requesting that insurance companies cover the cost of treatment and were seeking payment through worker’s compensation and Social Security Disability programs when they became disabled. He was also fearful of the injured pressing for workplace and housing accommodations under the American’s with Disabilities Act.

Orme addressed the American Council on Science and Health saying, "The economic implications (of multiple chemical sensitivity) for many industries and insurance programs are potentially catastrophic. Unless the problem is properly addressed, the millions of dollars now changing hands through claims and lawsuits will become billions, wreaking havoc with many industries and insurance programs and ultimately raising costs to all consumers."

Indeed, multiple chemical sensitivity (MCS) does have a financial impact, much like that of any other health condition. However, MCS is also a direct threat to the profits of the chemical industry because the products the industry sells are the very toxicants that cause chemical injury and lead to MCS. And that was Orme’s biggest fear.

Rather than working on tighter chemical regulations to ensure public safety and reduce costs by reducing the numbers injured, Orme’s idea of "properly addressing" MCS was to simply claim MCS was a "perceived" allergy, a somatization that was not real and therefore required no costly treatment or accommodations. Chemical companies continued to injure others in the name of corporate profits, a classical case of corporate crime. Corporate crime is the unethical and/or illegal harm to the public by private and public interests.
Claims for insurance were labeled as "false claims" and providers who treated MCS were to be labeled as "pseudoscientific practices that constitute a serious problem in our society." Unfortunately, industry has significant funds to spread this disinformation to protect their financial interests. Though fading into the truth, some of these ideas are still alive and well today.

On March 20, 2008, ABC Nightline covered the story of Dr. William Rea, who runs the Environmental Health Center in Dallas, Texas. Rea, who treats patients with multiple chemical sensitivity, was set up by an insurance company through a false complaint filed with the Texas Medical Board (TMB). The TMB is now attempting to strip him of his license.

The Los Angeles Times covered a story on Deborah Rice, an award winning toxicologist who was terminated from an Environmental Protection Agency (EPA) expert panel on fire retardants under pressure from the chemical industry. Rice’s research studied low doses of the flame retardant in question and found neurological effects in lab animals. Labeled as “biased”, Rice was dismissed from the panel for speaking out for public safety after the American Chemistry Council, a lobbying group for the chemical industry, complained to a top-ranking EPA official.

The Environmental Working Group also uncovered pro-industry panelists, raising questions as to conflicts of interest. However, Rice has not been reinstated. A firm contracted to evaluate the reproductive hazards of chemicals for the National Toxicology program was fired when it was discovered that the firm had financial ties to over four dozen chemical companies.

Those who speak out to protect the public and treat the injured in honest appraisal have been systematically quieted since 1990 when the American Chemistry Council (previously the Chemical Manufacturers Association) set out to prevent the recognition of MCS through physicians to avoid loss profits. The corporate crime that manufacturers of pesticides, textiles, fragrances, and other chemicals have engaged in has one sole purpose... to make MCS go away and protect their profits.

Slowly but surely the sheer numbers of people with MCS, and those who treat them, are making progress to generate awareness of the real cause of MCS... chemical toxicants that cause injury. With ever growing numbers, industry attempts to silence the truth is being uncovered. It is only a matter of time before intelligent citizens begin to wonder why all the biological studies on MCS are not mentioned or labeled as “unscientific”, while weak claims to psychological origin are made without supporting scientific evidence... the sincerest form of quackery.
References


The corporate crime that manufacturers of pesticides, textiles, fragrances, and other chemicals have engaged in has one sole purpose... to make MCS go away and protect their profits.
Part 3
Real Life Critical Thinking

ABC’s recent episode of Nightline entitled Controversial Clinic for the 'Chemically Sensitive' provides a perfect opportunity for the practice of critical thinking. This month, we will critically evaluate the information presented in this story, which aired on March 20, 2008 and can be viewed online at http://abcnews.go.com/Health/story?id=4489265&page=1.

This story implies that Dr. William Rea's clinic, The Environmental Health Center in Dallas, Texas, is controversial. As a note of history, an insurance company filed a complaint with the Texas Medical Board (TMB) to avoid paying Dr. Rea's fees for two satisfied patients without their knowledge. Dr. Rea is currently under review by the TMB and could potentially lose his license.

Nightline began the episode with "What if you "thought" that the world around you was making you sick? If you "feared" that the house you live in, the car that you drive and everyday activities such as watching television and talking on a cell phone were making you ill? Dr. William Rea "says" he has treated more than 30,000 people, from all over the world, who "believe" the world around them has made them sick. Very sick."

The words "thought", "feared", "says", and "believe" set out to assert the opinion that the clinic is useless and the patients not sick before anything is covered. In doing so, members of the public are coerced and duped into a preconceived viewpoint without having all the facts. A story should be unbiased and examine the facts objectively and present a summary at the end.

The opening could have been objectified very easily if it had read "What if the world around you was making you sick? If the house you live in, the car that you drive and everyday activities such as watching television and talking on a cell phone were making you ill? Dr. William Rea has treated more than 30,000 such people, from all over the world." From their, both sides of the issue could be explored.

However, both sides were not explored. As a matter of fact, not a single piece of scientific evidence was presented to support the biological causation of MCS, and enough evidence does exist. To the contrary, Dr. Rea was questioned about why his studies were not published in peer-reviewed journals and he was shamed for not doing so and made to appear as those he never did any research. However, a internet search brings up numerous well cited papers by Dr. Rea.
On deeper investigation one finds that these journals Rea was chastised for not publishing in are owned by pharmaceutical companies who have a vested interest in publishing studies which show the effectiveness of their drugs. Since chemical sensitivity is not treated by drugs, these journals refuse to publish these studies. The pharmaceutical industry and chemical industry are intertwined. The chemical industry also has vested interest in not publishing studies on chemical sensitivity treatments because to do so would be, in essence, to admit that their products are harming human health.

Scientific journals "selectively" publish studies and it has long been known in the research community that it is very difficult to have genuine studies published about chemical sensitivity. Dr. Rea does studies on chemical sensitivity. Therefore, the argument that Dr. Rea should be discredited because his studies have not been published is misleading. Appeals of irrelevance attempt to sway the listener with information that, though persuasive, is irrelevant to the matter at hand.

If we employ critical thinking, it turns out that Kahn lacks credibility. Recall the tests of credibility: reputation, ability to see, vested interest, expertise, and neutrality. Dr. Kahn is a board certified allergist and immunologist. Kahn made a psychological diagnosis of "stress" for 30,000 patients without a license to practice psychology or a referral to a licensed provider, disqualifying his reputation. In addition, Dr. Kahn made this diagnosis without examining any of the patients, therefore he has no first hand knowledge, or ability to see. Kahn lacks expertise as he is a board certified allergist and the majority of the biological evidence related to chemical sensitivity indicates an origin in slow acetylation and inflammation, rather than allergy. Kahn's primary research interests include "mood disorders in asthma", thus disqualifying his neutrality and providing an explanation for his inappropriate sight unseen diagnoses of "stress".
Next we examine the attorney for the TMB, Mari Robinson. Robinson was quoted as saying, "We believe he (Rea) is posing a threat to the public health of the citizens of Texas." Robinson does not have a medical license, nor a medical degree. Rather, she holds a BA in Government from Angelo State University and a law degree from The University of Texas School of Law. Coming from a background in "civil litigation", Robinson is unqualified to make any decisions about medical practice. She lacks both expertise and ability to see. Being that she represents the TMB, an agency who decidedly has gone after all environmental medicine specialists, she has a vested interest in the demise of Dr. Rea and lacks neutrality.

What about the patient, Dr. Lisa Nagy? Nagy asserts that she had seen a psychologist for a year on a daily basis, thinking her chemical sensitivity was psychological. She is now back to normal thanks to Dr. Rea. Is she a credible source? Maybe, but Nagy is also an atypical patient. Upon doing some research, data supports that patients with MCS have do not have a higher rate of depression and/or anxiety when compared to people with other chronic illnesses, such as diabetes and cancer. The choice of Nagy as a patient may well have been made due to her psychiatric background in an attempt to discredit Rea and claim MCS is psychological.

One other patient was shown for a brief time stating that she knew she was dying before she met Dr. Rea. Other than that brief glimpse without explanation for why she was dying, the patient was not shown again. This tactic appears to have been an attempt to make it appear as though the patient was exaggerating and chemical sensitivity is not really that bad. However, we were not given enough information to make such a judgment. How was chemical sensitivity affecting this woman?

Lastly, an investigation reveals that the majority of ABC's advertising income comes from pharmaceutical and chemical industries. It appears ABC lacks credibility too. Since chemical sensitivity is not profitable and the treatment is not a drug, the pharmaceutical companies have vested interest in claiming the condition is psychological to sell psycho-pharmaceuticals. Likewise, the chemical industry has a vested interest in convincing the public their products are not harmful to health and the industry attempts to do just that by denying the existence of MCS.

Kahn believes chemical sensitivity is classical conditioning. However psychiatric drugs, deconditioning, and cognitive behavioral therapy don't improve chemical sensitivity. Rea's detoxification and antigen treatments do. Patient's just want to get better. Isn't that what counts? Or, is "first do no harm" a Hippocratic oath?

Critical thinking sorted out the bunk in this poorly researched and biased ABC Nightline episode.
Letter about air fresheners:

Dear XXX,

I recently had the opportunity to visit your establishment. I was dismayed to find air fresheners or plug-ins intentionally placed inside your business establishment and/or restrooms in the mistaken belief that they would make the establishment more appealing to buyers by covering up odors. The converse is true. I did not buy anything that day.

Air fresheners and plug-ins don’t actually freshen the air or eliminate odors. Rather, they permeate the air with a powerful synthetically derived chemical fragrance to cover up odors. They also contain chemicals designed to numb our sense of smell by deadening our nerves. In other words they add more odors in an attempt to mask lack of cleanliness at the expense of human health.

Many chemical toxicants are emitted during air-freshener use including "d-limonene, dihydromyrcenol, linalool, linalyl acetate, and beta-citronellol which were emitted at 35-180 mg/day over 3 days while air concentrations averaged 30-160 microg/m3" in a recent study. Recent news revealed dangerous phthalate levels in many air fresheners.

Maternal depression is also significantly associated with air fresheners.

Glade, which contains short chain aliphatic hydrocarbons can cause ventricular fibrillation and be fatal if inhaled.

In a 1997 study, emissions of "air freshener at several concentrations (including concentrations to which many individuals are actually exposed) caused increases in sensory and pulmonary irritation, decreases in airflow velocity, and abnormalities of behavior measured by the functional observational battery score."

Cleaning removes the source of odor. If something is clean there is no odor nor is there a fragrance. Often visible dirt can be seen despite fragrances in the air indicating a home or business is fragranced and dirty, rather than clean and fresh.

I wonder if you are aware of the dangers and possible lost sales this practice is causing? Many people, including myself would jump to shop at establishments that have not been damaged by air fresheners and plug-ins.

If you have any questions please don’t hesitate to contact me. I look forward to your reply and finding a resolution to healthier shopping for our future generations!

Sincerely,
Every spring, summer, and fall, trees, grasses, and weeds release tiny pollen grains, which hitch rides on currents of air and are supposed to fertilize parts of other plants. But many times they do not reach their target. Instead, pollen enters the noses and throats of people, and thus triggers pollen allergy, a sort of seasonal allergic rhinitis, which many people know as hay fever. Many things can cause allergy, such as foods, animals, insects, dust, medicines, which can be avoided to a great extent but pollen is one of the most common cause of allergy, there is really no easy way for avoiding, airborne pollen, even while staying indoors with the window closed when the pollen count is high.

Plain looking plants, such as trees, weeds, grasses, that do not have showy flowers, usually are the most common cause of allergic reactions. These plants make light, small and dry pollen grains that are transported by wind. Scientists have been able to collect ragweed pollen 2 miles high in the air and 400 miles out of sea, due to the fact that air born pollen can drift for many miles. It does not really do much good to get rid of offending plants in a given area. The majority of allergenic pollen comes from plants that produce it in enormous quantities. For instance, a single ragweed plant can produce a million grains of pollen a day.

The main factor that determines whether the pollen is likely to cause hay fever is the type of allergens in the pollen. For instance, even though pine tree pollen, which is produced in large amounts by a common tree, would seem to be a good candidate for causing allergy, it causes relatively little allergy due to the type of allergens in pine tree pollen, which appear to make it less allergenic. Although there are more than 1,000 species of grass in North America, only a few produce highly allergenic pollen. Ragweed is a major culprit, but there are other sources, such as sagebrush, Russian thistle (tumbleweed), lamb’s quarters, redroot pigweed, and English plantain.

Some trees that produce pollen are: mountain cedar, pecan, box elder, elm, ash, and oak. Some grasses are: sweet vernal grass, Bermuda grass, orchard grass, redtop grass, Timothy grass, Johnson grass, Kentucky bluegrass. Pollen allergy is seasonal in nature and people have symptoms only when the grains of pollen they are allergic to are in the air. Every year, each plant has a pollinating period which is more or less the same. Depending on the relative length of day and night, and thus on geographical location, a plant will start to pollinate. Weather conditions during pollination can affect the production and

Christiane Tourtet graduated with an Associate in Science and an Associate in Arts degrees, both with high honors, from Florida Junior College, and with a Bachelor in Arts, from Jacksonville University, Jacksonville, Florida. She is a well-known, writer, photo-journalist, photographer, poetess, former teacher and college instructor, radio producer/air personality, publicity model and television voice over talent and artist. Her biography has been included in numerous world wide publications, notably in Who’s Who in America and Who’s Who in the World, and as a role model for Society her biography has been published in the Millennium 54th Edition of Who’s Who in America which was chosen to be included in the White House Millennium Time Capsule.
"If the "cold" symptoms persist it is best to be tested for allergies.”

Many people are familiar with the pollen count from local weather reports, which measures how much pollen is in the air and represents the concentration of all the pollen or of a particular type, such as ragweed, in the air at a specific time in a certain area. Over 24 hours, grains of pollen are collected per square meter. Pollen counts have a tendency to be the highest in the early morning, on days that are dry, warm, and breezy, and lowest during periods that are wet and chilly. Even though pollen count is an approximate changing measure, it is useful for general guidance as to when it may be wise to avoid contact with pollen and stay indoors. Avoiding pollen, by moving to a place where the offending substance does not grow and is not in the air may offer only temporary relief because people sensitive to a specific pollen may develop allergies to new allergens after being exposed to them repeatedly. Allergy specialists usually do not encourage this approach, as relocating is not a solution that is considered reliable. There are other ways to reduce exposures to offending pollen, such as remaining indoors with all windows closed in the morning when the pollen outdoor is at its highest.

Windy and sunny days can be really troublesome. If you have to be outdoors, wearing a face mask designed to filter pollen out of the air and keep it from reaching the nasal passage would help. Planning a vacation at the height of the expected pollinating period, such as vacationing at seashore or on a cruise, may be an effective way to avoid pollen allergies.

Many people having allergy symptoms, such as the runny nose of allergic rhinitis, may think, at first, that they have a cold. But if the "cold" symptoms persist it is best to be tested for allergies. Allergists use skin tests to find out whether a person has IgE (immunoglobulin E) antibodies in the skin that react to a specific allergen. The weakened extract from an allergen is applied to a puncture made on the back or arm or is injected under the skin of the person. If the reaction is positive, a small, reddened and raised area called a wheal (hive) with a surrounding flush called a flare will show up at the site of the test. The size of the wheal is an important diagnostic clue for the doctor. However, a positive reaction does not necessarily prove that a particular allergen is the cause of symptoms. The reaction is an indication that there is the presence of an IgE antibody to a specific allergen, and that respiratory symptoms do not necessarily occur as a result of it. Skin testing is the least costly way to identify allergies.
Many people taking antihistamines have rather distressing effects, such as loss of coordination, alertness, and drowsiness. If it is not possible to adequately avoid airborne allergens, such as pollen, symptoms can often be controlled by medicines. You can buy medicines without a prescription that can give you relief of your allergy symptoms. However, if they cause unwanted side effects, such as sleepiness, or do not give you relief, then your health care provider may prescribe antihistamines, which for many years have proven useful in relieving sneezing, itching of the eyes and nose, and helping to reduce swelling and drainage of the nasal passages. However, many people taking antihistamines have rather distressing effects, such as loss of coordination, alertness, and drowsiness. Adults may mistakenly interpret such reactions in children as behavior problems. Antihistamines that cause less side-effects are usually available over-the-counter or by prescription. They are as effective as other antihistamines to prevent histamine-induced symptoms, and are non-sedative. And most of them do not cause sleepiness.

Your health care provider may prescribe topical nasal steroids, which should not be confused with anabolic steroids, which can have serious side effects and are used sometimes by athletes to enlarge muscle mass. The chemicals present in nasal steroids are quite different from those in anabolic steroids. Topical nasal steroids are medicines that are anti-inflammatory and stop allergic reactions. They can have side effects, but are usually considered safe when used at recommended doses. If you have moderate or severe allergic rhinitis, the combination of nasal steroids and of antihistamines is a very effective way to treat it. Cromolyn Sodium, when used as a nasal spray, may help prevent allergic rhinitis. It usually has few side effects when used as directed, and helps significantly to manage allergies.

Immunotherapy, or a series of allergy shots, is an available treatment that has a real chance for reducing your allergy symptoms over a long period of time. These injections done under the skin, of increasing concentrations of the allergen(s) you are sensitive to, reduce the level of IgE antibodies in the blood and make the body to produce a protective antibody called IgG.
Scientists are also, increasingly becoming aware of the role of environmental factors in allergies.

Approximately 85% of people with allergic rhinitis will see a significant drop in their hay fever symptoms and of the need for medicines within 12 months starting immunotherapy. The persons who benefit from allergy shots may continue for 3 years and may then consider stopping. Many people are able to stop the injections with satisfactory results that can last for years, however other people do get worse after the shots are stopped.

Although there are several factors that provoke allergic responses, scientists are fully aware that heredity plays a major role in determining who will develop allergies, and therefore are trying to identify and describe the genes that make a person susceptible to allergic diseases. They are also increasingly becoming aware of the role of environmental factors in allergies; and they are evaluating ways to control exposures to environmental allergens and pollutants in order to prevent allergic disease. These studies are very promising to improve the control and treatment of allergic diseases and give the hope that, some day, allergic diseases will be preventable.

Resource
U.S. Department of Health and Human Services, National Institutes of Health, National Institute of Allergy and Infectious Diseases.

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Editors Note
Not all conventional allergy treatments may be suited for individuals with co-occurring multiple chemical sensitivity. Please see your health care provider for evaluation and treatment. This article is not to be considered medical advice.
Fragrance Trespass

Keep Your Scents to Yourself! A Children’s Plea To Breathe!

by Julie Mellum

A recent Minnesota legislative proposal for a fragrance-free educational campaign in Minneapolis schools made waves across the nation and is applauded by students, teachers, and the media.

The intent is to discourage students and staff from wearing scented products that are a major source of toxic chemical inhalation which produce negative health effects, especially in children and those with asthma, lung disease, and heart disease.

Fragrance chemicals have been under the radar of even concerned environmentalists for decades even though legislation has been passed against industrial chemical trespass in many areas. More Americans are faced with air toxicants from secondhand fragrances that they are forced to breathe involuntarily from perfume, cologne, scented lotion, hairspray and gel, body wash, scented soap, scented laundry products, scented candles, and air fresheners.

Fragrance trespass is the involuntary deposition of toxic or potentially toxic fragrance chemicals within a human body. Most often this occurs when airspace is shared with those who use or wear fragrances.

Fragrances are now recognized as a major source of volatile organic compounds that contain many of the same cancer-causing toxicants that are in tobacco, wood smoke and vehicle exhaust, such as benzene, toluene and formaldehyde. Just as cigarette smoke penetrates the clothing of nonsmokers in a shared airspace leaving a stale smell, fragrances contaminate the clothing, hair, skin, and eyes of those who do not wear them.

Fragrances are comprised of volatile organic compounds that are derived from petroleum products and terpenes; few are “natural,” even if deceptively labeled “organic” and/or “non toxic.” Scented products are, in fact, one of the most prevalent indoor air pollutants in collective gatherings, such as schools.

Now that tobacco smoke has been banned in many states in bars and restaurants, it is paramount that awareness of fragrance trespass be mandated, if not regulated by law, in schools and other communal settings where airspace is shared.

Fragrances are replete with phthalates, hormone-disrupting chemicals that are implicated in reproductive defects that are becoming more common - especially in baby boys. Various states are attempting to ban phthalates, which are also in plastics.
“Fragrance trespass must be made illegal and clean air returned to school children.”

from children’s toys. But exposure to fragrances is far more pervasive than exposure to plastics. Fragrances are everywhere. Outdoor air is increasingly polluted from scented laundry products that spew into neighborhoods from dryer vents.

Knowing how fragranced products can cause harm to human health, it is time to take a serious look at limiting chemicals on our body that can also “trespass” into public airspace.

This Minnesota legislation has the ability to protect school children from unwanted fragrance trespass, therefore improving their health and school attendance. The right to breathe clean air should come right alongside the right to free speech as a basic civil right. No other person should be able to take that away through ignorance or negligence.

Our lawmakers need our support and encouragement to ensure that no individual is forced to endure fragrance trespass, especially our children in school, which they are required to attend.

Fragrance trespass must be made illegal and clean air returned to school children.

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Many chemicals normally regarded as safe have been shown to produce negative airway symptoms after contact.

Millqvist, a researcher from the Asthma and Allergy Research Group in Sweden, published a review covering the causes of increased airway symptoms from chemicals in the occupational environment.

Individuals exposed to organic solvents during work suffered from increased levels of nasal irritation when compared to those not exposed to solvents.

The subjects studied in Sweden experienced pronounced airway sensitivity. This was due to sensory nerve reactivity in the airway and associated with variations of nerve growth factor as a result of chemical exposure.

Brain scans also showed an increased activation of a certain part of the brain when under exposure to chemicals.

Chemical sensitivity exists in six percentage of the population of Sweden. Roughly 6.3% of the United States population is diagnosed with multiple chemical sensitivity (MCS), and another 8% report symptoms of chemical sensitivity.

There are more than 40 studies on MCS published from the United States, Canada, Europe, Japan, and Australia which have shown that most cases of MCS are initiated after one or more exposures to organic solvents and three classes of pesticides. In other words, an exposure to these chemicals triggers the beginning of MCS.

Symptoms of chemical sensitivity go beyond nasal irritation and include negative neurological, pulmonary, cardiac, and rheumatic health effects, among others.

Once initiated, the effects of chemical exposure are experienced when low levels of common environmental chemicals are encountered, including fragrances, cleaners, pesticides, and other petrochemicals at concentrations that are below regulatory toxicity thresholds and that are normally deemed as safe.

The more severe cases of MCS can be totally and permanently disabling.

The research of Millqvist provides a basis for solvents initiating chemical sensitivity and airway symptoms.

Reference
**The Lighter Side**

**Cartoon Creator**

Mike Adams

Societal Costs of Fibromyalgia

Fibromyalgia is a disorder classified by the presence of chronic widespread pain, often accompanied by fatigue.

Have you ever wondered what fibromyalgia costs society and sufferers? Researchers at Ghent University in Belgium did and what they found is alarming!

Costs before diagnosis were compared to later costs, assuming the diagnosis had never been made. Failure to diagnose true cases of fibromyalgia increases costs in excess doctor visits, investigations, and prescriptions.

The highest cost was for tests and imaging, followed by pharmaceuticals, referrals, and repeated office visits. These costs go beyond the fibromyalgia patient to society as a whole.

Since insurance providers are often burdened with the costs, insurance rates may increase for everyone. Longer waits to see busier doctors also impacts everyone when fibromyalgia sufferers are improperly diagnosed.

Therefore, the fibromyalgia diagnosis reduces resource use and increases savings.

Thinking logically, this would apply to nearly any medical condition. If a person is not feeling well, they will keep seeking answers, additional tests, and medical opinions in order to get better. All too often those who are high users of medical care are viewed as whiners, complainers, attention seekers, or malingerers, when in reality a medical condition is undiagnosed. Once the condition is diagnosed, costs go down, treatment ensues, and the patient returns to a more productive life. Everyone wins.

Unfortunately, some providers view patients with a myriad of complaints common in chronic illnesses, such as fibromyalgia, chronic fatigue syndrome, multiple chemical sensitivity, and other multi-system illnesses, as psychosomatic if the cause is not immediately found. It is not uncommon to have colon cancer and be told it’s “anxiety”. Nor is it uncommon to have Crohn’s disease and be told it’s “malingering”. Prescribing psychiatric drugs that make the patient’s condition worse draws out pain and suffering while increasing the societal cost burden.

Instead, medical providers need to be more aware of the various causes of symptoms and also be more open minded to ruling out all possible causes and listening intently to the patient with an open and believing attitude.

Patients should do their own research and advocate for themselves. Disorders like fibromyalgia need not impact life more than necessary or cost society burdensome amounts.

Reference
On February 19, 2008, John McKenzie reported on Carly Fleischmann, an autistic youth who is unable to speak and found her voice by communicating by typing on a computer.

This is exceptionally interesting and breaks through many of the barriers and misconceptions about autism, which has been correlated with symptoms of mercury poisoning.

Some believe that autism is not merely a behavioral disorder, that the behavior is a result of underlying physical anomalies. This young woman’s explanation of why she hits herself is outstandingly revealing and leads more and more to the belief that autism is physiological neurotoxicity and that many of the behaviors are responses to painful stimuli as perceived by the autistic child.

The feeling of ants crawling on one’s skin described in this story is related to a central nervous system (CNS) dysfunction. It is reminiscent of alcoholism.

Alcohol is a CNS depressant and when the body is used to having alcohol and suddenly a person stops drinking, the CNS rebounds from it’s depressed state to the opposite extreme, which creates the temporary sensation of bugs crawling on one’s skin. This lasts for a period of days or longer until the body returns to homeostasis.

When looked at as the reason for the behavior, it’s quite normal. If ants were crawling up your leg, would you not brush, slap, and maybe hit them off? It can only be imagined what increasing violence a child will use to hit himself as a result of the fact that the ants don’t brush off since they are not really there. The feeling of ants being there is due to CNS dysfunction and continues.

The symptoms of autism and mercurialism are nearly identical. It is easy to see and understand the "why" behind how autistic children appear to the rest of us when these children are compared with those who have had mercury poisoning.

It’s certainly not merely behavioral, though neurological damage may have occurred in severe autism.

When an autistic child screams and fusses at the phone ringing or the doorbell, those who have had mercury poisoning will confirm that the child’s autism is not behavioral. Those sounds cause physical pain that when mercury poisoned.
One woman who had mercury poisoning describes the pain as “feeling like jackhammers pounding on my skull. My landlord was mowing the lawn two floors below me and my head felt like it would explode from the sound of the lawnmower, causing me to bolt into the more sound isolated bathroom screaming in agony and holding my head just before bolting out of the house at top speed and charging up the block to get away from the painful stimuli. I can only imagine anyone observing would have though me mentally insane. The truth was that I was in the worst pain I’ve ever had in my life. That says a lot considering I’ve broken bones, participated in extreme weight lifting sports, split my skull open in an accidental fall, had stitches in my skull another time after breaking my clavicle in a biking accident. Those pains were nothing compared to what I experienced when I was poisoned... nothing!”

To this day, she cringes when she sees parents or caregivers act as though autism is just a behavioral problem and say things like "it's just the phone, stop it" instead of acting to protect the child from the painful stimuli with ear protection or by picking up the phone.

Autistic children will often scream and put their hands over their head and ears when near power transformers. The realization may be that these children may have electromagnetic field (EMF) sensitivity and the transformer could be causing physical pain.

You can’t judge a book by its cover. Our preconceptions about differences, as described by Carly Fleischmann in her writings portrayed in the video, are hurtful. Labeling people with mental illnesses who have physical disorders is hurtful.

The woman who had mercury poisoning recovered completely through chelation. She was never diagnosed with autism... but could she have been? Would she have been if she was a child that could not communicate effectively like the grown adult she was during this time of poisoning? And if she was, would she still be experiencing those symptoms as a result of misunderstandings and misperceptions? Would her behaviors be labeled as mental because “normies” did not understand the reasons for them, even though they were quite normal behaviors under the circumstance? Would she be sicker now instead of all better?

Food for thought. Thank you Carly Fleischmann for finding a way to speak to the world and sharing your story!

To watch the video and read about Carly, go to: http://abcnews.go.com/print?id=4311223
"Signed governor proclamations for MCS and/or toxic injury awareness."

Proclamations signed may be viewed on the pages that follow. All proclamations may be viewed and downloaded at: http://mcs-america.org/index_files/proclamations.htm

**March Signatures**

- **Kansas**: Toxic Injury Awareness and Education Month - May 2008
- **Michigan**: Toxic Chemical Injury Awareness and Education Month - May 2008
- **New Mexico**: Toxic Injury Awareness and Education Month - May 2008

**February Signatures**

- **Broward County, FL**: Multiple Chemical Sensitivity Awareness Month - May 2008
- **Colorado**: Multiple Chemical Sensitivity and Toxic Injury Awareness Month - May 2008
- **Connecticut**: Toxic Injury Awareness and Education Month - May 2008
- **Iowa**: Toxic Injury Awareness and Education Month - May 2008
- **Maine**: Toxic Injury Awareness and Education Month - May 2008
- **Montana**: Letter - Toxic Injury Awareness and Education Month - May 2008
- **Nebraska**: Toxic Injury Awareness and Education Month - May 2008
- **Oklahoma**: Toxic Injury Awareness and Education Month - May 2008
- **Wisconsin**: Toxic Injury Awareness and Education Month - May 2008

**January Signatures**

- **Washington**: Multiple Chemical Sensitivity Awareness Month - May 2008
- **Florida**: Multiple Chemical Sensitivity Awareness Month - May 2008
TO THE PEOPLE OF KANSAS, GREETINGS:

WHEREAS, People of all ages throughout the world have developed illnesses from Toxic Injury, illnesses, and disabilities from toxic exposures; and

WHEREAS, Toxic Injury is often characterized by medical intolerance to very small amounts of air pollution, petrochemicals, and other toxins found in our everyday products and environment; and it can be caused by short-term or chronic exposure to one or more chemicals, frequently pesticides and solvents. There are diagnostic codes readily available for toxic effects of many chemicals found in our everyday environment and surroundings; and

WHEREAS, Toxic Injury may include multiple, often disabling illnesses and can be life threatening. It is a chronic debilitating condition for which there is no known cure, causing serious detriments on society; and it is crucial for those suffering with Toxic Injury to have the support and understanding of their families, friends and society; and

WHEREAS, The prevalence of these illnesses and the lack of knowledge and qualified doctors warrant further education in this field for the public in general, future as well as practicing doctors, dentists, rescue personnel as well as other heath care, social service, rehabilitation, housing, architects, HVAC designers and installers building maintenance and cleaning personnel, school and employer/supervisory persons at schools, work places and public facilities and pest control personnel; and

WHEREAS, Further education is needed in this field for the public in general because the power of knowledge can save precious lives:

NOW, THEREFORE, I, KATHLEEN SEBELIUS, GOVERNOR OF THE STATE OF KANSAS, do hereby proclaim May 2008, as

**Toxic Injury Awareness & Education Month**

In Kansas and urge all citizens to join in this observance.

DONE: At the Capitol in Topeka under the Great Seal of the State this 3rd day of March, A.D. 2008

BY THE GOVERNOR:

[Signature]

Secretary of State

Assistant Secretary of State
Toxic Chemical Injury Education and Awareness Month

Whereas, People of all ages throughout the world have developed illnesses from toxic chemical injury, also referred to by some as chemically-induced illness; and,

Whereas, Toxic chemical injury is often characterized by heightened sensitivity to very small amounts of air pollution, petrochemicals, and other toxins found in our everyday products and environment; and,

Whereas, Toxic chemical injury may include multiple, often disabling illnesses, affecting the respiratory, central nervous, immune, musculoskeletal, porphyrin, energy metabolism, and endocrine systems and can be life threatening; and,

Whereas, Toxic chemical injury is a chronic, debilitating condition for which there is no known cure, causing serious financial, employment, learning, housing, health, social and other consequences; and,

Whereas, Invisible barriers stop those with chemical hyper-sensitivity from enjoying the same rights and privileges others take for granted, but given environmental controls and reasonable accommodations, many of the chemically ill could once again be self-reliant and financially independent; and,

Whereas, Those suffering with toxic chemical injury deserve the same rights, acknowledgement, respect, support and help given to those with other illnesses and disabilities; and now therefore be it,

Resolved, That I, Jennifer M. Granholm, Governor of the State of Michigan, do hereby proclaim May 2008 as Toxic Chemical Injury Awareness and Education Month in Michigan.
STATE OF NEW MEXICO  EXECUTIVE OFFICE  SANTA FE, NEW MEXICO

Proclamation

WHEREAS, many people of all ages throughout the world are affected by Toxic Injury, suffering from illnesses and disabilities related to toxic exposures; and

WHEREAS, Toxic Injury is often characterized by medical intolerance to very small amounts of air pollution, petrochemicals and other toxins found in homes, our everyday products and environment; and

WHEREAS, Toxic Injury is a chronic debilitating condition, which causes serious financial, employment, learning, housing, health, social and other consequences, and for which there is no known cure; and

WHEREAS, the prevalence of these illnesses and the lack of knowledge and qualified Toxic Injury doctors clearly warrant further education in this field; and

WHEREAS, there are diagnostic codes readily available for toxic effects of many chemicals found in our everyday environment and surroundings; and

WHEREAS, those suffering with Toxic Injury deserve the same rights, acknowledgment, respect, support and help allotted to other illnesses & disabilities;

NOW, THEREFORE I, Bill Richardson, Governor of the State of New Mexico, do hereby proclaim May, 2008 as:

“Toxic Injury Awareness & Education Month”

throughout the State of New Mexico.

Attest:  

Mary Herrera  
Secretary of State

Done at the Executive Office this 7th day of February, 2008.

Witness my hand and the Great Seal of the Great State of New Mexico

Bill Richardson  
Governor
It’s tax time and April 15th is a mere two weeks away. In my earlier career as an accountant, I was often asked questions about costly medical deductions. Many people have high medical costs that may be deductible, including those who were in accidents, had surgery, or suffer from conditions like fibromyalgia, chronic fatigue, multiple chemical sensitivity, and many other disabilities. Here are the answers to the most common inquiries:

**How much of my medical expenses are deductible?**
Total medical expenses are deductible only to the extent that they exceed 7.5% of your adjusted gross income. In addition, the total of your itemized deductions must exceed your stand deduction amount to be useful in reducing your taxes.

**Can I Deduct My Supplements?**
Generally, supplements are not deductible. For those who are able to itemize deductions, vitamins and supplements may be deducted if they are prescribed by a medical doctor for a specific medical condition, as opposed to being for general health.

**Is My Chiropractor Deductible?**
Yes, chiropractic care is a deductible medical expense. However, the IRS generally does not recognize alternative medical care as deductible.

**Can I Deduct Capital Expenditures for Making My Home Accessible?**
Yes, capital expenditures to make a home accessible are deductible if they are medically required. The expense is only deductible to the extent beyond that which it increases the property value. For example, if you install wheel chair ramps, they likely will not increase the value of the property since they are not needed by most. The cost would be deductible. However if you install air conditioning with a whole house air filter for a respiratory condition, only the difference between the cost and the increase in property value is deductible.

**What are the most often missed medical deductions?**
The IRS allows ten cents per mile driven to obtain medical care and pick up prescriptions. Keeping track of your medical and prescription travel can help increase your medical deduction. The IRS requires a written record of miles. The easiest way to achieve this is to write the miles driven down on the dated receipt for the services or prescription each time you go and add them up at the end of the year.

The costs paid for medical care of nondependent children claimed on another person’s return is deductible.

The cost for acquiring and upkeep of a seeing eye dog is deductible.

What do you mean you did not file your taxes? If you are retired, disabled, or low income and don’t normally have to file a tax return, you may qualify for free money from the IRS if you file this year.

The IRS will be issuing economic stimulus tax rebates to taxpayers across the country starting on May 2nd. The rebates will be based on 2007 taxes. Those who file and list direct deposit or direct debit information on their 2007 tax return will be the first to receive a rebate.

The general filing deadline for 2007 income taxes is April 15. If you file late or request and extension until October 15, your check/deposit will be delayed.

If you do not file a 2007 return, you will not get a rebate check. You must file to get a rebate check even if you are not required to file and/or only receive nontaxable Social Security.

Rebates will be issued on the following dates based on the last two digits of the primary taxpayers Social Security number.

**DIRECT DEPOSIT**

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<thead>
<tr>
<th>Last Two SSN Digits</th>
<th>Payment Deposited On</th>
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<tr>
<td>00 through 20</td>
<td>May 2</td>
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<tr>
<td>21 through 75</td>
<td>May 9</td>
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<tr>
<td>76 through 99</td>
<td>May 16</td>
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**PAPER CHECK**

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<th>Last Two SSN Digits</th>
<th>Check Mailed On</th>
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<td>July 4</td>
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<tr>
<td>88 - 00</td>
<td>July 11</td>
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</tbody>
</table>

It will be well worth filing for those who have at least $3,000 of income. While Social Security Insurance does not count towards income, Social Security Disability Insurance (SSDI) does. It is important to note that while SSDI is not taxable, it counts as nontaxable income to obtain a rebate and a return must be filed to claim the rebate.
The amount of the check will be as follows:

**If your 2007 Income Tax Liability is More Than Zero**

Joint Filers $1200 (or your net 2007 tax liability if lower, but at least $600)
Single Filers $600 (or your net 2007 tax liability if lower, but at least $300)

*If you receive a stimulus payment and have children on your return, you are eligible for an extra $300 per child.*

*If your income exceeds $75,000 ($150,000 if joint), your payment will be reduced.*

**If your 2007 Income Tax Liability is $0 and you had at least $3000 of income (SSDI included even though it’s not taxable)**

Joint Filers $600
Single Filers $300

*Note: If you receive a stimulus payment and have children on your return, you are eligible for an extra $300 per child.*

**If your 2007 Income Tax Liability is $0 and you had less than $3000 of income**

Joint Filers $0
Single Filers $0

Once again, rebates are only available if you file a tax return. For those on Social Security Disability Insurance, the nontaxable portion is reported on line 20A of form 1040. If that is your only income, the rest of the return is essentially all zero’s.

Don’t forget to list your direct deposit information on the return to speed up the receipt of your rebate. Those who provide bank account information will receive their rebates via direct deposit.

If filing a return is something you are unable to do on your own, most areas provide a free tax preparation service for the elderly and those with low income. If you need assistance locating one or have additional questions, please contact admin@mcs-america.org.

Now, what to do with that money… oh, right. Let’s go stimulate the economy. Spend, spend, spend!
Man-made menace (Polyester)
leftnm=5&subLeft=7&chklogin=N&autono=316969&tab=r

Don't panic, says lawyer in lawsuit over mold in Suffolk school
http://hamptonroads.com/2008/03/dont-panic-says-lawyer-lawsuit-over-mold-suffolk-school

Blocked study draws attention to PCBs
GPG0101/803150585/1207/GPGnews

MMR take-up 'lower among educated'
http://ukpress.google.com/article/ALeqM5i9EUHPHOxqRLFZ8TPSeL3XcQYt2Q

Toxic Planet, Toxic Birds, Toxic People?
http://www.gather.com/viewArticle.jsp?articleId=281479477285102

Scents making some students sick; Legislator proposes fragrance-free campaign
http://www.thesudburystar.com/ArticleDisplay.aspx?e=942644

Parents told to avoid lindane-laced lice shampoo
http://toronto.ctv.ca/servlet/an/local/CTVNews/20080315/lice_shampoo_080315/20080315/?
hub=TorontoHome

Using High Efficiency Particle Air Filters May Improve Cardiovascular Health
http://www.naturalnews.com/z022844.html

Suffolk teacher sues city for mold problems

Mercury in canned tuna: Think twice about that lunch
http://www.wfaa.com/projectgreen/greenarticles/stories/green080314_jb_tuna.536c9e4c.html

EFSA evaluates Southampton study on food additives and child behaviour

After attempt to clear air, perfume problem lingers
http://www.orlandosentinel.com/features/lifestyle/orl-fashqa1308mar13,0,1277625.column

Fetal mechanisms in neurodevelopmental disorders.


Department of Neurology and Developmental Medicine, Kennedy Krieger Institute, Baltimore, Maryland.

Normal development of the central nervous system depends on complex, dynamic mechanisms with multiple spatial and temporal components during gestation. Neurodevelopmental disorders may originate during fetal life from genetic as well as intrauterine and extrauterine factors that affect the fetal-maternal environment. Fetal neurodevelopment depends on cell programs, developmental trajectories, synaptic plasticity, and oligodendrocyte maturation, which are variously modifiable by factors such as stress and endocrine disruption, exposure to pesticides such as chlorpyrifos and to drugs such as terbutaline, maternal teratogenic alleles, and premature birth. Current research illustrates how altered fetal mechanisms may affect long-term physiological and behavioral functions of the central nervous system more significantly than they affect its form, and these effects may be transgenerational. This research emphasizes the diversity of such prenatal mechanisms and the need to expand our understanding of how, when altered, they may lead to disordered development, the signs of which may not appear until long after birth.

PMID: 18279750 [PubMed - in process]

A subset of fibromyalgia patients have findings suggestive of chronic inflammatory demyelinating polyneuropathy and appear to respond to IVIg.

Caro XJ, Winter EF, Dumas AJ.

Division of Rheumatology, David Geffen School of Medicine at UCLA, Los Angeles, CA, USA. xjcaro@earthlink.net

OBJECTIVES: The aetiopathogenesis of the fibromyalgia syndrome (FMS) remains unknown. Recent reports, however, suggest that a subgroup of FMS subjects has an immune-mediated disease. Therefore, our primary objective was to study FMS subjects for evidence of an immune-mediated demyelinating polyneuropathy. Our secondary objective was to determine the effects of treating these FMS subjects with the immune modulator, intravenous immunoglobulin (IVIg).

METHODS: Fifty-eight FMS subjects, 26 rheumatic non-FMS subjects and 52 non-rheumatic non-FMS subjects were studied. Subjective measures of paraesthesias, weakness, stocking hypaesthesia, pain, fatigue and stiffness were made. Objective measures of tenderness, proximal muscle strength and electrodiagnostic (EDX) evidence of polyneuropathy and demyelination were also made. Eleven other FMS subjects underwent sural nerve biopsy.

RESULTS: Paraesthesias, subjective weakness and stocking hypaesthesia were more common in FMS than in rheumatic non-FMS (P ≤ 0.0001). Proximal muscle strength was less in FMS than in rheumatic non-FMS (P ≤ 0.001). EDX demonstrated a distal demyelinating polyneuropathy, suggestive of chronic inflammatory demyelinating polyneuropathy (CIDP), in 33% of FMS subjects. No rheumatic non-FMS subject had polyneuropathy (P = 0.005), or demyelination (P = 0.05). Fifteen FMS/CIDP subjects were subsequently treated with IVIg (400 mg/kg each day for 5 days). Pain (P = 0.01), tenderness (P = 0.001) and strength (P = 0.04) improved significantly. Fatigue and stiffness trended towards improvement.

CONCLUSIONS: A significant subset of FMS subjects have clinical and EDX findings suggestive of CIDP. IVIg treatment shows promise in treating this subset. These observations have implications for better understanding and treating some FMS patients.

PMID: 18208823 [PubMed - indexed for MEDLINE]

The hygiene hypothesis and psychiatric disorders

Graham A.W. Rook, and Christopher A. Lowry

Centre for Infectious Diseases and International Health, Windeyer Institute of Medical Sciences, Royal Free and University College Medical School, 46 Cleveland Street, London W1T 4JF, UK. Department of Integrative Physiology, University of Colorado, Boulder, CO 80309-0354, USA

Available online 6 March 2008.

The hygiene hypothesis proposes that several chronic inflammatory disorders (allergies, autoimmunity, inflammatory bowel disease) are increasing in prevalence in developed countries because a changing microbial environment has perturbed immunoregulatory circuits which normally terminate inflammatory responses. Some stress-related psychiatric disorders, particularly depression and anxiety, are associated with markers of ongoing inflammation, even without any accompanying inflammatory disorder. Moreover, pro-inflammatory cytokines can induce depression, which is commonly seen in patients treated with interleukin-2 or interferon-α. Therefore, some psychiatric disorders in developed countries might be attributable to failure of immunoregulatory circuits to terminate ongoing inflammatory responses. This is discussed in relation to the effects of the immune system on a specific group of brain serotonergic neurons involved in the pathophysiology of mood disorders.

Trends in Immunology
Article in Press, Corrected Proof

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