

September 30, 2005

J. Edward Hill, MD
President & Executive Committee Member
American Medical Association
515 N. State Street
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312-464-5000

Dear Dr. Hill,

On June 18, 2000 the AMA signed an agreement with the Association of American Medical Colleges (AAMC) to transform the medical education process. The agreement was to maximize efforts to assure the public that physicians are prepared to meet the challenges of the upcoming century. One of these challenges is the ever-increasing chemical injury the American public suffers through over-exposure to toxic compounds.

MCS Awareness would like to petition both the AMA and AAMC to include extensive training in toxicology and environmental illness for all new physicians and required continuing education in these fields for all current, practicing physicians. Many of the illnesses in our society today are due to toxic overload from our environment. The sufferers of these conditions are unable to obtain qualified medical care. The majority remain ill and burdensome to society. More and more Americans are falling victim to Multiple Chemical Sensitivity (MCS), Chemical Injury (CI), Environmental Illness (EI), Asthma, Reactive Airway Disease, and other disorders of toxic origin. It is critical to the economics and global well-being in the upcoming century to have doctors well-educated in this area.

These illnesses pose a clear threat to our welfare, social security, and disability systems as patients often have difficulty finding trained practitioners to diagnose and treat them appropriately. Often, an incorrect diagnosis is made, furthering complications. Among those affected are young people with their whole lives ahead of them and much to contribute to society. Once injured, the prognosis for these patients is very grave indeed without help from physicians who are educated in repairing this kind of damage and preventing further injury. A physician who is not properly educated in toxicology and environmental medicine can, and often does, do more harm than good to trusting patients seeking wellness. *"The philosophy and techniques of environmental medicine developed over the last 25 years offers a means to scientifically investigate and treat patients affected by pollutants. This approach gives the physician valuable, accurate information in the pursuit of optimum health for these environmentally sensitive patients."*¹



*Multiple Chemical Sensitivity affects as much as 30% of the population worldwide!
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MCS/EI/CI is a large problem, affecting more of the population than modern medicine is currently prepared for. Even the National Institute of Health has recognized that pediatricians need training in Environmental Medicine.ⁱⁱ More and more federal agencies, states, cities, and other government departments are recognizing MCS via proclamations, executive orders, and ordinances. Proclamations have been issued in Florida Stateⁱⁱⁱ, Broward County, Florida^{iv}, Michigan State^v, Washington State^{vi}, and Louisiana State^{vii}, to name a few. Please see exhibit C for copies of these and other proclamations.

The State of Washington issued an Executive Order on January 28, 2004, outlining their plan to reduce the use of persistent toxic chemicals.^{viii} The order outlined a plan to ensure the State Procurement Office was able to buy alternative supplies. Each state agency was required to implement the plan no later than July 1, 2005. Washington State further implemented a law stating, *“The legislature finds that many Washington residents spend a significant amount of their time working indoors and that exposure to indoor air pollutants may occur in public buildings, schools, work places, and other indoor environments. Scientific studies indicate that pollutants common in the indoor air may include radon, asbestos, volatile organic chemicals including formaldehyde and benzene, combustion byproducts including carbon monoxide, nitrogen oxides, and carbon dioxide, metals and gases including lead, chlorine, and ozone, respirable particles, tobacco smoke, biological contaminants, micro-organisms, and other contaminants. In some circumstances, exposure to these substances may cause adverse health effects, including respiratory illnesses, multiple chemical sensitivities, skin and eye irritations, headaches, and other related symptoms.”*^{ix} Slowly, we are recognizing the dangers of common chemicals. People trust that they are safe to use and do not consider that using a little extra pesticide and a stronger solution of cleanser may, in combination, create a toxic soup. If the State of Washington recognizes this, it is time our medical system is prepared to handle it effectively as well.

Medical care needs to be accessible to people who develop MCS/EI/CI. Often, the family doctor does not know what to do and a specialist must be sought. These visits are expensive, often involve traveling, and may be out of reach for many patients. But what can patients do when it is the ONLY choice available? Physicians need more training and education in this area.

The Center for Occupational and Environmental Medicine (COEM), in practice since 1977 recognizes MCS/EI/CI.^x The United States Access Board has recognized a “fragrance free” policy during their board meetings.^{xi} Various studies have proven MCS was caused by chemical toxicity. For example, Bernard Windham in *The Health Effects of Toxic Pesticides* states, *“Lindane is a probable human carcinogen and damages the nervous system and endocrine systems of people and animals. Lindane has also been found to be a common cause of CFS, neurological problems, and multiple chemical sensitivities. Like most others on the list it is found in the milk and tissues of people and animals around the world.”*^{xii} Windham further found, *“In a population of German patients suffering from neurological problems and multiple chemical sensitivities, wood preservatives such as pentachlorophenyl were found to be the most common cause. Other common exposures that appeared to be factors in MCS included organic solvents, pyrethroids, and other biocides. Pyrethrum insecticides also have been found to have allergenic properties and*



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to induce asthma in susceptible people with at least one death. Animal studies have also found effects on fertility and fertility outcomes for pyrethrum and rotenone, as well as estrogenic and antiprogesteragenic effects that may contribute to reproductive dysfunction, developmental impairment, and cancer. ^{xiii}

Perhaps one of the most profound examples of a day in the life of an MCS/EI/CI patient is a publication by Independent Living Research Utilization (ILRU) entitled Understanding & Accommodating People with Multiple Chemical Sensitivity in Independent Living. ^{xiv} The author, Pamela Gibson, describes health care challenges for people with MCS, “*There is no training regarding MCS in medical schools, therefore, most physicians are unfamiliar with it. There is, however, a branch of medicine that does treat MCS. The work of Theron Randolph evolved the field of Environmental Medicine. Randolph did groundbreaking clinical work and found that many of his patients were allergic/sensitive to heating fuels, gas cooking emissions, and other environmental pollutants. He was then able to train other physicians and is the mentor of many of the environmental physicians practicing today. Some people with MCS seek help from these practitioners, although they are sparsely located and can be very expensive. Many with MCS report great benefit from this approach to treatment.*” ^{xv}

Dr. William Rhea provides a basic understanding of chemical injury when he writes:

“Any analysis of environmentally triggered disease and preventive health measures demands a comprehension of the following principles, which are crucial to the processes of diagnosis and treatment of these disorders.

The first principle is the fact that medical environmental technology lags far behind the development of technologies employed in the environment. Ignorance on the part of the public and medical profession regarding potential triggering agents in the environment often hides otherwise apparent cause-effect relationships and may well negate the effects of conventional treatment.

The second principle deals with the concept of total body load, the sum of all incitants, including pollutants, which the body has to handle in order to function. The importance of body load as so conceived lies in its ability to distort many bodily homeostatic mechanisms. The vast amount of environmental pollution, in the form of water systems overloaded with synthetic chemicals, contamination with pesticides and via food additives, and home environments corrupted with outgassing synthetics, has resulted in a tremendous increase in body load and a consequent distortion of the homeostatic mechanisms.

The third principle is that of masking, which occurs when an individual is repeatedly exposed to a substance to which he is susceptible. The repeated exposures cover up the cause-effect reactions, resulting in nonrecognition of the relationship. Following a period of avoidance, an unmasking effect occurs, whereby reaction to challenge, and hence a cause-effect relationship, may be clearly established. A comparable phenomenon is seen in drug addiction.



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Finally, the concept of bipolarity suggests that an individual may have an immediate stimulatory reaction to a substance, which is followed, after a variable interval, by noxious withdrawal symptoms which appear to be a function of the breakdown of the body's defense system. Examples of such phenomena are seen in narcotic, tobacco, and alcohol addiction. ^{xvi}

Understanding & Accommodating People with Multiple Chemical Sensitivity in Independent Living also states, "Another important concept of environmental medicine is called total load. The total load concept says that your body can only tolerate so many exposures before it reaches its limit, "filling up" with too many irritants." ^{xvii} Patients need to be tested for these irritants and advised to avoid them. Currently, physicians not only do not know how to test for these irritants... many have never even heard of MCS/EI/CI! This puts the patient in grave danger of mistreatment and further injury that may become completely debilitating and incapacitating. Patients are relying on physicians to have the answers!

We hereby petition for the following actions; (1) required additional education for all medical doctors in Environmental Medicine, (2) required additional education for all medical doctors in Toxicology, (3) a portion of the mandatory internship in the areas of Environmental Medicine and Toxicology before licensing, and (4) recognition of MCS/EI/CI by the AMA. We base our petition on an ever-increasing amount of evidence that MCS/EI/CI are becoming a common illnesses. Physicians of the future need to be educated to test for and treat this modern day ailment. The costs of not treating this condition include a heavy burden on welfare systems, social security disability, worker's compensation, temporary disability insurance, and other public systems. People with MCS/EI/CI want to get better, work productively, and contribute to society!

A sufferer of MCS myself, I recognize the impact it has on one's life, finances, and the whole economy. If doctors were educated and treatments found, people diagnosed with MCS would not need to rely on social security and welfare systems, thus reducing the burden to society and freeing government funds for other uses. There is only one clear choice, which is to endorse and educate physicians about MCS/EI/CI. We look forward to your reply! CC: AAMC

Sincerely,

Lourdes Salvador
Hawaii State Advocate

Also in the names of:

Steve Monroe, Washington State Advocate	steve4477@earthlink.net
Susan J. Pendarvis, Iowa State Advocate	sueoui@marshallnet.com
Sandy Mozingo, Washington State Advocate	plumsweetusa@yahoo.com



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Following pages contain :

References

Exhibit A

Exhibit B

Exhibit C

Sample MCS Proclamations



*Multiple Chemical Sensitivity affects as much as 30% of the population worldwide!
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The Environmental Aspects of Chemical Sensitivity
Available at: http://www.aehf.com/articles/env_aspects_of_cs.html
Accessed June 23, 2005
- ii U.S. Department of Health & Human Services. National Institute of Health News
Available at: <http://www.nih.gov/news/pr/oct2004/niehs-21.htm>
Accessed June 23, 2005
- iii Governor Jeb Bush. Florida MCS Proclamation
Available at: <http://www.nettally.com/prusty/forml.htm>
Accessed June 23, 2005
- iv Mayor Kriste Jacobs. Broward County MCS Proclamation
Available at: <http://www.nettally.com/prusty/formm.htm>
Accessed June 23, 2005
- v Governor Jennifer Granholm. Michigan MCS Proclamation
Available at: <http://www.nettally.com/prusty/formmm.htm>
Accessed June 23, 2005
- vi Governor Christine Gregoire. Washington MCS Proclamation
Available at: <http://www.nettally.com/prusty/formnn.htm>
Accessed June 23, 2005
- vii Governor Kathleen Blanco. Louisiana MCS Proclamation
Available at: <http://www.nettally.com/prusty/formrr.htm>
Accessed June 23, 2005
- viii Washington Governor Gary Locke. Executive Order 04-01
Available at: http://www.governor.wa.gov/actions/orders/eoarchive/eo_04-01.htm
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- x Center for Occupational and Environmental Medicine.
Diagnosis and Treatment of Occupational and Environmental Illnesses
Available at: <http://www.commonwealthcommunity.com/coem/#links>
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Understanding and Accommodating People with Multiple Chemical Sensitivity in Independent Living
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Understanding and Accommodating People with Multiple Chemical Sensitivity in Independent Living
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- xvi Dr. W.J. Rhea.
Environmentally Triggered Disorders.
Available at: <http://www.aehf.com/articles/A19.htm>
Accessed August 12, 2005
- xvii Independent Living Research Utilization.
Understanding and Accommodating People with Multiple Chemical Sensitivity in Independent Living
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“EXHIBIT A”

ICD-9 Codes = Chemical

272.7	Chemically induced lipidosis.
293.83	Mood Disorder with Depressive Features Due to Toxic Exposures
310.8	Cognitive Disorder Due to Neurotoxin Exposures
323.7	Toxic encephalitis.
349.82	Encephalopathy due to chemical toxin.
372.73	Conjunctival Edema - Chemosis of conjunctiva; Subconjunctival edema
380.22	Acute chemical otitis external.
506	Respiratory conditions due to chemical fumes and vapors.
506.0	Acute chemical bronchitis.
506.1	Acute chemical pulmonary edema.
506.3	Respiratory conditions due to chemical fumes and vapors, other.
506.4	Chronic pulmonary fibrosis from chemical fumes.
506.9	Respiratory conditions due to chemical fumes and vapors, unspecified.
530.1	Chemical esophagitis.
530.2	Chemical induced esophageal ulcer.
692.4	Contact dermatitis from chemical product.
796.0	Symptomatic drug toxicity from drug or poison – See Table of Drugs and Chemicals.
989.6	Toxic Effect Of Soaps And Detergent
989.4	Toxic Effect --Pesticides and many more with toxic effect e.g. solvents, petroleum etc.
E863	Accidental poisoning-agricultural/horticultural/pharmaceutical preparations, other than plant foods and fertilizers.
E980.7	Poisoning by agricultural and horticultural chem. and pharmaceutical preparations.
E997.2	Injury due to war operations by gases, fumes, and chemicals.
V82.5	Screening for chemical poisoning and other contamination.

“EXHIBIT B”

Additional Internet References

<http://chemicalsensitivityfoundation.org/index.html>
<http://chemicalsensitivityfoundation.org/wtc-healthregistry.htm>
<http://ciin.org/>
<http://consumerlawpage.com/article/gulfwar.shtml>
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<http://www.california.com/~hawk/MCS-Ammunition.htm>
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“EXHIBIT B”, page 2

<http://www.cdc.gov/nchs/icd9.htm>

<http://www.commonwealthcommunity.com/coem/#contact>

<http://www.disabledperson.com/articles/mcs2.asp>

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“EXHIBIT B”, page 3

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<http://www.panna.org/>

http://www.preventcancer.com/work/home/carcinogens_home.htm

http://www.princesstigerlily.com/mcs/mcs_by_area.html

<http://www.sustainableabc.com/ei.html>

<http://www.watoxics.org/pages/root.aspx>

<http://www.wtv-zone.com/infchoice/mcs.html>

“EXHIBIT C”

Proclamations

Since 1998, 16 states have issued MCS/Toxic Injury Awareness Proclamations

Connecticut - 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005

Florida – 2000, 2004, 2005 (Broward Co.)

Hawaii - 2001

Illinois – 1999, 2001, 2004

Kansas - 2001, 2002

Louisiana – 2004, 2005

Massachusetts – 2000, 2003

Michigan – 2000 (Detroit, Ann Arbor, Livonia), 2001, 2004, 2005

Minnesota - 1999

Missouri – 1998, 1999, 2001, 2002, 2003, 2004

Mississippi – 2000, 2001, 2002

New Hampshire - 2000

New Mexico – 1998, 1999

North Carolina – 1998, 1999, 2000, 2001, 2002, 2003, 2004

Ohio - 2001

Washington State – 1999, 2000, 2001, 2002, 2004, 2005

