

Eco-Sense



The Allergy and Environmental
Health Association of Canada
Ottawa Branch
Association allergies, santé et
environnement du Canada
Chapitre d'Ottawa

Detoxifying Our World:

- * Contaminated Well Water Close to Home
- * "No- Scents" Policies in Ottawa Hospitals
- * Sick Building Lawsuit Gets Green Light
- * Pyrethroid Pesticides and Your Health



In this Issue:

Features

Well Water Contamination	4
"No-scents" Guidelines Catching On	5
Sick Building Lawsuit Gets Go-Ahead: Interview	6
No-Smoking Bylaw Update	8
Sierra Club's Elizabeth May on Environmental Illness ..	9
Health Hazards of Pyrethroid Pesticides	10
Toronto Environmental Health Clinic Survey Results	12
Supporting Someone Who is Chronically Ill	14
Enzyme Potentiated Desensitization: Is it for You?	18
Germany Recognizes MCS	19

Fabric Softener: Why it's not so Bouncy	19
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Sections

President's Message	3
Meat Freezer News	5
Food for Thought--MMMmoose Stew	7
Health News Briefs	9
Library News	11
Classifieds	13
Web Wisdom	16
Consumer Corner	16
Book Reviews	17
Meeting Calendar	20

Eco-Sense

A quarterly publication of the Ottawa Allergy and Environmental Health Association. Reprinting of original articles is permitted with appropriate acknowledgment.

AEHA is a national registered charity operated by volunteers with branches in cities across Canada. Together we strive to promote awareness of environmental conditions that may be harmful to human health, and to bring individuals together for mutual support and education.

Join us! Membership is \$25 a year, and includes:

- access to informative meetings and workshops
- quarterly newsletter Eco-Sense
- access to an extensive book and tape lending library
- access to organic meats and wild game at reasonable cost.

Our Thanks

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Freedom to Choose Health Care:

KWINTER BILL UPDATE



BY BARBARA LEIMSNER

As I read recently about the alarming number of people who have reacted adversely to a new widely-used flu shot and died, I noted this ironic fact: traditional medicine kills many people every year as a result of the side-effects of drugs or drug combinations and physician error, and yet doctors who practice safe, effective “alternative” treatments are still being hounded.

We have seen first-hand that our access to “complementary” tests and treatments is being severely threatened by the systematic bias of the College of Physicians and Surgeons of Ontario’s processes. Many safe and effective “complementary” approaches that have helped us return to health and a productive life, but are by definition not the current “standard” of the profession as defined by the College, are considered by them illegitimate.

Despite a consistent record of good patient outcomes, doctors who use these methods are therefore still at risk of being found guilty of “professional misconduct” or “incompetence” by the CPSO for “failing to maintain the (unwritten) standard of practice of the profession.” The standard is interpreted not by professional peers of those practicing new and unconventional approaches, but by those of the College’s choosing who may have no expertise at all in the therapy and have been selected as a “peer” only because of their strong bias against “alternative” approaches.

How can patients be truly free to choose whatever kind of safe, effective therapy they want (which the College professes to support), if the doctors who provide many of the most effective but alternative treatments for these illnesses are harassed, intimidated and treated unfairly by their own regulatory body?

That is why the so-called Kwinter Bill or Bill 2, put forward by MPP Monte Kwinter for a third time, is so important to us. Bill 2, which appears about to pass in legislation as we go to press, will help protect our access to choice in health care. On December 13, 2000, a standing committee of the Ontario legislature voted to pass Bill 2 without amendment. It will now be on the Order paper for Third Reading. Already, the Province of Alberta and eight American states have enacted legislation that protects consumer access to “complementary” medicine provided by physicians, and British Columbia is currently considering a similar bill.

The Government of Canada (and by definition, the provinces and territories), is already signatory to the 1989 Helsinki Agreement of the World Health Organization, which serves to protect practitioners who employ experimental or non-traditional therapies or depart from prevailing medical practice, provided a treatment provides no greater risk to the patient’s health than prevailing treatments. Ontario’s legislation should be consistent with the Helsinki Agreement.

We must be able to choose physicians who can best advise us on the most effective therapies that are safe and beneficial. The Kwinter Bill is an important safeguard to our right to choose whichever health care approach is effective for us.

Special Thanks to all our Volunteers

I’d like to extend my special thanks to all those volunteers who work to make meetings happen, take care of signing up new members, get your newsletter out, look after our finances and displays, manage the library, the meat freezer and so on. Without you, there wouldn’t be a support and education group doing great work to get the word out. In the coming months, are you able to take on any work for your Association? Do you have an article to submit to Eco-Sense? An idea for a speaker? If you can contribute in any way, no matter how small, your efforts are always welcome. Here’s wishing you a happy, healthy New Year!

Your Indoor Environment:

WELL WATER CONTAMINATION HITS HOME

BY LYNNE J. STRICKLAND

Water quality has been making headlines with the tragedy in Walkerton, Ontario. The issue was the microbial contamination of a water system. Unfortunately, this kind of contamination is not the only one affecting Canadians.

In Beckwith Township, a rural community located about 35 minutes west of Ottawa, another water contamination story is playing out. This one, however, involves well water and predominantly two chemicals, vinyl chloride (VC) and trichloroethylene (TCE). VC is a known carcinogen and TCE is suspected to cause cancer. Both are volatile organic compounds and will release into the air—and that is where this water quality problem also becomes an air quality issue.

Drinking contaminated water is only one route of exposure. Studies have shown that inhalation and absorption of these chemicals during regular domestic practices such as showering and washing can also add significantly to the total exposure.

The origin of this contamination has been determined to be a landfill site used during the 1960s and 1970s and it is assumed these contaminants entered the ground at that time. Since these chemicals do not affect the taste or smell of the water, the contamination was undetectable to residents drinking and bathing in the affected water.

It wasn't until March 2000 that the chemicals were found when Beckwith Township requested additional testing for a proposed subdivision near the landfill. This "accidental" discovery led to extensive sampling and the mapping of what is now believed to be the largest plume of contamination in Ontario.

Within the plume, which stretches over 9 km from the source, are homes, businesses and a public school with nearly 600 students and staff. Over 230 homes in Beckwith have shown levels of trichloroethylene (TCE) or vinyl chloride (VC), with 87 homes having both.

Drinking water has been supplied to those with detectable levels of contaminants, as well as filters for those whose levels exceed the current standards. The number of those requiring filters has been increasing steadily, from a few in the spring to 40 at the end of November.

If you are on well water it is vital to be aware of what may be affecting your water source and to do everything you can to protect it. Well water is one of the least regulated sources, requiring only the potability test for E.coli and Total Coliforms. This is required only on initial drilling of the well, and on resale of the house. Ontario's newly initiated "Operation Clean Water", which increased the

required testing and reporting, is focused only on municipal and larger waterworks. For those who are dependent on well water, the responsibility for monitoring lies closer to home.

So, in addition to regular testing for coliforms, pay heed to old, existing and proposed landfills or dumpsites. And if a subdivision is being proposed in your area, be vocal about extensive testing—this would save many homes from being supplied with contaminated water and may offer insight into your own water.

As in most cases, there are many more sides to each story. In the case of the TCE contamination, widely different standards between Canada and the U.S. raise uncertainties about the safety of the less stringent standards in Canada.

If you have questions or would like more information, check out the Web site of the Beckwith Water Contamination Committee (BWCC) at www.beckwith-water.org.

As well, your local Health Unit and Ontario's Ministry of Environment will have information on testing requirements and availability.

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Danger in the air:

"NO-SCENTS" POLICIES AND GUIDELINES TAKING HOLD

BY JANE WILSON

What's the most dangerous room in the world? For some people, that room is about ten feet square, with metal walls and a low ceiling — an elevator. They can be literally trapped on an elevator when other people, wearing heavy fragrances, enter and stand beside them. Nowhere to go, no fresh air to breathe, until they can get off and then cope with symptoms such as shortness of breath, flushing, dizziness and mental confusion.

Perfumes are not made from crushed flowers anymore; today's scented products are a complex melange of chemicals. A single fragrance product such as perfume may contain as many as 600 individual chemical ingredients.

And fragrance is everywhere: the commercials on a single half-hour TV program promote a range of products from scented fabric softeners, detergents, cleaning solutions, spray air fresheners and the new crop of products designed to remove odours from fabrics. (Why don't they just launder the things?)

Combine the scents in these products with actual perfumes, men's after-shave or cologne, scented shampoos, soaps, and skin preparations, and the average person is confronted by fragrance day and day out.

So what's the harm? Environmentally sensitive people may react to the scents with a variety of symptoms. Health Canada, which regulates cosmetics and other products sold in Canada, has no formal policy on scented products. In correspondence from 1999 to the Canadian Cosmetic, Toiletry and Fragrance Association, the position of Health Canada's Laboratory Centre for Disease Control was this: "While Health Canada recognizes that a medical condition exists whereby certain individuals would appear to have certain sensitivities that manifest themselves from time to time, with no apparent reason, the etiology of this apparent sensitized state is hitherto unknown. In short, there is very little medical or scientific evidence at this time to support a link between MCS, ES and environmental exposure to any specific agent(s), be they in the form of industrial chemicals, food additives, scented products or otherwise." Health Canada goes on to say that it "continues to study" the phenomenon.

On the other hand, it is well documented that scented products, including cosmetics, can contain a number of chemicals that clearly are harmful. These include toluene, acetone, formaldehyde, benzene derivatives and chloroform.

A number of organizations have quietly gone about promoting guidelines for the wearing of scented products. Dalhousie University, for example, requests that "students, faculty and visitors refrain from using scented

products while in University buildings." This policy is part of their "Smoke-free, Scent-free Dalhousie" policy. Similarly, the University of Waterloo's Safety Office has a policy for employees experiencing a reaction to scented products worn by co-workers, which supports employee rights.

Ottawa Hospitals Go "Scent-Free"

In Ottawa, the Ottawa Hospital, General Campus, has a guideline for employees suggesting that they not wear scented products while at work. The Queensway-Carleton Hospital has gone several steps further: their "No Scents Make Sense" program features posters throughout the hospital requesting that staff and visitors not wear scented products to the hospital. Information given to patients prior to admission to hospital also requests that no scents be worn. The hospital also has a policy of choosing unscented or less scented products for hospital supplies, says Inez Landry of the hospital's Occupational Health department. "Our program isn't 100-percent successful," Landry says, "but we're working toward improving the environment for our patients and our staff."

Choosing safe products is a difficult task. Manufacturers are not required to put ingredients of cosmetic products on the labels in Canada, for example. As Paula Begoun says in her book, *Don't Go to the Cosmetics Counter Without Me*, "Food labels are incredibly important, as are skin-care labels. If a skin-care product says it is good for sensitive skin but contains products that are known to cause irritation, that is essential information."

Jane Wilson is an Ottawa-based writer specializing in writing about health care.

Meat Freezer News

Organic Meat/Wild Game Available

This fall, the AEHA received a plentiful supply of moose and some venison.

AEHA offers members* (when available):

Organic Meat (prices approximate)

- chicken: \$2.75/lb,
- lamb: \$5.00/lb, and
- baby beef: \$4.25/lb for most steaks and roasts, \$5.50/lb for T-bone steaks, and \$3.00/lb for ground meat.

Wild Game

- moose and venison: usually \$2.00/lb, ground \$1.00/lb.

For further details please contact Monique Rook at 613-256-5313.

Oui, je parle français.

Bernard Miller's Story:

SICK-BUILDING LAWSUIT GETS GREEN LIGHT BY SUPREME COURT

BY BARB LEIMSNER

Bernard Miller had complained repeatedly that the air in the building where he worked was making him ill when he worked as an interpreter for the International Civil Aviation Organization (ICAO), a United Nations organization, in Montreal. He worked in soundproof booths where the pumped-in air was toxic. The ICAO fired him in 1994 when he refused to come to work, and refused him compensation. Miller, 49, has been suffering from chronic fatigue, fibromyalgia, multiple chemical sensitivity and a seriously impaired immune system.

Last Nov. 1, Miller won the right to sue the federal government and the building owner for \$2.25 million, after nine Supreme Court judges ruled that the federal government cannot plead immunity from the civil action.

The building where Miller worked was leased by the federal government on behalf of ICAO from Monit International Inc. Miller sued the federal government and Monit in 1997. The government immediately claimed the suit had no standing in a Canadian court because Miller worked for a United Nations organization. The decision by the Supreme Court means the court has rejected the federal government's jurisdictional arguments and Miller can finally go ahead with his lawsuit.

When ICAO moved to a new headquarters in Montreal in 1996 built by the federal government, one reason it gave for the move was that the poor air quality in the old Monit building was making people sick. Miller's suit alleges that at least three ICAO employees have died of brain cancer cause by poor air quality at the agency's former headquarters. (With files from Montreal Gazette)

Eco-Sense editor Barbara Leimsner interviewed Bernard Miller last November in Ottawa about the case and what it means for others who have suffered illnesses caused by sick buildings.

Eco-sense: What is the importance of your case for all MCS sufferers who became sick because of sick-building syndrome?

Miller: My case is important for sick building sufferers, people who have acquired MCS and other environmental illnesses, including cancers, and for all people who breathe. The people in my workplace who believed least in the illnesses caused by the environment because they weren't getting sick, tended to be the ones who suddenly, after 15 years, got cancer and died. The ones who were getting sick on a day-to-day basis were ridiculed and trivialized by them. So this isn't just those people who were environmentally sensitive, which I always was.

The importance of my case for anybody who works in a building, for anybody exposed to environmental contami-

nants, is that when I win, it will establish a precedent. It will say that this person has come to court and provided irrefutable medical evidence of the damage caused by the documented presence of toxic chemicals in the working environment. That is a precedent that other people are going to be able to build from and use to prevent themselves and others from getting sick, to get compensation, to get treatment. Most importantly, to get prevention by the banning of certain substances, by changing the way we ventilate buildings, by changing how we build and operate buildings. So it has a lot of significance.

Part of the significance is as a human rights issue. At the moment there's the minority, who are being denied basic rights, but that minority will very quickly grow into a majority. We know that childhood cancers and childhood leukemias are on the increase. We know that this is the first generation whose parents grew up totally exposed to chemicals. And nobody is doing anything about it except those of us who are already so sick that we can hardly get through our daily grind.

Eco-Sense: Why did you decide to proceed with your case despite the fact that you were so sick and still are?

Miller: I was left with nothing. They had stripped me...not only was I fired, I was fired on health grounds, which within the U.N. system you can do; however, they must give a reason, and they have always refused to say what the health grounds were. When they fired me, under the rules of the U.N. pension system, they were supposed to do so, to propose me for disability benefit. They broke the rules and didn't do that. I wasn't eligible for any benefits in Canada. The day on which they fired me (although they didn't tell me this at my hearing for unfair dismissal or I would have raised it there), they wrote to the Quebec Healthcare Insurance Board to inform them that I was no longer an employee, therefore, my Medicare was to be withdrawn immediately. They also withdrew my status in Canada. I was a diplomat, and all of a sudden I had no known status. I had not come into the country illegally, but I had no legal basis for being here.

I had limited savings, which, I thought, I will spend on testing to prove the illness. And so I set off blithely believing it was just a matter of a few weeks and I'll get the test results, come back and show them, and they will pay the disability benefits that I'm entitled to. But far from doing that, as soon as I brought back the test results, they started introducing delays of one year, two years...reasons why they couldn't receive those test results. They have dragged it out for seven years. That's within the U.N. system.

My lawyer said, "Do you realize that you also have a

legal case against the Crown and the building owner?" I said, "There's not a hope in hell. I was working for the U.N. and they will simply claim that this is part of diplomatic immunity and that therefore, I'm not eligible to bring a lawsuit against the government." But he had written the U.N. and said that if they didn't hurry up and settle my internal claims, that I would have no alternative but to sue the government and the building owner, and he proceeded.

To my utter amazement, we have defeated them at the Supreme Court. I want to thank the government for fighting me all the way to the Supreme Court. It has established for the first time in the history of the United Nations that an international civil servant who is harmed by the actions of the host government can actually take legal action against the host government.

I'm a non-confrontational and non-litigious person. I've always given up and walked away from big fights and big arguments that involved me. This one was too big. Over 30 of my colleagues are dead. I don't know how many of my former colleagues are sick, but I can't afford to let what happened to me happen to other people. I have now come to the conclusion that when I complete this case, if I die in court on victory, or die the following day, that's fine. But I'm not giving them the satisfaction of dying the day before and having the case end. So it has become a personal mission, a personal campaign, which I hope will ultimately contribute to saving a lot of other people."

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Food for Thought and Health

MMMMmmm...Moose

The AEHA meat freezer now has a plentiful supply of moose roasts, steaks and ground moose from the Bancroft area.

If you have never tried moose but are concerned it might have a "gamey" taste similar to venison, think again! Moose is much like beef in texture and taste, only without all the fat and the bovine growth hormones and antibiotics! Some people say it tastes even better. Here are a few recipes to get you started.

Moose Stew

6 Tbsp. oil
 3 lb. moose, cut in 1" cubes
 1 cup chopped onion
 1 cup sliced celery
 1-2 cloves garlic
 1 1/2 Tbsp. sea salt
 1/4 tsp. pepper or cayenne
 1/8 tsp. thyme
 1 bay leaf
 1 cup tomato sauce or 4-5 Tbsp. tomato paste
 3 cups water
 6 medium potatoes
 6 medium carrots
 1-2 cups frozen peas
 1-2 Tbsp flour (arrowroot is good)
 2-3 Tbsp. cold water

In hot oil, brown moose meat well on all sides. Remove and set aside. Add onion and celery and sauté until tender - about 8 minutes. Return moose to pot. Add garlic, salt, pepper or cayenne, bay leaf, tomato sauce, and liquid. Bring to a boil. Reduce heat and simmer, covered, for 1 1/4 hours. Add potatoes and carrots. Simmer, covered, one hour longer. Add peas and simmer for another 20 minutes or until tender. Mix flour and cold water and stir into mixture to thicken. Return to stove and simmer, covered, for 10 minutes. Serves 6 to 8. Freezes well. (contributed by Barb Leimsner)

Moose Meatballs

2 lbs meat (beef or moose or deer)
 1 tsp unrefined sea salt
 1/8 cup wine vinegar
 8-10 cut up and stewed tomatoes (or canned)
 1 tsp worcestershire sauce
 1 tbsp maple syrup
 1 tsp prepared mustard
 1 tsp chili powder
 1 clove garlic

Shape meatballs and cook in a pan (since there is little to no fat in moose, add a bit of water to the pan as required) or bake in oven until fully cooked. In the meantime combine the remaining ingredients in a pot or slow cooker. Add cooked meatballs to the sauce and allow to simmer at low until ready to serve (usually a few hours - this way the meat balls are more flavourful). (contributed by Monique Rook)

Health Group Pursues Smoke-Free Ottawa

BY CARMELA GRAZIANI

If the Ottawa-Carleton Council on Smoking and Health (OCCSH) has its way, the new City of Ottawa will be 100% smoke-free by summer.

The OCCSH will lobby the new City Council to harmonize no-smoking bylaws passed last year by five of the 11 former municipalities of Ottawa-Carleton. Nepean, Kanata, Gloucester and the Township of Rideau passed bylaws banning smoking in restaurants, bars, billiard halls, bingo halls and bowling alleys by May 31, 2001. Ottawa passed a similar by-law, opting to ban smoking in bars by 2003. However, the bylaws will permit smoking in "designated smoking rooms" (DSRs)—fully-enclosed and separately-ventilated areas.

The OCCSH wants the new City Council to eliminate DSRs and to completely ban smoking in all public places and workplaces. If the bylaws are not harmonized, some businesses will have an unfair advantage over those that do not have the floor space or the money to build DSRs. More importantly, many workers will not be protected. Studies by Health Canada and others show that ventilation systems in DSRs are ineffective; they remove some of the odour, but they do not remove the deadly chemicals in secondhand smoke. The OCCSH believes that both white-collar workers and service workers have the right to work in smoke-free environments. They both need equal protection under the law.

Secondhand smoke poses a serious risk to 25 per cent of Ottawa's population suffering from heart and lung diseases (as well as those with environmental sensitivities). The 75 per cent non-smoking "silent majority" in Ottawa, among them children, workers and patrons, has the right to protection from this health hazard. Smoking is banned in food courts, shopping malls, hairdressing salons and banks in Ottawa.

The former municipalities of Ottawa, Nepean and Kanata banned smoking in all common areas of multi-residential buildings, including lounges, hallways, stairwells and elevators. The former municipality of Ottawa also banned smoking in recreation centres. This is a good start, but we need a complete ban in all public places, including restaurants, bars and bowling alleys.

Our new City Council faces many responsibilities. The OCCSH urges our newly-elected Councillors to make clean indoor air a top priority. If you want to live in a Smoke-Free Ottawa, contact your City Councillor and ask him or her to support a 100% smoke-free by-law that does not permit DSRs.

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Society in denial: we're all at risk

SIERRA CLUB'S ELIZABETH MAY SPEAKS OUT...

The following is an excerpt from the Winter 1999/00 Update, the publication of the Nova Scotia AEHA, based on an interview with Elizabeth May, an environmentalist, writer, activist and lawyer. She is first holder of the Elizabeth May Chair in Women's Health and the Environment at Dalhousie University, and is Executive Director of the Sierra Club of Canada. She will be speaking on "Detoxifying Our World" at the AEHA's Feb. 15 meeting.

"Environmental illness shouldn't be seen only as an illness of those who get it. When you have this number of people who are debilitated just trying to live in this world, you realize that it should be viewed as a harbinger of very, very serious damage. These are people who, as far as we can see, given the same physiology and everything else the same about their lives, but in the

environment the way it existed 40 years ago, probably wouldn't have been sick. And that's the astonishing thing, that society sort of accepts that and adapts and says: 'so now we have something else to work on — environmental illness,' as if it's just another disease. Instead, we should be viewing this as an enormous wakeup call that we are poisoning the environment to such an extent that as a routine matter, people are too sick to work!

I think environmental illness is symptomatic that the environment is poisoned in a way that is ubiquitous, insidious...We should have a world that is both free from preventable, infectious illness through basic hygiene and measures like sewage control, and at the same time, not have diminished well-being from exposure to toxic chemicals."

Health News Briefs

Rampant use of hormones in Canadian beef, pork a health threat: EC

A European Commission (EC) audit of Canada's food-inspection system raises serious questions about the safety of meat, saying it is laced with cancer-causing hormones and other drugs that could be harmful, particularly to children. Canadian cattle producers use several growth hormones and antibiotics banned in Europe as carcinogenic, including estradiol, estradiol benzoate, testosterone propionate and others. The EC inspectors conclude "There is clear potential for adverse effects on human health arising from the presence of residues of these substances in Canadian food..." They also question the competency of the Canadian Food Inspection Agency and the Health Products and Food branch of Health Canada, pointing to "very serious deficiencies" in the regulatory framework and testing and tracking methods. They also criticized Canadian legislation for not requiring mandatory testing of residues including hormones. In response to the findings, Canadian health and consumer groups called on the federal government to return to its proper role as guardian of public health.

The Globe and Mail, Nov. 20, 2000

Common Pesticide Linked to Parkinson's

A U.S. study published in the journal *Nature Neuroscience* found that a common organic pesticide used by gardeners across Canada causes the classic symptoms of Parkinson's disease in rats. The study supports the growing belief among scientists that chronic exposure to pesticides may contribute to the incidence of Parkinson's among humans. About 100,000 Canadians suffer from the brain disease, which has no cure and is usually fatal.

Researchers from Emory University in Atlanta, Ga. have shown the widely-used pesticide, rotenone, can destroy neurons in the brain area that controls movement. Rotenone is contained in hundreds of common garden products. Sometimes sold as a white powder, it is often used on tomatoes, pears, apples and roses. Common brands

in Canada that contain rotenone include Curex Flea Duster, Chem-mite and Green Cross Warble Powder. Originally thought to be genetic, scientists now suspect pesticides and environmental toxins in Parkinson's. A study presented to the American Academy of Neurology found Parkinson's patients were twice as likely to have been exposed to home pesticides.

National Post, Nov. 6/00

Poultry Target of Antibiotic Ban

The U.S. government is proposing to ban two antibiotics given to poultry because of evidence their use is causing people to get sick from drug-resistant bacteria. The U.S. Food and Drug Administration says the drugs, known as fluoroquinolones, are a "significant cause" of infections in humans by antibiotic-resistant campylobacter bacteria, a pathogen contracted primarily by eating chicken. Illnesses caused by the resistant bacteria are increasing.

This is the first time the U.S. government has pulled any drug to combat infections that have grown resistant to antibiotics. Public health officials fear resistance to antibiotics is threatening to render penicillin and other infection-fighting drugs ineffective. Resistance develops when antibiotics are overused, both by doctors treating people and by farmers treating livestock. About 40 per cent of America's antibiotic use is in livestock.

Associated Press, Oct. 28, 2000

Health Canada to Study Dangers of Cosmetics

Health Canada is so concerned about the effects of cosmetics, it plans to launch a program to examine the safety of make-up and personal care products. Very little is known about the cumulative effects of the chemicals in cosmetics, says Hugh Davis, senior Health Canada official responsible for cosmetics. "We are getting concerned with the long-term, low-level toxicity of these products." Davis called existing regulations "archaic", saying Canada was the only western country that didn't have mandatory ingredient disclosure. Proposed new regulations call for mandatory disclosure of all contents in cosmetics. As well, the "hot list" of 93 cosmetic ingredients now banned or restricted could increase to 450, reflecting current European standards.

Canadian Press, Oct. 2000

Medical Studies Show Health Hazards from Pyrethroid Pesticides

Sumithrin (Anvil), resmethrin (Scourge) and permethrin (often used in household bug sprays) each belong to a class of pesticides known as pyrethroids. Sumithrin and resmethrin were not among the pyrethroids specifically studied in all medical studies reported here, but these pesticides are closely related.

Links between pyrethroids and breast cancer

Several studies indicate pyrethroids disrupt the endocrine system by mimicking the effects of the female hormone estrogen. This, in turn, can cause breast cancer in women and lowered sperm counts in men. When estrogen levels are elevated, old cells are not removed from the body and cell proliferation occurs, whether benign or malignant.

A Mount Sinai School of Medicine study examined four pyrethroid pesticides, including sumithrin. It concludes: "Overall, our studies imply that each pyrethroid compound is unique in its ability to influence several cellular pathways. These findings suggest that pyrethroids should be considered to be hormone disruptors, and their potential to affect endocrine function in humans and wildlife should be investigated." [Environmental Health Perspectives, vol. 107, no. 3, March 1999, pages 173-177.]

The Roger Williams General Hospital, Brown University study on pyrethroids concludes: "Chronic exposure of humans or animals to pesticides containing these compounds may result in disturbances in endocrine effects." [Journal of Steroid Biochemistry, March 1990, volume 35, issue 3-4, pages 409-414.]

A report issued in June 2000 by the Royal Society in England and written by a group from Cambridge University called for international cooperation to deal with the dangers posed by endocrine-disrupting chemicals, including pyrethroids, and recommends reducing human exposure to these chemicals.

Links between insecticides and testosterone decreases

University of Greifswald: Several pesticides used as herbicides, insecticides and fungicides known to be endocrine disrupting chemicals were examined in this series of German studies. Acute and chronic pesticide exposure led to changes in sex hormone concentrations, with concentrations of testosterone decreasing one day after acute exposure. These studies found "a hormonal and immune suppression after acute exposure." ["Disruption of male sex hormones with regard to pesticides," Toxicology Letters, June 30, 1999;107(1-3):225-31]

Links between pyrethroids and childhood brain cancers

A study of pesticides and childhood brain cancers has revealed a strong relationship between brain cancers and compounds used to kill fleas and ticks, according to a

report published in Environmental Health Perspectives. The study concludes "The specific chemicals associated with children's brain cancers were pyrethrins and pyrethroids (which are synthetic pyrethrins, such as permethrin, tetramethrin, allethrin, resmethrin and fenvalerate) and chlorpyrifos (trade name: Dursban)." [Janice M. Pogoda and Susan Preston-Martin, "Household Pesticides and Risk of Pediatric Brain Tumors," Environmental Health Perspectives, vol. 105, no. 11 (November 1997), pages 1214-1220.] The EPA, in June 2000, halted sales of Dursban.

Links between pyrethroids and neurological damage

Several studies have indicated neurological damage resulting from exposure to pyrethroids, and some of the damages have been found to be long-term. A study, conducted by the Physiological Institute at Ludwig Maximilians University in Munich, Germany, found that although "a majority of complaints following an acute pyrethroid intoxication disappeared after the end of exposure," several effects were still seen in patients after more than two years. Among these long-term symptoms were "(1) cerebro-organic disorders (reduced intellectual performance with 20%-30% reduction of endurance during mental work, personality disorder), visual disturbances, dysacusia, tinnitus; (2) sensomotor-polyneuropathy, most frequently in the lower legs; (3) vegetative nervous disorders," including increased heat-sensitivity and reduced exercise tolerance due to circulatory disorder. The study concludes "Many of these patients exhibit pathological autoimmune diagnostical findings and developed autoimmune diseases." [Toxicology Letters, 1999 June 30;107(1-3):161-76.]

A study, conducted by the Department of Environmental Toxicology at Uppsala University in Sweden studied mice, not humans, but found that "low-dose exposure" to pyrethroids "resulted in irreversible changes in adult brain function in the mouse" when exposed during the growth period. This occurred at levels of exposure less than what was found to affect adult mice. The study also found "neonatal exposure to a low dose of a neurotoxic agent can lead to an increased susceptibility in adults to an agent having a similar neurotoxic action, resulting in additional behavioral disturbances and learning disabilities." [Neurotoxicology, 1997;18(3):719-26.]

A series of investigations conducted at Northwestern University Medical School's Department of Molecular Pharmacology and Biological Chemistry in Chicago, has found neurological damage from pyrethroids. One study, conducted by international expert Toshio Narahashi, finds nervous-system damage from pyrethroids to be comparable to DDT. This study found that "Detailed voltage clamp and patch clamp analyses have revealed that pyrethroids and DDT modify the sodium channel to

remain open for an extended period of time." The result of this damage is "potent effects on the nervous system." ["Nerve membrane ion channels as the target site of environmental toxicants," Environmental Health Perspectives, 1987 April; 71:25-9]. A separate study found that pyrethroids cause "membrane depolarization, repetitive discharges and synaptic disturbances leading to hyperexcitatory symptoms of poisoning in animals." This study found that only 1% "of sodium channel population is required to be modified by pyrethroids to produce severe hyperexcitatory symptoms." ["Neuronal ion channels as the target sites of insecticides," Pharmacol Toxicology, 1996 July; 79(1):1-14.]

Links between pyrethroid insecticides and thyroid damage

A study conducted by four scientists on a variety of pesticides found a connection to thyroid damage, although this study was conducted on rats and not on humans. The study concludes "exposure to organochlorine, organophosphorus, and pyrethroid insecticides for a relatively short time can suppress thyroid secretory activity in young adult rats." The study also said a decrease in body weight seen "suggests that pyrethroid insecticides can inhibit growth rate." [Journal of Applied Toxicology, vol. 16, no. 5, pages 397-400, 26 references, 1996.]

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Library News

The library is currently located at the home of Frances McInnes at 2270 Kipling Street in Alta Vista. It is accessible off Heron and Walkley Roads and Kilborn Avenue.

Please call 731-7338 for an appointment to visit the library or to request a book. There is an answering service that requires six rings before it is activated, so please be patient.

To borrow a book one must be a member in good standing. Books are loaned for a maximum of one month. The loan period for recent acquisitions may be shortened depending on the demand. If prior arrangements are made, books may be picked up from and returned to the Librarian at AEHA meetings.

Donations of books to the library on topics in keeping with the AEHA goals and of interest to members are most appreciated. A thank you goes to the following book donors:

Barbara Leimsner for *Silent Spring* by Rachel Carson.
Elizabeth Taylor for *Allergic To The Twentieth Century* by Peter Radetsky.
SMITHBOOKS, # 320 Heron Gate Mall, 1670 Heron Road, for *Free To Fly*.
A Journey Toward Wellness by Judit Rajhathy.

RECENT LIBRARY ACQUISITIONS:

Book Title	Author
The Feminization of Nature	Cadbury, Deborah
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Tired or Toxic	Rogers, Sherry
Allergies - Disease in Disguise	Bateson-Koch, Carolee
Dentistry Without Mercury	Ziff, Sam & Ziff, Michael
The Rebellious Body	Wittenberg, J. S.
Natural Hormone Replacement	Wright, Jonathan
I'm Sorry, But Your Perfume Makes Me Sick	Glenn, Kathy
The Wisdom of Healing	Simon, David
The Body Ecology Diet	ates, Donna with Schatz, Linda
Prescription for Nutritional Healing	Balch, James & Balch, Phyllis
Prescription for Dietary Wellness	Balch, James & Balch, Phyllis
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Sick and Tired of Feeling Sick and Tired	Donoghue, Peter & Siegel, Mary
Allergic To The Twentieth Century	Radetsky, Peter
The Ultimate Nutrient Glutamine	Shabert, Judy & Ehrlich, Nancy
The Heart Revolution	McCully, Kilmer
I was Poisoned by My Body....	Gilbere, Gloria
Casualties of Progress	Johnson, Alison
Gulf War Syndrome (video)	Johnson, Alison

Toronto Environmental Health Clinic Study

NEED FOR MORE EDUCATION FOR DOCTORS AND PATIENTS

The Environmental Health Clinic at Sunnybrook and Women's College Health Sciences Centre conducted a study over the past year to help the clinic in prioritizing our clinical, educational, resource/referral and research services. The study involved a survey, focus groups and telephone interviews to determine the needs of our patients and others across Ontario with environmental sensitivity disorder (ESD), chronic fatigue syndrome/ M.E. and Fibromyalgia (FM). This article will cover the highlights of our findings.

The results reflect the responses from 487 survey participants, three focus groups and 14 telephone interviews. Seventy-nine per cent of respondents had ES, and 47% each had CFS and/or FM. This is reflective of other studies that show an overlap of symptoms from the three conditions.

Demographics

Eighty-six per cent of the survey respondents were female, the mean age was 49 and 31% had completed university. Most significant, 30% had a total household income of less than \$20,000 per year and 22% received under \$12,000 yearly.

Employment

In our focus groups, one of the key areas of concern was a decreased ability to work with resulting financial problems. In our survey, only 22% of the respondents listed employment as their main source of personal income, 42% had reduced their hours of work, 57% were off work due to disability and 89% noted that their ability to work had changed as a result of their ESD, M.E. and/or FM. Many participants in the focus groups and interviews talked about the difficulty in dealing with financial problems and insurance companies when their health was already compromised.

Use of the Health Care system

Seventy-five per cent of respondents had been to their family physician in the past year with an average of six visits per year. The total number of visits to all health care practitioners including specialists, psychologists, dietitians, massage therapists, occupational therapists, physiotherapists, chiropractors, homeopaths, naturopaths and acupuncturists was 30 visits per year. This shows a high use of the health care system, which, in our experience, often results from patients going to several doctors to get a diagnosis, use of different health care practitioners for ongoing care and the chronic, relapsing natures of these conditions.

Satisfaction with Family Doctor

Seventy per cent of the respondents were somewhat satisfied to very satisfied with their family doctor. The other 30% were not satisfied, with the major complaint being "the doctor doesn't know (about ESD, M.E. or FM)."

Educational Needs

We heard that doctors, both GPs and specialists, need more education on all of these conditions; several individuals noted that this is the most pressing need. Other health professionals that need education are home care workers, psychologists, dentists, occupational therapists and physiotherapists. Schools need more information, as well as workplaces and insurance companies. All of the participants noted that family and friends need more education on these illnesses to be truly supportive. Not surprisingly, those with ESD mentioned the need for more public policy regarding scent-free spaces.

The overwhelming message that the participants wanted to convey to others was that "this is a real illness." There was much discussion about the chronic nature of the illnesses, the cognitive impairment, the debilitating effect on all areas of one's life and the changing symptoms. Indeed, the Rand-36 Health Status Inventory tool that we used, which measures quality of life from a health perspective, showed that these conditions affect people in many aspects, particularly in physical functioning, role limitations due to physical functioning and social functioning. Participants said that these issues need to be understood by health professionals and need to be explained to patients when they first become ill. Participants wanted more information on coping skills to deal with these issues, particularly when they were first diagnosed. A number mentioned that a support group is useful, particularly in knowing that they are not alone and having a place to share with others.

Most of the participants use newsletters, books and the Internet to obtain information about ESD, M.E. and FM. Some individuals liked interactive Web sites; however, some were concerned about the quality of information provided and noted that an interactive Web site or list serve needs to be monitored by knowledgeable people. Participants wanted a variety of information, such as the latest research and treatment; practical tips for daily living, particularly around preparing easy and healthy meals and avoiding environmental exposures, as well as inspirational messages. In addition, there was a concern about the quality of information in the public media and it was suggested that the clinic refute inaccurate articles and enlist journalists who will "take the information seriously."

Clinic Plans

The Clinic has reviewed the information from the survey, focus groups and interviews to develop a comprehensive educational program for patients and their families, health professionals and the general public. As a result of this study, the Clinic will be offering group sessions on nutrition and reducing environmental exposures, to patients and their families in the new year. The waiting room has been stocked with a number of books and newsletters from your recommendations in the survey;

fact sheets on ESD, M.E. and FM are being developed and we are investigating the use of an interactive Web site. We also have plans to provide further education for doctors and occupational health nurses and are members of the newly revised hospital "green team" to work on environmental issues in our hospital. We are on committees working to educate workplaces and schools and are planning a communications/media strategy with the help of one of our patients, a specialist in communications and media relations.

We have worked closely with provincial and national associations representing these conditions to develop our study and provide input for our plans. We wish to thank all of these associations for their input, in particular the Myalgic Encephalomyelitis Association of Ontario, the Environmental Hypersensitivity Association of Ontario and the Ontario Fibromyalgia Association. We will be working more closely with provincial and national organizations in the future to link with services across Ontario.

If you have any questions about the survey or our educational plan, you may contact Nancy Bradshaw, Education Coordinator at the Environmental Health Clinic at (416) 323-6400 ext. 4993 or email to nancy.bradshaw@swchsc.on.ca

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Make a New Year's resolution: Yoga Classes

These days there are more ads for yoga classes than ever before. But not all places and styles of practicing suit people with limitations such as chemical sensitivities, fibromyalgia and chronic fatigue syndrome. Personally, I found restorative yoga very helpful at times when I feel weak, fatigued, stressed or recovering from injury or illness. Finally there is a SAFE place available for restorative yoga on Friday mornings from 9:30 to 11 a.m. in a beautiful room under the cupola of a former church. It has nine openable windows in all directions. It is in a central location with enough free parking space available in the neighbouring streets. If interested, call 235 9896 for additional information.

Submitted by Tatiana Schneider

New Life Retreat

If you are burned out after the Christmas holiday you do not need to go to Florida. There is a new retreat centre for renewal and healing in Lanark County located on a 100-acre organic farm. One of the programs teaches how to grow and prepare fresh, organic, raw vegetarian meals. Each first Friday and third Sunday of the month the centre offers a tour of the retreat and a living food buffet.

For more information on this and other programs call (613) 259 3337, email: healing@newliferetreat.com web: www.newliferetreat.com.

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In addition, there is a NAET website at www.naet.com.

Supporting a Spouse with a Chronic Disease: Our Story

BY RONALD BISSON

Ronald Bisson is an Ottawa consultant and businessman. His wife, Claudette Lupien, developed chronic fatigue syndrome and multiple chemical sensitivities in January 1993. What follows is an excerpt from his talk about the insights he has gained in nearly eight years of dealing with his wife's illness, delivered at the monthly meeting of the Ottawa AEHA in October 2000.

In the beginning:

When Claudette first got sick, I lived a tremendous amount of frustration. I was always thinking, she'll be OK next week, next month...My frustration stemmed from the continuous anger I felt every time we had to cancel an outing. Also, I felt strongly that she was exaggerating her symptoms, especially her sensitivity to chemicals and foods. My attitude reflected this basic line: Don't listen to yourself so much, fight harder, it's not so bad, get up, do something. My final words were always, "Are you sure you are not exaggerating?" Obviously, stress, anger and despair increased tremendously in our relationship. After eight or nine months, we were seriously considering a separation.

All this changed at my first MESH (Myalgia Encephalitis Self-Help) meeting, a group which supports people with chronic fatigue. At that meeting, three couples shared what they were living with in relation to M.E. I lived a lot of emotions that night, finally realizing that Claudette was really a sick woman. I spent the next three weeks coming in touch with the pain and anger I had accumulated. I remember going to work every morning in this period with tears as I reflected on the meaning of the word "chronic" and what it implied for our marriage.

After this, I came to understand that having MCS and chronic fatigue is like being in a prison for her. She's free to walk around some, but she has so many limitations.

This disease has now brought us greater intimacy than we had ever experienced before. Here are some of the insights which have helped us so far in our experience of this disease:

Marriage renewal

A healthy person is very different from that same person sick. I remember thinking in 1994: since I am not living with the same person I married, either I leave her because she is not the same person, or I fall in love with this new woman as she is in her present state. Over the next few years, this involved for me a new understanding of what our marriage could and would be, and a re-education. It also involved a conscious decision to fall in love with her all over again, as she is. Early in 1994, we organized a little honeymoon as a symbol of this renewed commitment.

Today, I again admire her courage, her tenacity, her strength, her competence and many other qualities...simply for getting through another hard day without ever complaining or, even in her hardest days, never refusing to help another person.

Living with a long-term illness

This disease is chronic. We used to say, "We'll do that when she gets better. This was hurting me because I was living in suspended animation waiting until she got better. Today, we live and do what we can with her health as it is, not as we wish it would be.

Impacts on sexuality

We've had to change our sexual expression and habits because of this disease. At one time, full intercourse was so painful it was nearly unbearable. We discovered the lubricating jellies are all petroleum-based, which worsened her allergies. It took a while to find alternatives to expressing our love in our most intimate moments.

Inner tension

One area that often caused me problems was Claudette's tears, anger and depression caused by many things that seemed innocent to me. I often found her reactions much too great for the problem at hand. I would then respond with anger and the cycle would start. Through conversations with psychologists and psychiatrists, I have come to understand that what Claudette is living is not anger but inner tension, another symptom of this disease. It is a physiological problem, probably caused by toxicity. The body weakens and ordinary events become simply overwhelming for her.

When I see this inner tension now, mainly caused by eating food to which she is allergic or exposure to chemicals, I know I must simply hug her or rub her hands or go out with her for a short walk until it passes. I know that responding with anger increases the inner tension and the consequences. It has become important for me to recognize the physical signs of this inner tension and to respond appropriately.

Dealing with chemical sensitivities

I have come to realize how profoundly sensitive Claudette is to any chemical exposure. My body can absorb quantities of certain chemicals and not be sick, whereas Claudette will absorb only a few molecules of the same chemicals and be violently sick. In the beginning, she was telling me how my aftershave and soaps were making her ill and that we could not keep any in the house, but I did not believe her.

Since then, I've become very protective of her. Our house has no chemicals. Society has not yet come to understand that common, everyday 'safe' products are toxic waste dumps for people with chemical sensitivities.

Establishing boundaries

I am Claudette's husband, not her nurse. There are limits to the support I can give her if I want to remain healthy myself. With my business and other commitments, I can be a good spouse but I cannot take care of her medical needs. There are times when I book off from everything, including her disease. The hardest thing I have found is living with the constant roller coaster in Claudette's health.

I find I must find ways to maintain my own emotional equilibrium. We have developed weekly scheduled time for our activities as a couple and for our separate activities as individuals.

Counselling

Chronic disease is very difficult to live with. It adds great stresses to any relationship. I participate in regular counselling on my own to sustain my hope and my peace of mind. We also do regular counselling together to continuously develop new coping mechanisms and to find ways to remain close.

Feeling of powerlessness

I have come to understand how a chronically ill person with brain fog and physical limitations has a very low sense of self-esteem. Being at home, Claudette receives no feedback from colleagues and no personal satisfaction about a job well done. She has little to measure herself against except her illness, which is mainly depressing. I have learned to take as much time to listen to her events of the day and to take an authentic interest in them as she does to mine.

It took me several years to understand profoundly how a person with this disease lives in constant fear that the partner will get fed up and leave. Understanding this, I make great efforts to reassure Claudette of my love and commitment to her. We also share, without guilt as much as we can, the great adjustments and sacrifices we both have to make because of this disease. This sharing is very difficult because of the vulnerabilities that rise to the surface. Only our counselling has helped us accomplish this.

Necessity to grieve and move on

Living with a chronic illness implies a grieving process. Some losses are easier to cope with: not being able to go to a restaurant or a play. Some are more difficult to accept: losses in careers, business opportunities, severe financial losses. It was good for us to identify these losses, grieve over them and then move on...If I had only one recommendation to doctors who deal with patients suffering from chronic diseases, it would be this: ensure the whole family also gets counselling and advice on how to cope and then grow with the disease.

My spiritual journey

We know several couples whose marriage has not sustained the pressures of this disease. Sometimes there was disbelief that the partner was really sick. Others could not cope with the powerlessness they felt and the suffering they saw in their partner. Faced with the powerlessness I mentioned, I have rediscovered the importance of God in my life. I am finding the great spiritual wealth that lies hidden in this disease...Our spiritual journey has allowed us to transform this disease from a vicious circle into a positive cycle.

Well-meaning friends or family members sometimes tell me in private how "unlucky" I am because Claudette is sick. Winning a lottery is based on "luck"; relationships need to be built day by day...I believe God gives us the grace required to meet any burden. For years, we kept a diary we called "Our Book of Gratitude" and we wrote in it the good things that happened during the day. Today, we do not need this outward affirmation of the positive events in our life. We have learned to express our gratitude to each other on a daily basis.

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Web Wisdom

James Strohecker is a recognized authority in natural healthcare. He was Executive Editor of *Alternative Medicine: The Definitive Guide*, a book that has become the gold standard for natural health information. He is the president of HealthWorld Online, a company which has created a comprehensive alternative medicine web site. This web site is a treasure of articles on a multitude of subjects which will be relevant to AEHA readers. <http://www.healthy.net>

From the above very general site, we now move to a more selective web page, which is basically an incredibly rich and detailed list of web sites devoted to the subject of allergies: <http://www.dma.org/~rohrers/allergy/allergy.htm>

Within this above-mentioned list, I would like to point one out in particular, which deals with Enzyme Potentiated Desensitization (EPD): Frequently Asked Questions (with answers): http://www.dma.org/~rohrers/allergy/epd_faq.htm

Another site explaining in plain language what is EPD is the following: <http://www.nidlink.com/~mastent/epdpage.html>

EPD has its detractors... For a very interesting overview of some battles being fought in the US over the patient's right to choose treatments such as EPD, see: http://www.treatmentchoice.com/pimup_1-1.html

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More on bread...New on the shelves of several local health food stores is Toronto's Grainfield's yeast-free breads, including delicious organic sourdough spelt, spelt-raisin, kamut, as well as spelt pita and rolls. The Natural Food Pantry at Billings Bridge gets in a large selection on Wednesdays.

Spotted at Rainbow Foods...organic spelt bagels from Nature's Own Bakery.

Allergic to rice? Now there are Suzie's organic spelt and spelt-kamut "rice cakes" at your health food store.

"Wet" dry-cleaning... When Ottawa's only non-perchloroethylene dry cleaner, Parker Clean, which also offered environmentally friendly Aqua Clean service, went bankrupt, it appeared no other solution was available locally for the environmentally hypersensitive. The good news is that Hillary's bought the bankrupt firm's technology, and expects to start offering AquaClean at its Richmond Road location some time in the New Year. Watch for it!

An **"Organics Club"** has been started by the Byward Fruit Market for those interested in buying certified organically grown produce. Club members are supplied with a fresh, high quality organic produce basket weekly, the day the produce arrives in Ottawa. Members can choose a basic basket of fruit or vegetables or a combination of both, for \$20, \$30 or \$40 a week, with arrangements for larger quantities of additional produce such as carrots if required. Members must commit to a minimum of four baskets to join the club. Baskets are available for pick-up or delivery for an extra fee on a specified day of the week. For more information contact Byward Fruit Market, 36 Byward Market Square at 241-6542 or e-mail im.f@sympatico.ca

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Clean and Green Eco-Tips

Freezing in glass jars that sometimes break? Lay the jar on its side at about a 45 degree angle giving the liquid being frozen a larger surface area, thus taking the stress off the glass container when expansion occurs during freezing.



Book Reviews

Dentistry Without Mercury **Sam and Michael F. Ziff, D.D. S.** **Revised and Expanded 1997 Edition**

Reviewed by Judith Baril

This book gives straightforward, clear information for making an informed choice on getting or removing dental fillings. Information was compiled by a group of dentists, healthcare providers and researchers whose primary motivation has been to bring the scientific facts about the potential dangers of silver/mercury dental fillings to the attention of their patients and the public.

Dentists are currently divided as to how to advise their patients on whether or not they should remove dental mercury or amalgam from their teeth. Several thought-provoking questions are answered, such as: What is silver amalgam? What potential health problems could be caused by mercury vapor escaping from amalgam fillings? What are signs and symptoms of mercury toxicity? How can I find out if the mercury coming out of my fillings is hurting me or if I am hypersensitive to it? What are replacement options? How expensive are the new materials and will my insurance plan pay for them?

The book states: "It has been well documented that mercury can cause a number of adverse effects on immune function. A 1994 study was published demonstrating that both mercury and silver, derived from dental amalgam fillings, can cause adverse immune system effects, including overt autoimmunity, in animals. This study, concluded at three medical research centers, casts suspicion not only on dental amalgam, but on the mercury-free silver alloy being developed by the dental profession." It's worth the read. (It is available from the AEHA Library.)

The Ultimate Nutrient Glutamine - The Essential Nonessential Amino Acid by **Judy Shabert, MD, RD** and **Nancy Ehrlich, 1994**, **Avery Publishing Group, 146 pages, \$14.95**

Reviewed by Frances McInnes

Judy Shabert is an obstetrician/gynecologist, a registered dietician and holds a Master of Public Health degree. Her husband, Doug Wilmore MD, a professor of surgery and pioneer in parenteral nutrition, conducts glutamine research at Brigham and Women's Hospital in Boston, Massachusetts. This allows Shabert to follow the progress of glutamine research. Nancy Ehrlich is currently a consulting editor in *Scientific American's* medical publishing division.

The book is clearly written so as to be well understood by the non-medical reader. About one quarter of the book is devoted to the glossary, which defines medical terminology used throughout the book and the Notes section, a detailed chronological listing of references for each chapter.

Starting with an overview of the importance of glutamine in the diet of those who are sick or stressed, the book clearly defines what glutamine is and is not. Chapter by chapter the book explains how supplementing with glutamine benefits the muscles, the digestive and immune systems and the brain, as well as making old age easier. This information is supported by studies and the occasional anecdotal account.

The final chapter shows how glutamine, this heat labile and most abundant amino acid of the human body, can be added "to your life." However, the authors emphasize the importance of using it under the supervision of a doctor as there could be some side effects.

In my opinion this is an informative book about a valuable tool for those who are recovering from illness. (It is available from the AEHA Library.)

Encyclopedia of Nutritional Supplements **By Michael T. Murray, ND**

Reviewed by Jane Wilson

For people who take nutritional supplements, sometimes meals seem like a small plate of food next to a big bowl of pills! Are all these supplements necessary? Are we taking the right formulations? Are we taking the right supplement at the right time of day?

Take glucosamine, for example: widely regarded as helpful for osteoarthritis and to aid in joint repair, glucosamine is available as glucosamine sulfate, glucosamine hydrochloride and N-acetylglucosamine. Dr. Murray reviews current medical research on this topic and concludes that glucosamine sulfate is the most effective formulation for a number of reasons, documenting them in an easy-to-read table. He also looks at principal uses for glucosamine and compares use of the supplement to over-the-counter medications such as ibuprofen. Enough said.

The book is a large one at 500 plus pages, but is well laid out and accessible. He begins with a review of nutritional supplements and why their use is growing, then follows with detailed—but not overly technical—descriptions of vitamins, minerals, essential fatty acids, "accessory nutrients" and glandular products. I found the section on oils cleared up a lot of mystery for me, showing the difference between omega-3 and omega-6.

The section titled a "Quick Reference Guide for Specific Health Conditions" is very well done and includes problems such as asthma, carpal tunnel syndrome, Crohn's Disease, food allergy, and migraine headaches.

The book was first published in 1996 but much of the research is stale-dated, from the 1960s and 70s. (I was shocked to see research on glucosamine from 1980... what took people so long to discover this supplement?) The text is of value and will be more so if the author updates with more recent research.



Enzyme Potentiated Desensitization:

ENZYME POTENTIATED DESENSITIZATION: IS IT FOR YOU?

The following is an excerpt from a Nov. 2000 talk by AEHA board member Diana Durnford, who is undergoing Enzyme Potentiated Desensitization or EPD therapy, an immunotherapy used to treat inhalant, chemical and food allergies by stimulating T-suppressor lymphocytes. Although the hour-long talk could not be completely reproduced here, what follows are Diana's impressions of EPD and some information about the treatment. See also Web Wisdom for Web sites where you can learn more.

EPD is...

...exhilarating. Virtually over night, when it kicks in, you can go places, eat things you couldn't—and that's exhilarating.

...successful. The latest Food and Drug Administration directed studies show about 76 per cent success rate with EPD.

...suspenseful. You are waiting for your immune cells to kick in, and you are in real suspense because you don't know if it is going to work. The first, second, third times, you really are in suspense because you are following all these rules and waiting.

...anxiety-provoking. If in week one something goes wrong, you won't know if that's ruined the treatment until week number four, for example.

...A conquest. There are so many rules and things to take into account.

...frustrating. If something does go wrong, it can be very frustrating when you have worked so hard.

...invasive to you and your family. During the critical period, it affects everybody in the family. Nobody can bring in a newspaper, use shampoo or their normal soaps, for example.

...all-encompassing. It affects every area of your life, not just food.

...demanding. To get everything right, it's a lot of hard work.

...An endurance test. Following the rules can be very hard, since you may be dying to eat something or to go out.

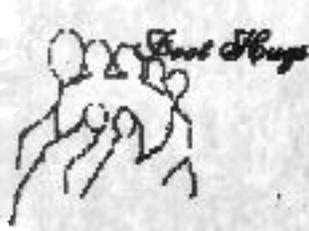
...fascinating. I certainly found that the medical research, the areas they don't yet understand, how it works and so on extremely interesting.

...and finally, it is lonely and boring. You may be sitting and waiting with little you can do and unable to go out.

What is EPD, how does it work?

EPD is a method of immunotherapy involving desensitization with a combination of a wide variety of extremely low-dose allergens given with enzymes. Under very controlled circumstances, you receive intradermal injections to release into the bloodstream very slowly a wide variety of extremely low dose allergens, foods, inhalants, chemicals potentiated with an enzyme. The body gets ready to react, but because these allergens are in extremely low doses, the body is tricked into stimulating new T-suppressor cells, white blood cells. For the next 48 hours, these continue to be produced. If you have done it correctly, these are properly coded. When these are being generated, you must have the right conditions in your blood so they are generated properly. The rules make sure you don't have things in your blood that affect this process. In the next three to four weeks, these T-suppressor cells are growing, and your job is to help them and not use them up. These T-suppressor cells deal with the T-helper cells that cause a reaction so that you stop reacting.

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Germany to put MCS in its International Classification of Diseases

Germany is the first country in the world to list multiple chemical sensitivity in its edition of the World Health Organization's International Classification of Diseases (ICD).

Diseases don't officially exist in modern medicine unless and until they have ICD codes, which are widely used by doctors, researchers, insurers, and the like in compiling and tracking health statistics. Most countries now use ICD-10, but the U.S. is still using ICD-9. It plans to switch over in 2002, according to the National Center for Health Statistics that is responsible.

Each country is free to make whatever clinical modifications it wants to the ICD (adding or deleting diseases within the ICD coding framework) and most countries publish their own edition. The German version is published by the German Inst. for Medical Documentation and Information (www.dimdi.de).

The Germans added MCS as an index term in their November 2000 update (ICD-10-SGBV, version 3.1). "Multiple-chemical-sensitivity-syndrom" is listed in the

main alphabetical index as well as under syndromes and under "Chemical -Sensitivity-Syndrom, Multiple" . All are referenced to code "T78.4" in the section on injuries and poisonings.

T78.4 is a pre-existing code for "Allergie, nicht naher bezeichnet" (= allergy, not otherwise specified or NOS). Underneath T78.4, the German ICD gives three examples: Allergische Reaktion o.n.A. = Allergic Reaction, NOS
Idiosynrasie o.n.A. = Idiosyncratic, NOS
Uberempfindlichkeit o.n.A. = Hypersensitivity, NOS
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Albert Donnay has worked hard for many years to achieve recognition of MCS and was one of the driving forces behind the consensus definition of MCS agreed by several doctors in North America a few years ago. [Thanks to Bernard Miller for sending this item.]

Not so Cuddly Fabric Softener: AVOIDING HEALTH RISKS

It's a heavily advertised product and one that is commonly used in the home--but did you know fabric softener is also one of the most toxic? It has been found to be associated with numerous illnesses and chronic conditions. The effects of its toxicity are insidious; those who use it also become chronically "maladapted" to it.

Exposure to the chemicals in fabric softeners is so constant, it can be difficult to connect the product with the signs of reactivity it causes. Regular users of fabric softeners (and perfumes) often say they "can hardly smell it." This is an effect of the chemical ingredients on neural receptors. The product is designed to impregnate fibers and to slowly re-release over an extended time. That re-releasing affects not only those who use the product

but those around them.

Material Safety Data Sheets (MSDS) from the manufacturers list the following chemical ingredients in fabric softeners and dryer sheets:
Alpha-Terpineol, benzyl acetate, benzyl alcohol, camphor, chloroform, ethyl acetate, limonene, linalool, and pentane. Many of these chemicals are known to cause central nervous system disorders, are highly irritating to the respiratory tract, decrease circulation, cause headache, eye irritation, nausea and dizziness and a host of other symptoms. Several are on the U.S. Environmental Protection Agency's Hazardous Waste list.

Source: echo/ecologicalhousing.com, 1998

OTTAWA ALLERGY AND ENVIRONMENTAL HEALTH ASSOCIATION

Winter/Spring 2001 Meetings

If you are looking for support and information about environmental sensitivities and allergies, chronic fatigue or fibromyalgia, you'll find Ottawa AEHA meetings a good place to learn and share information.

Monthly meetings are held at the McNabb Community Centre (180 Percy St. corner Bronson & Gladstone) at 7:30 p.m. on the third Thursday of each month (unless otherwise noted.) All Welcome. No Scents, Please.

January 18, 2001

Allergies: How to Heal Yourself

Gayll Bedijn, a practitioner of the Balance Technique and Reiki master, will present a holistic approach to healing yourself of allergies and sensitivities.

Feb. 15, 2001

Detoxifying the Earth

Elizabeth May, executive director of the Sierra Club, environmentalist, writer, activist and lawyer, will speak about rethinking our approach to regulating environmental contaminants and what you can do.

March 15, 2001 and April 19, 2001 (To be determined)

Other Events

Watch for the AEHA booth at the Ottawa Health Show, April 28& 29, 2001, Ottawa Congress Centre

For more information about these meetings or about joining AEHA Ottawa, call the AEHA Hotline at 860-2342 or (819) 777-5848.