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# EHA-MB

# Environmental Health Association of Manitoba

To: Bryan May, Chair Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA)

Email: Bryan.May@parl.gc.ca

Standing Committee on Human Resources, Skills and Social Development and the Status of Persons with Disabilities (HUMA)

Email: HUMA@parl.gc.ca and The Honourable Carla Qualtrough, Minister of Public Services and Procurement and Accessibility

Email: Carla.Qualtrough@parl.gc.ca

To Minister Qualtrough, HUMA Chair Bryan May and members of HUMA,

### Subject: Bill C-81, the Proposed Accessible Canada Act and Request to Appear at the HUMA Hearings--Environmental Sensitivities including Electromagnetic Hypersensitivity (EHS)

*The Environmental Health Association of Manitoba, Inc. is a not-for-profit, non-governmental, non-partisan organization run entirely by volunteers and funded by donations. Goals of EHA-MB are to promote education and information on environmental sensitivities and environmentally induced illnesses to the public, educational institutions and medical community in Manitoba and to provide information and support to individuals in Manitoba suffering from environmental sensitivities and environmentally induced illnesses.*

Thank you for providing the opportunity to provide feed-back on Bill C-81 (Accessible Canada Act) to ensure a barrier free Canada. This is an important advance for persons with all disabilities, visible and non-visible.

On February 28th, 2017, EHA-MB submitted a brief to the Honourable Carla Qualtrough that describes some of the key aspects of environmental sensitivities, including electromagnetic hypersensitivity (EHS), and is included as an Addendum under my signature.

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We support a number of amendments:

1. EHA-MB supports the recommendations outlined by Chief Commissioner, Canadian Human Rights Commissioner, Marie-Claude Landry when she presented to the HUMA committee on October 4th, 2018.

2. EHA-MB supports the recommendations and comments of the presentation made by Barrier Free Canada director Donna Jodhan when she presented to the HUMA committee on October 18th, 2018.

3. EHA-MB supports recommended amendments by Accessibility of Ontarians with Disabilities Act Alliance (AODAA) submitted on September 27th, 2018.

EHA-MB supports all recommendations that would strengthen, and not weaken, any existing advancements that have been made to reduce or remove barriers.

EHA-MB would be pleased to have a representative from our group present to the HUMA on Bill C-81 via tele-conferencing. Is this a possibility?

We also would like to provide comments on the motion brought forward by MP Cheryl Hardcastle at meeting 113 (October 4, 2018) regarding episodic disabilities. This is often experienced by people with environmental sensitivities. Would you please advise us on how we can provide input?

Finally, we support the briefs made by Frank Clegg of Canadians for Safe Technology (C4ST) and by Barb Payne of Electromagnetic Pollution Illnesses Canada Foundation (EPIC) and strongly encourage you to have them appear at a HUMA meeting studying Bill C-18.

Sincerely,

Margaret Friesen M.Sc.

Director, Environmental Health Association of Manitoba

Email: [ehamanitoba@gmail.com](mailto:ehamanitoba@gmail.com)

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# EHA-MB

# Environmental Health Association of Manitoba

## ADDENDUM

February 28th, 2017

To: The Honourable Carla Qualtrough

Minister of Sport and Persons with Disabilities

Email: [accessible-canada@hrsdc.gc.ca](mailto:accessible-canada@hrsdc.gc.ca)

### Response of the Environmental Health Association of Manitoba (EHA-MB) to the proposed new accessibility legislation

*The Environmental Health Association of Manitoba, Inc. is a not-for-profit, non-governmental, non-partisan organization run entirely by volunteers and funded by donations. Goals of EHA-MB are to promote education and information on environmental sensitivities and environmentally induced illnesses to the public, educational institutions and medical community in Manitoba and to provide information and support to individuals in Manitoba suffering from environmental sensitivities and environmentally induced illnesses.*

1. EHA-MB supports the "*Detailed Points*" made by Barrier Free Canada in its "*Canadians with Disabilities Act Consultation Tip Sheet*".

http://www.barrierfreemb.com/whatsnew/173/354

2. EHA-MB supports inclusion of the words “environmental sensitivities” as a disability in the proposed Act. If the Ontario Act were used as a model, this would appear under Definitions 2. (a) along with diabetes mellitus, epilepsy, etc. It is important to note that environmental sensitivities are often “invisible", as are the triggers. This poorly understood, but sometimes devastating condition, is greatly in need of being addressed by legislation and regulations (Appendix 1 lists some recommendations) aimed at removing barriers. According to the "*Medical Perspectives on Environmental Sensitivities*" report, this condition has been diagnosed in approximately 3% of Canadians FOOTNOTE 1. See Appendix 2 for the “*Policy of the Human Rights Commission*”.

BEGIN FOOTNOTE 1:

Canadian Human Rights Commission website: http://www.chrc-ccdp.gc.ca/sites/default/files/envsensitivity\_en.pdf

END FOOTNOTE 1.

3. EHA-MB strongly believes that public education is key to the successful implementation of the legislation. It may be of value to look at how disabilities are viewed in Sweden where people are not themselves considered to be impaired but rather it is the environment which is

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responsible for the impairment e.g. lack of a ramp for a person in a wheel chair is a deficiency in the person’s environment FOOTNOTE 2.

BEGIN FOOTNOTE 2:

Source: http://es-uk.info/info/sweden.html [accessed 27February 2017]

END FOOTNOTE 2.

4. The proposed legislation should not weaken any existing advancements that have been made to reduce/remove barriers. EHA-MB supports the following points made by the Council of Canadians with Disabilities (CCD) *"Protecting human rights for persons with disabilities"* #39-42 inclusive.

BEGIN LIST:

1) The Act will explicitly provide that it does not undermine existing legal rights under the Canadian Human Rights Act (CHRA) or the Canadian Charter of Rights and Freedoms.

2) The Act should enhance the Canadian Human Rights Act through amendments where required.

3) The Act would not establish a separate and parallel complaint system to that already in place under the CHRA for individual complaints of discrimination on the ground of disability.

4) The Act may, where appropriate, include amendments to a range of existing legislation to support and strengthen its effectiveness FOOTNOTE 3.

END LIST.

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Council of Canadians with Disabilities, A Federal Disability Act: Opportunities and Challenges--A Paper Commissioned by the Council of Canadians with Disabilities and Canadian Association for Community Living, October 2006. http://www.ccdonline.ca/en/socialpolicy/fda/1006#Ihttp://www.ccdonline.ca/en/socialpolicy/fda/1006

END FOOTNOTE 3.

Care must be taken for unfortunate consequences, such as removal of all mapping applications from Public Health Agency of Canada *Infocubes* for tracking of health-related data (see Appendix 1, point 5).

5. "Nothing about us without us". Representation of those with environmental sensitivities, and especially those with electromagnetic hypersensitivity (given the tremendous proliferation of wireless device use and required infrastructure). The EHA-MB would be glad to provide contact information of organizations which could provide this expertise, and also would be willing to serve in this capacity.

Thank you for the opportunity to respond to this progressive proposed legislation.

Please contact me if there are any questions or for clarification of any points raised.

Respectfully submitted,

Murray Cunningham

President

Environmental Health Association of Manitoba (EHA-MB)

Email: ehamanitoba@gmail.com

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### Appendix 1.

**Recommendations for the Regulations:**

**1. Establish Scent-free (reduced) Policies**. Because of the relatively low cost and already existing policies and procedures, the establishment of policies e.g. in the workplace, could be created relatively quickly, with considerable benefit to many.

Supporting sources:

- **Canadian Centre for Occupational Health and Safety, Scent-Free Policy for the Workplace:**

<http://www.ccohs.ca/oshanswers/hsprograms/scent_free.html>

- **U.S. Department of Housing and Urban Development (HUD)**

MCS Disorder and Environmental Illness as Handicaps (1992)

*"The General Counsel has accepted the attached memorandums the Department's position on the issue of when Multiple Chemical Sensitivity Disorder (MCS) and Environmental Illness (EI) are "handicaps" within the meaning of subsection 802 (h) of the Fair Housing Act (the "Act"), 42 U.S. C. 3602(h), and the Department's implementing regulation, 24 C.F.R. 100.201 (1991). In sum, MCS and EI can be associated with physical impairments which substantially impair one or more of a person's major life activities. Thus, individuals disabled by MCS and EI can be handicapped within the meaning of the Act.”*

- **U.S. Department of Health and Human Services, Centers For Disease Control and Prevention**

Indoor Environmental Quality Policy (2010)

*“Fragrance is not appropriate for a professional work environment, and the use of some products with fragrance may be detrimental to the health of workers with chemical sensitivities, allergies, asthma, and chronic headaches/migraines.” (page 9)*

- **The United States Access Board**

Board Policy to Promote Fragrance-Free Environments

*“There is a growing number of people who suffer more severe reactions to these and many other types of products and chemicals. This condition is known as multiple chemical sensitivities (MCS) and involves people who have developed an acute sensitivity to various chemicals in the environment. People with MCS experience a range of debilitating physical reactions, some even life-threatening, to chemicals used in a variety of products, including fragrances and personal care products, deodorizers and cleaners, pesticides, wall and floor coverings, and building materials. It’s a complex issue with a variety of triggering agents and physical reactions. Different people are affected by different products in different ways. The common factor is that the reaction, whatever the type, is very strong and disabling. Information needs to be developed on exactly what brings about such an acute sensitivity to certain chemicals, how and why this happens, and what can be done about it.”*

- **Federal Register: The Architectural and Transportation Barriers Compliance Board**

The Architectural and Transportation Barriers Compliance Board, pg 56353 (2002)

*“The Board recognizes that multiple chemical sensitivities and electromagnetic sensitivities may be considered disabilities under the ADA[American with Disabilities Act] if they so severely impair the neurological, respiratory or other functions of an individual that it substantially limits one or more of the individual’s major life activities. The Board plans to closely examine the needs of this population, and undertake activities that address accessibility issues for these individuals.”*

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**2. Establish Least-Toxic Pesticide Policies**. EHA-MB would be glad to submit information and references if more time were provided. Several Provinces have cosmetic pesticide use legislation and relevant information can be found in the supporting literature.

**3. Establish Pet-free Policies in multi-dwelling housing e.g. apartments**. Pet-free areas are critical for those with severe sensitivities to animals e.g. to pet dander.

**4. Establish Wi-Fi (wireless) -free Zone Policies**.

**Canada**: Electrohypersensitivity (EHS), an emerging illness, is on the rise and the need for radiation-free areas will enable affected individuals to live in a safer environment. Canadians have been physician diagnosed with EHS. Women’s College Hospital in Toronto has reported seeing two to three new patients a week with adverse health symptoms related to wireless technology FOOTNOTES 4, 5

BEGIN FOOTNOTES:

4. http://www.newswire.ca/news-releases/toronto-hospital-is-first-to-recognize-symptoms-from-wireless-radiation-510385061.html [accessed 27 February 2017]

5. http://www.womenscollegehospital.ca/news-and-events/connect/the-effects-of-invisible-waves [accessed 27 February 2017]

END FOOTNOTES.

**Sweden**: Sweden, with thousands of individuals with electromagnetic hypersensitivity, officially recognizes this condition as a functional impairment. The Swedish Parliament is working towards legislating accessibility for EHS FOOTNOTE 6.

BEGIN FOOTNOTE 6:

See 2nd paragraph: http://www.riksdagen.se/sv/Dokument-Lagar/Utskottens-dokument/Betankanden/Arenden/201112/AU11/ [accessed 27 February 2017]

END FOOTNOTE 6.

**France:** France has recently legislated no Wi-Fi in kindergarten and restrictions in lower grades classrooms as well as other measures FOOTNOTE 7.

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http://ehtrust.org/france-new-national-law-bans-wifi-nursery-school/

END FOOTNOTE 7.

Clinical aspects of EHS are described in Dr. Dominique Belpomme's study: "*Reliable disease biomarkers characterizing and identifying electrohypersensitivity and multiple chemical sensitivity as two etiopathogenic aspects of a unique pathological disorder*" FOOTNOTE 8. The article "Wifi, EMFs: Electrosensitivity (ES, EHS) physiologically explained at last", explains the science in layperson’s terms FOOTNOTE 9.

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8. https://www.ncbi.nlm.nih.gov/pubmed/26613326

9. <http://www.robindestoits.org/Wifi-EMFs-Electrosensitivity-ES-EHS-physiologically-explained-at-last-15-03-2012_a1661.html> [accessed 27 February 2017]

END FOOTNOTES.

**5. Require "needs assessments" in situations where "conflicting needs" to accommodate two or more disabilities arise**. For example, a person who is severely allergic to dogs may not be able to tolerate the same space as a guide dog necessary for a vision impaired person or a person made ill by wireless radiation (e.g. Wi-Fi), may not be able to tolerate being close to an individual requiring wireless technology to communicate. Care must be taken for unfortunate consequences, such as removal of all mapping applications from Public Health Agency of

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Canada I*nfocube* for tracking of health-related data FOOTNOTE 10. It appears that In order to achieve equity after a landmark court case, a valuable capability to identify potential public health information has been lost.

BEGIN FOOTNOTE 10:

Examples of the maps that can no longer be generated: <http://www.preventcancernow.ca/main/prevention#J01> and the image itself <http://www.preventcancernow.ca/wp-content/uploads/2014/08/GraphMEG2.jpg>

END FOOTNOTE 10.

### Appendix 2.

### Canadian Human Rights Commission. Policy on Environmental Sensitivities FOOTNOTE 11.

BEGIN FOOTNOTE 11:

http://www.chrc-ccdp.gc.ca/eng/content/policy-environmental-sensitivities [accessed 27 February 2017]

END FOOTNOTE 11.

Individuals with environmental sensitivities experience a variety of adverse reactions to environmental agents at concentrations well below those that might affect the “average person”. This medical condition is a disability and those living with environmental sensitivities are entitled to the protection of the *Canadian Human Rights Act*, which prohibits discrimination on the basis of disability. The Canadian Human Rights Commission will receive any inquiry and process any complaint from any person who believes that he or she has been discriminated against because of an environmental sensitivity. Like others with a disability, those with environmental sensitivities are required by law to be accommodated.

The CHRC encourages employers and service providers to proactively address issues of accommodation by ensuring that their workplaces and facilities are accessible for persons with a wide range of disabilities.

Successful accommodation for persons with environmental sensitivities requires innovative strategies to minimize or eliminate exposure to triggers in the environment. These may include: developing and enforcing fragrance free and chemical avoidance policies, undertaking educational programs to increase voluntary compliance with such policies, minimizing chemical use and purchasing less toxic products, and notifying employees and clients in advance of construction, re-modeling and cleaning activities. Such measures can prevent injuries and illnesses, and reduce costs and health and safety risks.

For further information on environmental sensitivities, click on the following Commission publications:

*The Medical Perspective on Environmental Sensitivities* FOOTNOTE 12

BEGIN FOOTNOTE 12:

http://www.chrc-ccdp.gc.ca/sites/default/files/envsensitivity\_en.pdf

END FOOTNOTE 12.

*Accommodation for Environmental Sensitivities: Legal Perspective* FOOTNOTE 13

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http://www.chrc-ccdp.gc.ca/eng/content/accommodation-environmental-sensitivities-legal-perspective

END FOOTNOTE 13.

**Policy approved by the Commission on June 15, 2007.**

[Reviewed January 2014]

END OF FILE 1 OF 1.