

Oral History with Ada Bravo

From the collection of the UCLA Library Center for Oral History Research

Please note that this transcript is being made available for research purposes only. Should you determine that you want to use it in any way that exceeds fair use, you must seek permission from the UCLA Library Department of Special Collections.

Interview with Ada Bravo

SESSION 1 (5/20/2020)

KIM: All right. It's May 20, 2020. I'm here with Ada Bravo. This is Kelsey Kim for the Center for the Study of Women. The time is 10:35am. All right, so, Ada, if I can begin, can I just ask, when and where were you born?

BRAVO: Yes. I was born in Pembroke, Ontario, January 21, 1959.

KIM: So, you're in Canada?

BRAVO: Yes. It's in Canada.

KIM: You're still in Canada now, is that right?

BRAVO: Yes. I'm still in Canada. Yes. I'm in the same province. I'm just in a different city. Sorry. I'm in Stoney Creek opposed to Pembroke.

KIM: I'll just be taking notes as you're talking, as well.

BRAVO: Okay.

KIM: Can you me a little bit about your childhood, a little bit about your family?

BRAVO: Yes, my family—we were just raised as a normal family. Money was tight. We didn't have a lot. My dad worked and then, when we were old enough, then my mom started working. It was—my family stayed together. I actually left home earlier because I wanted to work and make my own money. So, I started working at a young age, and having my own apartment and being very independent. It was taught well and I just moved forward from there. I didn't think it was anything wrong with me, or—looking back, I can see how I never really liked strong smells or strong cleaners. I was never one to purchase stuff like that. But, there was Fades, that was when the candles came out and different stuff, but they were kind of short lived for me.

We did the regular things, camping, and—we did a lot of things together My brother, my sister and I had birthday parties together. We didn't have a lot of people in. We had a lot of family in when we were younger. That's about it.

KIM: What do your parents do for a living?

BRAVO: My father has passed away. My mother is eighty-six as of May 15. She's still alive and she's living, still, in the house and is very independent. My mom has some sensitivities, too, and there are sensitivities in my family, like, now after—nothing we knew about before, but now, since me, it's coming out a little bit.

KIM: How about your siblings? What was your relationship with them like?

BRAVO: With my siblings? Both my sister and my brother moved away. I really didn't have a lot of relationship with my sister and my brother for years at a time. My sister still lives far away, but I talk to her every day. Now, with texting, it's, like, all the time. My brother, he's got two little boys now, so he's busy in his life. And so we just—I just tried to take care of my mom. I'm probably the one that does the most. Now, with my brother having to do the outside work, he's there more in the summer and in the winter he does the snow. Yes.

KIM: Are your siblings older?

BRAVO: No, my sister is one year older and my brother is four years younger.

KIM: You said that you had family over a lot when you were growing up?

BRAVO: Yes, like my dad's sister, my aunt. They were over—they were quite close. My grandmother, my dad's mom, was over quite a bit. Yes. But, just small, not a lot of family. My cousins, Jim and Lisa, they lived across the street from us. So, we were always—she was always coming over for coffee.

KIM: Oh, that's nice.

BRAVO: Yes.

KIM: You had said that you wanted to leave the home early. You had your own apartment, you were working. What was that like? What job did you have?

BRAVO: At that time I was working, I believe, at Levi's, where we made Levi's jeans in a factory. My sister worked there, too. I've had so many different jobs. I liked it. I think I just like being independent. I liked having my own money. They said, "If you're going to work then you have to contribute to pay rent." We were like, well, if we're going to pay rent, we're going to get our own place. Yes. At sixteen, I had my own car. I had my mom's car, and I bought it off her. It was, like, \$300, or something. Still, I bought that car and I started paying my own. I was very independent. My mom didn't get her license until after us kids were older. She wanted us to get our licenses young, like early, like right away. She didn't want us to wait like she did. So, I was just determined—as soon as I turn sixteen, I'm getting my license, and I did. I had my car before my license, actually.

KIM: Oh, what kind of car was it?

BRAVO: Yes, independence was a big thing.

KIM: How old were you when you got your own apartment?

BRAVO: I think at sixteen, we were—I can't even remember it now. It's so hard. I think it was more like living with friends and different things. So, actually having my own apartment—and then my sister and I lived together, me and my best friend lived together. So, probably by the time—I think it was nineteen when I was working at Levi's, and that's when I was in my own place. Yes, I was nineteen at Levi's, because I got braces. I wanted to get—I wanted to work. I wanted—there were so many things I wanted to have. We weren't—my dad, my parents didn't make enough money to get me the things that I wanted for myself.

KIM: What did your parents do?

BRAVO: My dad worked at Hoover, Canada, and my mom worked later in years. I think I was home for a little while, while she was working. Then we used to take over starting supper and everything like that. I guess that's how I learned how to cook and everything. I was probably home for a couple of years doing that. My mother worked at Taylor Associates, it was just a small little steel parts factory. It was hard work, but she just—she stayed there until she retired, actually. It was hard work.

KIM: It sounds like you've had, growing up, you've had a lot of jobs and a lot of different apartments and you really tried to establish your own independence.

BRAVO: Yes, I was very determined to be independent. I'm still the same way. That's where this disease affects me. It's taken away my freedom, my independence. I don't like it.

KIM: Since you moved around a bit as you got older, in different apartments, do you remember, perhaps with your childhood home or any of the other apartments, if there were any other smells or perhaps any chemicals that you associate with where you lived?

BRAVO: Yes, I don't recall. No, because, I mean, my mom didn't use a lot of strong chemicals. She used bleach in the laundry, but I guess she wasn't one for really—I think Lysol, maybe? Maybe Lysol? But, I mean, when she was cleaning, we were gone. We were out. My mom never cleaned, really, when we were in the house. We used to play outside. We were outside all the time. Yes. That's how she would do all her cleaning. We weren't, like right in it, even if she was.

KIM: You had said that now you have relatives who also are a little bit sensitive?

BRAVO: Well, my mom has allergies. My daughter has allergies. Yes, my cousin Jim says that he's sensitive to smells, they can make him nauseous, and stuff like that, but I never knew anything about this. I'm aware he's in his seventies and he just never said anything, I guess until—for me to go to my mom's, she basically had to get everybody to stop wearing their scents, and that's when it came out. Jim said, “Yes, I’m terrible when it comes to smells, like I have to leave places and stuff.” I never really—I never knew. I didn't think I had any problems with that.

KIM: As a child or as teenager you didn't have any issues with that?

BRAVO: No, not that I was aware of, at all. I wasn't—even right up to two years ago, I was not aware that it was scent that was doing it. I did not know that it was chemicals. I thought I had low sugar. I thought when—because I'm a lab technician, of thirteen, fourteen years. I would feel dizzy at times and I would just think it was low sugar. I would go to the back and I would have a bite of my chocolate bar or something, like a fiber bar, and then I'd feel better. Then I'm—even my doctor thought it was low sugar. I would have trouble with my breathing and getting bronchitis and sinus infections. They put that as allergies. I was on puffers and taking allergy medication. No wonder that stuff didn't work. When I finally started realizing it was scent, was when the scents started getting stronger. Those products came out that started to linger and stay. That's when I knew. That's what determined that it was the scent. It wasn't that it was low sugar. I was just getting away from that person, whatever that scent was, and that's why I was clearing up—because it clears right up. You still feel the fatigue and the headache or whatever. Once the headache comes, you're done. It's there. You have to ride it out. But, you get headaches with low sugar, too.

KIM: Yes, I can see why you could confuse one for the other, especially since MCS isn't very well known.

BRAVO: It's not well known. The thing is, I would go to work every day like Groundhog Day. I would be subjected by my supervisor because she wore Downey and—we were supposed to be scent-free. She kept coming in with it on. I would just go, like, forgive her. Okay, well, tomorrow, then tomorrow, tomorrow. This went on for two years. This one at work went on for me for four years. Yes. So, I kept going in. Now, I never got diagnosed until just over a year and

a half ago. Had I known, by me being so persistent and coming into work, because I'm not a person to take time off. I don't take time off. I don't even take vacation. You know what I mean? I love my job, and I just enjoy being there. I'm a single mom and I only worked part time so that I could be an active mom with my daughter. I couldn't afford holidays. I did take some. I did take a week here and there. Some years I did, but mostly I didn't. If I had known, by me going to work and getting all these exposures for these long periods of time, I wouldn't have done it. But, I did not know. If I had known, by going to work every day and being exposed like that, that I would be isolated to my home? Sorry. I wouldn't have done it. I would have taken better care of myself.

KIM: Yes. I think that's one of the issues that we've seen so often, is that people, they don't know about MCS, and they also don't know right away what's affecting them. Obviously there are a lot of triggers out there and they're things that people don't even realize are poisoning them.

BRAVO: I know! Like, you go for a walk around your block, you don't know that their landscapers have just put down pesticide. You don't know why, when you get home, you just feel like, you know, your chest is heavy or you just feel so fatigued. I went strawberry picking with my mom and I could not tell you how weak and how I felt—I felt like, I was just really off. I felt like I was in a fog. I said, “Mom, you're in your eighties and it's not even bothering you.” Why do I feel this way? We would go early, before I had to go into work, right? Then I'd go into work and then I'm being thrown into more exposures, more exposures and by the time I get home, I'd come in and I'd sit on my couch and I would be like, just staring, because I got nothing left. I'm like, why do I feel like this? I didn't know.

KIM: Yes. You're giving a really great picture right now of all the things that happened at work, things in your environment. I'd love to hear a little bit more about—just to make sure I get the whole timeline. Were there any issues when you were at school?

BRAVO: I didn't stay in school. See, I quit school early because I wanted to work. In my day, everybody just worked at a factory and school wasn't a big thing. It wasn't until after my divorce—no, no, no, that's not true. When the factories all started closing—I worked at Camco, Hoover, Inglis, Permalite—I worked at different factories. When they started closing down, I thought, I've got to get into something else. I went back to school, I went to college and I took a small and major appliance course and I wasn't—because I knew how to take machines apart because we assembled them at Camco and Inglis. I thought, well, I know a lot about this stuff, because I was a relief person there, so I did all the jobs. So, I decided to be an appliance technician. I got hired at Sears Canada, and I was an appliance technician there. Then, after so many years, then that started to push. People weren't servicing the machines anymore. After, like, ten years, I had to get out of that. I thought, well, what am I going to do now? I got to go back to college. I got married and then I was with him for eight years. Then we left, and then I thought, I have to get something. So, I went for medical laboratory technician. I've been doing that for, like, fourteen years, and I love it. I should have stayed in school, I was a lot smarter than I thought.

KIM: What made you interested in being a lab technician?

BRAVO: My best friend, Lucy, she was in infection control. She told me that I would be a really good lab technician because, she said, “You're so good with people, and your personality.” She said, “You're so organized.” She said, “You would just make a really good lab technician.”

She said, "I'll tell you, they're going to be in demand." She said, "You need to get in there now." I said, "Okay, that's what I'll do." So, that's what I did. She was absolutely right. I had no problem getting a job. I loved it. I'm good at it. She really hit the nail on the head. It was perfect for me. I thank her all the time. It's just like, "Lucy, thank you, if it wasn't for you—"

KIM: Does it use a lot of science background or math background?

BRAVO: No, not a lot of math. We had to do math in—it's so funny you should say this. My teacher—I was horrible at math. I was determined, and I remember getting a test and I got a very low mark and I thought, I've got to do this, I've got to do this. In my head, I need this to be successful. So, I asked her if she would tutor me, give me extra homework and everything and sit down with me and she was happy to do that. Then when I got all my math questions—because I had to do a big government exam for three hours. I got my math questions right and, after when she did all that with me, I improved and I passed my test and it was because of her. I'm the student that makes a teacher feel good about being a teacher because she would—if she could teach me how to do math, she's a good teacher.

KIM: Was that in high school?

BRAVO: No, no, this was at the CDI College, in my course, right in my course. Another thing, I couldn't—I wrote all in capital letters, all in capital letters, eh? I didn't use the lower text letters. She said that I can't write like that in the medical field, for documentation purposes. I had to, literally—you can see in my books at the beginning, everything's capital, and then you see the transition, where it's, like, more of one way, and then you can see all the way to the end, where it was all the way it was supposed to be. I'm so trainable.

KIM: Why was it that you would write in caps?

BRAVO: I don't know, it's just something that I just did. I don't—I think it was because I could read my writing. When I wrote, I was such an awful writer that I couldn't read my writing. If I did everything in capitals, then I knew everybody would be able to read what I'm writing. I think that's why I did that.

KIM: Oh, yes, I think I actually knew people in school who had to do that for important tests where someone had to read their writing. They had to write an all caps, then.

BRAVO: Yes. I couldn't even read my own writing. I had to do that for myself.

KIM: Alright, and, just moving forward. How would you describe your social life or what you did in your spare time before you had MCS?

BRAVO: Oh my gosh, I had a full—I'm a people person. I would do anything spontaneous. I love mini-putt, roller skating, I did with my daughter, paddle boarding. I mean, just a ton of things. I'm not a high risk-taker, but anything that I felt was safe for my daughter, I would do. We were very active together. She was four when we moved in here. We've been in the same place. She's twenty-one now, she's still here, in university. I used to go to restaurants, I used to go—I love—I mean, for my retirement, I wanted to take cooking classes, I wanted to be out there and taking classes because I just love learning. Now, I can't even—now, I can't do anything. People talk about what they're going to do. I can't travel. I can't, like—we went to a chalet. We rented a chalet. It was so hard because of the cleaning supplies that they used, the bedding. We brought our own bedding. There's so much. We had to get—my friend that I went with, Marjorie

and her daughter, which was my daughter's best friend, they all couldn't use any of their scented products and it really takes the fun out of everything. It's upsetting when it happens. Then I'm uncomfortable and I'm far away from home and I've got no safe place. And it feels anxiety—see, this is the thing. This is the thing. I have issues in my life and I feel I never get to have my issues without being bothered by something else. I don't know why it works out that way. Because, look, we're isolated. Nothing should be going on, we should have our time here. So, yes, when you go on vacation—we went to the zoo one time and they had this train thing that you could go and see all the animals that were out in the fields and everything. Because there were people in front of me with, like, Gaius or Downey on, all the smell was coming into my face and we had to get off and we had to walk the whole zoo, which is fine. We don't mind walking, my daughter and I do a lot of walking, but we miss out on a lot and my daughter misses out on a lot. It affects my daughter so much. She can't have any friends over. Even when her boyfriend comes over, he comes in, goes right in the shower and takes his clothes off. We bought a bin to put his clothes in so that scent can radiates without—and then he has clothes that are washed with unscented, chemical-free stuff here.

KIM: Before, you talked about what it was like navigating these symptoms with having a social life. How did your friends react, before you realized it was MCS?

BRAVO: Well, once I started realizing, then I just, when I was invited to things, I just started to not go, especially going into other people's houses. I did notice one friend had some smells, I don't know, potpourri or something. I just noticed that I didn't want to be around these smells, so I stopped, basically, going to people's houses and functions. Even for my own father's funeral, we didn't have any flowers there because, at that point, we didn't know if it was all smells. We didn't know if it was flowers or chemicals or—they were saying it was allergies, so even for my dad's funeral, we didn't have it. We had silk flowers made for him, like—crazy. Everybody was told at the funeral to not wear cologne and stuff like that. It was horrible. I felt like I had a plague. And people got mad at me. People in my family—I had the hardest time with my family. So hard. My brother would spray things in the air just because I don't think he believed me. People didn't believe me, but I would, literally, lose my voice. I couldn't understand why I would feel dizzy. I couldn't understand what that was. I was not breathing because I stopped breathing. We found that out when I started my cognitive therapy, because we were in a session and he put this thing on my finger. He—because, I was fired up. When I found out that I had this, it was a lot to take in. I felt like it was the end of my life. I felt, how am I going to live like this? I was overwhelmed and I was devastated. I was depressed. I was having a lot of anxiety. I started cognitive therapy, and I was there, and I had to stop going there because, in the building that he sat, in the washrooms, they have those air fresheners that spew out scent. Because that's there, it's everywhere. He had humidifiers going for me and all, air cleaners going in that. But, it wasn't—it was embedded in the walls, the carpet, the hall. I had to have my video meetings with him from that day forward, by video. The day that I was there, and he put the thing on my finger, he was telling me—and every time I took in a deep breath, I stopped. I just stopped breathing. When it was time to—you know what I mean? Actually, I wasn't even taking a deep breath. I just stopped breathing. He panicked. He's going, What's going on? What's going on here? Then, I guess—I don't know. Then, I went to talk and I couldn't. Nothing. My voice—I guess my throat was closing, I don't know. I said, “I'm having a reaction.” And he's like, “Oh, no.” So, I went over by the window and I said, “I think it's your air cleaner.” He said, “I thought it would be best that if I had that in here for you.” I said, “Well, maybe the filter needs to be changed or something,” but,

I said “It's been affected by that.” He opened it up right then and there and sure enough, his filter needed to be cleaned. He said, “We can't have this.” Then I started having video meetings at home. When I was trying to tell my family, they just didn't want to give up. They would have family functions without me, which was really hurtful.

KIM: I'm sorry to hear that.

BRAVO: We can't even get a hug. We can't hug somebody that has scent on.

KIM: Before you discovered you had MCS, how would you have described your health?

BRAVO: Good. Like I said, I never missed a day's work. I'd have sinus infections a lot. But, I mean, I was active, I'm in good shape. I mean, I'm sixty-one, you know, and I'm in good shape. Nobody even thinks I'm sixty-one.

KIM: You said that you discovered that you had MCS in 2018. You were starting to talk a little bit more about figuring that out. Could you go into more detail about the whole process of figuring out you had MCS?

BRAVO: Well, I went to the environmental clinic. I went to my family doctor at the time, and I was telling her what was happening and she said, “It sounds like you have MCS.” I was like, “What is that?” She says, “Well—” and she told me. I said, “Oh, I've never heard of it.” Anyway, she said, “I'm going to send you to the clinic in Toronto,” but there was an over a year waiting list to get in there. When I did go there, I was having reactions even in their place, and I had to go to Toronto. My friend, Marissa, took me, and they were the one that diagnosed me that I had MCS and told me that I had to avoid exposures, that I absolutely had to avoid exposures and that I would not be able to go to work if these exposures were going to continue to happen. I could not believe it. I'm like, “No, no, no. This is not happening.” You know, like—this is crazy. Then she said, “You've got to avoid these exposures because it's like a rain barrel. Your rain barrel is full, your organs aren't able to purify anything. So, your symptoms are going to get worse. What you need to do is avoid and let that rain barrel come down.” I was like, oh, okay, okay, that makes sense. I understand that. That gave me a little bit of relief. I'm like, okay, well, I'll do that and then I'll go back to work. I'm still not back to work.

KIM: You had said that your family doctor thought that you had MCS and I just think that's—actually, so far from what I've heard, kind of rare that family doctors are familiar with MCS.

BRAVO: Yes, I mean, I was surprised, too, that she would say that. How she identified it with that, or—I mean, I don't know. I don't know. I did tell her, I said, “It just seems, every time when I'm around my supervisor, I start feeling really dizzy.” Oh, you know what it was? My voice—I couldn't talk. That's what it was, it was my voice. I'm like, why am I losing my voice? Yes, and feeling dizzy. Then, I was using my puffers. I don't know if she looked into it, or whatever. That doctor is not there anymore in my clinic but, thank God for her, that she pointed me in the right direction. I don't even know what would happen to me if I didn't know this. Because, you feel like a crazy person and people make you feel crazy. They don't want to accept what's happening to you. They make you feel like you're crazy. But, you're feeling the symptoms. You're feeling the heaviness, like, that you can't breathe, and you're feeling—oh, and the rashes and the migraines I was getting were terrible. Days at a time. I would still go to work. So, I'm having these migraine and I'm getting reattacked at work, and it only—no wonder they were lasting so

long. I do—since I've been at home, I do not get the headaches. I will get a headache upon exposures, but I've noticed a tremendous difference with migraines now.

KIM: Did you find that when you had discussed MCS or your symptoms with doctors and people in the medical field, were they as receptive as your family doctor? Or, did you ever face any sort of pushback on that?

BRAVO: There's always pushback, no matter who you're talking about. Even with my own family doctor. My family doctor went off on mat (maternity) leave and then there was another doctor that took over. Then that doctor left, another doctor took over. Then she came back for a little while and then she got pregnant again. Then she was supposed to come back and never did. So, I have had many doctors, and they—it just feels like they're— She even said to me, “What do you want me to do?” I'm like, “I'm the patient. I'm here for you to tell me. What do I do?” They're asking me, “What do you want me to do?” That makes you feel hopeless. You just want to give up. You know what I mean? You're walking out of there in a daze, thinking, nobody can help me. What am I supposed to do? I have a daughter, I've got to stick around. A lot of stress. You just have to—I'm just thankful. I'm thankful that I'm a strong person, and I was able to get the help I needed with—Dr. White's been fabulous, my therapist—and just persevere and try to figure out what I can and can't do and find a new normal. That's what I'm doing. And, now, everybody's living in COVID—they're living the same life I'm going to have to continue to live after COVID is gone. I almost feel like I'm not alone right now. But, now, we're not only battling the COVID, we're battling all the chemicals. It's worse for us now. I mean, I can't sit in my backyard. I have a lovely backyard that I've got set up. As soon as somebody puts their dryer on, I'm back in the house. I could never plan a barbecue. Sometimes I start my barbecue and, I say to my daughter, you're going to have to finish it. I can't go back out there. Everybody controls me—everything. My housing—my housing has been horrible, trying to get accommodations, trying to get door drops, leaks and stuff like that. I told them that I had a lot of cold air. Where there's cold air, there's scent coming in from the laundry. They send somebody over and they put weather stripping on the door. Well, then I fell and I broke my finger. Because the weather stripping was so tight, I couldn't open and close my door. So, I had to take off the weather stripping in order to get in and out. I told them, “I'm sorry, I broke my finger, but I can't open or lock my door.” I couldn't turn the key. It was so tight. I couldn't do it. They sent me a letter, because I'm requesting a new door, because it's warped, I guess, or something wrong. We've tried lots of weather stripping and everything. He said, “I'm not going to get a new door now because I took the weather stripping off.” I said to my therapist, “You just want to fall on your knees and cry.” Like, what do you want from me? What do you want? What am I—what can I do? I want to stop the scent from getting in my house. Can I have one place on this earth that is safe for me? One place. People with MCS also need central air conditioning. This is my third year trying to find an air conditioner that does not exasperate MCS. All the portable and window air conditioners bring in scented, outdoor air from dryer vents. We require a unit that we can just turn on when needed without having to install door and window gadgets that will let scented air into our homes. I have suffered every summer so far and am now fighting for central air with my housing providers. I'm telling you, it's been horrible. I just feel that I'm just treated so disrespectfully. Whereas, I was in the medical field and there was a lot of respect and a lot of professionalism and a lot of caring and love, consideration and it turned—I was shown a world that was a complete opposite. Like, for me, and even at my workplace, the world is cruel. I'm going to get a tissue.

KIM: Oh, yes. Let me know when you're ready to move on, if you want just, like, a little break.

BRAVO: No, it's okay. I just get emotional because it's just hard. Like, I don't want to accept that. It's hard for me to say that out loud because I'm still always trying to find the good. I'm trying to be good. The only thing I can do is be good myself. I can't give up on me. I want to have positive thoughts. I want to—when I think about what I can't control, to me, it's ugly, but when I think about who I am, and if I can help somebody— That's why I wanted to do this study. A lot of people, they're probably so depressed, they can't even talk. They probably don't even care about themselves anymore. They probably just want to die. Whereas I don't, and I want to help, and I want to show—there has to be something put in place that people with MCS will feel like life is worth living. Like, we can still do stuff. If I look at the real picture, if I live day by day, and look at what I'm doing, I'm fine. I'm with my daughter, I have my place. There's so many things. I have a cat. We were going to be adopting little kittens to look after, but I was unable to foster them due to their supplies of food, toys, bedding, and cat litter being heavily scented from the home where I picked them up. I had to return them the next morning due to a migraine, disorientation, shortness of breath, and pain in my chest. I was heartbroken, and dropped them off in tears.

But there's a lot of things that you can do to replace what's missing. Somebody else with a disease, somebody with cancer, somebody with diabetes, they just have to live their life different than what they're used to. I want that to get out for people, that—you can still have a life. Yes. The thing I want to get out, too, is this MCS has to be caught right away. Don't wait. Once you have your diagnosis, it's too late. It has to be caught years before that.

KIM: Definitely. Just hearing everything you're saying, you sound like such a strong, independent person with a lot of fight, so that's always good.

BRAVO: Yes, it's a fight. It's a fight I want to win. I have to do this because I need to show my daughter—with all this COVID, all this going on—you have to teach your kids, there's always another way. I want to be strong and I want to show my daughter my strength because that's what she's going to learn from me. That is so important to me. That's why I went back to school. That's why I got educated. I wanted to—she's in university, straight A's, taking medical radiation. I have to stay up there with her.

KIM: I love hearing about the way you talk about your daughter. It sounds like such a great relationship.

BRAVO: Excellent relationship. We have such respect for one another. Through this COVID, she has her space, I have mine. She does cooking with her girlfriends in the kitchen and I go to another room. We're so considerate and so loving. She thinks the world of me. I think the world of her. She's excellent support. It's so wonderful, so wonderful.

KIM: Yes. It sounds like she's been very respectful and considerate of you having MCS and just, throughout—even the way you talked about going to the zoo with her and these little childhood things. It sounds like she was always very mindful of you.

BRAVO: Yes. She'll say, "Scent, mom. Scent, mom." I'd be like, "Oh, I didn't even know." If somebody has a lot of scent on, she'll go, "No, no, no." She'll cut in front of me or whatever. Or, she'll close the balcony door, because sometimes, if we can have it open—and then she'll be like, "Oh, scent," and she'll go and shut the door for me. She tells all her friends. There's a big to-do, and that has to be embarrassing, especially when she was a teenager. That's embarrassing for a

teenager, to have to have that kind of—to say something to their friends about, “Oh, you can't come in if you have scent on.” Not all scent, but it's, like, laundry, some deodorants. It's certain things. Some are really bad. Yes, she's very considerate.

KIM: It sounds like she's always had your back, even at a young age.

BRAVO: Yes, she's had my back. I think because she saw how I was treated by other people. I think it made her feel so sad for me. She didn't need that burden. Even when my sister didn't understand it, she'd say, “Mom, you like your smellies, keep having your smellies.” She didn't get that it was making me sick, my sister—it's a hard thing to wrap your head around.
[Redacted]

KIM: Yes, and I didn't even realize, but a lot of people talked about Tide being a big trigger—the detergent, Tide. Now I'm like, “Oh, yes, this actually smells really awful.” Like, why do we use this? It's been very eye opening for me.

BRAVO: Yes. I mean, if they would just stop. Apparently it's a chemical that's in scent, whatever it is—and nobody knows what it is. It affects your nervous system, it affects your breathing, your nervous system, your organs. It's just not meant for the body, whatever it is, and there's so many people affected, that—if they would just stop with the laundry and the deodorant—those two things, like laundry, like fabric softener and laundry and deodorants. If they could just eliminate that, that would be a lot of exposures that we wouldn't have to worry about. Just those two things.

KIM: I definitely—even though I don't have MCS, I can really empathize or sympathize with this.

BRAVO: I think it starts with sensitivities, with, like, an irritation or annoyance, where you just all of a sudden feel irritable. I think that's how it starts. I think for me, it started in the factories, because I worked with a lot of chemicals in the factory. That's where it started. My last chemical plant I worked in was just before I was married—2014? No, when did I—? 2004. I worked at Bayco where they coated steel coils with paint, so there was solvents and paint all in the air. I used to have to clean the troughs and we didn't wear masks. I was so sick there. The migraines I had at that place were unbelievable. So, I never—I got laid off. We got laid off, and I just never went back. I thought, I can't go back there, I'm too sick when I work there—and still didn't clue in, or, my doctor didn't clue in, that I had chemical reaction. Working in many factories has contributed to my MCS, which has only exasperated my illness throughout the years.

KIM: Have you ever tried to hold those factories accountable?

BRAVO: Well, I think that's what—I am in a WSIB (Workplace Safety and Insurance Board) claim right now, because my work wouldn't—because, to me, it was work related. I am currently on ODSP (Ontario Disability Program). WSIB does not acknowledge MCS to be a work-related injury, even though you're being exposed to the toxins of laundry, personal, and work-related cleaning products no matter where you work. It needs to be recognized that a scent- and chemical-free policy must be enforced to protect a person with MCS; otherwise this gives the illusion of working in a safe environment. I was being exposed so much. If I'm not being exposed to chemicals, then I'm fine. They were not—there was no scent policy then. I had to implement that. Then my company got bought out by another company, so then I had to start over. So, finally got a low-scent thing, but then they weren't enforcing it and they weren't stop—

and then the employees had to sign a paper saying that they wouldn't make any scent and they would be reprimanded if they come in with scent on. They were still coming in with scent on and I was going home. Then, finally, they were sending the employees home. This just went—and then, the patients were coming in, and so much scent. Then I just got so overexposed that, the last day that I left there, I didn't even know if I was going to make it home, because I wasn't recovering. I wasn't recovering. Usually, as soon as I get in the fresh air, I'd start to recover. I wasn't recovering. I was driving and I was so scared. So, I come home. I went right up into the shower and just washed everything off, because it gets in your eyes, your skin, when there's that much. Then I never went back to work since, because that was just—I couldn't.

KIM: That was as a lab technician?

BRAVO: Yes.

KIM: I think one of the difficult things about that is that you can try to implement a fragrance-free office and, maybe your coworkers stick to it. But, I think, having to deal with patients is probably so much more difficult because they're coming in with their own scents and not necessarily being aware of what they're putting on them how it's affecting you.

BRAVO: Yes, the thing is, too, someone could be unscented, but they could be in somebody's vehicle that has an air freshener. They're going to leave that vehicle scented, and not even know it. When that person comes into the lab, and I'm being affected, they're saying, "I don't have any scent on." Yet, I'm having a reaction and I know what's happened but I can't stick around long enough to tell them because I have to get out of there. Then you try to tell people this stuff and they don't want to hear it. They get mad. They get really, really mad. They'll have scent on but they'll deny it until the cows come home.

KIM: Yes. Was your boss supportive of your MCS?

BRAVO: No, my boss was not. I told my boss. I said, "You make me feel that if I was to pass out on the floor, you would just walk over me." That's what I said to her, that that's how she makes me feel. You make me feel like I'm just a nothing person. I've been so dedicated to this company, my whole life, working here. This is what I have. I have an illness that I wasn't aware of, and that's how you make me feel. She would come in with her scent on and she would stay. I would be outside in the winter without a coat, waiting for her to leave. She knew I had a reaction. I'd have to peek my head and say, "Are you staying or you're leaving?" "Yes, I'm going, in a bit." So, I'm supposed to just stand outside in the winter, like—horrible. Girls at work would be bringing in scented candles and spraying perfume in the lunchroom. All kinds of stuff I went through. I thought, I would have never thought nobody liked me. You just feel like you're being hated. You wonder, did anybody not ever like me? I would do anything for anybody. And, I love to work. If it was slow, and a patient came in here and there, I would be the first one to jump up and go, "Don't worry about it, girls. I'll get it." If there was stock that came in, I would be putting it away. I would just do stuff because I'm a busy person. I like that. That makes me happy. I'm a hard worker. There's a lot of things that happened to me mentally. I'm not very strong in that area now. I used to be confident, strong, never worried about anybody liking me or being a problem to anybody. That's my weak spot now. People have broken me.

I would do anything. If someone told me that I had something on, or, don't come to my house with scent on, I wouldn't do it. But, I'm a rules follower. I follow rules. I love rules. I can't live

without rules. I think they make my life better. I think, where there's rules, there's boundaries and you can always be, like, appropriate. I think it's important. I don't understand when someone can't be considerate. My mom is eighty-six. My mom wants all her kids together, at functions and everything. Yet, nobody will do that so that we can be there, so that I can be there. My mom says to me, "What am I going to do?" I said, "I know mom, I can't expect you to do it." It's hurtful.

KIM: Yes, and hopefully, with this study, people will become more aware of MCS and not just discount people's experiences with chemicals so that, when someone says that they're having these sensitivities or having these issues or symptoms, that they're legitimized. I hope that people will believe it—

BRAVO: —that they will believe it.

KIM: —when you say that you—yes, of course.

BRAVO: By exposing us more and doing all their stupid little, "Oh, is she really?"—doesn't really do anything, but everybody wants to find out for themselves. They're really putting us at great risk. Had I not had all those exposures—I mean, I'm going to be retiring at sixty-four years. Had I not got all those exposures when I was crying for help, all those extra—because it got worse when I was out. When you put it out there—I'm on a couple of MCS groups, and everybody said the same thing. When they started to express it to people, it got worse. That's what puts us over the edge is all those additional exposures. If we don't get them—I would have liked to have retired. That's my decision. I want to work. That's my decision. It got taken away from me. When I wanted to finish that course—that's my life. These are things that are emotional. These are decisions—your retirement, whatever—are major decisions that only you should make. Everybody else are making all my decisions for me—where I can go, where I can eat, what I can do, when I can retire. I can't go to a doctor's office. I can't—It's a tough one.

KIM: Yes, I—

BRAVO: I'm afraid for the person that's running this research. It's critical that she avoids exposures. It's critical. If I can give any advice at all. If you have to go to work, I don't know. If you don't have any control about your environment, it's not going to be worth it.

KIM: Yes, definitely.

BRAVO: I went to work every day and I fought to be at work, but it was not worth it for me. Nobody cares. Nobody cares that I did that. Now I just feel stupid that I did that. But, I didn't know.

KIM: Yes, and that's definitely not your fault, at all.

BRAVO: No.

KIM: Since, there's hardly any information about that, a lot of people don't know about MCS, and a lot of people don't believe it exists.

BRAVO: No, and you second guess your own intelligence, because then I say to myself, "Well, why wouldn't I know that?" I know about medical, I know how the body works. I know about the organs. But, I didn't know that these chemicals that are out in the world, they're supposed to be safe for people. When I go through in my head, like I said, when I call myself stupid—after I

go through reasoning, then I say, “No, you can't possibly know that that was happening to you.” You can't know. Companies aren't supposed to be using toxic, unsafe chemicals. What about babies? You watch, in twenty years, the babies of today. What are they going to be going through in twenty years. What are their organs going to be like? Your own kids. Just try to not have any chemicals in your house.

KIM: Yes, definitely.

BRAVO: I can't buy new furniture. I can't buy new clothes. I can't—seriously.

KIM: What is your—if you can just go through what your daily life is like with MCS?

BRAVO: Well, now, it's just more or less, just—thankfully, I am a homey person. I do enjoy being home. When I was home, I—so you just take care of your house. I have my cat. I talk on the phone. I started doing some painting, paint by numbers. I've done every—I can knit, crochet. My mom got us doing all the crafts when we were kids. We are a very creative family. I have crocheted doilies on my thing, I don't know if you can see that?

KIM: Oh, no, your camera is not on right now. But, that's—

BRAVO: Oh, my camera is not on?

KIM: No.

BRAVO: Are you kidding? Oh my God, where is it?

KIM: If you go to the bottom, there's a video camera, that icon that you can click.

BRAVO: Video? Start video?

KIM: It's like—yes, try that.

BRAVO: What? I thought the whole time I—

KIM: Oh, there you are.

BRAVO: Oh my gosh, I can't believe I never—

KIM: I didn't want to say anything because some people don't want to turn their video on for privacy reasons, which is fine. So, I didn't want to mention it.

BRAVO: Oh, my gosh, no. Oh my goodness, oh—hi! This is me.

KIM: It's good to see you.

BRAVO: Oh, so here is my doily.

KIM: Oh, that's lovely, is that a snowflake?

BRAVO: Yes. My mom taught us how to do everything. So, I mean, there's lots of things I can do to keep myself occupied. I fix everything. I'm always tinkering. I say to my daughter, “Something gets broken, give it to me first because I can fix anything.” I'm very creative and, yes—I call my mom every day, there's always something going on with her. That occupies a lot of my time, as you can see. I have friends, I can do video chatting. There's a lot more now than there was before. Because I broke my finger, I'm in hand therapy, getting my finger to work

properly. Yes, I mean, I can find things to do. But, it doesn't consist of—nobody is going out, nobody. Everybody's experiencing how I live. Like, you probably can't wait to just start living normal, right?

KIM: Yes.

BRAVO: Yes.

KIM: Although, I kind of doubt we could just go back to normal. I think everything has changed by now, but, it's something we'll have to see.

BRAVO: Yes, I think that it will be normal, eventually, as long as things don't mutate more. That's my only fear, is, after this, there will be another one, but, I don't know. Then they better get rid of the chemicals because people's bodies aren't going to be able to tolerate these viruses and the chemicals. Our organs are already taking on way too much. Not just me, not just somebody with MCS. I'm talking everyone.

KIM: Yes. I really I loved what you said even before we started recording, when you were talking about the relationship between COVID and MCS. It's something that I, honestly, didn't even think about, is that, I would think that maybe it would be safer for you to go out but then it's, actually—you were saying that it's not safe, because—

BRAVO: It is not.

KIM: —everything is getting sprayed with chemicals.

BRAVO: Oh, my gosh, it's scary to go out. I wear a carbon activated mask, but what I really need is a respirator. I'm going to have to get one. It's just that, when you get these, they have to off gas because they're made of plastic. We can't just—anything we get we have to let it sit in the sun, off gas. I'm going to have to get on my chat group and get something. And, now, with the laundry—you know how the hydro company, you can do laundry anytime a day? Before, I could go out in the daytime in my backyard. Now, I can't. See, as soon as they put that restriction back on, where people, to do their laundry is more expensive, I pretty much have the whole day that I can go outside. But, now, I can't, because—I live in townhouses, and somebody's always doing their laundry. Now, it's restricting me more. When you see—

[crosstalk]

KIM: Oh, I was just going to say, I wouldn't have even thought that, because of the quarantining and shelter-in-place, that you'd have more people in their homes, but then they're doing things like using chemicals and that would affect you.

BRAVO: Yes, the dryers are running all the time at different times, when it's convenient for people. When it's nice out and people have their doors open, their smell comes out. Like, my neighbor's smell is very strong. I can't be on my front porch when they're on their front porch because I can't breathe, because their clothes are all scented, and all their stuff are so highly scented, I cannot be outside at the same time. I have disabled people living across the street from me—it's AbleLiving, and because of their cleaning supplies and their laundry and everything like that, when those people are outside, I can't be out there. Their scent I can smell at my front door. I don't want to—it's like, somebody cut my nose off. I don't want to smell but, on the other hand, I'm very thankful for the smell because then I know I can go and be safe somewhere. See?

KIM: Yes.

BRAVO: I'd rather be able to smell it. See, once I smell it—sometimes, if it's really strong, I smell it and I start getting dizzy because it's that strong. Sometimes, I can smell it before it hits me and get out or come back in the house, and that saves me. It's unbelievable and people just think you're crazy. I don't want this. I want to work. I am a worker. I've worked hard. I love working, I love being around people. I just—I love—I miss my patients so much, like the older people and people that are afraid to have their blood work done and I'm so good with them and kids. Now I don't even get to use my skills. It's a waste, all because people want to have their scent. My life is being affected and, even at my work, they're supposed to be scent-free. Why do they advertise that people with autism and stuff like that, because they can really have a bad reaction, somebody with autism, with scent and smells, right? Why do they advertise they're scent-free and say that they can do autism people, when they're not—when their own employee can't be there? That's an illusion of safety. Just like products. It's an illusion of safety. Everything is an illusion.

KIM: Yes, that could definitely lead to some issues with people who are sensitive to scents, thinking that it's a safe place for them to be.

BRAVO: Right. It's false. It's false. It's fraud. Yet, everybody gets away with it. You know what? It's just like smoking, look at all the people that died. People with MCS are dying and they are killing themselves. Do you know that? They're committing suicide because they can't live like that. They can't be isolated. They can't. They can't take the ridicule. They can't be the center of attention. They can't mentally handle it because it's too much. That's why it's got to be out there. People have to be told, yes, it is real. You're not crazy. I believe you. Yes, this happens to me. This is what you can do. Have you tried this? You have to give people—people only need a little bit of hope. A little bit.

KIM: Yes, and it sounded like you had said, earlier, you're part of MCS groups, too, right?

BRAVO: Yes.

KIM: Do you know which groups they are?

BRAVO: Yes, I do. I can go right in right now.

KIM: I imagine being part of a group like that would definitely help with the feeling of loneliness or people saying that they're crazy. You get the sense that you're not—you have this community.

BRAVO: You hear horrible stories about what your mother or your brother or something do to you. So, although you—what you just said, yes, I agree. That was my hope. But, also, there's a bad side to that. You see what you're in store for, and it confirms, oh, my God, this already is happening. Then you start getting scared. Then you hear about the suicides and you hear about—this person couldn't take it. Well, it's not necessarily good for that reason, see? They actually have a group for people that have to deal with people—a support group for people that are dealing with people with MCS. So, people that don't have MCS, but are with a person that has it, because those people need support, too. Right? I'm just looking here at my groups. There's MCS Canadian, MCS/ES Ontario, MCS Gabfest. What is that? Is that—yes, I guess that's a group.

Yes, Gabfest. ‘Introducing—when did you find out your normal daily life is called quarantine’—oh, that's—

Yes, you get a lot of knowledge, like, how chemicals affect your lymph nodes, other parts of your body, and why you're fatigued and—like, I never knew, but, if I was at a bonfire, I never felt that good. I felt very fatigued and I just wouldn't feel the same when I come home and I never realized it was because of the fumes from the fire. I had no idea. So, it can give you the heads up of what not to do anymore. Multiple Chemical Sensitivity and Frangancing. I guess the one I'm on the most is MCS/ES Ontario. Oh, Better Together. Oh, yes. If you read this stuff, like, the chemicals are really bad for people. People are really suffering. There's a lot of surveys. Can you see that?

KIM: Oh, okay, I could see it now.

BRAVO: There's a lot of different surveys and stuff like that, if they come up that I do, that ask questions for people that have MCS. There's always information on here that these girls that are in admin, that are able to navigate and get information for people and stuff like that. They work so hard. They work so hard. Sometimes they'll go on and say, like, “I had a bad exposure. I'm just not up to it.” And, you know what they're feeling. I don't know if the person involved in your research—what is her name?

KIM: Rachel Lee. Her last name is L-E-E.

BRAVO: Rachel Lee. Yes, love to talk to her, boy.

KIM: I could email her if you're interested in talking to her.

BRAVO: Yes, absolutely. Absolutely. Now, did you want Dr. Marshall's information or did I give it to you? See, another thing is memory. So hard to remember things. Whereas it used to be a lot easier and now—and I could never figure it out and I never knew this, but it makes sense. I would be with people. Then, I guess, because there was a chemical there, all of a sudden, I couldn't think, I couldn't—oh, my god, I know what this person's name is, what is this person's name? Why can't—? I would be panicking because I'd be like, What's wrong with me? I don't know, am I having a stroke? Why don't I know this person's name? A lot of those incidences happened before I found out I had MCS and now I understand what was going on. When I'm in a really bad reaction, when I lose my voice and everything, I literally can't think. I can't say it out loud. I know what I'm saying in my head, but I can't—it literally does feel like I'm having a stroke. I can't get it out. I can't talk it. So weird.

KIM: Regarding Dr. Marshall, it's Dr. Lynn Marshall, right?

BRAVO: Dr. Lynn Marshall.

KIM: We're actually in contact with her. So, that will be good.

BRAVO: Good! Good, good. Good.

KIM: Sorry, just to continue, I noticed in your pre-interview, you said you don't do activism or advocacy, is that right?

BRAVO: Yes. What is that? I'm not really sure what that is. Is that like, protesting?

KIM: It's kind of—it depends, for each person. Sometimes people will talk about, for example, their own—what they do as an individual to promote MCS. We have some people who, for example, write letters to companies being like, please don't put this in your products, or, please don't use this in your stores. Some people take it on a more individual level. So, it's like them trying to educate people around them about MCS. And, of course, there are other things that are more organizational, like, say, being part of an MCS awareness advocacy group, for example.

BRAVO: Oh, okay. I mean, I've done—I've asked AbleLiving if they would stop using their scented stuff so I can work on my garden out front and stuff. Last year, they did stop using their scent and I had a pretty good summer. But, now, it's out of sight out of mind. Now, it's all right back. Now, as soon as I open my door, I'm walking right into it, like, I'm holding my breath to my car. My car is in the garage and I'm just like, get right in the garage. I was thinking about writing them another letter, but, I wanted to do it, like, I don't want to have to go through Human Rights. Human rights supports MCS, but by the time we know we have MCS we're too sick to fight for accommodations. They think, because they rent these spaces from my housing, that it's up to housing to look after it. Housing is telling them, “Oh, don't listen to her. She's crazy.” And, that's what people are saying about me at work. My workplace is saying that I'm crazy. That was a hard pill to swallow. Anyway, so, I was thinking of—I'm going to be writing them a letter, saying that, it's not about housing, what they say. If you cannot abide by this Human Rights Code, it will be between you and Human Rights. Housing has nothing to do with it. Just because they say, “Oh, don't worry about it, she's crazy,” that doesn't give you the right to think that you can do that to me. I do want to do that. I will be taking my landlord—I will be going through CERA (Centre for Equality Rights in Accommodation), it's called CERA—they help you with your housing accommodations with Human Rights. I'll be contacting them. It's just, with COVID and everything, there's so much going on right now. It was hard enough to be heard. Now, it's even worse. It's worse for us to be heard and it's worse for us to go out.

KIM: I imagine that this takes a huge mental toll on you.

BRAVO: Yes.

KIM: I know you had mentioned having a therapist for—is it for MCS?

BRAVO: Yes. Coping with MCS, yes. Dr. White and, like I said, he would be very happy to speak with you guys and be a part of the research, actually. Because—

KIM: Does he specialize with people who have MCS?

BRAVO: Yes.

KIM: Oh, wow, that's incredible.

BRAVO: Yes, like with me—and he works with Dr. Marshall. So, Dr. Marshall gives him patients. He said to me, now that he has quite a few patients with MCS, he goes, “Now,” he says, “I can see how, with all the things that you've told me about your symptoms, how things are,” he says, “It's consistent. It's very consistent with everybody else.”

KIM: That's actually the first time I've heard of someone who specializes in MCS for mental health counseling. So that's, actually—

BRAVO: Well, he's learning. He is. I give him credit. He is seeking information and he's learning and he's seeing.

KIM: Have you found that it helped you?

BRAVO: Absolutely. I see how compassionate he is. There's some people, when you're talking to them, you know they think you're just crazy. You can tell. Then there's some people that you know are being genuine. On some of the groups, I have gotten together with and I have spoke with other people with MCS, but I want to know, factually, with a clear head, with someone that I feel has it together, because I'm just as ignorant, I think, at the beginning, that maybe I wasn't believing it myself. If that makes any sense, like, I had a hard time wrapping my head around it. There were some people that had some other issues that I felt did not help with the information that I was looking for. Like, if I found out that somebody was, like, smoking pot, even though it's for health reasons—I'm sorry, I don't mean to be rude. I have to make sure, when I talk to somebody, that they're not involved, like, there's no other stuff going on. You have to compare apples to apples. I don't smoke, I don't drink, I don't do drugs. It has to be a person comparable to how I've lived my life, that I'm going to listen to, because I'm desperate for honest, honest, genuine information. That's the only way it's going to help anybody. You can't use it as a tool for getting attention. You can't use it as a tool to get off work. I never wanted to stop working. I don't want to talk to somebody that just doesn't want to work. I don't want any excuses. I'm very hard this way. Because, I need to know. I'm a factual person and I want the facts on this. I want to know what's going on and if I'm right—because I want to know if I am crazy, myself. [Redacted] There's a real emotional roller coaster involved with this. It's detrimental (and) it needs to be understood.

KIM: Just a few more things to give an overview of the interview. One thing that we're interested in at CSW—The Center for the Study of Women—we're interested in an intersectional approach to MCS. So, just thinking about things like gender and race or anything else, like class, but particularly gender. Do you think your gender identity or race has impacted your experience with having MCS in any way?

BRAVO: To the best of my knowledge, women do get MCS more than men do.

KIM: Yes.

BRAVO: In research, yes, they do. But, there are men—like I said, my cousin, Jim, is sensitive to some smells and stuff. It's a really—I don't think, like, for gender—I said this before, the disease is ignorant and it'll just attack anybody that their organs are weak to begin with. It just seems that, if your organs are weak and you've been exposed too much, it's going to take over. Some people can fight it, but it will catch up to you. That's what I know, because of me. It caught up to a person that wasn't ready to go down. I can't have the—this is what's going to happen to me? Scent is going to bring me down? I just can't believe it. Of all the things, it's like—am I going to get cancer? Am I going to have a heart attack? Scent? Come on. Who would know? Well, chemicals. Chemicals is a big thing. It's not just scent, it's chemicals.

KIM: Just to sum it up—how do you think society will view environmental illnesses or sensitivity in ten years?

BRAVO: I think they're going to view it a lot different, because with this COVID and all the chemicals that they're using now, they have just escalated the chemicals. Now, there are going to

be more people showing up with the problem. It's just like COVID, people are gathering together and more people get it. So, now there are more chemicals. Our bodies can't handle what's out there already, and now it's even more. That's going to escalate it, I believe.

KIM: Yes. What are some steps that you believe could change society's relationship with chemicals?

BRAVO: I think that, for one thing, they don't need to have anything that you can smell from across the street. At one time, you could never smell another person unless you were right beside them. So, hands down, that's a chemical. There is nothing that you can smell from across the street, even lavender plant. Think of any plants—unless there's a whole field of it, that's not natural. Just get rid of the chemicals that they're using to—go back to the old recipes. It's what they've been using in the last ten years.

KIM: Do you have anything else to say—?

BRAVO: So, they need to—

KIM: Oh, yes, go ahead.

BRAVO: They need to get rid of Gain and Downey, for sure. And, Axe. Those are brutal.

KIM: Yes, I've heard some things about Axe, which I also hate.

BRAVO: Yes. There was actually a truck—it was on my group. There was a truck that turned over—a transport truck that was carrying Axe. The people with MCS were horrified that that Axe was in the broken bottles or whatever, was all in the area. They were panicking.

KIM: Those are all my questions. Do you have anything else to add that we didn't get to talk about yet?

BRAVO: I mean, I think we talked about the housing, we talked about a lot of things. I think what scares me is, I just don't want to be subjected to these unnecessary chemicals because, people are subjected to other things in life as they get older, that's hard on their organs. And, I still have a ways to go. So, I don't think it's fair that people are making money off of stealing from me, taking away my life and making a profit. I don't think that's humane. I feel really ripped off. I feel sad for my daughter, anybody that has this.

KIM: Well, thank you so much for sharing that. I'm going to go ahead and stop the recorder.

[End of May 20, 2020 interview]