

Oral History with Ann McCampbell

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Interview with Ann McCampbell

SESSION 1 (5/22/2020)

[00:01:16]

YIU: Today is May 22, 2020. This is an interview with Dr. Ann McCampbell. Dr. McCampbell, when and where were you born?

MCCAMPBELL: I was born in the Oakland Kaiser Hospital in 1950.

YIU: And what was the neighborhood like growing up?

MCCAMPBELL: For most of my growing up, I grew up on the San Francisco peninsula, in an upper middle class neighborhood. We had sidewalks in the front of the house and we had a nice open area in the back.

YIU: Oh, wow. And so it was a middle class neighborhood?

MCCAMPBELL: Yes, I would say upper middle class, we were in the hills. And we had a five-bedroom house and that kind of thing.

YIU: I see. You mentioned that there were a lot of sidewalks and things like that. Was it an area where there were any sources of exposure now that you think back?

MCCAMPBELL: I think the outside air was pretty darn good. In terms of products that we used in the house, it was Lemon Pledge and my mom used perfume and other cleaners. We had a can of Raid for when ants came, were crawling on the cat food dish and things like that.

YIU: I see. Where do you live now?

MCCAMPBELL: Where do I live now?

YIU: Yes.

MCCAMPBELL: I live in the outskirts of Santa Fe, New Mexico.

YIU: Outskirts of Santa Fe, what's that area like? Is it away from people?

MCCAMPBELL: It is. Santa Fe in general doesn't have much in the way of industry or agriculture, couple of the big problem air polluters. I'm in a housing development where everybody is on an acre and a quarter. It's considered semi-rural. So, the roads are dirt. But you have neighbors, it's not like living out in a real rural area. There's people around but they're not very close. I've lived in this development since I moved here twenty-six years ago, although I'm in my fourth house in in the development.

YIU: Oh, fourth house in Santa Fe now. And why did you move so much? Were there any issues with the houses?

MCCAMPBELL: Sometimes. The first one was just the sublease to kind of get here. And the next house, the landlord sold it. The next house, there was an issue that it got contaminated with pesticides, and I needed to leave. And then I've been in my current house eighteen years. So it's been pretty stable.

YIU: Wow, that's wonderful. And are you living with anyone?

MCCAMPBELL: No.

YIU: I see. So it must be nice to have all that space.

MCCAMPBELL: It is. Yeah.

YIU: Why are you interested in talking to us today about chemical illnesses and environmental illnesses?

MCCAMPBELL: Basically, once I became ill with chemical sensitivities, I've dedicated my life trying to raise awareness about it. It was certainly something I learned nothing about in medical school. And I saw what I went through, and I saw what other people were going through. And I felt that with my medical knowledge that I might be able to be to be helpful. I've kind of become kind of an advocate and awareness builder right out of the gate.

[00:05:29]

YIU: Right. And so, Dr. McCampbell, you started as a women's health physician, is that right?

MCCAMPBELL: Yes.

YIU: How did you make that transition? Is that because of your own experience when you got sick in 1989? Can you tell us a little bit about how you made that transition from being a women's health physician to an MCS (multiple chemical sensitivity) advocate?

MCCAMPBELL: Yes, and it was quite abrupt. I was working at Kaiser in Richmond in the gynecology department in 1988. And I lifted a box and popped a disc in my back. I got numbness in my feet, I had sciatica. And so within a couple of days, I couldn't work. I went out on temporary disability because of my back injury. But it just never healed; it wasn't ordinary. I was really developing the multiple chemical sensitivities. That was my last day of work. It was somewhere in August of 1988. And then I became severely ill by May, with a full blown multiple chemical sensitivity.

YIU: You mentioned that you became severely ill and it was full blown MCS in May. Can you describe to us what you mean by "severely ill" and "full blown," and how it's different from when you first encountered this illness?

MCCAMPBELL: Well, that is when I first encountered it. There were kind of hints, in say, the '87, '88 kind of time. I was having trouble with food. And I realized when I ate, I would get a stomachache and tended to be bloated and achy. So I thought, oh, well, maybe I have food allergies. I worked with a nutritionist who was eliminating this, that, and the other from the diet. I pretty much got down to like fish and green vegetables, kind of going along that route. I

remember a time eating ice cream and shaking. And I thought well, it was cold, but I don't know if it was that cold. And it turned out that was sort of (my) beginning to react to sugar. It turns out I'm extremely allergic now to dairy as well.

And then when I had the back problem, I got an MRI to see what was going on with my back and that really knocked me for a loop. I ate some salmon and got dizzy and woozy and went to the ER. That time they saw me they said nothing's wrong with me. But when I came back to where I was living, just inhaling the fumes of the salmon that was there made me dizzy. I used to say it was like sticking your head in a whiskey jar or something. It was woozy, dizzy, nauseated. So that was the beginning of something inhaled bothering me. So it kind of went like that, until I tried this protein powder in May of '89. And then I just—all, the inhaled stuff, everything around me was bothering me. It just happened within a couple of days.

YIU: I see. And so what was your initial impression, because as you described, this is nothing like you've ever experienced before, despite the signs?

MCCAMPBELL: Well, it is indescribable. And I couldn't believe it was happening. However, I did have some friends that had what we called back then Environmental Illness, and I knew certain things bother them. I called them up and said, "What was happening with me?" And they were saying, "Yeah, you're kind of sensitive." So I had a little bit more guidance than some people that really just deal with this completely on their own and out of the blue.

YIU: Right. So it was 1988, which means you were thirty-eight years old?

MCCAMPBELL: Correct.

YIU: And you were working in Kaiser. You mentioned speaking with your friends: are these friends, your coworkers or you've just met them in medical school?

MCCAMPBELL: No, the friends were just people in the community that I knew, friends of friends. I was living in Oakland at the time.

YIU: I see. And so, yes?

MCCAMPBELL: Well, pretty quickly, I mean, I was tuned in to kind of a network which was really led by, at that time, Susan Malloy, who I think I saw on the list you may have already interviewed. She had a newsletter called The Reactor and they had Environmental Health Network, which still exists. I got my hands on that kind of material and met some other people through that organization. And that's what got me started on trying to cope with MCS.

YIU: I see. So that was actually how you discovered what your illness is.

[00:11:28]

MCCAMPBELL: Yes.

YIU: And did you ever bring it up to doctors at all?

MCCAMPBELL: Well, I waited for six weeks. I didn't think I would actually last that long because I was intolerant of food and whatnot, but there was an environmental doctor in Oakland.

So the first doctor I saw was her. However, she was not helpful and was kind of discouraging—but I don't, the other doctors, what happened after that—but she found out that my thyroid had gone down to nothing and I needed to get on thyroid (medication). I tried that on my own, and my heart went really irregular and it was terrible. So I did end up seeing an endocrinologist who helped me kind of get on to thyroid (medication), and he didn't believe-- he didn't understand or believe chemical sensitivities. I was losing weight pretty fast because food was going through me undigested or I couldn't eat it at all. He diagnosed me with anorexia nervosa, like a psychological problem and things like that. So that was the only kind of regular doctor I saw. Then I also saw another doctor who is actually an acupuncturist and he was very helpful, and he had some sensitivities himself. And then it took a couple years before I could even be stable enough to go through another environmental doctor who really kind of put me on the path to recovery. By recovery I mean partial recovery, improving, you know?

YIU: Yes. It seems like that was a lot of bouncing around as you said, to collect this different knowledge that you have gained about environmental illness. Did you ever receive a diagnosis from any of these doctors? And did you find them to be useful?

MCCAMPBELL: Oh, I don't know. I think the doctor that really did acupuncture to diagnose me—in fact, come to think of it, and I haven't thought about these times in a while, he supported me in applying for Social Security—(unclear) that I was chemically sensitive. It's kind of irrelevant, it was obvious by then, chemicals are bothering me.

YIU: Yes. So you mentioned the discouraging experience with the environmental doctor in Oakland: can you tell me more about why it was discouraging? And, as a practitioner, how do you navigate that space with patients?

MCCAMPBELL: Sure, what your second half of the question is-- but for the first half was that this doctor heard my story and just said, “Well, you don't want to get well.” And I thought, “What?” And piecing it together, she actually had breast cancer, and it turns out that she was not actually getting the care, and her friends were very upset. It may have been some projection because I was a doctor or something, she projecting on me that I'm not wanting to get well. So that's just speculation, but it was, anyway, I found out my thyroid was low, and I guess that's what I was meant to get from her.

YIU: And so when you did, however, see the endocrinologist, it seems like his diagnosis was also... what did you make of his diagnosis?

MCCAMPBELL:

Well, I just remember him saying I had anorexia, and I'm thinking no, that's not it. I wasn't really fighting with him. I needed him. I actually went and was in his clinic to try some thyroid (treatment) because I was reacting and kind of jerking and things like that. So I sort of needed the safety of it, and it was pretty traumatic. But, on the other hand, it did get me going. It gave me a shot of some kind of hydrocortisone, not exactly that, but something because my adrenals were gone, because of thyroid, it was so low.

I remember him bringing medical students in to see me, as when your thyroid gets really low, you can kind of turn a funny color. I remember just feeling like I was in the circus or something. But I was just terrified. And I just had to do what I had to do and take it one step at a time. I actually, I'm appreciative of what he was able to give me, but of course, he didn't understand. I think I might have sent him my booklet a few years later, which I wrote in '92. This is my introductory booklet on MCS as best I could put it together. And anyway, that was that.

YIU: Yes. And so, wow, I can't believe that he took students to see you, in the sense of like watching you, in a sense. Do you think that your agenda has anything to do with your interactions with this doctor? Or any doctors?

MCCAMPBELL: Oh, possibly. I mean, we all know women are more likely to be sort of labeled hysterical or have some psychological problems. But honestly, I think it's an equal opportunity illness because, race, gender, we all can be pretty much dismissed and misunderstood. The only exception to that might be that when so many of the troops coming back from the Gulf War, the veterans got MCS, and mainly it was men. We got a little research on MCS because they were a little more credible, I suppose being veterans and being men.

[00:18:18]

YIU: Right. And so, to move back a little bit, how was your health growing up? Was thirty-eight kind of the turning point for you?

MCCAMPBELL: My health was great. I was one of the kids that got—I was healthy, active, athletic, didn't have allergies, ate everything, didn't get sick more frequently than anybody else. So no, it's a total shock. I think going through medical school, the stress and then in the clinical years where I couldn't get much sleep. I knew I didn't do as well with little sleep as some of my—other students did, but I still was okay. And like I said, there was a slow wind-down with a couple years of feeling more fatigued, food bothering me. But it still was just kind of as an annoying level—it wasn't where I got really sick, so no. The back went out, and then kind of, as I said, leading up to May of '89, where it all changed. In fact, people that knew me, they were just—they couldn't believe it. Like me of all people. They would say, “How could you be this sick? You're the healthiest person.” Of course, people confuse athletic with healthy, but kind of like, “You're the most healthy person I knew,” so...

[00:20:02]

YIU: Wow, and when you first discovered this, other than talking to the network that you mentioned in Oakland with Susie Malloy, who else did you talk to? Did you talk to your family about it? Did you seek any mental health support?

MCCAMPBELL: Oh, that's a good question. I didn't, at first, talk to my family. But by the summer after, May '89, I did reach out to my family for help. My mom initially couldn't really understand what's going on, but my sisters were kind of like, “I don't understand either, but Ann's really in trouble here and needs help.” And then my mom really came around and really took care of me for the next couple of years. That was crucial. As far as, what was the other part of the question? Who else did I talk to?

YIU: Yes, did you seek mental health support? Or was it—

MCCAMPBELL: Oh, mental health. I already was seeing a therapist for counseling. So I just continued to speak with her. But I didn't think oh, I have a mental illness, I need to see, like a mental health practitioner. I knew I had something physical going on. But it's a terrifying experience so of course, it's highly stressful and any kind of support and counseling is useful.

YIU: Yes, have you ever muscle tested for chemicals at all?

MCCAMPBELL: You mean—can you say more about that?

YIU: We have talked to some folks that have muscle tested positive for chemicals. And we were just interested in knowing like how, whether people do this, and how many people do this. So just wanted to know if you have gone through that process.

MCCAMPBELL: Yes.

YIU: How did it—

MCCAMPBELL: When I, it was an early year, I actually saw a chiropractor. I saw the acupuncturist three times a week and the chiropractor a couple times a week, who did testing in terms of food I could eat, because that was the most crucial thing. And so we would come up with a plan: okay, this is what I'm going to try to eat for two days, and then come back and come up with another plan.

YIU: I see, and so it seems like, was your first attempt to treat your illness by processes of elimination and working with these folks, or what were your attempts to do that at first?

MCCAMPBELL: Well, the first thing is to, for everybody, is trying to get in a relatively safe environment. And when I first kind of crashed with this, I was in a trailer in somebody's backyard, and I had sprayed Raid in it, and it was moldy. The oak trees actually above it, the landlord had sprayed. I'm sure this kind of led to the wind-down, but I couldn't be in the trailer anymore. So I just had an old Styrofoam kind of mattress and I put that on the ground beside the trailer. And I was just lying there for like five months and it was getting colder.

It was October, getting colder, and then my mom left me a car that I could tolerate which was unusual. I still have it, '83 Chevy Impala, old vinyl, it smells like old vinyl but even then— it didn't bother me. So when the rains were starting to come, I could get into the car. And then in '89, people might remember, there's the 7.0 earthquake, which was huge and knocked out the electricity and we didn't have cell phones and that was—that was a whole other trauma. But, I was able to move into a guesthouse in Lafayette right around there. I think I was there by the end of October. And it was somewhat moldy, but it was indoors, and it didn't have pesticide. So that was—it was warm. That was a place to be, so that was really the first thing that I did.

YIU: Wow. So it sounds like, as you said, housing is very important or arrangements of where to sleep. What are some of the barriers do you think, to appropriate and safe housing in your experience?

[00:25:23]

MCCAMPBELL: Well, all the things that houses are made of and stuff that people have done in the houses. The general advice you give people with chemical sensitivities is usually, a free-standing unit so you're not sharing walls and air with other people, and that is not recently built. And by recent they can mean at least five years old or ten years old or twenty years old, depending on people's sensitivity. Has it been recently remodeled? We can't go into, "Freshly painted, new carpet, come on down!" That's not going to work. There's issues with gas, not so good; propane is really horrible. Sometimes you can turn it off and use electric, if you're not electromagnetically sensitive too. And then I have to look at the location: are you next to a golf course where they spray pesticides or you're next to a dry cleaner: that's another terrible exhaust. So, there's the outside air and the inside. All the products, smelly things usually that people have used, Bounce in the dryer—kind of one of the worst—is pretty smelly. So it's difficult. We like to have the hand-me-downs; if a chemically sensitive person that lives somewhere and for one, some reason they're moving on. You want that place, that's been set up, that's what's called the EI (Environmental Illness) kosher, the EI kosher manner.

YIU: Oh, I've never heard that term. Is that a term that the community uses?

MCCAMPBELL: No, just me and my friends.

YIU: That's so creative. So how, as you said, this seems like a really difficult process to locate housing because there are all these specificities for everyone that's different. Do you think that class plays into this since a lot of folks can't work? You mentioned that, that was your last day of work.

MCCAMPBELL: Right. Housing, I think, is acknowledged by everyone as the number one problem for people with chemical sensitivities, having a safe place to be. And when we did an MCS town hall meeting here in New Mexico in 1996, that was certainly, that was the number one issue. In terms of class, what we often say is money helps, but it doesn't solve everything. If you're sensitive enough, you still end up in the desert with little or no clothes on kind of thing. But people that really have no savings, no husband, no family to help and you're really reliant on the agencies, SSI, section eight housing, things like that. You certainly have less options, and people that are in low income housing, where it is (an) apartments kind of thing, that's often pretty much a nightmare. So if you can afford to do—to get some—something else, that's helpful.

[00:29:15]

YIU: Right. Yes, before we move on to, I would love to talk more about the town hall meeting in '96. We talked a little bit about your interaction with "normal doctors" and, have you have advocated for yourself in those interactions?

MCCAMPBELL: Yes. I mean, I don't know, going back to the endocrinologist, I don't know if I, I do remember her coming out and giving me a shot while I was lying in the backseat of the car. So I guess that was an accommodation. I was thinking about like accommodations, like, when I go to the dentist, which I didn't go into an office for twenty, twenty-five years. But now, where I go to get my teeth cleaned, I have windows that open. I schedule appointments in the

afternoon during times of the year, where it's warm enough to open the windows. I don't have them use the electrical, ultrasonic thing that just my nervous system can't handle, so they got to chip and pick away, the old way. They use plain (unclear) and unwaxed and unflavored dental floss, and like that.

The best accommodations I got when I moved to New Mexico--I had a California medical license and applied to get one in New Mexico. But because I hadn't practiced in a few years they wanted me to take an all-day proficiency test, and try to find a place that I could take it and never could find the place. And ultimately, I was able to just lie down in my bed because at that time, I still wasn't sitting hardly at all. I had to lie down because my back problem went on. And they sent a proctor who sat and read a novel in my little backyard and came in at various times and took the test booklet away. I passed my test and got my license.

YIU: Oh wow. So how long did that process take?

MCCAMPBELL: The process of getting the accommodation or take the test?

YIU: The test.

MCCAMPBELL: I don't think it took too long. I had to go before the medical board, which is hard to imagine. I was pretty sensitive then that I did it, I went in. I had my respirator on, went in, and when I'm speaking, I took the mask away and they asked me some questions. And anyway, they said, yeah, you just need to pass this test and then we'll give you a license. I don't think it took very long. I remember that there was a Marriott Hotel here that used to keep what they call allergy rooms. And they had like blocks where there'd be four units maybe on the bottom, and four on the top and it was its own building. Maybe it wasn't four, but anyway, they didn't spray pesticides there and it was like a kitchen. They had an electric stove, and they would wipe the place down with baking soda and water. And it wasn't too bad. I remember checking out that space but having to be there for eight hours and think—I think somehow, I don't remember exactly the negotiations—but I was like, “Yeah, what would really work for me is to be home,” and they went for it.

YIU: Wow, that's wonderful. And so, going back to the dentist, so this is a more recent interaction with the dentist, is that right?

MCCAMPBELL: Yes. I mean, I've been going to this guy, four or five years, I think.

YIU: And how did you, because it seems like it's a whole routine, right, taking the right floss, using the right equipment and being attuned to how to make the space safe for you. How did you have that conversation with the dental office?

MCCAMPBELL: I think I just talked to the staff. I mean, this is a mercury-free dentist, so he's already kind of alert to toxic things. And I have chemical sensitivities so can we do it this way. I used to bring in like a towel to put on the seat so that I didn't get my clothes, get laundry products from the last person and I bring in my own bottle of water, I should say that too. So if I rinse my mouth, I kind of at the end, I use my water. They didn't have an issue with it. They certainly have other chemically sensitive patients. And I have to say that twenty-five years of

advocacy that we've done and awareness building in Santa Fe has helped. Because, I shouldn't insult Indiana but I will, if you were in Indiana and you're asking for the same accommodation, somebody might just roll their eyes. So we are lucky here that we have had more of a presence and we've been more out there and educating people. So less people were shocked about it.

[00:35:08]

YIU: Yes, can you talk more about the difference, in terms of the politics of recognizing MCS because it seems like Santa Fe is a really good one. New Mexico in general seems like a better state. And it seems like Massachusetts also has some recognition of MCS as well. Why do you think there's such a divide in different US states in recognizing MCS as an illness?

MCCAMPBELL: First of all, we need to make the distinction between being recognized as an illness and recognized as a disability. And, MCS is way more recognized as a disability than as an illness, even though we still kind of get the short end of the stick in the disability community for the most part. But the work that we've done and that was really spearheaded by Mary Lamielle in New Jersey, working with the Federal Access Board to acknowledge MCS and the Federal Access Board does things like architectural designs, implement the Americans with Disabilities Act, and things like that. And so, the big thing that happened with them was where they put money. The Access Board put monies for a study on how to make public buildings more accessible for people with chemical and electromagnetic sensitivities, hypersensitivities. They worked with us, four of us that were part of advocates and advocacy groups, with building professionals, and we came up with this Indoor Environmental Quality Report that is on the website, and people can find that. So that was a big deal. So let's see, where were we going from there.

Oh, about disability. If more doctors here in Santa Fe would probably recognize a multiple chemical sensitivity, why is that? Because that's kind of the milieu: people are more familiar with it, I'd say, here. There's a lot of alternative healing schools here and things like that; it's pretty progressive. But one reason I've always felt like we were able to make some progress in Santa Fe is because a lot of people that moved here did feel better, and we had a little extra energy to do something besides just try to stay alive. So people are struggling with a lot of air pollution and stuff like that. They're just hanging in there. I think Western Massachusetts, they've been an active group, the MACI group, for a long time. And I think same sort of thing. I think they're in a little more out of the way area; they're not in New York City, for instance. And they've been able to be more organized.

YIU: Yes, that's a really interesting distinction. Do you notice patterns in relation to our earlier conversation, as well as just housing? Do you notice that folks with MCS tend to move to a specific area knowing that there's an established community or not really?

MCCAMPBELL: It depends, I mean, people call me all the time and ask, where can I go? I'm going under. I'm in Georgia, I'm going under. A lot of folks do end up migrating to the southwest where there's kind of more space, and people trying to get away from mold is part of it. But the Tucson area, Arizona, there's the Tucson area, there's the Snowflake community. There's a crosscut, there's New Mexico, which, Albuquerque is pretty polluted. But anywhere

north of Albuquerque in the Rio Grande corridor, not up towards Farmington where they have all the power plants. So that's another place people go. Wimberley, Texas used to be a place people go; I'm not sure if they still go there. Sometimes the east, east of San Diego, kind of before you get to the desert, that used to be a place people go.

[00:40:04]

YIU: And so, Dr. McCampbell, we've talked a little bit about your transition from being a physician in women's health until you stopped working in '88. How long (is) the gap that you have between not working until now, doing more work in terms of advocacy?

MCCAMPBELL: Well, those kinds of work as unpaid work is different than advocacy, most of which is unpaid. But I was thinking about what was the earliest advocacy and it was—I'm trying to pin down: I moved to my parents driveway in '92, so this would have been probably '91, or early 1992. We had a group that met live by phone called the Raging Canaries, and it was people that were all pretty much wiped out, and we couldn't do much. But we would talk and we would write letters. We were writing to magazine companies saying, "You need to get those perfume inserts out of the magazines, it's making people sick," and stuff like that. I think we wrote to Oprah. So anyway, and because that's what we could do. And I was just lying down and know at one point in this aluminum foil tent and—but I could, pencil and paper, I could still write and so I did that. And then that group kind of fell apart. Either people got too sick and they couldn't do it at all, or actually got better and kind of moved on with other things in their lives.

And then, I ended up moving to Santa Barbara where I had lived before. One thing I did when I was first wearing a respirator and going out in public, I could go to like a farmers market because I was wearing something, and people were heckling me pretty bad. But I carried a piece of paper, it was like a half page, and handed it out and said, "I'm wearing a respirator to filter out, blah, blah, blah, perfumes, cigarette smoke and whatever, I have chemical sensitivities." And I say a little about what it is and then had some references of how to find more information. So that was my little one-on-one advocacy. And then I had a little support group actually, kind of found a few other chemically sensitive people and met for a while in my backyard and we're just trying to bring people together. And then came to New Mexico and then kind of launched into all sorts of things that (are) outlined on my website.

YIU: Yes. And so your resume is impressive, as they've mentioned, you work in the Healthy Housing Coalition, and you were the committee member for that quality—indoor environmental quality project you mentioned earlier. And even that description you offer just now of carrying those pieces of paper—seem to evaluate what public access looks like for folks. And so I wonder, what do you think public access should look like if we were more accommodating for folks with chemical and environmental illnesses?

[00:43:50]

MCCAMPBELL: Well, I mean, equal access would be just what it sounds like: the people that have chemical sensitivities and electromagnetic sensitivities get to go everywhere, and do everything that other people get to do. And of course, it's far from that. Even though I'm doing

pretty well, I don't go into most buildings, it's just the few I can go into. I wear a mask and scoot in and out, and then there's a few I can be in for a while and, I'll take a hit and then have to recover, but I can do it. But it is the fact that most buildings are inaccessible. I mean, imagine what that is like, you can't go to other people's houses. You can't go to stores, can't go to movies, can't go to church. I mean, it's extremely limited.

YIU: Yes. Do you think that the illness impacts your daily life in that sense that it prevents you from going to social functions and family gatherings?

[00:44:56]

MCCAMPBELL: Completely. I mean I was able to, actually, by masking up, taking a two-hour flight to go back and forth and help my mom in her waning years in the Bay Area. Her house luckily didn't have much in the way of chemicals. It's kind of old and moldy, and it did have a gas heater and hot water heater, but it was vented. But I kept the car in the driveway, so I never slept in the house. I always kept my things, and I slept in the car. So my home base was the car in the driveway, but I was able to be in the house. And then sometimes the neighbor would have, that was pretty close, would have pesticides sprayed, and I'd have to leave for at least a few days and things like that. I mean sometimes we talk about like we're living in a chemical war zone, or sniper fire can strike at any time. You just don't know, you turn around, you go around the corner, and this time of year, yep, there's somebody putting Roundup down, something like that. Or they're painting or asphaltting or powering a roof.

YIU: Yes. You mentioned that it's kind of like a chemical war zone right? And that these are things that are unpredictable. And it seems like there's violence to invading public space with chemicals and things like that. Do you think that there are ways in which we can make the space more accessible other than—what are some steps that we can take to make space more accessible, I guess?

MCCAMPBELL: Well, I think it's a little different between public and like residential housing. But to me, pesticides are kind of the under—if there was a cause, pesticides and solvents kind of set the deck. So just getting rid of pesticides would be number one for me. There's certainly Integrated Pest Management. There's all sorts of different ways that you can manage things. So knocking that out and then making really public places fragrance-free. People often talk about an analogy between cigarette smoke and fragrances. Both pollute the air very badly and, in my lifetime, we went from “Anybody could smoke anywhere if they wanted” to “Of course not, you can't smoke indoors.” And I feel the same way about perfume and products. They should be used and enjoyed in the privacy of your own home and not actually in public. Then you have the cleaners. You can have cleaners--and now (COVID-19 pandemic) we have the whole sanitizing issue--but you can use safer things.

And actually, in terms of maintenance, when we were doing the indoor environmental quality project, and we looked at construction and siting and everything, really the thing that was the biggest issue for all of us was the maintenance. And the maintenance was the pest control and cleaning of the carpets. And just the cleaners in the fragrance stuff and of course, venting bathrooms, venting them really well. They have to, by code, I guess be somewhat vented, but

don't put in the Glade air fresheners, that kind of thing-- that was a nightmare. Sometimes people think essential oils somehow is okay. I have to say that over time I'm finding essential oils to be just about after pesticides with me. They just don't go away, and they make me just as sick. I'm shaky and nauseated. But it varies. Other chemically sensitive people are "Oh, it's aromatherapy, it makes me feel better."

YIU: Yes, of course. I realize that it is almost an hour now. I wanted to check in and see how you were doing.

[00:49:38]

MCCAMPBELL: Well, I'm on a roll.

YIU: I feel good listening to that. Because I really love to sense your work has a consultant as well.

MCCAMPBELL: Yes.

YIU: Yes. So you mentioned that in the beginning really how you got patched on to this community was via The Reactor and Susie Malloy in Oakland. Do you currently have any relationship with folks who also react to chemicals?

MCCAMPBELL: Sure. My closest friends are chemically sensitive. And then, because I do phone consultations for chemically sensitive people, I'm talking to people every day from all over the country and out of the country. So anyway, yes, that's what I do.

YIU: Right. And so, can you describe a little bit about your work? Because it is multifaceted. So how would you describe your work?

MCCAMPBELL: Well, one of the base things I do is phone consultations. And a lot of times, I am a licensed physician in New Mexico, but I'm not in clinical practice, mainly because of needing to keep my exposures down and stay safe. And I can't be somebody's doctor out of state and over the phone, but I always say we can talk about health problems and it's for brainstorming. So sometimes I help people interpret lab results, for instance, or I suggest some testing that they can talk to their doctor about. A lot of times is trying to hook people up with environmental doctors, which unfortunately are fewer and far between. But I kind of talked about that and what environmental doctors could offer people. But it goes otherwise; it can be kind of emotional support. It can be about accommodations. I sometimes ghostwrite letters to support social security that then people can take to their doctor that is sympathetic, but doesn't really know a lot about chemical sensitivities, doesn't really know how to talk about it. And then I can write something as if I'm that person and then they can look it over and sign it. So, I just leave the time open and ask people why they called and what's their issue and we just kind of go from there.

I also do some medical legal work. I have been an expert witness a couple times. It's kind of difficult because of my access needs and my health needs. I have worked as a consulting expert for attorneys that have cases involving chemical sensitivities, meaning they can ask me questions. Does this make sense or not? One time I actually designed questions for cross-

examination of a witness that was sort of set up by the chemical industry groups and things like that. And then I do some in-person things: I have accompanied people to the hospital to be an advocate when they had to have some surgery and things like that, supervised roofing projects to make sure that nobody's using the wrong stuff. So that's kind of the spectrum.

YIU: Yeah, I mean, I feel like your experiences, whether it's in health care or in legal advocacy for folks either getting SSI or structural assistance, as you would call it, and it seems like you're providing this roadmap to navigating the illness. Is that right?

MCCAMPBELL: I hope so. Yes. And I also fill the gap between the treating physician and a regular kind of environmental doctor and in mainstream doctors, where a lot of people (say) "I've been to fifteen doctors, nobody helped me" kind of thing. It's like, okay, you need to find a doctor that actually knows about chemical sensitivities. And so, I try to be very accessible, and usually I can get back to people quickly, and things like that. Well, that's what I offer.

YIU: Yes. In your opinion, what are some of the barriers for folks to obtain healthcare and structural assistance support?

MCCAMPBELL: Well, we actually itemized that pretty well I think at the town hall meeting. This is back in '96, is most doctors and health professionals, they don't know about chemical sensitivities and so they can't be helpful. They sometimes do harm instead. And sometimes, "Well, here take this drug or that drug." And that usually doesn't work. And some doctors are overtly hostile and abusive. So that's one problem. The other is just the inaccessibility of a lot of medical facilities and hospitals. And so, a lot of people, chemically sensitive people, loath (going) to the hospital or call(ing) an ambulance or 911. And many have nearly died at home. They would rather do that then tangle with the healthcare system. And the third thing is that treatments usually aren't medications, but other kind of alternative things. It's acupuncture, homeopathy, and things like that, that can help some people, (which) are not covered by insurance. And so a lot of people, can't afford it. So those are kind of the three main issues that we identified

[00:56:00]

YIU: Right. So this town hall meeting in '96, can you describe why it was so important to hold a town hall meeting for MCS folks?

MCCAMPBELL: Sure. It started out with a memorial in the New Mexico legislature that was brought, one of a chemically sensitive person in the Taos area had contacted her state senator about issues that people with chemical sensitivities were having, and, which was access to nothing, no housing, etc, etc. A memorial is something that the legislature can pass. It's like a resolution. It doesn't have the—it's not a law or things like that. But basically, it said "Requesting the Governor's Committee on Concerns of the Handicap"—it's got a different name now— "to study issues related to multiple chemical sensitivities." And so the Governor's Committee on Concerns of the Handicap, now under the New Mexico Commission on Disability, the way they were responded to, this legislative request was, want(ing) a town hall meeting on MCS. And so, Judy Myers, who was the director, didn't know a lot about chemical sensitivities, but right away,

recognized that we were being discriminated against in a way that she saw other people using a wheelchair—that there was a real animosity. So she became quite a supporter of—so she hired me to put on this town hall meeting.

And what we did was we found a church that was relatively non-toxic, and we invited different members from different departments in the legislature, having to do with housing and agriculture and pesticides and things like that, the panelists. And then we had chemical sensitive people giving testimony. And we made it a fragrance-free event. We had speakers outside in the patio so that people that couldn't come in the building could still hear; we had a microphone out there and people could still participate; we had a sign language interpreter. This was like, it was wheelchair accessible. And we went through and we talked about housing, employment, health care, those were kind of the big ones. And we had speakers lined up, and we videotaped the whole thing. And that was how we made a giant splash with the New Mexico government.

And after that town hall meeting, we worked with the Department of Education. And that was our first brochure that we came up with. It led to our working with the Department of Health and we have the New Mexico Multiple Chemical Sensitivities brochure and kind of go on and so forth. And one thing that came out of it was wrote this issue's paper, it was a draft, and then we amended it after and then we went back to the legislature, and we had seven bills that were introduced, kind of as a result of all this, everything from the state should establish an 800 number hotline for people to call in about chemical sensitivities, established ways to have accessible meetings. We had some issues with pesticides, and I forget all of them, and it brought out what I call the intergalactic military industrial opposition. Lobbyists came from far and wide to stomp on us. And so, nothing got through in terms of that. But that was the catalyst to become the MCS Task Force of New Mexico. Prior to that, there were two support groups in Albuquerque, one in Santa Fe, and one in Taos, and we kind of came together to become an advocacy group at that time.

YIU: Wow. I mean, all of these experiences is like, it's not just in New Mexico as you said, your experience of activism started long ago and in 2001, you got the MCS activist of the year. Was the significant moment or event that inspires you or someone that inspires you for your activism or to become an advocate?

MCCAMPBELL: Well, Mary Lamielle and Susan Molloy were models for me-- they had done so much. And I really appreciated that. And I still respect and love them. And we've worked on some things together, over time, but I was motivated to help, I suppose, it comes to a very basic thing. I went into medicine to help people. And that was my orientation. And then this whole adventure landed in my lap, and I felt I could be useful. Sometimes people will listen to me more than others because I'm a doctor, not necessarily but sometimes, and it was like, if I can use that to help, I will. The Chemical Injury Information Network did give me the Activist of the Year award in 2001, primarily for passing the Integrated Pest Management ordinance for the city of Santa Fe, which I had worked tirelessly on, for and with others as well, for a couple of years. So that was a big huge deal. And right around the same time, we also had worked with the Department of Education, the State Department of Education, which at that time actually had

some authority. Now it's just kind of an advisory body, where they also passed a regulation to stop monthly pesticide spraying.

YIU: Wow. I mean, Dr. McCampbell, you also have a very long list of publications that you were able to record over the years. So you mentioned your booklet, multiple chemical sensitivity that you sent to your doctor and there were three different versions of it. Are you proud of any specific achievements other than the ones that you have already mentioned? And can you tell us more about those?

MCCAMPBELL: I think the town hall meeting will go down in history, I think that was a huge thing that I am very proud of, and I think getting the city of Santa Fe ordinance was pretty huge. And I'm proud of the work we did with the Indoor Environmental Quality Report also.

[01:03:47]

YIU: Yes. Well, it sounds like your work kind of crosses different sections, right. You talk to people from all different industries and politicians and work with state departments. What are some of the difficulties and in your experience and how have you learned from that to gain your strategies now as an advocate?

MCCAMPBELL: That's a broad question. I'll start with the politicians. I don't try to convince politicians of anything if they're not already sympathetic. If they're somewhat sympathetic, and they could use some more education, they might come around okay, but ones that are already, they're just dead set against it, then move on. I don't know, what an approach, I suppose, in terms of advocacy sort of need to sort of figure out where the other person is coming from, whether it's an employer, it's the mayor, it's something like that. I mean, you sort of see like, okay, what are they maybe missing or what more information do they need. I suppose some of that is just sort of trying to tailor it to the situation. And starting out trying to work out something, trying to work together trying to get somebody to do something, before for instance, you slam them in the paper because then forget it. And sometimes it's knowing when to bring in an attorney or I tell my clients that you're probably going to need an attorney to get this accommodation, but sometimes all it takes is an attorney letter. You have an attorney letter and a doctor letter for a lot of accommodations, that goes a long way. That just tips the scale and places, and public places or even employers kind of get "Oh yeah, we need to do something here."

[01:06:14]

YIU: Yes, well, I'm also really interested to know, do you tend to any creative outlets other than writing for navigating MCS?

MCCAMPBELL: Well, yes, because my real passion is music. And so, I've been able to increase my music as I've gotten better and I'm in a bunch of bands and I've been songwriting. In fact, I just recorded a video with a friend. A song we wrote called "Quarantine Hair." It's on YouTube (<https://youtu.be/M849c3Xr1v0>).

YIU: Well, I must check that out. Well, this actually touches perfectly to my next question. A lot of folks describe this pandemic as something that is exceptional to them in the sense that they

have to stay at home a lot and that they can't go out. How do you think folks with MCS experience social isolation during COVID-19 differently than folks who may not have MCS or environmental illnesses?

MCCAMPBELL: Well, that's a good question. And I will say that I did write a blog on my website recently sort of about chemical sensitivities and COVID. And at first, the people that I know and myself thought “Wow, we're not alone anymore.” Everybody has to stay home and wear a mask and it wasn't mandated at that time. And we felt less alone. We felt like part of something, and there was actually kind of a rosy glow to it. But then as things went on, and we realized, “Yeah, but we still got to worry about all those other things,” all the pesticides, all the perfumes and stuff like that. And so now, worrying about not getting a COVID virus just adds to the burden. And I think that's kind of how many of us are feeling now. On the other hand, like I said, we have masks, I already had a good respirator: it already had a HEPA filter. We already are always watching what touched what...that could be getting to me. We're used to being isolated, we're used to being at home. And so that wasn't the shock to our system.

But we're, I think, the thing that really concerns me is that, of course, a lot of communication is now gone to electronics and the increasing number of people with electromagnetic hypersensitivity, this is just a nightmare. A lot of people cannot use cell phones, they cannot use computers, they're already cut off. They can't use that as an outlet. And it's just increasing the electropollution. And we have the whole 5G thing hanging out there to be the next global disaster. And so, even though, I mean, I have to say, I love that people are staying six feet away from me and wearing a mask. And they're not looking at me strangely for wearing a mask, I would say except out of complete envy, because they can see my mask is better than their mask. And that's true. It seals around my face and like that. So yeah, so it's like, oh, good, your Bounce is now six feet away from me and your cigarette residue in it and stuff like that. But I do think substituting all this electronics can be a real challenge, and so many more people are getting their electromagnetic sensitivity, sometimes that's all the sensitivity they have, sometimes people with chemical sensitivities are now becoming electromagnetically sensitive. And the reverse happens: people that are electromagnetically sensitive, can develop chemical sensitivities. But nobody's talking about electromagnetic stuff.

YIU: Yeah, I mean, I think that's very interesting, right? As you said, this increased rate of communication via electronic devices that are now demanded because people quite literally cannot meet in person, and the oversight of how that impacts folks with electromagnetic sensitivity. How do you think we can make it more accessible (to) folks in these conditions and give— you have the experience of organizing that townhall that really did address all these different demands and accommodation.

MCCAMPBELL: You're asking what accommodations—can you restate that?

YIU: Yeah, it's just, you mentioned earlier when you were doing the council meeting in '96, you thought of all these things, it's wheelchair accessible, it was recorded and it had all these different elements to make sure that this space was accessible. So given that now we cannot all

meet in the same space, what are some of your ideas of making space accessible for folks of different capacity?

MCCAMPBELL: Well, meeting outside. I now have two bands rehearsing in my backyard, where we're all six feet apart. And outdoors has often been the place for chemically sensitive people to socialize anyway. But it doesn't change that much. I'm going into fewer buildings. I just go to a co-op for food once a week. I don't know, working from home, which is what I do, primarily, I can still do. Other chemical sensitive people can do that too. So those ways, again, that's not the biggest change. I think the thing though, it's important to realize is, for those that get sick with COVID that would ordinarily go to a hospital, well, that could not work for us. The hospital, environment is too polluted and the treatments we couldn't tolerate.

So, and that's the case, when people have died from chemical sensitivities, sometimes it's starvation. Sometimes it's because you can't tolerate treatments for otherwise treatable, but fatal illnesses like cancer. Somebody has cancer and they cannot do chemotherapy, they cannot do radiation, or they get pneumonia, but they can't tolerate antibiotics. So that adds an extra fear factor for us. Whether or not chemically sensitive people are more likely to get COVID, I'm guessing not. I mean, there's such a wide spectrum of who's getting sick and who and who gets really sick, and there's sort of no rhyme or reason to it yet. I don't think the database has figured it out. But I'd say as a chemically sensitive person, I don't want to get it. I don't want to take the chance. And even though there's "no specific treatment" for COVID, the supportive therapies, which is to jam me up with a bunch of drugs in an ICU unit, many of us may not survive that.

[01:14:27]

YIU: Yes. I've actually never thought of that but that's so important to note. How has your experience with working with folks with MCS or other kinds of environmental illness and sensitivities made you more aware of how chemicals affect others?

MCCAMPBELL: Well, I think it was just my own experience. I was just living a regular old life, one year, and then the next year everything's bothering me. I mean, everything, everything wafting by when I'm breathing things in. I'm shaking, or nauseated or stomach pain. So it's the experience of it. Sometimes I say chemically sensitive people have the advantage over non-chemically sensitive people of figuring out what to avoid. Because, you take a whiff of something and it's bad, and you turn around and you leave. And if you have, often like a spouse, the spouse has to think it, has to try to remember it, and as a new thing came up, wouldn't know. So we know pretty darn quickly, our antenna are up there. We're like Geiger counters, which isn't to say we can't have delayed reactions, blah, blah, blah. But we go around the corner and yeah, they're asphaltting the roof, you need to take half a breath and you're like, I'm out of here.

[01:16:02]

YIU: Yes. Well, I thank you so much for all of that. My last question for you today was actually about, we've talked about the kind of the failures as kind of the infrastructure of section eight housing and of social assistance and even the medical care industry. What are some of the steps that you believe could change our relationship with chemicals today?

MCCAMPBELL: Well, the first thing that came to mind when I read that question, was we need a celebrity spokesperson. And we thought that for quite a while, and we know there are some “celebrities” that have some chemical sensitivities, but nobody's that really stepped forward and make an issue out of it. It's hard to say, we need a responsive government. And where our government is going to end up, we don't know. I mean, the other thing that comes to mind was the way I ended my booklet, was what I call the hope for the future. And it was that others will learn from people with MCS that many products commonly used are not safe and will make efforts to remove them from our environment, and this will reduce the chance others will get sick and make the world more accessible for people with MCS. Number two is that MCS will become more widely accepted as a disability. Chemically sensitive people will more easily receive disability benefits and accommodations they need to obtain safe housing, stay in the workplace and participate in as many areas of life as possible. Three, MCS will be more widely acknowledged by the medical profession as a real illness and people with MCS will receive compassionate and appropriate treatment that is covered by medical insurance. And that research will be done to find more effective treatments to better clarify what is going on with the MCS and what might help it.

And I will say in terms of educating the medical profession, I've always wished that I could present something at medical schools. And ironically, with all of everything going to electronic kind of communication actually that becomes more of a possibility because otherwise for me to go out for like a medical school was, I'd wear a mask and look like somebody from outer space. For people...to understand, a good friend of mine had said, when her friends would say, “Well, it doesn't bother me, why does it bother you?” And she and she was like, “Well, there was a time it didn't bother me either.” But things could change. And so people need to see the human side of MCS because either you look too normal, and they think there's nothing wrong with you, or you're out in the desert...living this totally weird life and you're just this weird other. So trying to find in the middle to see we were like you, now we have this condition and our lives have changed and we're trying to warn you, you don't want to go here. And so, stopping use of these products and practices that we knew are toxic is again, help you and help me and really help the world.

YIU: Well, thank you so much, Dr. McCampbell. for your time today. Are there any questions that I haven't asked that you would like to put on the record for folks that are listening?

[01:20:12]

MCCAMPBELL: Well, we exchanged some emails about the concept of smell, and I would like to address that. So, sometimes people think chemically sensitive people are reacting to smells, and so for instance, like perfume, if you would have a reaction to that, but I think that's not the case. And we have chemically sensitive people that lose their sense of smell, but they still, if they were in a room with perfume, were going to get sick as they breathe it in and it goes into the body and it goes to the brain and it goes everywhere. And we used to laugh about it: if it was just a smell problem, we just put a clothes pin on our nose and we just go about our normal business. So I think there (is) more isolated perfume sensitivity. And still, that's usually more breathing it in. It's not even that you smell it. I think there are on occasion, rarely, people that actually do

react to smell like some people react to noise or bright lights. It's a sensory thing. But generally, I do not believe that's what's going on with chemical sensitivities.

And for one thing, we react to things that touch our skin, we react to foods, we react to medications and things like that. It's a broader issue. And so, when talking about say perfume, I mean, perfumes or what like, a hundred chemicals, and so, I would refer not to smells. It would be chemical, basically, toxic air pollutants that you can smell. Some people can, some people can't. And the other thing too is like pesticides. If you can smell a pesticide, that's a huge dose, and mostly we react to pesticides at levels below an odor threshold. So, but I think it diminishes if you sort of say, "Oh, people are reacting to smells; it's (something) everybody goes through; well, you just don't like that smell," kind of like that's a preference for one thing, or it's a psychological thing. I think it's better to understand these are toxic pollutants, just like car exhaust and cigarette smoke, and they can make some people sick.

YIU: Right, thank you for the clarification. I think this actually connects to the dismissal in general of MCS being recognized as something that exists. Do think that it correlates, or do you think that your distinguish(ing) between smell and chemicals will help in aiding that distinguishment?

MCCAMPBELL: I think it does. Yes.

YIU: Do you think that when you, now I'm interested, because you do a lot of patient advocacy, and in your experience of explaining MCS to folks, do you always have to kind of distinguish the difference between chemicals and smells for them.

MCCAMPBELL: No, not usually. Or, I just say somebody that is particularly sensitive to air pollutants, so could you please have somebody attending somebody in surgery that's not wearing a whole lot of cologne. Usually we don't get into it that much. I think it's more on, kind of not individual types of advocacy but maybe how we talk about it and writing things up and things like that.

[01:24:07]

YIU: I see. Thank you so much for your insights and your time. Yes, sorry?

MCCAMPBELL: I was just saying, the people that lose their sense of smell are in real trouble. Because they have no warning signs. So they're just going kind of like somebody that's visually impaired walking into walls or walking in front of cars, because they're not smelling things that usually would warn the rest of us. Like, "Oh, don't go there." And, just kind of going back to the female thing and one thing, originally, people would write up, it was eighty percent women, some of the earlier, I don't know if it was studies but anyway, articles. That was looking at people that went to like doctors' offices, and we know that women use medical care more than men. But the prevalence studies, random population studies nationally, California, New Mexico—it's a two to one ratio. So it is twice as more women than men have it, but certainly plenty of men do have it. But thinking that it is mainly women, yes, it's more easy to say these are hysterical women. MS, we always look at MS as an example, where multiple sclerosis, and doctors thought well, these are just fainting women or something like that, and they tried to

dismiss it. Then they kind of went—then the second catch all for the medical profession is it's a virus. And then even in my time since my training—and I will give a note that I did graduate from UCLA Medical School, I know it has a new name now, so this is a little bit of coming home for me to work with you all—that it's, “Oh, actually, it's not a virus, but it's kind of a response to a different virus, it's an autoimmune disease.” And so, the thinking changed, but yes, of course, women tend to be dismissed.

And then the question is, why do more women have MCS? And, is it genetic? Is it that extra X chromosome or is it the hormones, and I don't think anybody's figured that out. And I do want to say one thing about the name. I'm really glad that you're using MCS, multiple chemical sensitivities. It was called an environmental illness when I started out, but environmental illness is a broader term: lead poisoning is an environmental illness, you know? Other types of poisoning are environmental illness. And sensitivity is a specific thing. When you take half a breath and perfume and you feel like you've been hit in the head by a baseball bat. Some people don't like the term; I happen to like it. That's why that's what I use, because I just think it's so descriptive. It tells you exactly what's going on, sensitive to multiple chemicals. The chemical industry has proposed another term, which I'm not even going to mention, but just saying that I'm glad you're not using it, because that was all about to avoid responsibility.

[01:27:44]

YIU: Right. I think it's very interesting that you're bringing in the idea of the chemical industry, is this shedding of responsibility whether it's in the lack of labeling or in that name, as you said, that allows the shedding of responsibility and so they don't have to be held accountable. Do you have more information that you would like to share with us on that? Have you done advocacy work in relation to that?

MCCAMPBELL: Well, I mean, sort of everybody knows that corporations and manufacturers try to shirk responsibility, whether it's because their products cause cancer. I mean, it's been phenomenal that now, there's been billions awarded to people that got Non-Hodgkin's lymphoma from Roundup. Twenty years ago, everybody said, “Oh, it can't hurt a human because it targets an enzyme that's only in plant.” Like, haven't you ever heard of side effects, so. But one of the things that was mentioned at the town hall meeting was that this illness, multiple chemical sensitivity, may be the only illness that's spawned an industry to refute it, and people ought to know that the chemical industry got together and formed a nonprofit group called the Environmental Sensitivities Research Institute, and it was funded to try to squash recognition of multiple chemical sensitivity.

And they've done a pretty good job. They said they would work with medical associations in every state to keep it down because these are manufacturers of carpet and perfume, and pesticides, the things that are our biggest problem. And of course, these products cause damage, not necessarily just chemical sensitivity; they cause toxic damage. So that's the chemical industry. (There are) other ones that really lobbied against this, although I have to say they've been kind of quiescent for the last, about, ten years. They were very active. They actually sent a representative to the town hall meeting to try and talk to members of the State Department to say,

well, first thing, “Oh, let us help you with this,” and then saying, “Well, actually, it doesn't exist.” That's quite something. But another one is RISE, Responsible Industry for Sound Environment. That's the pesticide lobby, and they've been particularly active against us. And the Toiletry and Cosmetics Association is the other big one.

YIU: Yes, so there are all these kinds of external influences to how MCS is getting recognized or not, as you've mentioned.

MCCAMPBELL: Right. So one of the things I wrote that was in the Townsend Letter for doctors and patients in 2001, was “MCS Under Siege.” And there, I talk more about sort of the politics and the organizations and, it's not just that, “Oh people have never heard of chemical sensitivities,” we have an actual international lobby trying to suppress recognition of MCS and thereby suppress us obtaining the housing we need, the medical care we need (to) be able to stay employed and things like that.

[01:31:26]

YIU: Yes. Wow, thank you for your insight because I've heard of RISE, but I've actually not thought about these different variations of lobbying that's used to disavow the existence and reality of MCS, thank you for offering that.

MCCAMPBELL: Sure. Well, it's been a pleasure. Thanks for having me on. Always appreciative of anybody shining the spotlight on chemical sensitivities and especially the lives and what it means to have this and to get by day by day.

YIU: Yes, thank you, Dr. McCampbell for your time and patience and for telling your story with such clarity.

(End of May 22, 2020 interview)