

Oral History with Salona Armstrong

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Interview with Solona Armstrong
SESSION 1 (12/26/2019)

Yiu:

Oh, you can't hear me.

Armstrong:

Yes, I can.

Yiu:

Okay, great. And you can hear me alright.

Armstrong:

I can—I think there might be a delay because we have a really slow latency on our internet.

Yiu:

I see. Well, we'll do it slowly if that works for you, if you can hear me all right.

Armstrong:

Sure.

Yiu:

Great. Thank you for taking the time to meet with me today, Solona. Am I pronouncing your name correctly?

Armstrong:

You are.

Yiu:

Great. It is the twenty-sixth of December. Happy holidays. This is Nic Yiu at the Center for the Study of Women with Solona Armstrong and we're just beginning our oral history interview. Solona, I would love if you could tell me a little bit about where you were born and where you grew up.

Armstrong:

I was born in Montreal, Quebec, Canada and I grew up there until I was in my early 20s.

Yiu: [00:01:09]

I see, and how was Montreal?

Armstrong:

I was always sick there .

Yiu:

Oh, really?

Armstrong:

I mean it was a fun city—

Yiu:

And what was the illness—

Armstrong:

It was a good city in terms of culture but I—the delay is annoying.

Yiu:

Yes, so you said it was very much the city urban landscape and that you got sick there all the time. What were some of the illnesses?

Armstrong:

Just to correct, not landscape. The locations effect. I think it was just really toxic, but it started with my lungs. I had chronic bronchitis. I had a chest cold that turned into bronchitis that turned into asthma that I think they called it [unclear] pneumonia and then asthma. So a bunch of lung things and then I had chronic ear infections. And then just always sick, just always got the cold, just always run down, never had enough energy [unclear] and got diagnosed with chronic fatigue. It just kept adding on and adding on. I just kept getting more and more sick and then in university I crashed. It wasn't until I moved away that I started getting better.

Yiu:

Wow, I see. You said that during university it all got worse. Were you attending university in Montreal?

Armstrong: [00:02:47]

I was attending university in downtown Montreal. I was living in—I mean, it's still sort of downtown Montreal, it's called Le Plateau. [unclear] —in a moldy apartment. I didn't know how much mold was affecting me. I think after two or three months of being there, I woke up paralyzed one morning, but I'd been [unclear] kinds of symptoms before that and started becoming more and more [unclear] and that was [unclear] university.

Yiu:

Wow. I remember you mentioned in your pre-interview questions that you developed-- or you noticed you have a very large intolerance towards mold. Is that when you had realized it?

Armstrong:

No, that's actually just this past year. It took me that long—

Yiu:

Wow, I see.

Armstrong:

—to figure it out. I just found—

Yiu:

Can you talk me through a bit about how you made that connection?

Armstrong: [00:03:52]

I discovered I had MCS [Multiple Chemical Sensitivity] in 2010 through another woman who had it [unclear] —

Yiu:

Did you say 2010?

Armstrong:

—No, it would have been 2000 and—give me a second. 2004?

Yiu:

2004?

Armstrong:

No, 2002.

Yiu:

2002?

Armstrong:

Sorry, I have to trace it back.

Yiu:

Of course.

Armstrong:

Yes, so it was a while ago. So, she told me I had MCS, so I moved out west. I moved to B.C. thinking that just being in the east would be [unclear] and I practiced very extreme, strict chemical avoidance and I think inadvertently was also practicing mold avoidance without realizing it, although not completely because I was still sick. I just wasn't as sick. I lived for [unclear] covered for ten years. I still had a lot of issues, but I could function for about ten years. And then I moved back east for two years for a job. I got my dream job in Ottawa, and it's very moldy there. I was in moldy housing and it's also [unclear]. So, there's two different things when I talk about mold, which is kind of hard to distinguish until someone's actually read this book and understood it, but basically there's the difference: mold and mold toxins that are outdoors that are in a location. It's called the locations effect. So, I think both were happening, and I crashed, I relapsed. I stayed sick for over a year and I really had gone backwards. I joined groups on Facebook for people with MCS, and there were some people on there that I talked to regularly that became [unclear] to the book—

Yiu:

Right.

Armstrong:

— and the mold connection [unclear]. And then it all clicked into place for me.

Yiu:

Wow, I see. So, it sounds like it's a very long journey that spanned over ten years. To clarify, you've referred to a book, what's the name of the book?

Armstrong: [00:06:26]

A Beginner's Guide to Mold Avoidance. It's written by Lisa Petrison and Eric Johnson.

Yiu:

I see. So that was one of the first texts that introduced you to chemical sensitivity, or was it the Facebook group that—?

Armstrong:

Neither.

Yiu:

Neither, it was a woman, you said, in 2002.

Armstrong:
Right.

Yiu:
And how did you meet her?

Armstrong:
Well, I met her online in a support group for sick people.

Yiu:
I see.

Armstrong:

Yiu:
And this was before you had been diagnosed with chemical illnesses, correct?

Armstrong:
Yes. And diagnosed is a very generous word.

Yiu:
Oh, I see.

Armstrong:
I didn't [unclear] a diagnosis from a doctor until two years ago. 2018, I think? 2017.

Yiu:
Right.

Armstrong:
I actually bothered getting a diagnosis. Because way back when it was so misunderstood and not believed, and I was sent down the mental health track. No one believed me. I just knew that's what I had and started treating myself rather than listening to doctors who told me that I had a mental health issue.

Yiu: [00:07:53]

Of course. Yes. The experience with medical care has largely been described by other folks that we have interviewed as generalizing, as well, and unhelpful, to say the least. But before we move to that part of the interview, can I ask you more about growing up in Montreal and maybe some memories of your childhood home? If you were going to describe it, could you describe what it looked like or what it smelled like? Are there any sensory memories that you have about growing up?

Armstrong:

Absolutely. There were a few different apartments. One was an apartment in an apartment building and the other two were duplexes.

Yiu:

I see.

Armstrong:

I would bet a lot of money to say that they were moldy.

Yiu:

Right.

Armstrong:

Some of them I know were moldy, some of them I suspect—One of them was next to a tape factory. I think I'm allowed to say a brand name? I don't know [unclear] tape but—

Yiu:

Yes, please go ahead.

Armstrong:

It wasn't far away. The fumes from the factory, like adhesive, would— every three or four days they'd brew up a batch and you could smell it really— So that probably played a part.

Yiu: [00:09:17]

And how old were you?

Armstrong:

Seven to ten? No—

Yiu:

Wow. It must have been a distinct memory.

Armstrong:

Oh yes, I remember how toxic that was. That was on—sorry I had to think back. I moved out of there when I was thirteen. So actually it was around ten to thirteen.

Yiu:

Ten to thirteen. Right. Wow. So, three years of exposure next to this tape factory.

Armstrong:

Something like that. Yes. I think that was when the lung issues—when the asthma kicked up. I used to get asthma attacks where I couldn't breathe. Other places, smells—no particular memory other than those two things.

Yiu:

I see. What did your parents do? Did you have any siblings growing up?

Armstrong:

I'm an only child and I lived with—my parents split up. They were never really together. My dad wasn't really in the picture. I lived with my mom and her sister until I ended up with just my mom, until I moved out. My mom and her sister both up until I was seven years old—they both worked at a daycare. My mom was the director of a daycare. Then when I was seven, she cofounded a nonprofit organization that searches for missing children.

Yiu:

Wow.

Armstrong:

She ran that for seventeen years.

Yiu:

Wow. So, they are both women with great care, it sounds like.

Armstrong:

With great what?

Yiu:

With great care. Just the profession of a director of a daycare and the NGO, as well. Can you hear me?

Armstrong: [00:11:37]

I can.

Yiu:

Oh, great. Okay. So, you were living with your mother and her sister. Were they ill at all due to the tape fumes? Did they ever notice it?

Armstrong:

No, I would say no. The only suspicious thing is—my mom passed away when she was fifty. She had trouble with her heart; she had some kind of damage to her heart.

Yiu:

I see.

Armstrong:

Sometimes I wonder if it's related to the same things that made me sick. It might have nothing to do with it. I don't really know. But, no, neither of them ever seemed abnormally sick.

Yiu:

Right. Growing up, do you remember what sort of products were used at home to clean? Or did fragrance ever bother you as a child?

Armstrong:

Not as a child. Well, so there were a couple things. I had all kinds of skin issues, even as a baby. I had eczema. Fragrances didn't bother me. I think we used—I remember we used pretty chemical, traditional—I think we used Ajax and Pine Sol.

Yiu: [00:12:56]

Right.

Armstrong:

I actually really loved the smell of Pine Sol. I used to stick my head in the bucket, so it definitely didn't bother me. And, my aunt loved to wear cologne. She actually wore men's cologne. She had two or three favorite ones, and so she wore a lot of fragrance.

Yiu:

Yes.

Armstrong:

I didn't notice it bothered me.

Yiu:

Right, and when was your first memory that fragrance or chemicals have been a bother for you?

Armstrong:

When I was [unclear]. It was pretty mild still, at that point. I couldn't use dryer sheets. That was the first thing that I noticed. And fabric softener. And then I would not feel well. I was a singer and anytime my—someone standing next to me singing wore perfume, I wouldn't feel well. And then my singing teacher [unclear] when I didn't feel well [unclear] minor it was just sort of like I was sleepy and I don't feel well. I wasn't debilitated, but I never made the big connection until years later.

Yiu:

Wow. You mentioned in your pre-interview about your current job, but you also just mentioned that you were a singer at some point. Is singing still something that you practice? Or has your illness affected that at any point?

Armstrong:

It affected my ability to do it as a profession, but it doesn't affect my ability to sing. I sing with my boyfriend .

Yiu:

That's lovely. You mentioned in that instance, though, in a public space, it's very difficult for you to be around someone wearing fragrances at that point. Can you tell me when that shift happened? How old were you? Do you remember?

Armstrong: [00:14:54]

When what shift happened?

Yiu:

When the shift of noticing fragrance and chemicals are bothering you.

Armstrong:

Well, there's the time that it started happening and there's the time that I actually made the connection between the two. They're both very different.

Yiu:

Right.

Armstrong:

I was a teenager [unclear] it's actually bothering me, but it was not until I was in my early 20s and, "Oh! Now I get it!" and started connecting all the dots.

Yiu:

Right. Can you tell me first what it was like, as a teenager, not knowing why chemicals bother you and what that was like?

Armstrong:

A lot of it is actually related to identity and emotions in the sense that my family treated it as though I was obstinate or a hypochondriac or they thought it was me choosing to be difficult or choosing to want to be sick and things like that. I developed an identity around that for a long time that took me a while to let go, to realize, no, there's actually something genuinely, physically wrong with you and there's nothing wrong with you emotionally. That was most of my experience of, like, I'm always sick; I must choose to be sick [unclear]. Because why else—I didn't think it was a real thing at first. I didn't know what it was.

Yiu:

Okay, so, when you first noticed signs of sensitivity when you were a teenager, as you said, your mother and her sister didn't believe you? Did you try to talk to anyone else about this?

Armstrong: [00:16:45]

There were lots of different phases of things that I tried. I once went to the Learning Center at my school, because I was so convinced I had some kind of learning disorder or dyslexia. Trouble focusing was one of my symptoms, and memory was an issue, brain fog, that whole thing. I had that a lot, and so I thought there must be something wrong with me [unclear]. The woman looked at my grades—I was always very good in school—she looked at my grades and said, "No one with a learning disorder has grades like yours," and she said, "You're fine." There were other times when I went—there's all kinds of things I tried. I'm trying to remember all the other things. I was just writing a memoir. I don't remember everything I wrote.

I mean, obviously, there were all these separate things. My lung issues were a separate thing. Then dietary issues started coming in. I was getting more and more sensitive to foods so then I started looking into that path and not realizing they were all connected.

And then, of course, there's the mental health path. I went to go see a psychopharmacologist to try and figure out certain aspects of those symptoms.

Yiu:

Wow. What was the first doctor that you have seen about the sensitivity?

Armstrong:

Well, we could say that it goes as far back as the doctor who gave me ear drops when I had chronic ear infections.

Yiu:

Right. I know that there was—

Armstrong:

So, well there's the doctor—oh, sorry.

Yiu:

No, please go ahead.

Armstrong:

I was just going to say or there's also the doctor that told me I had asthma and pneumonia. There's that set. And then there is—I did see an environmental doctor years later, teens, early twenties, that completely missed it .

Yiu:

Really?

Armstrong:

Really strange: the questionnaire that he gave me was full of questions about paints and had I been exposed to mold, had I been exposed to paint thinners and all the things that I was sensitive to, and then he just gave me supplements and never addressed anything [unclear].

Yiu:

Wow.

Armstrong:

I don't know where to begin... which the first doctor would have been.

Yiu: [00:19:19]

Wow. So, this environmental doctor you saw just gave you supplements after giving you a questionnaire? Where were they located? Do you remember their name? And how did you come across this doctor?

Armstrong:

Oh, gosh, I don't even remember. I think my mom found him. He was in Ontario. I have no idea what his name was. I have no idea. I've seen so many.

Yiu:

Right.

Armstrong:

Yes, it was strange. He just basically told us to go to the health food store and pick up probiotics and some—I don't even remember. Really it's funny because years later I found that questionnaire and I looked [unclear]. And how is that not obvious? Anyone who knows anything about MCS and mold would look at that and go, "It's very obvious."

Yiu:

Right.

Armstrong:

For some reason it didn't change. So yes, it was weird.

Yiu:

Wow. It sounds like, as you have described, you've seen a lot of doctors and most doctors are reluctant to believe in you as a patient. What are some of the experiences that you're comfortable with sharing about bringing up chemical sensitivity with your doctors and how they respond to you as a patient?

Armstrong: [00:20:40]

The scariest and most extreme experience I ever had was actually with paramedics. I was having heart palpitations. I was short of breath and starting to get concerned. I phoned a nurse's hotline, just to go through some questions, to say, should I be concerned? I didn't know what it was. Long story short, they decided to phone paramedics and when paramedics arrived, they had used some kind of chemical cleaner. I was already in the middle of a reaction, so I was extremely sensitive. Whatever chemical cleaner they had on them and in the ambulance tipped me over the edge, and I started hyperventilating and—what's the word? I went into an anaphylaxis reaction. And the way they treated me for [unclear] me, that was the treatment [unclear]. They were yelling at me, they

threatened me. They threatened arrest. They phoned the police and threatened to have me arrested if I didn't agree to go into the—because I kept refusing to go in the ambulance and [unclear] it's from hospital. I kept refusing because I figured I would get worse there because of the chemical cleaners [unclear] that I knew, oh, this is going to—they're not going to understand and I knew they wouldn't understand. I knew they wouldn't treat me with any kind of belief or respect so I wanted them to leave me alone. They actually called the cops and they tried to work me into the cop car. That was the most extreme thing that I experienced.

Yiu:

Wow.

Armstrong:

I was pretty surprised when I later fought with the chief and, I actually can't remember when this happened—but the [unclear]. He was fine not wearing fragrance because his sister had some sensitivity so he understood, he said; but there's no way he's changing his laundry detergent for some rare person like me.

Yiu:

Oh, wow. And this is the chief?

Armstrong:

[unclear] tell them like—no, that was the paramedic.

Yiu:

The paramedic, I see.

Armstrong:

That was one of the paramedics. I wanted to say, well, first of all, it's not rare [unclear] if I was one case, I'm still a human being. It's still your job to do no harm. That was the most extreme. The other extreme, I would say, or the other side of it is definitely about [unclear] anything like that 90 percent of doctors then send me through the depression screening, mental health. As soon as they do that, I leave. And I know I don't see them anymore. So, I developed a habit of either just not going to doctors unless I really have to, or I just never mention MCS and I never mention environmental illness because I know they're going to treat me differently.

Yiu: [00:23:52]

Wow. It sounds like your experience with medical professionals have been hostile and violent at large, which leads to your reluctance to share your medical information even though you understand, and you have made that personal connection. What are some of

the ways, then, that you maintain your own health knowing that you are impacted by environmental illnesses?

Armstrong:

That's a very good question. My diet is immaculate . I have a restricted diet, some of it is sensitivities but some of it's just I refuse [unclear] processed, sugary anything, kind of food, so I eat a very good diet. I live in pristine air and I tend to do a lot of medical research myself. I'm not the kind of person that if I have something the first thing I do is go to the doctor. I have to really be bleeding to death to go. I tend to just research things myself. I guess I'm sort of a Google doctor . I read a lot of different [unclear] and things like that.

Yiu:

Right. So, you make a lot— sorry, I interrupted you, please continue.

Armstrong:

Sorry, it's the delay.

Yiu:

Yes. So, it sounds like you do a lot of self-research, right?

Armstrong:

Yes, definitely.

Yiu:

I see. Is that how it connected you with that woman who had discussed multiple chemical sensitivity with you in 2002?

Armstrong:

No, I would say it's the opposite, that I had gone on more the [unclear]—there must be some specialist out there who can help me and searching and searching. I was— she who told me about MCS and so then I researched it and read about it. Really the only way that I knew I had it was through my own self-testing.

Yiu

Right.

Armstrong: [00:26:10]

So I would—I got rid of all the chemical things and then I'd sniff something and see how I felt. I didn't actually even really believe myself until I did sort of a—I joke and I call it a

double-blind experiment, but it was sort of an inadvertent accident, I was in really good air and I was feeling really well. Then the neighbor spray painted his car and I couldn't smell it. I didn't smell any fumes, but the fumes came in my room, and I woke up extremely sick. Someone else told me, "Oh, he's been spray painting, be careful." I went, "Oh, well, now I'm never going to doubt myself again," because I just experienced it without—I thought, well, if it's psychosomatic, and I know that I'm smelling perfume, then maybe I'm telling myself I'm reacting. So, I had those doubts. But then, after that moment, I never doubted again. It was from then on that I decided, I don't trust doctors anymore. A couple in—for the next two years, I did tell my doctor, my family doctor, about MCS. Because of what I saw I decided that I'm never doing that. So I just don't mention it from that point on. So, I'd say it's the opposite. It's more because I have MCS, I know that it's not recognized whatsoever, that I just decided, I know better than they do. I know my body better than they do. And they can't—I don't let them tell me anymore.

Yiu:

Of course. It sounds like it's been a long journey of you learning about this illness and learning how to navigate this giant system. But it sounds like, also, you have advocated for yourself but have failed. You mentioned that one doctor misunderstood you and went through the mental health route and thought that you were just maybe in a hysteria. Do you think that your gender has anything to play with it?

Armstrong:

I'll expand on that a little just to give you a fuller picture.

Yiu:

Great.

Armstrong: [00:28:11]

One of the things that I keep, one of the things that people with environmental illness often have is sensitivity to a lot of things including [unclear] for us to be intolerant to coffee. I had insomnia at that point in my life and we're talking—I was probably about twenty years old when this happened. Really bad insomnia, which is also another one of the symptoms, especially of mold. I had a—my mom made an appointment with a psycho-pharmacologist because we thought it might be—they had put me on depression medication. "They" being whichever doctor I was with at the time. It wasn't working, obviously, because I wasn't depressed. Anyway, so she made an appointment with a psycho-pharmacologist. Because I had had insomnia, I drank coffee that morning. [unclear] extremely hyper. I don't tolerate caffeine when I'm not well. Even just half a cup or one cup of coffee and my leg is bouncing, and I'm talking really fast. When I went to the appointment, he noticed that [unclear], decided that I was manic, hypomanic,

because I guess that's his frame of reference of what—that's what he does-- psychology, so that's what he saw. I happened to have [unclear] who was diagnosed with bipolar. So, he took those two pieces of information and decided that that's what I had and then put me on two different, very strong medications. For years, I thought [unclear] and I was reevaluated probably about ten years later. I saw a new doctor and he said, "You're not bipolar." I said, "I know I'm not." I was taken off of all of the meds, never was [unclear] in the first place. Now I'm trying to bring that back to your question. My gender definitely plays a role. I know men that have been—for whatever reason more women tend to [unclear] potentially because of hormones, it might be our hormonal makeup. More women tend to have MCS and—well, mold, I'm not sure about mold, actually. I'd have to see the stats on that.

Yiu:

That would be interesting.

Armstrong:

It's the same—yes. I'm thinking of Jennifer Brea, who made a documentary called *Unrest*. She talks an awful lot about the gender role in it because she was told that she had conversion disorder when actually she had a very real, very [unclear] and was later proven to have had a very real, very physical thing. So, I do think gender plays a role, although I hadn't really thought about it until other people [unclear]. I think I just internalized it.

Yiu:

Right. I see. I want to ask you a little bit more about your experience during your 20s, which is when you have said you didn't really quite connect the dots yet and a large part of your medical experience had kind of denied you a diagnosis, or had helped you connect these dots. You mentioned insomnia being a symptom and other things. How did MCS affect your life, then, as a teenager, given that you also mentioned that your family didn't believe you?

Armstrong: [00:32:00]

I missed a lot of school and I wasn't well a lot. So, a lot of just being too tired to do things. It affected [unclear] there's a distinct [unclear] connection—let me close the door—and I've noticed my weight has fluctuated a lot and it's directly related to whether or not I'm [unclear] and if I'm in bad air, I gain a lot of weight. If I'm in good air, I lose it all. So, I was heavier, extremely overweight, was chubbier than the thin girls in high school. That made it difficult socially. I think I always felt different. I didn't really quite feel like I fit in because I was always not well, and I was always tired. Cognitively it affected me so it

was harder to—I still got good grades, but I did find certain things a lot harder because I couldn't focus as well.

Yiu:

Do you remember if any of your environments at the time, whether social or physical, such as maybe what you were exposed to in the dorm or in the university affected your ability to perform in school, such as the brain fog that you were talking about or your illnesses?

Armstrong:

I know—it's hard for me to answer these questions when considering mold because of what I've learned. There's basically like a [unclear] toxin. There's not a lot of research around it; it's just based on thousands of people having similar experiences. I am extremely sure that that location in general had—because it was a very dense population and [unclear] coupled with being in moldy buildings, in probably the school and my home. Wherever it was, I was being exposed to mold. What I've realized and discovered from my own body is—and many, many, many other people have said this—once they get away from that trigger, their chemical sensitivities actually go away. I've experienced that twice in—so yes, that's how I'd answer that.

Commented [RL1]: Mycotoxin?

Commented [RC2R1]: 33:49

Yiu:

Right, I see. I'm hearing that mold is a huge issue and it must be difficult to be maintaining good grades and having trouble focusing and experiencing these other symptoms, too. Did you have someone that you were talking to about that? Did your friends then know about your health?

Armstrong:

Well, I didn't even know about my health in high school. I thought all kinds of other things. I thought that it was just behavioral or just—most people in our society treat a failure to thrive as some personality flaw or obstinance or the failure of [unclear]. It was just treated as though—I would get report cards that said, [unclear] creative and has a lot of potential but she just needs to be more consistent and focus better. It was always treated like it was a behavioral thing. So, when you're growing up and you don't know that you have this and you don't know that all of these random symptoms that seem random or actually can—that they're real, you just think it's you.

Yiu: [00:36:11]

Right.

Armstrong:

So, I never really thought to ask anyone, “Hey, can I talk about how this health issue was affecting” [unclear] identify it as a health issue until years later, until it got so bad I couldn't ignore it anymore and realizing [unclear]. Yes, I just thought it was me being a bad teenager or something or just being hard on my mom or being distracted or just not working hard enough, or just a hypochondriac because I was always sick all the time. I was accused of just wanting to stay home from school. If you're sick, sometimes parents wonder if kids are using illness to just stay home and so that's what they thought about me, and I was like, “No, I'm genuinely” —I didn't really have a narrative around it.

Yiu:

Yes, it sounds like a lot of dismissal was happening. Do you think that your illness and sensitivity affected your relationships with your family at the time? Or now?

Armstrong:

Oh, absolutely. I actually no longer speak to my family because even [unclear]. My mother passed away in that [unclear], my relationship with her was a bit different. She did believe me, sort of, and she supported me, but her sisters don't. They all treat it in a different way. Some of them have told me that I need to grow up. Compared [unclear] most of the people with MCS that I know, or not most—I shouldn't say that. But many, many, many people that I know who have MCS or who have mold illness struggle with how to work remotely. They struggle with where to live. And I have figured that out. I actually built a career as a software developer and I work pretty [unclear] and relatively. Even despite that my family says, “Oh, you just need to grow up,” because to them they see my inability to participate in the real world, in other words, live in a city and go to an office—they see that as growing up. So me not doing that, despite the fact that what I've done is jump through numerous hoops in order to still participate and not [unclear]. They don't see that as growing up. They see that as a failure. Another aunt outright refuses, quite angry, and uses—her exact words are, “I refuse to validate that.” So, it's never—and I even remember as far back as when I started noticing the dietary issues that were coming up—food sensitivities—I cut sugar out of my diet first, trying to heal Candida and all these other things that—there's all these problems that start up when you've got this kind of illness. I was trying to treat them all and I stopped eating sugar and she would try and force me to eat sugar so they've never—

Yiu:

Wow.

Armstrong:

—been [unclear]. So, I made the decision to live with [unclear] me and not the ones who don't. And I think—

Yiu: [00:39:41]

You think?

Armstrong:

I've heard it's very, very common—I know very few families that support the person who has MCS. Many people with mold and MCS don't have support from their family.

Yiu:

Yes, that must be really difficult to navigate and it sounds very isolating as well. Do you think that people with MCS in general and you more specifically have a difficulty maintaining social relationships or even romantic relationships? You did mention you have a partner, though.

Armstrong:

My boyfriend actually has mild MCS and his sister had extreme MCS. We just happened to find each other and realize we had a lot in common, even over and above illness we have a lot in common. I think that's pretty rare. We both recognize how lucky and rare that is. Most people, their spouses—a lot of people lose their spouse because their spouse doesn't believe them or it's too much. A lot of people lose their family or they'll have siblings that are very hard on them. It is definitely isolating, and I think that's quite common. I think social relationships [unclear]. What I find is we end up becoming friends with each other. I have a lot of friends that I've never actually even met in person because I've met them online or met them over the phone. And they are [unclear] probably better for us to meet other people. I do have friends from real life that I've had for twenty, twenty-five, thirty years who do believe [unclear] who are supportive and that I still talk to. Yesterday was Christmas. I talked to them on Christmas Day and we still talk to each other. I do feel like, physically, around me, I'm definitely isolated and I've been isolated for a good portion of [unclear]. I've become used to it, but I'd say my social life is still very active. It's just not in person.

Yiu:

Right. With MCS, it would be difficult to be in public spaces as well. What are some of the ways that you get to find new friends? Is it from that Facebook group you mentioned earlier?

Armstrong:

I have a lot of friends on Facebook. So, yes, a lot of it's online. And of course, my work is online, too, so this is the world I'm used to. So yes, a lot of the people [unclear] were

MCS and now it's more [unclear]. There are many, many groups on there. That's primarily where I email for people that I already know.

Yiu: [00:42:36]

Right. You mentioned that you were a software engineer in both your pre-interview and earlier, and that remote working is really what works for you as a lifestyle, as well. Can you tell me a bit more about your career before being able to work remotely and whether or not they had accommodated your illnesses in these spaces?

Armstrong:

Right. It's a bit of a long thing. Because I got sick so young, I actually began learning web development when I was nineteen. And then—

Yiu:

Impressive.

Armstrong:

I purposely [unclear]. It seems—in some ways, I look at it, and I think I was at a disadvantage because I never had a chance to [unclear], and a lot of the women that I knew that had MCS were older, they were in their forties and fifties and they'd already had their kids. So, I often looked at it that way. And now that I'm older, I look at it and go, actually, if I were in my forties or fifties and got sick, and already had a career path in place that was in person, that would be very, very hard to change later in life. So, in some ways, I think that was an advantage that I was so young that I went—I deliberately built a career that I could do from home.

Yiu:

Right.

Armstrong:

The resources today are twenty times more than when I was twenty. Back then it wasn't as common to find [unclear] science degree and find—I can name six remote job boards off the top of my head and not just for programming, but for customer service or transcription or that sort of thing so—

Yiu:

Right.

Armstrong: [00:44:29]

The world of remote work has definitely expanded since I first got sick and that makes it a lot easier for people. I'm often giving people resources of like, here's the kind of thing you can do from home and here's where to find the jobs and that kind of thing.

Yiu:

Right.

Armstrong:

In terms of in person, I was lucky. I'll name the company. I worked for a company named Shopify. They're sort of a tech darling.

Yiu:

Yes.

Armstrong:

They [unclear] e-commerce. They just happen to have an incredible company culture that is very accommodating and they actually go out of their way to create gender balance and to create inclusive language of all kinds of things, including disabilities. Actually, this was the first and only time I ever felt comfortable telling an employer, "Hey, I have this disability," and they did what they could to accommodate me.

Yiu:

This is the dream job that you moved to Ottawa to.

Armstrong:

Exactly, yes, there's no way I could have given up .

Yiu:

Sorry, I interrupted you. They switched what?

Armstrong: [00:45:44]

They switched products in the bathroom from fragranced to all non-toxic hairspray, all fragrance-free soaps and everything.

Yiu:

Wow.

Armstrong:

Because they supplied products in the bathroom so they swapped all of those out and then they let me work from home for a bit when I got really sick. They did what they could,

but there was not much they could do with an office full of people that wear deodorant and fragrances. It's just such a cultural shift, there's only so much they can do. It ended up just being up to me to accommodate myself. With every other job I've ever had, I've just never told them. What I would do is—I often worked remotely, and it's very rare to not have to meet in person, at least once. Sometimes I'd have to train staff on how to use the website. Sometimes it's just what the [unclear] where like a lot of tech companies that work remotely, and even if they don't work remotely, they'll have a big gathering once or twice a year where all the staff get together and hang out. It's good for employee morale and getting to know each other. Basically what I do is I bring my own food, I bring my own air filter, I bring my own water, I bring my own blankets, I bring my own sheets, I bring everything.

Yiu:

Wow.

Armstrong:

And I just try and lay low. I don't even bother asking for a non-fragranced room. I jump through whatever hoops—I've slept in my car before. One time they offered to pay for the ticket. I could drive. It was like a twelve-hour drive and like, "I'll just drive," and that way I had my own safe car.

Yiu:

Right.

Armstrong:

I slept in my car. I've often just done things behind the scenes to pretend that I'm healthy and they don't need to know the difference. Because I know that I expect to be treated differently if they find out I have this environmental illness they've probably never heard of. I accommodate myself.

Yiu:

It sounds like it's very difficult to just even get across the message that this is something that needs to be accommodated just from a workspace perspective. You mentioned that Shopify tried to do what they could, but did you find that any workers, any coworkers, you had at the time knew anything or reacted differently simply because they knew you have MCS? Or were you able to kind of socialize with coworkers at that company?

Armstrong: [00:48:25]

I would actually step back in and correct one thing and say that I think that most employers and colleagues that I have interacted with have the good intention of wanting

to accommodate. I have very rarely encountered—in my family I have, but in my workplace, I have very rarely encountered people that don't want to accommodate. What I have encountered is that it's such a huge paradigm shift that the extent of the accommodation that a person with full blown MCS and mold illness needs is so extreme that it gets too personal and it gets too complicated, where it's like, they're willing to not wear perfume and they're willing to maybe change their laundry detergent or whatever. But they don't realize that, for example, if their laundry has been washed in a fragranced laundry detergent fifteen times it's going to take a month of soaking and vinegar and three washes to get it out. It's not just as simple as “Oh, I'll swap my detergent.” I'm like, “Eee,” that's not enough. I'm still going to smell it on you. And then, it's your deodorant, it's the chewing gum you're chewing that has fragrance in it.

Yiu:

Yes, it's in everything.

Armstrong:

Because it's such an unregulated industry, that it permeates everything—everything that we use. It's such an invasive accommodation that I don't even feel comfortable asking for it. Although, I know that people are willing to do a certain amount. The effort's there, but they don't realize how deep it goes and how many products it's in and that sort of thing. To answer your question, at Shopify, all my colleagues ended up knowing it because we had an off site [unclear] and I said that I couldn't go and then they said, “Well, we'll all come without wearing perfume,” and they even were willing to swap out their deodorant. I was very touched that they were willing to go to those extremes.

Yiu:

Wow, that sounds amazing.

Armstrong:

It is amazing. I love Shopify.

Yiu:

But it's too bad you just simply couldn't continue.

Armstrong:

Yes, and it's fine. It ended up being a good stepping stone to be able to work for a company that's fully distributed so everyone's remote [unclear]. But yes, I'd say most people I haven't really brought it up. I've just—I don't think most workplaces are used to accommodating disabilities. I don't see it very often.

Yiu: [00:51:14]

Right. And as you said—sorry, earlier you used the word “invasive” to describe requesting others to stop using fragrance and it seems that you're describing a very personal relationship of people with their fragrances. Can you tell me a little bit more about that?

Armstrong:

It's—a lot of people are very [unclear] brand of deodorant, for example. I use deodorant specifically because there's one thing to tell someone not to add fragrance, but there's a whole other culture about body odor that is very, very personal and to talk to your colleague— It's hard enough with an intimate partner to be like, “Hey, you're strong.” But with a colleague, it's even more awkward. That's why I say invasive because, actually, I had that very real experience. There's something—pair programming—in my field where you sit down together at two different or sometimes at the same computer and you work through a problem or troubleshooting issue. I was paired a lot with this one programmer who wore strong deodorant. I don't know what it was, but the fragrance in it just knocked me out within about thirty seconds and then I would lose my ability to speak properly and I'd start slurring my words and so he thought I [unclear] slow because my brain wasn't functioning and we were— That sort of thing, to have a conversation with someone directly and say, “Hey, your deodorant [unclear]” is extremely embarrassing and awkward and personal and a lot of people get offended. A lot of people in the workplace get—it's not something they consider to be reasonable.

Yiu:

I see what you're saying. We're almost at the one-hour mark, Solona. But I do have some more questions. How are you doing? Can we continue?

Armstrong:

I'm good for as long as you need me.

Yiu:

Okay, great. So, you mentioned your boyfriend has mild chemical sensitivity. Can you tell me how you all met? And what is your relationship together? You mentioned that you have a pristine routine of chemical avoidance, does he also practice that?

Armstrong: [00:53:48]

Well, as with all of my friends, I met him online.

Yiu:

Oh, that's wonderful.

Armstrong:

His sister developed severe MCS when she was around the same age as me, actually, like in her teens. He [unclear] activities that he had had for actually quite a while [unclear]. They moved to an acreage that's in a very pristine location and he built his own tiny home and I tolerate it here and his sister healed and he [unclear] and he got used to the routine of we order a lot of things [unclear] let's deal with the packaging outside, [unclear] feet from the house or like a couple hundred feet from the house with garbage pails that are out there that— We're very careful not to bring mail inside the house in case it's been contaminated with something. So those routines are pretty normal for both of us. What else is—we don't go to town very often . We kind of just stay on the land.

Yiu:

I see. Do you grow your own food at all?

Armstrong:

We both do.

Yiu:

I see.

Armstrong:

He has grown his own food here for about fourteen years. I grew my own food on my own acreage back in Canada. I haven't consistently done it every year, partly because of circumstances of not being able to find remote work and so I didn't have the money to do it. And sometimes it's because I didn't have the energy to do it.

Yiu:

Right.

Armstrong:

Yes.

Yiu:

Okay. Wow. So, it sounds like the internet has been a huge facilitator for your daily life—

Armstrong:

Yiu:

—both in like finding a job and a community of people who you can relate to. How do you feel after finding a community of people?

Armstrong: [00:56:00]

What do you mean?

Yiu:

Sorry, I just mean finding a community of people online who you can talk about MCS with and also finding your partner now, also on online. How does it feel being able to find people who can relate to you?

Armstrong:

I see. I've gone through different phases. I've been dealing with MCS for twenty years, but not—well, cumulatively, for about ten years because there was a time when I was recovered. And I was able to put on perfume and didn't want to deal with MCS anymore. I don't know if I've made all that clear, but I was sick for a long time and then I avoided and during avoidance, I spent about ten or so years actually being not sick—

Yiu

Right.

Armstrong:

—and still low energy.

Yiu:

Right.

Armstrong:

But, anyway, so during those ten years, I didn't go online. And then again, now I do. I've gone through different phases where I think, originally, at first, you just want to sponge all the information you can and learn as much as you can. So that's what I did, and you learn from other people and you learn a lot of tips and tricks of what they do. Then at a certain point in my life, I became the expert because I had done and tried and researched so many different things. Now, I don't feel like talking about those things anymore. I don't actually participate in MCS groups much anymore because I find them frustrating now.

Yiu:

I see.

Armstrong: [00:57:41]

It's sort of a shift. I do participate in a mold avoiders group quite actively. I'm one of the moderators of that group because it's changed my life so much. So, I guess I feel—it's nice—I think the thing, the short answer —I'm not good at short answers. The short answer is that when I find a group of people who speak my language in terms of that, I feel like I can actually truly be myself. There's always, as much I can relate to, "normal" people, there's a certain aspect that I always have to hide of myself. That gets to be exhausting emotionally where things that they joke about, even just in passing—I don't know. I don't eat sugar, and I don't eat grains because I don't tolerate them. So that's, you know, food sensitivities are a part of my life. Hearing normal people talk about like, "Yeah, I'm going out for beer and I'm going to go for a piece of cake for my birthday." I can't—so I often have to smile and nod, or talk around the thing they're talking about, or just change the subject. A lot of the things they do that I don't do, like going to the movie theater—I'm like, I haven't done that in years. So, people that live that way, speak my language. It's just more familiar where I don't have to explain why I don't eat cake .

Yiu:

Right.

Armstrong:

They know why I don't eat cake .

Yiu:

It sounds like a lot of the people that you come across who cannot relate to the illness don't understand the impact of MCS on your daily life. Can you tell me some of the things that impact you on a daily basis?

Armstrong:

You mean, does it come up with other people?

Yiu:

Yes, you mentioned you don't go into town a lot and that you open your mailbox outside. What are some of the things that also impact you? Cinema was another one that you have spoken about. Do you take the bus if you need to? You mentioned driving long distance rather than flying. I'm just trying to get a sense of how the MCS impacts you.

Armstrong: [01:00:10]

Oh gosh, there's—it's huge. I'm used to it. So, for me, it's normal, but I know it's not normal compared to other people. So yes, I avoid flying as much as possible. I've flown

two times in sixteen years, so that's another thing that comes up. I'm in a job where most people vacation and travel. So, they'll ask you, "Where do you travel?" and "Oh, wouldn't you love to travel?" I'm like, "I can't travel."

Yiu:

Right.

Armstrong:

Because then, like this huge—I have to bring my own bedding, and I need to make sure that there's water that I tolerate because I don't tolerate chlorine. And then I need to make sure that the building isn't moldy. And then I need to make sure that it's not fragranced. And then I need to make sure there's no carpeting. And I'm like, "I don't need to do that when I'm at home."

Yiu:

Right.

Armstrong:

Well, work, if I travel for work I do, so that's a huge piece. I don't take public transportation. In fact, when I was working at Shopify, I was taking the bus but it was before—it was the very early in the morning because no one else was on it and that way I knew no one would have perfume on the bus. That was how I commuted.

Yiu:

I see.

Armstrong:

So, to like, extremes to avoid things that will make me sick. I don't go shopping. I shop online, typically. But it's also because the place I live—I've lived remotely for a good portion of the last sixteen years. I've lived remotely so everything I do is [unclear] and because you can't get good internet where it's pristine—

Yiu: [01:01:56]

Armstrong:

— and, you know, everything's farther, it takes longer to do everything.

Yiu:

Right. So, what do you do in your spare time?

Armstrong:

Oh, lots of things. Well, we garden in the—well, I will be gardening here once I move here. And, music. We're both musicians. I build apps . I'm building an app. We go for lots of long walks. I'm a big nature lover so I do—I go birding or I'll go snowshoeing. I love riding my bike. We do a lot of things by hand, too. So, a lot of times I'll be doing a project sewing. Nowadays I do my laundry by hand because I don't tolerate the machines anymore. So, yes, doing laundry. We do lots of fun things. We play card games.

Yiu:

That sounds like a really fun and lovely time just being out away from the city, as well. You mentioned that you didn't connect the mold avoidance until much later. Did you find that that connection changed your hobbies and what you did with other people? Or was it just the shift of having to move remotely?

Armstrong:

Absolutely. Well, ultimately because of chemical avoidance for most of my time I had MCS, I lived off the grid for a few years and it was extremely remote.

Yiu:

Where was that?

Armstrong:

That's on an island in British Columbia, Canada. There are a few islands there that the entire island doesn't have [unclear].

Yiu:

Wow.

Armstrong:

Except whatever you [unclear] yourself. Living rustically and doing a lot of things by hand has been normal for me for a long time. Then mold avoidance adds a bit of a layer. I find it harder in some ways and easier in others, in the sense [unclear]. How am I going to explain this? Mold is more cross-contaminating than chemicals. If I am in a room that smells like fragrance, I can just leave. With mold I actually have to shower or wash myself, change my clothes, that sort of thing. So that does get a little bit more complicated in terms of avoidance. However, it's alleviated my chemical sensitivity so it's huge. I'm trying to actually remember what your exact question was. Hobbies and then what do I do in my spare time?

Yiu: [01:05:02]

Oh, my question was, did the diagnosis—or not the diagnosis—but when you did find out that you couldn't be in a space with mold or work with specific chemicals, did that change your hobbies or how you interacted with others at all?

Armstrong:

Yes, and I guess that's happened a few times. Hobbies, definitely. I was into [unclear] and I was in the photo lab for hours one of the times when I got very sick. That was in my teens and in my early twenties. So obviously I stopped going to there and stopped doing projects that involve glue and that sort of thing. Whereas I used to be pretty crafty, but that's not a big deal. I don't miss it. It definitely changes how I garden. It changes which machines that I use. I don't use a gas lawn mower. I haven't in forever. Things like that. Yes, it changes what I do. I do less things in person.

Yiu:

Right. You mentioned that you build apps and that you were a moderator for the mold avoidance group or the mold sensitivity group on Facebook. What other sort of activism or advocacy work do you do?

Armstrong:

I have tried—okay, so, environmental illness is recognized as a disability through both the [unclear] Commission and the Ontario Human Rights Commission. [unclear] tried [unclear] to go through those channels to try and make some changes. For example, I filed a report or a complaint—I filed a complaint against Canada Post, which is mail company, you know, letters.

Yiu:

Yes.

Armstrong:

Shipping. I'm trying to distinguish them from email.

Yiu:

Yes.

Armstrong: [01:07:18]

I explained for [unclear]. There are certain areas where the only way to get a package in the mail is to go to a Canada Post depot. A huge portion of them are located in the corner of a Shoppers Drug Mart and the very first section of Shoppers Drug Mart is perfume. I'm trying to point out that it's extremely inaccessible and that it's actually against the

Canadian Human Rights law—well, I don't know if they're called laws. I don't know the right word. So, I was trying to point that out. But it's such a silly thing where you can't make a general complaint unless it directly affects a person.

Yiu:

Right.

Armstrong:

So, I said, “Well, I don't want [unclear] a brief time I lived somewhere where the only time I could get packages was by walking through the perfume section.” It was a really big deal. I had to wear a mask, and I had to phone in advance and get them to bring the package outside for me and, blah, blah, blah. I explained that to them. I said, but I would rather be healthy, so I moved away from that location. It's no longer directly impacting me, so they closed the case.

Yiu:

Oh, wow.

Armstrong:

And they said, “Well, it's no longer a thing.” I'm like, “But it's a thing [unclear].” Can I be in a safe area and complain about it from afar? They wouldn't let me do that. I've tried doing that with a gym that refused to accommodate me, and they actually said that the gym wasn't appropriate for me because I had a disability that they couldn't accommodate. And I was like, “Oh, uh.” Actually, I wrote to the chief of the paramedics when that incident happened with the paramedics to try and educate them about it. I have signed a lot of petitions, and I've written to hospitals. I've written a lot to politicians to try and get them to understand that this is—even in their own government buildings, they don't have accommodation. They have fragranced soap in the bathrooms and they have fragranced employees. I was, like, how can you expect to have—because they have this whole big thing in Canada for the last two years where they've been trying to make it a more disability-friendly country. They've been trying put things in place so that more people with disabilities can thrive in the workplace. I jumped on that bandwagon and wrote to my MP and wrote the—what's her name? Qualtrough? I'm trying to think of her role. Ministry of disabilities, or something like that. I wrote her to explain. I got a lot of generic refusals back. So, I've done that kind of thing to educate. Then, way, way, way back when, I was part of a group of people that started the AEHAQ, which is the Association of Environmental Health and—something something—for Quebec, because that's [unclear]. They were successful in banning pesticides and they educate about fragrances and give people resources and they also have housing. I was part of that at the very beginning to help launch it and then I moved away. Some things like that.

Yiu: [01:10:48]

Wow, that's impressive. Sorry, could you repeat the name for the organization, AP-?

Armstrong:

Sorry, AEHAQ.

Yiu:

A-P-E-H-A-Q?

Armstrong:

No, I'll chat it to you.

Yiu:

Okay, sorry. It's just a bit delayed.

Armstrong:

AEHAQ.

Yiu:

Perfect. So, it sounds like you have done a lot of activism and advocacy in your lifetime. What are some of the significant moments or events that you are inspired by or that you remember or you're most proud of?

Armstrong:

There weren't many because I often just get told, "We can't do that." I do remember writing to a gym and the owner wrote me back and she said that her girlfriend has sensitivities. So, her gym is strictly fragrance free and the—

Yiu:

Oh.

Armstrong:

—cleaners were fragrance free. I was so excited. That was one moment where I realized, "Oh, I'm not alone. There are people that accommodate it."

Yiu:

Right.

Armstrong:

Oftentimes with Airbnbs—I actually curated a list of Airbnbs. I've written to Airbnb so many times. I've tweeted them, I've written in their feedback forms, and I've harassed them to try and encourage them to have—because they have a disabilities [unclear]. When you're listing a place on Airbnb, you can write all of [unclear] features and they have [unclear] disabilities, but it's all about you know, wheelchair access, or—I don't remember the other ones. It's never about fragrances and it's a huge need. I've heard over and over, over and over and over about people needing fragrance-free. I tried to say to them, “This is a huge market you're missing out on” and they ignore me. But, a few wins —

Yiu:

Oh wow. That's kind of silly for them to ignore you.

Armstrong:

I have a feeling it's a liability [unclear] advertising that way, that there might be [unclear]—

Yiu:

Sorry, you said liability?

Armstrong:

—they might be liable. I have a feeling that if there were ever an option to—like, if someone advertised their home as being fragrance free but then they didn't realize that there was a scented candle or who knows what, and a person reacted to it, that there could potentially be a lawsuit.

Yiu:

Right.

Armstrong:

That is my guess as to actually [unclear].

Yiu:

That makes sense.

Armstrong: [01:13:30]

A couple of wins were that I spoke to—I'm pretty persistent. And if I need—there were a few times that I needed accommodation. I basically just wrote every single place in the area that I needed to ask them what soaps they use and would they be willing to swap

out. Quite a few of them were willing and quite a few of them actually said to me, “Oh, I already do that.”

Yiu:

Wow.

Armstrong:

So, I encouraged them to advertise it. Like, put “fragrance-free” in your ad and they're like, “Oh, okay, I will.”

Yiu:

Armstrong:

So those wins, where I helped someone realize the need for it.

Yiu:

Yes. It sounds like you're really great about asking for accommodations and getting the accommodations that you need. What are some of your strategies?

Armstrong:

The numbers game. When it comes to, say, a room to rent for whatever reason, if I'm traveling for work or something. [unclear] I'll do things. In fact, I just did this. So, this is going to sound really silly, but I actually live in an ambulance. Half [unclear] that was part of my mold avoidance. It's a rig that I keep very pristine, and I can move. If something bothers me, I can move.

Yiu:

Right.

Armstrong: [01:15:00]

I actually just—when I leave my boyfriend, I'm going back to live in the ambulance. One thing I just did was write—I'll write on groups, like Facebook groups. Sometimes there's a Facebook group for rentals in the whatever area. So, I'll go and write a post in that area, say “Hey, I'm looking for something really unique.” I'll lay out all my criteria. A lot of times people respond and then it starts a conversation of, “Are you willing to not use pesticides?” or whatever. So, I will play the numbers game. I will reach out and write a post. I will contact every Airbnb there is in the area and write them all a million questions. There's a whole series of questions I go through, like, “Do you do this?” and “Can I—?”. Yes, the numbers game is a huge one. Sometimes, if it's a corporation, I'll get

a bit more aggressive and I'll say—or assertive and I'll—technically they're required to accommodate according to the Canadian Human Rights Commission and I'll get them to be more accommodating.

To be really honest, I would rather just be quiet and do my own thing and just sleep in my car or sleep in a tent and not make waves. But the reason I make waves is because I realized that because of the nature of MCS and mold illness, we're all hidden. We all fall through the cracks. No one sees us, and so then nothing will ever change. I do it in order to make an impact so that maybe one day they'll get it because enough people speak up.

Yiu:

Right.

Armstrong:

So, I speak up so that we're heard. I really don't care if they accommodate me, for me personally. I would rather do my own thing.

Yiu:

[laughter] Yes. In what you just described, you told me that you lived in an ambulance and one question I have is actually about housing.

Armstrong:

Yiu:

After finding out about mold avoidance, what were some of the ways that you have navigated finding housing? How long did it take for you to create your current house? Or moving house?

Armstrong: [01:17:21]

Yes, this is quite—I don't even—I'm going to try and keep this short.

Yiu:

Okay.

Armstrong:

Housing is the big, big, big, big, big thing.

Yiu:

Yes.

Armstrong:

Housing is the hardest thing. I've been homeless several times, not because I couldn't work, not because I couldn't find housing. I've slept in a tent. I've slept in my car. I've slept in my truck. I've WWOOFed [World Wide Opportunities on Organic Farms]. That was one resource that I had for housing when I was really stuck. There's an organization called WWOOF—

Yiu: [01:17:54]

Yes, I actually know about WWOOF.

Armstrong:

A few times I have found temporary places to live when I had enough energy to work on the farm. They were an organic farm so I knew they were in the middle of nowhere and I would probably be okay. But housing, I've moved forty times, give or take, in the last sixteen years. A very hard part of having MCS is moving all the time. I bought a house at a certain point and then I realized [unclear]. I wanted to sell it anyway, there were lots of reasons I wanted to sell it. I was ready to move on, but I was there for six years and— or at least I—

Yiu:

Right. I'm sorry, where's the house?

Armstrong:

The house is in British Columbia. I didn't actually live in there for six years.

Yiu:

I see.

Armstrong:

Part of [unclear] in Ottawa. In any case, long story short. I racked—I looked—I scoured and scoured realtor ads and their listings and I worked with a real estate agent—actually, a few of them. I looked at areas and I looked and looked and looked and looked and looked [unclear] and couldn't find anything that I thought would actually suit what I needed in terms of mold-free and chemical-free because it just doesn't exist in our modern building techniques. So then, that was when I discovered the mold avoidance book, and that was when I [unclear] in—because they talk a lot about using a vehicle as a house. Whether it's an RV, whether it's a bus, whether it's a canopy on a truck. The guy that discovered mold avoidance used a canopy or little camper on his truck. I decided—I'd researched every possible, everything, I researched what every option was and then

stumbled upon an ambulance. It had all the features I was looking for and there were a lot cheaper than, let's say, an RV. They're insulated and they have power systems. I went, "Oh my goodness, that's my solution".

Yiu:

Yes.

Armstrong:

And, they've also been kept sterile for their life.

Yiu:

Oh.

Armstrong:

So, yes, I had to buy and camperize an ambulance. It actually—I healed. I went from bedridden to hiking, living in the ambulance. It was miraculously healing.

Yiu:

Wow.

Armstrong:

Then I drove it down to stay with my boyfriend and I can only be here for a certain amount of time for work. So I'll be living in it again in the spring. I just move. If [unclear] better, I just drive.

Yiu: [01:20:57]

Right. Right. Wow, that's impressive. Did you do that housing project on your own? So, you looked for the ambulance. Did you manage to renovate it to your current home on your own?

Armstrong:

It was to avoid wood because wood molds. The thing I liked about the ambulances is that they have cupboards and shelving already because technicians need space to store all of the gauze and band aids and all of those things. They already have plastic sliding and they're all built out. The only thing I did was get some friends to help me just because I was injured. But, I bolted a bedframe to the floor. Everything else I just put things in there. I didn't actually build anything out because I didn't need to. That was one of the things I loved about it. It's already done. I don't need shelving. I don't need cupboards. They're already there.

Yiu:

Wow. Amazing.

Armstrong:

Yiu:

Okay, so I want to wrap it up because I'm intentional about the amount of time I'm extracting from you. You mentioned earlier in our interview that you were working on an autobiography. Can you tell me more about the autobiography you're working on? Is it a part of your advocacy and activism? What is your autobiography about?

Armstrong:

It is activism in the sense that it's my way of—I guess, over the years I've met online a lot of people whose families didn't believe them, whose families have abandoned them, who don't know how to survive remotely, who don't know how to survive in different ways. I realized after speaking to a lot of people and telling little snippets of my story, a lot of people have said, “Oh, goodness, you've been through so much, and you've overcome so much, and you're so resourceful, and this and this and that and that.” A lot of people have said, “You need to write your story.” So, I decided, “Oh, maybe that's one way,” instead of multiple little snippets of giving resources to people, that I can just write how I did it, and write what I did and how I survived. That's my way of helping. It's a way of leaving a legacy. It's a way of—also, it's helping me to write the story. It's [unclear].

Yiu:

That's beautiful. Wow. My last question for you today is actually, what are some of the steps that you believe could change our contemporary society's view and relationship with chemicals and smells and what we associate with these things?

Armstrong: [01:24:00]

Oh, my goodness, that's a huge question.

Yiu:

I know, and I love your long answers, so please.

Armstrong:

I talked about [unclear]. I often think of it in two ways. I think of a man named Ignaz Semmelweis. He was the one who actually came up with the germ theory. He's on Wikipedia, and it tells his whole story of how he basically would tell—he noticed that the doctors who worked in the morgue and then gave birth, helped birth babies—the mothers

that were with the—how to explain this? The mothers that had been birthed by these doctors who were in the morgue had a much higher mortality rate than the midwives who didn't go to the morgue.

Yiu:

I see.

Armstrong:

He came up with the idea of—there must be something on their hands. So he tells them to wash their hands. Doctors at that time were very offended because it had a very social connotation, and also a class connotation, like, dirty is poor, and low class, and, how dare you tell us to wash our hands, even though it was just a physical, real thing. Germs and bacteria exist.

Yiu:

Right.

Armstrong:

They didn't have a microscope yet, so they didn't know. I often think of him when I think of chemical sensitivity. It's a paradigm shift that, because it's normal and because it's not regulated, everyone believes that what's on the shelves is safe, and that what goes down the drain is safe, and we just trust in all of that. And it's not safe. I see people [unclear] canaries who are the warning signal that like, hey, it's not safe and it's actually very dangerous. I think it would take some type of cultural reality shift for an awful lot of people in order to start shifting it. The same way that now, it's unheard of that you would, go to the washroom without washing. Everyone knows you have to wash your hands before touching food. That's just obvious, but it didn't used to be obvious. I think it would take a whole other can of worms because they have money vested in [unclear]. I think it would take doctors and corporations and governments putting in place regulations, a proper EPA [Environmental Protection Agency], and a proper CDC [Centers for Disease Control and Prevention] that actually acknowledges that they're not safe. And doctors actually believing it and telling us, "Avoid these things." I think, otherwise, you've got the small handful of people who are like me who are rogue and we take it into our own hands and we don't play the system anymore. And that's, like, until the system [unclear].

Yiu: [01:27:06]

Right. I know I said that was my last question, but I'm cheating a little bit.

Armstrong:

It's okay, I don't mind it at all.

Yiu:

Okay. You mentioned that housing is a huge issue. I wanted to ask you, before we leave today, what are some of the steps that you believe need to be made to accommodate people with environmental illnesses?

Armstrong:

Oh, wow, so many things. A lot of it's related to, first, the location. I believe that environmentally ill people will remain ill if they're in a bad location. So, that would go first. Beyond that, I would say, it's all products. It's cleaning products. It's laundry detergent, personal care products. It's what's in water. It's what's in the food. So it's making sure there's non chlorinated non chemical water, making sure that there's organic food, making sure that no one's wearing anything that has had fragrance on it, making sure none of the bedding or the anything has been washed in anything chemical. I guess air filtration would be good, although that's no good for mold. Those are some basics.

Yiu:

Wow, thank you so much for your time today.

Armstrong:

[unclear]

Yiu:

Sorry, what did you say?

Armstrong:

[unclear] what I would prefer to do is just skip all that and go to the forest.

Yiu: [01:28:47]

Let's just go to the forest. Yes, I wish the forest would wait for us. Well, Solona, I want to thank you again for the time and the consideration you gave today, and the reflection that you put into this interview. I really appreciate it. I believe that it's going to make a huge impact. Is there anything else you want to add before we turn the recorder off?

Armstrong:

No, I think—just, I'm very grateful that you're doing the project and it was wonderful to talk to you.

Yiu:

Great, happy holidays. Thank you again for taking the time to meet with me today virtually. Do you have any questions about the next steps and any concerns?

Armstrong:

I don't think so.

Yiu:

Okay, great. Well, we'll be in touch and we'll let you know when the transcript is available, and that it will be made public. If you have any questions about whether something you have said today you wish to be redacted or cancelled from the interview, you can certainly email me as well.

Armstrong:

Okay. Wonderful! Well, thank you.

Yiu:

Okay, sounds great. This was wonderful. Just thank you for your energy today.

Armstrong: [01:30:12]

Okay, bye.