

Case Statement

Prepared By

Canary Cooperative, Inc.

To Support Accessible Housing in New York State
For Chemically and Electrically Sensitive People

2016

Updated 2017

Canary Cooperative Case Statement - Summary

Chemicals are ubiquitous in all of our personal environments. Hypersensitivity is one possible consequence of chemicals that are absorbed into the blood stream. Hypersensitivity involves the immune and the neurological systems, and the effects of exposures can be severe enough to be life threatening. Forty percent of the population has a genetic vulnerability to chemical sensitivity, and 2.5% of the total population has become disabled by chemical sensitivity, which means about 493,750 New Yorkers have become disabled by chemical exposures. Multiple Chemical Sensitivity, (MCS) is one name for the hypersensitivity. Avoidance is the basic technique for managing these sensitivities, and major life style changes are required to achieve avoidance.

Once chemical sensitivity has taken hold, chemical free housing is essential to stop and reverse the degenerative process of acquiring new sensitivities and more severe symptoms. Chemicals are part of every manufacturing process, including building materials. There are no accessible rentals for chemically and/or electrically sensitized people. Unless a person has a chemically clean safe place to live, no medical plan or Self-Support plan can work. A third of the people disabled with chemical and electrical sensitivity have either no housing or have inadequate housing for the disability. Many people search for years for housing they can tolerate. In the meantime, there is a downward spiral in health and financial stability and quality of life. And most difficult of all, a sensitive person becomes increasingly vulnerable to the chemical choices of the people around them.

In an effort to address this housing crisis in the chemically sensitive community six MCS people from across NYS organized and incorporated as the non-profit **Canary Cooperative, Inc.** We hope to find a funding path and then function as a group of several sites, owned and maintained by people disabled with sensitivity issues.

Mission statement : *to create and coordinate development of a "Limited Equity" "Scattered Site Cooperative" for housing in NYS dedicated to the restrictive life style required by chemically and electrically sensitive people.*

Part of the lack of accessible housing is a result of the general lack of understanding of the nature of the disability, and consequently there are few openings in current programs and agencies. Our need for separation and dedication in housing is a problem in the current culture of "Inclusiveness". Often public policy earmarks money for certain groups, but chemical injury is not on the list. The highly individual biochemical responses that define this disability are hard to fully grasp. The sensitized person needs an unusual amount of control over building materials, schedules, and the choice and supervision of contractors. Our needs are outside the parameters of any existing housing program. It became apparent to the Canary Cooperative Board that we have to design and fund our own project, and that we are going to have to find partners and donors interested in healthy housing, disability, and new models of low income housing. A Case Statement is step in that direction.

The Syracuse Federal Credit Union offered the co-op a mortgage for 80% of a project in 2013, and Ms. Kenning, co-op secretary, committed to the remaining 20%. But the first step after finding a suitable site, is a first mortgage to "secure the site" until the co-op administration can be put in place, at which point a conversion mortgage pays off the early first mortgage. We have been actively looking for a suitable site. With Ms. Kenning as the only guarantee "first" mortgager, the co-op is very limited in the price range we can consider.

The Canary Cooperative Board would like to consider a wider range of sites. We are looking for a partner to help us with an interest free, short term bridge loan so that we can look at a wider price range. And we are looking for renovations funds. We need a site with good outdoor air quality, and good basics in a building. Then we will make it accessible for the disability. This model could set a precedent to solve the housing scarcity for sensitive people in our county, and across the state. The co-op is a vehicle for change and for expressing community the values of Fair Health Care, Universal Design, Healthy Housing. And demonstrating the ideas that "accessible housing" and "affordable credit" are Human Rights for people with disabilities.

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Introduction to the Subject

This Case Statement is an example of how significant ideas slowly reveal themselves and come to be understood in the public forum. The process of reframing information makes it available for closer scrutiny and national problem-solving. The problem we discuss in this Case Statement is personal in the most extreme and intimate way. It is a study of the consequence of environmental contaminants inserting themselves into our individual bio-chemistries.

People understand that chemicals are ubiquitous in our daily lives. Chemicals have been inserted into every service and product we come in contact with at our work, and in our social lives. But most people have a disconnect between that vague background awareness and the very real physical consequences that are possible. You can not introduce a wide range of untested chemicals into the body and not create a bio-chemical response. We have not looked comprehensively at the shifts in individual bio-chemistry created by this environment of unrelenting chemical exposures.

One of the possible consequences is the body's ability to create a state of hypersensitivity to a wide range of chemicals and electrical emissions. Such hypersensitivity has been called by a variety of names: Environmental Illness,(EI), Multiple Chemical Sensitivity, (MCS), or Chemical Injury. There is a genetic pre-disposition to chemical sensitivity created by the MTHFR gene, among others. It's not new information that 40% **(1)** of the population has this genetic variance. The disconnect to consequences means that roughly 40% of the population is vulnerable to developing hypersensitivity during or after a chemical exposure. If you are in this category you really have no idea which chemical you might respond to, or if and when the biological shift might happen. Generally the people who have developed hypersensitivity have been surprised and confused, and then frightened when reactions became so serious they can not be ignored. Suddenly, the only important question becomes "how will I tolerate normal life when the triggering exposures are constant?" Hypersensitive people find they have to make disorientating life style changes based on the medical imperative of avoidance.

Unexpected reactions that affect ability to function, and which can be life threatening, occur in spite of the best planning.. A hypersensitive person needs to search out a place where chemicals are not a constant threat in order to practice avoidance. Finding or creating a safe place to live is an essential part of successfully adjusting to the disability, and funding the plan is an equally important part of the solution. Fundraising begins with laying out a clear explanation of the problem in a Case Statement.

The Need for housing

The project we are discussing in this Case Statement is the **Canary Cooperative, Inc.** This project addresses the single most pressing problem faced by hyper sensitive people - the overriding need for safe housing. Safe housing for sensitive people is 1. in a neighborhood without pesticides, wood smoke, chemical fragrances, high emf (electro-magnetic field) rates, or general pollution, and 2. housing that is not outgassing chemicals into the interior living space.

No treatment or rehabilitation plan for environmental or chemical sensitivity works without a "safe" place to come home to in order to rest, recuperate, breath clean air, and clear your system of both the chemicals and the reactions. **(2)** The housing problem is not easy to solve. Most rental units in our area of upstate New York heat

with oil or gas, making this housing inaccessible to chemically sensitive people. Many of the older buildings have been renovated with the subsequent outgassing of many chemicals. Newer buildings that might heat with electricity are often equally inaccessible due to outgassing from new building and furnishing materials. People often search for years for a place where the degenerative process and escalating reactions can be stabilized and reversed. One woman, who recently camped out on Ms. Kenning's front yard, had been searching for fifteen years for an apartment she could tolerate. This meant sleeping in her car in the cold upstate winters. The pattern of taking healthy, productive, employed people, and without their permission, setting them on a spiral of downward mobility is heartbreaking to watch. The glimmer of hope is that it may be possible to stop the degenerative process and begin improving – provided safe housing is available.

This exhausting search for safe housing, and frequent moving, is an emotionally defeating process and ... it is a very hard way to be sick! You can't organize and maintain a rehabilitation or medical program, or a special diet (because you are now sensitive to a lot of foods), or a budget, or personal relationships. Once you have become disabled and can no longer work, you lose your ability to control and direct your life by making choices. Most importantly you become painfully vulnerable to the personal chemical and life style choices of the people around you. All of us in the sensitivity community have had the experience of an unexpected and overwhelming exposure, that forced us to pack up our lives and move immediately. We have to make sure we are physically safe, and that our personal belongings do not become contaminated and unusable. There is a realistic trauma and fearfulness that accompanies this kind of instability and vulnerability. Protecting ourselves from the ordinary behavior of the people around us is a never ending battle and makes us a vulnerable population. But safe housing is one way to begin to get control of your indoor air quality. (3)

The Mission Develops

In 2013 six of us who have lived and struggled with MCS (Multiple chemical Sensitivity) came together and made a commitment to try and find a solution for lack of affordable and accessible housing. We formed a Steering Committee, which became the Canary Cooperative, Inc., and a 501c non-profit early in 2015.

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Statistically about 2.5% of the population has become disabled with diagnosed hyper-sensitivities (4) and in NYS that number would roughly be 493,750 people. (5) This estimate is by necessity an educated guess. Pamela Gibson believes that 1/3 of those disabled by chemical sensitivity (164,583) have no housing, or live with housing which “is inadequate to the disability”. (6) A guess is that another 5% of the population is struggling to stay in the workplace, and would benefit from chemically safe housing. They need a base to manage the degenerative process, and very possibly turn it around and begin an upward climb to become less sensitive. People who host housing support calls (7) report that as people age, sensitivities increase and possibly as many as 30% of the elderly need chemically cleaner housing. Most of these Seniors are invisible and are barred from any nursing home by the toxins. Agencies do not document this disability. Documenting Chemical Injury is a highly political issue and the Workers Compensation politicizes workplace injury and the subsequent costs of medical care in order to protect employers and insurance companies at the expense of workers to an unconscionable degree. With Social Services organizations and Medicaid and Medicare the lack of good documentation is a failure of leadership. If something isn't counted, it doesn't “count”. People in crisis

slip into quiet individual isolation, shame, and loss. When the pain and frustration is high and solutions are few, it becomes easy to justify suicide.

Defining the practical problem

Review of Current Programs.

The first step we took towards a housing solution was to review existing, already funded programs. We contacted every program, agency, and organization that dealt with any form of housing, or disability. (8) We then reviewed their policy regarding accommodating MCS. As a result we concluded that MCS people are underserved and no program currently exists that can help with housing. This had been our individual experience as clients and this now confirmed the larger overall picture. We have been made to feel that we were asking for too much, that we were being unreasonably demanding, and expected other people to adjust to our problems. The results were that many of us went without housing and lived homeless.

The most critical issue is that we need housing that is dedicated to the restriction of environmental exposures. It must be managed in a way that supports the life style changes required to live with extreme chemical sensitivity. This is called the avoidance principle.

In some programs money was available if we were a government identified class such as low income, seniors, or homeless. But, we are not all low income, seniors, or homeless. If we were using public money, these programs all wanted us to take anyone who presented themselves to the project, as long as they fit into the *government's* pre-determined classifications. This would defeat the purpose of creating "safe" housing for sensitive people.

Disability Groups

In 2013 we were told that housing dedicated to chemical sensitivity was outside the Mission of the Independent Living Centers, and specifically, that ILCs could not advocate for housing on our behalf with the systems in NYS. Their mission statement mandated "inclusiveness" and we needed to be separated in our housing. In effect "inclusiveness" was being used to exclude our group without regard to the nature of our disability.

Disability groups such as the National Council on Independent Living, (NCIL), and the National Disability Rights Network have been among the advisors that legislators consult with to craft housing and accessibility regulations, as well as Disability Rights Legislation, without any input from people with Environmental Illnesses. The impact of their limited vision has been significant. It has taken more than thirty years to create the change in understanding so that at the 2015 NCIL Conference on Independent Living activists used the term "cross disability" to include People with Environmental Illness in their legislation initiatives for 2015. Over the years, layers of legislation have been put in place that exclude any acknowledgement of environmental sensitivity. The solutions for how public funding might build housing that accommodates chemical and electrical sensitivity have yet to be put on the table for discussion.

Problem of the Expectation to Systematize.

Architects and contractors have their own disconnect when it comes to chemical sensitivity. They have a vague and general idea that chemically safe housing is a good idea, and that it might be part of their design criteria.

Then they move directly to the belief that the solution can be systematized.... because that's what they do - systematize page after page of numbers for construction costs, engineering tolerances, and design details.

Much of design and construction has progressed over the last century by systematizing industrial production of materials and organizing systems for efficient and cost effective construction practices. They would like a system that is "scalable" and widely reusable. It's a kind of "solve the problem once and forever" approach.

Our essential process, albeit slow, where each sensitized individual tests every material is outside their experience. To make it more complicated, every chemically sensitive person is sensitive to different items, and at different levels. There is no "track record" for this kind of problem solving in housing. So even though a track record is repeatedly required, the real experience that would foretell success does not exist. (9) If architects and contractors "get" the concept of materials outgassing neurotoxins they turn to industry for information about outgassing chemicals and the time frames required. Industry either does not have that information, or will not reveal it. Then builders turn to the government for a list of "safe" materials. The federal government agrees that chemicals the public is exposed to should be safe, and has legislated that chemicals should be tested for long term safety, (10) but has refused to fund the research work to actually support the assurance of long term chemical safety. There is no publically available list of materials safe for sensitive people that has been tested for toxicity. Even widely problematic materials only become public knowledge after damage has been done and a law suit won – provided there is no gag order. The process of testing for, and identifying, the safer building materials has to be the responsibility of the individual sensitive person. This becomes more complicated for us because consistency of product formulation, and quality control in transit, is unreliable and hard to track down.

HUD Restrictions

State and local housing programs are primarily funded directly or indirectly with federal money channeled from HUD. The rules set up by HUD are the rules and policies all agencies and programs use. Stipulations are highly inflexible, and there was never a systematic plan for dealing with chemical sensitivity, despite the fact that 30% of unresolved HUD housing complaints stem from the need to accommodate MCS. (11) Studies have shown that between 25 and 35% of the population has some limiting level of sensitivities, (12) and we suspect that the percentage would be higher for seniors. HUD has no recognition of the need for chemically safer housing; not for all people with disabilities, not for the therapeutic housing that sensitive people need, and not for emergency housing needed by sensitive people searching for safe housing solutions. There is no acknowledgement of the current lack of accessible housing in the available rental stock for sensitive people. In fact, there is a pattern of chemically sensitive people with Section 8 rental vouchers having them withdrawn when they can not find accessible housing. (13) And those established management companies with the fiscal credentials HUD requires are inexperienced regarding what constitutes "reasonable" change and accommodations for environmental sensitivity. The suggestion has been made that there is an attitude issue because the sensitized community refuses to accept housing that is legally in compliance with disability laws. HUD will not admit to a failure in their system to accommodate the disability. Financial support through HUD is available only if an agency adheres to requirements that invariably produce housing that is inaccessible to the MCS community.

Neither the “best practices” nor the regulations meet the needs of MCS people in the construction of housing for disabled people, nor in the subsequent management policies required by HUD. The funding programs are slanted toward large contractors (14) and nowhere is there a model for a disability group stepping up to plan and direct their own housing solutions. These programs use criteria inappropriate for housing people with environmental sensitivities. The flexibility to accommodate small experimental projects just wasn’t there at any

level of government. And our main problem with all the programs currently in place is control. As a group, we need to control the choice of contractor, the products, and the designs used. And we also need control of the time frame of the project. In other situations a small and new non-profit would use a Senior Partner to acquire funding and oversee the project. A Senior Partner picks up responsibility for a project and control is the tool for satisfying that responsibility. A Senior Partner is not able to give up those kinds of control to the client, and those control issues are also where “cost control” lies for the contractor. If we give up control of those pieces of the project, the housing defacto becomes inaccessible to those of us with chemical sensitivity because choices will be made openly, or covertly, which are not in the best interest of people with our disability. The general public does not understand the severity of the consequences we endure if a mistake is made. They feel free to “compromise”, and/or to lie to us. Every Environmentally Ill person in the country has had the devastating experience of the promise of safety made, followed by the lie that threatened their life.

Need to Work Outside the System

After reviewing the programs for housing that have been available in NYS, and which have produced no accessible housing for MCS in the state over the last thirty years that Social Security has been awarding disability benefits for Environmental Illness, it seems clear to our group that our only chance would be to create and fund any project ourselves --*outside of the system*. This would be a daunting challenge for any group of sick people with limited personal resources and we are no exception. HUD at 50, clearly states that the private sector can’t provide low income housing in the current economic environment.

Strategy for problem solving

Co-op Model.

By the time we had finished our review of state housing programs, it was obvious that we were going to need dedicated housing, which we owned and managed ourselves. In addition we were probably going to have to fund it privately. About that same time, we were introduced to the model of a housing cooperative. A cooperative would definitely allow us to organize a dedicated housing project, and would allow us to own and manage our own housing.

This model has not been used by a disabled group before, but seemed to offer a hopeful path out of the housing scarcity the MCS community is experiencing. It is a very democratic and self-empowering model. We grabbed on to it and decided to become a limited equity, scattered site cooperative. We were incorporated in January, 2015, (14) and awarded our 501c IRS rating in April., 2015.(15) We now have developed most of the internal governance documents which provide the structure for the cooperative. It is a two level incorporation with an umbrella organization called the Canary Cooperative, Inc., and a site by site incorporation with a regulatory agreement between the two levels. We are working with Urban Habitat in NYC as our mentor for coop creation. They have formed more than 1,100 successful limited equity coops in the metropolitan NYC area and have been very supportive and encouraging. We have received a gift of \$10,000 from a private individual to

create the co-op, and to pay for closing costs on our first site. The Syracuse Cooperative Federal Credit Union has also been supportive and committed to lend 80% of the conversion mortgage to the Canary Cooperative, and then to provide mortgages to the individuals who would buy shares in the sites. Karen Kenning has committed to part or all of the remaining 20%. We have asked Doug Reicher at Christopher Communities, the county administrator for HUD projects, to work on Home Ownership Vouchers so that people with Section 8 Vouchers would be able to buy into the cooperative and start rebuilding their lives with stable and safe housing. We have been actively looking for a suitable site and have considered two.

Kenel Antoine, a Syracuse architect, developed the numbers that follow as estimates for the work that was needed on the two sites we have so far considered. The three estimates offer the perspective of a site with low early investment needs, high immediate investment needs, and new construction. We hope to find a site with good building basics and then make it safe and accessible for MCS. We could manage the first site with the resources we have, but not the second site, or a site with immediate renovation needs. The information on new construction helps explain why we are looking at sites that already have buildings on them. We need to establish a supplemental funding source before we commit to a plan.

New Construction

As we worked our way through the numbers the question of new construction came up. One advantage to new construction can be that you don't have to wait for the right situation to come on the market as you do with an established site. It also has the advantage of being able to do it "right" from the beginning, both with exterior air quality and product selection for interior air quality. We had assumed that new construction would be more expensive, and also would require all the money up front. Before Mr. Antoine's estimates we had simply assumed new construction would be more expensive.

Four new two bedroom units @ 900 sf/unit – Custom build

Land acquisition cost - 5 acres , average \$9,000 per	\$45,000
Brick veneer exterior w/ wood frame @ \$116.80/sf	\$420,480
Slab on grade 1,800 sf @\$10.10/sf	\$18,180
Site improvements	\$15,000
Water	
Electric	
Driveway	
Septic	
Subtotal	\$498,660
25% added for product research, client attention, time delays, specialty craft skills	\$124,655
Total	\$623,315

Other Projects

“In 2008, the nonprofit Old Concho Community Assistance Center (OCCAC) was funded by the Arizona Department of Housing for over \$700,000 to build a project from less-toxic materials for four low-income people with moderate sensitivities.

The units are full, with a waiting list they keep limited to 20 people. It has been a struggle for OCCAC management to stay flexible and creative when confronted with the brand new (to them) safety requirements of chemically and electrically sensitive residents. This project is unlike others they have managed before, and they do not view tenants as problem solvers or welcome them to work with the Board. Management had no prior experience with Environmentally Ill tenants, and inadequate resources and training to insure safety. (16) But of course OCCAC must be commended for their willingness to take responsibility for this project at all, when no other eligible entity stepped up.

The only other project built to address housing for low-income moderately sensitive people is the eleven-unit Ecology House in San Rafael, California, opened in 1994. This project cost well over a million dollars at that time, primarily from HUD's 811 Program, but required extensive grant support from foundations as well. (17) Costs would be higher now. Among other hurdles, management has no ability to impact environmental safety while the surrounding neighborhood becomes more densely populated and commercially developed.

For the Canary Cooperative, as a small private non-profit organization, it seems more feasible to find a site with good air quality basics and an existing building, and then work on the changes to create accessibility.

Process for Putting a Cooperative in Place

Site acquisition and Conversion

Once a suitable site is found the first step is a mortgage held by one or more individuals in their own names. This “secures the site” and provides the time and stability to put the administrative, legal, and financial pieces of a working cooperative in place. This transition is the “conversion” process and in that process a second mortgage is taken out in the name of the Canary Cooperative, and the first mortgage is paid off. The Canary Cooperative holds this second mortgage, and accepts rent and money from the sale of “shares”. When a share is sold, representing the cost of one unit, then that unit has either paid the Canary Cooperative the full amount in cash, or the shareholder has taken out a mortgage in his/her own name for the cost of the share, and paid the Canary Cooperative for that part of the mortgage the single share represents. If all the shares in a site are committed, then the incorporated site owns the site in their own name and is only tied to the Canary Cooperative by the Regulatory Agreement and the By Laws.

Loan possibilities

In looking at sites we wanted to use the Fair Rent set by HUD as the basic rent. This is in keeping with the limited equity idea, the reality of disabled people as low and very low income people, and makes all units available to Section 8 voucher holders. We developed the following estimates.

HUD established Fair Rent for Onondaga County for two bedrooms without utilities = \$760. (18)

Fair Rent of \$760 X number or units = income of	<u>Two unit</u>	<u>Three Unit</u>	<u>Four Unit</u>
month	\$1,520	\$ 2,280	\$ 3,040
year	\$ 18,240	\$ 27, 360	\$ 36,480

The standard rough industry formulation for an income to loan ratio is to take $\frac{3}{4}$ of the rental income, multiply by 2.5, with the cash component added. The Syracuse Credit Union also uses this formulation as a quick rule of thumb for looking at possible projects.

2.5 multiplier =	\$34,200	\$51,300	\$68,400
Added cash =	\$44,200	\$61,300	\$78,400

The Estimated cost per year to manage 2 units = \$ 17,275

Subtract \$17,275 for maintenance from \$ 34,200 and that leaves \$16,925 available for yearly mortgage

3 units = \$ 23,050

Subtract \$23,050 from \$51,300 and that leaves \$28,250 available for yearly mortgage payments

And if those numbers are divided by 12 months that provides the monthly amount per site for a mortgage

= two units \$1,408

= three units \$2,354

And a monthly mortgage amount for Two units translates to \$230,000

Three units \$550,000 at a very hopeful at 3% 30 year

Once a specific site has been found then more specific numbers can be entered to create a Business Plan. It looks as though the rental income might cover acquisition of a low cost building, and some renovation, provided we can find a very low interest loan for the first step of creating a co-operative.

Need for Help

One of the statements from the Oct., 2015 internet publication, HUD at 50, Chapter 5 on Poverty and Vulnerable Populations states that the private sector can not provide housing for low income people –because there isn't enough profit in low income housing without a public subsidy. Page 206 states that “the problem of housing affordability is getting worse, not better, and homelessness remains a significant problem”. That fact puts sick MCS and EHS people who need housing that falls outside the current administrative system of strict HUD rules in a difficult position. Working with this housing problem has been a process of coming to understand these national economic issues and how they play out at a local level, As a new non-profit just coming to grips with the problems this track record is out of our reach. We were hoping to buy or borrow that experience by using a contractor with a track record, or having someone on the Board with a track record. But that has proven to be unacceptable to agencies. Because neighborhood air quality is our first physical barrier that is our first consideration, with pesticide lawn applications and laundry fragrances being the most frequent deal breakers. The basic early neighborhood criteria are 1. Altitude, 2. Space for air circulation, 3. Some kind of protection – such as a land formation or a park.

Grants and fund raising is the other possibility for working with a very restrictive budget, and this Case Statement was written for that purpose. But grants for acquisition or for new concepts are limited. We have received one \$10,000 gift for the purpose of creating the cooperative, and for paying for closing costs on the first co-op site. We have also received several small gifts which we put in a savings account to be used by prospective shareholders as the cash down payment needed for purchasing one share in the first site. (One share is also called a unit -both represent one apartment) And we have a commitment for the purchase of a second share. Donations toward the transition phase would be very helpful.

Another significant issue in these low cost housing possibilities is the money for renovation - for safety, accessibility, and bringing sites up to code. Grants and donations take time to develop. Oversight and experienced input is welcomed, but decision making control is a problem. We would like to begin with a conversation on how to move forward to get past this barrier. We are focused for the moment on the issue of the first site, which begins our track record and is immediately more credible than a simple plan. But somehow people with hyper sensitivity issues also need to develop a “pathway to safe housing” that can be used by other

Environmentally Ill people. We would like to be in a position to roll over and reinvest any return on donations, or grants, or from rent into the next site. And in the current economic/housing climate we aren't sure how to do this.

New Developments as of January 2017

During our conversations in 2016 about where we stood in the process and how to proceed, we came to the understanding that within the sensitive community there has been only one model that worked. The people who had been able to create safe housing basically attached themselves to a piece of property and then just started and worked along the best they could. This level of desperation and determination falls outside normal concepts of a reasonable financial plans for a project. But it appeared to be the only way for us to move forward and we recommitted to finding and acquiring a property.

First Site – First Phase - Secure the Site

After looking for three years for a suitable first site for our cooperative, on December 23, 2016 we closed on a Citibank foreclosure at 7387 Academy Street in the town of Pompey. These kinds of sales go very fast and do not provide a lot of reliable information about the property ahead of time. We know that the exterior air quality is very good so far. That is important. The properties on this street are all about 1 acre so that the spacing between neighbors is good. Some work has been done on this 1830s farm house including vinyl siding on the exterior and the house makes a good presentation to the community. There is room for three apartment, and no heating system, which is to our advantage. There is some kind of well and septic but we do not have those details yet, nor do we have an abstract of title or a survey. But it feels like a very good property for our first site.

The first of three steps to development of a housing cooperative using the model of Urban Habitat, is called the “Secure the Site” phase. Money put into the project for Acquisition is based on the credit and personal resources of one or more individuals. In December of 2016, with our new determination to “just begin”, we were able to pay cash for the property to facilitate a quick and easy transfer for the property during the foreclosure sale and auction to a single owner. This also allowed us to separate the “acquisition financing” from the “renovation financing” and that made the all over budget much easier to come to grips with. The \$50,000 cash for acquisition comes to the project in two interest free loans, which will need to be budgeted into the phases of the project that follow. One loan is a \$20,000 short term loan which will need to be repaid within two years, most likely from the bank loan anticipated for May. The remaining \$30,000 can be rolled over into the cost of a share for one of the three apartments planned. The original gift for cooperative development and closing costs, plus the interest free loans, have allowed us the opportunity to get control of a suitable property for our first site in this “new to CNY” cooperative housing model, which is to be owned and managed by a disability group.

In the second phase of cooperative development the deed and ownership is transferred to the Canary Housing Cooperative Inc. as a business entity. In that phase the cooperative will go to the Syracuse Federal Community Cooperative for a mortgage for renovation. The interest free loans that allowed the initial acquisition will then be considered secondary loans on the property. In phase 2. the renovation is completed, the apartments are rented, Cooperative administration is put in place, the training and clearing process begins for potential shareholders, the monthly financial meeting begin to manage the site, and the property begins to be administered by our non-profit values and house rules.

What is directly in front of us today is a legal, financial, and physical transition over the next four months from phase 1 to phase 2 , and we are going to have trouble paying for this transition. We have the finances for the acquisition covered, and we have a plan for the renovation phase. But we do not have coverage for the transition phase. We are using James Sonneborn Esq. for the transition into phase 2. He is an attorney with non-profit experience who seems enjoy the creative aspect of this project. We will need an abstract of title and a survey, and a loan agreement for the acquisition money before we go to the bank, and those items will use up our original gift of \$10,000 – which was ear marked for co-op development and closing costs on the first site. After that there will be attorney fees, development fees with the town, Directors and Officers Insurance, House insurance for the site. Those are roughly the legal tasks ahead of us.

Physically we need to assess and understand exactly what we have purchased. Then to move forward we need to make a plan for the space allocation for three apartments, choose the materials and supplies that will be needed, decide on systems design, find volunteers, and work on a business plan built on specifics. Our Board Chair and architect, David Bravo-Cullen has donated the design work. There is some clean up, especially in the basement. We will need to figure out what we currently have in place for a well and a septic system and what improvements will be needed. And most important of all we will need to do fundraising to cover the legal costs and the physical improvement in this four month transition phase.

More specific information is added as the situation develops, at the moment we are thinking about the following breakdown. Before we approach the bank we expect to have a solid business plan in place for the renovations.

Cost estimates Pompey site Transition phase – next four months

House insurance - six months	donated \$600
Oil tank out	volunteer labor
Take apart/ trash clean out	
Cupboards/ stove sink	
Floor ceiling kitchen	
Basement, vents for old heating systems	
Scrubbing – windows, ceiling, floors, walls that will stay	
Electrical start up and emf changes	
Pump/water pressure tank assessment, repair	
Septic, assessment,	
Town development fee	\$1,600
Property taxes one year	\$2,000
Exterior entrance basement	
Basement floor	

Bank Loan in April applied to:

House insurance for 1 year as a cooperative	\$1,200
One year Director and Officers Insurance	\$1,500
Insulation main house ceiling	
Additional insulation in walls	

Framing for new space layout
 Buff/refinish floors
 New floors
 Sheetrock new space layout
 Window block upstairs front/repair some
 Heating
 Kitchens
 Bathrooms
 Six months house insurance \$1,000
 Six months loan repayment for \$20,000 loan
 New room addition lower back apt.
 Work on window finish, some new windows
 Repayment of one interest free short term loan \$20,000

Benefits of Helping the Canary Cooperative

The Canary Cooperative is a wonderful innovative project. The value of making a donation for the individual donor is to be a vehicle for progressive change.

An Opportunity to Express Values

The spark provided by The Canary Cooperative is innovation. Being an effective force for change is exciting and creates value. Helping people in need in your own community is a compassionate and honorable enterprise. These are wonderful values to express in life, and to use to strengthen a community. These values shape and build the future.

One Solution to Poverty

The most immediate change would be in the lives of the chemically injured people, as they became co-op owners and shareholders. People who are disabled with chemical sensitivity did not make “poor life style choices”. For the most part, they simply went about their lives trusting that they were safe. The fastest way to become poor is to get sick. Becoming disabled with chemical sensitivity is a recipe for a downward spiral in health, quality of life, and economics. The health care system, the insurance system, and the NYS Workers Compensation system are woefully unprepared to deal with sensitivity issues. It is as if they have shut their eyes and turned their backs on the twentieth century to say nothing of the twenty first century. The single best way to climb out of poverty is home ownership. It stabilizes a household, and it provides a base of support in times of economic stress. This is the justification for all housing programs – as a step out of poverty. The ownership of shares in the Canary Cooperative represents a path out of a seemingly insolvable problem, and toward economic and medical health for chemically sensitive people.

More Fair Health Care

The majority of the sensitive people become sick as the result of work place exposures. It is assumed that unions address the needs of injured workers. The definition of a union is that it provides qualified workers to industry. Once a person becomes disabled, they drop out of the workforce and are no longer a primary concern

for unions, especially when unions are under the pressure of changing economic forces. Chemical safety can seem less important than jobs. Companies make that choice clear to workers and communities.

The public does not understand that not many people actually get Workers Compensation Disability, and even Social Security Disability can be daunting. Standing up to ask for Workers Compensation, even when it is illegal to access health care in any other system (19) is the beginning of a humiliating, expensive, and decades long legal battle that is thick with a lack of accountability, provided you are lucky enough to find a competent lawyer for chemical injury. When the Worker's Compensation system was reformed in NY in 2007, unions weighed in, but did not actually have the information, or a plan, to represent chemically injured workers well. Most chemically injured people fall in the cracks without good medical care, and many are caught in the cycle where you can't even keep the masses of documents needed to support a disability case dry, mold free, and clean enough to be readable when you live in a car. If you don't have disability compensation, there is no money to pay for safe housing. If you don't have safe housing you can't pursue a decades-long legal battle.

A co-op made up of people who became sick at work, and developed specialized housing needs as a result of workplace chemical exposures, stands as a visible statement about the inadequate workplace protection, as well as inadequate care and compensation for injured workers in our state. Being a self-determining part of a cooperative is a dignified place to be seen and counted.

A Woman's Health Issue

Like most immune system problems, disabling chemical sensitivity is three : one a woman's health issue. (20) Again – if you don't count people disabled by MCS you don't know that fact. Because of the unusual and isolating nature of the symptoms, many women lose their family connections, network of friends, and faith groups once they lose their housing. Housing is one of the most significant and common losses in the process of becoming disabled.

Healthy Housing as Universal Design

We need to expand the concept of chemically safer building materials and techniques into Universal Design. (21) Hyper sensitivities develops from damage done to the neurological and the immune systems. Indoor air free of neurotoxins is good for all people, and especially for those living with an auto immune, a neurological, a respiratory diagnosis, or a condition with “psychological” symptoms. It is a disability truism that every individual is disabled at some point in their life. Indoor air free of neurotoxins ought to be the norm rather than the exception. The Boston Children's Hospital study on chemicals and asthmatic children documented a significant amount of public health care money saved by fewer emergency room visits after changes were made inside the homes of the children. (22) So - clean air is good for human beings, AND, for their communities. Indoor air free of neurotoxins could, and should be included as a Universal Design concept. Then when businesses were requesting information on chemical toxicity, it would be a significant tool for a change in the government's response to the chemical industry's demand for secrecy regarding toxicity.

Sensitivity as an Environmental Issue

Chemical and electrical hyper sensitivity have a strong resonance with all environmental issues. There are critical global issues that are hard to effectively help, but “chemicals in our daily environment” are right here,

right now. And this problem is ours to change. Chemical sensitivity adds a depth and an immediate relevance to environmental issues and discussions.

An Exercise in Citizenship

The Canary Cooperative offers an opportunity to create a person-directed alternative to the current system's lack of solutions. People taking their future into their own hands is good for any community. It is an exercise in Citizenship. It is a beacon of hope and forward movement. It is a positive reflection on the community and represents "change addressed where change was needed". The Canary Cooperative project is essentially an exercise in economics on a scale we can work with. It has attracted interest on a national level as one model to address the MCS community's lack of housing. The MCS and EHS community represents a small but intractable part of the homeless population - due to the lack of accessible housing. The cooperative model is also a wonderful supplement to overworked programs such as the Mayor's Committee on Homelessness in Syracuse. (23)

Changing National Housing Policy

The Canary Cooperative project might also put pressure on housing programs at the state and federal level. We could offer these agencies a model and an incentive to change in the direction of becoming more open, more flexible, and to create more opportunities for small innovative projects.

Housing Policy as a Human Right

Embedded in the International Human Rights agreements of 2007, and 2012, are the Human Rights standards of accessible housing and access to affordable credit as Human Rights for disabled people, (24) and to date these have effectively been denied to chemically and electrically sensitive people. The Canary Cooperative is one way to make those Human Rights values a reality.

Board of Directors:

David Bravo-Cullen, Board Chair and Architect, Dryden, NY 607-592-6170
Karen Kenning, Secretary, Tully, NY 315-696-8777
Angus Hughes, host for national housing conferences, Board Chair, MCS Friends 206-424-6612
Deborah Gibbard, Gilboa, NY 607-588-7131
Sandy Fields, New York City area, Host EMF weekly phone conference 917-319-8163
Susan Molloy, Rehab Assistance for People with Environmental Intolerance, California,
Arizona 928-536-4625

Notes:

1. The official name of this gene is “methylenetetrahydrofolate reductase (NAD(P)H).

The process of methylation occurs in the second phase of digestion in the liver and involves the MTHFR gene. Those with an MTHFR gene deviation have an impaired ability to eliminate toxins. Bio Medical researcher, James Spornado, PHD.

Dr Lynch on March 1, 2012 in MTHFR Mutations. MTHFR Basics from Dr Erlich. MTHFR.net. 40% of the population has an MTHFR gene variation.

2. a. Dr. Theron Randolph, the first Environmental Physician, had a clinic in Chicago for many years. He would not accept a patient to his clinic program if they did not have chemically safe housing to return home to.

b. Dr. Zeim, Grace Ziem, M.D.,DR. P.H. ALLERGIES AND CHEMICAL REACTIONS.

“Patient Information: Dr. Ziem’s Patient Care Process,

What patients need to know about our patient care process.

1. ENVIRONMENTAL CONTROLS ARE THE MOST IMPORTANT

2”

c. Courtesy of Chemical Information Network Web site.

“ The third study was conducted by Dr. Leonard Jason who found that individuals who were chemically sensitive who had relatively nontoxic housing had much better long term health than those that did not have adequate environmental controls in their housing. T.H. Davis, L.A. Jason, and M.A. Danghart, “The Effect of Housing on Individuals With Multiple Chemical Sensitivities,” Archiv. Environ. Health. 50:425-431, 1995.

d. Letter from Dr. Coan, January 20, 2016, the only physician in the Monroe County area who treats chemical sensitivity.

INTEGRATIVE FAMILY CARE AT THE SPRINGS Mary Coan, M.D.

Ph.D.

4 Coulter Road

Clifton Springs, New York 14432

Telephone: (315) 462-3553 / Fax: (315) 462-3104

January 20, 2016

Canary Inc
535 Curtain Road
Tully NY 13159

To Whom It May Concern:

I Support the effort to create safe housing for MCS (Multiple Chemical Sensitivity) and EHS (Electrical

Hypersensitivity).

I have roughly 30 pts who need safe housing and would benefit from this program.

Medical care for these disabilities does not work well if you cannot control environmental issues and provide safe housing for yourself.

I always recommend that people modify their housing issues. When I am using a treatment plan, I cannot afford to have environmental issues interfere with the progress.

Sincerely,

Mary L. Coan

Mary L. Coan, M.D., Ph.D.

3. <https://www.ncd.gov/publications/2010/Jan192010> Government reference for segregated housing: page 10 of the document states that chemical sensitivities requires segregated housing to limit environmental exposures. Page 32 goes into more detail about environmental barriers.

4. Martin L. Pall, Professor Emeritus of Biochemistry and Basic Medical Sciences, Washington State University and Research Director, The Tenth Paradigm Research Group, 638 NE 41st Ave., Portland, OR 97232-3312 USA, 503-232-3883, martin_pall@wsu.edu
Prevalence Estimates: There have been a number of prevalence estimates of MCS that have been reviewed elsewhere (1,5,27). The prevalence of severe MCS in the U.S, is approximately **3.5%** of the population

Prevalence:, *Diagnosis by a Health Professional*

Kutsogiannis and Davidoff noted that several statewide surveys in the U.S. found that **3.1-6.3** percent of the American population reported diagnosis of MCS by a physician (Kutsogiannis DJ, Davidoff AL. A multiple center study of multiple chemical sensitivity syndrome, Arch Environ Health, May/June 2001, 56(3):196-207). Also, the 2002 and 2003. "It demonstrates prevalence comparable to diabetes, heart disease, cancer and effects of a stroke. These are very widespread conditions, and the 2010 figures are likely underestimates."

5. Population of New York State, 19.75 million. United States Census Bureau, 2014.

6. One third of 493,750 = 164,583 would roughly be disabled New Yorkers without adequate housing for sensitivities. Pamela Reed Gibson, Professor of Psychology, James Madison University, Dept. of Psychology, MSC 7401, Harrisonburg, VA 22807 USA.

Services Requested and Received by Consumers with Chemical Sensitivities at the Centers for Independent Living. Pamela Reed Gibson, Sahisna Suwal, Lauren G. Sledd

Journal article published in Disability Studies Quarterly Spring 2009, Volume 29(2), p. 10.

Pamela Gibson has done a number of small studies on MCS and the accessibility of services. She has stated that help with housing needs is the most common request of Independent Living Centers and that **1/3** of those disabled with Chemical Sensitivity have housing inadequate to the requirements of the disability.

Population of New York State, 19.75 million. United States Census Bureau, 2014.

It is estimated that 74 million Americans have some form of a chemical sensitivity. For some this might be something as simple as an occasional, temporary head-ache from the odor of a perfume or fresh paint, but

about 10 million are so severely affected by chemicals that they must totally change their lifestyle and no longer can live in a normal manner. –Doris Rapp, M.D., Our Toxic World.

7. MCS Friends, Michigan, hosts weekly housing phone conferences. 206-312-7862

a.

October 1, 2015

Angus Hughes, President

MCS Friends of Michigan

MCSfriends.org

206-312-7862

Re: Canary Cooperative, Inc. – MCS Housing Need

MCS Friends is a non-profit dedicated to support and education about Multiple Chemical Sensitivity. As a national group for people with Multiple Chemical Sensitivities, MCS Friends continuously hears from people in urgent need of non-toxic housing. We host a weekly phone conference for people struggling with housing issues, and a quarterly phone conference on safe housing projects underway. Safe housing is the most basic need of our community, and the biggest need. Due to second hand smoke, mold, laundry fragrances, and pesticides most affordable housing is not safe for anyone, much less chemically sensitive people. It saddens us to know so many people whose health and well-being is being lost while non-toxic housing remains out of reach. It gives us great hope to hear the occasional story of an MCS person who found, or created safe housing and was able to regain health and a fulfilled life.

Karen Kenning has been participating in our E. I. (Environmental Illness) Housing Initiatives Conferences for over a year and a half. She has formed a non-profit, Canary Cooperative, Inc. The group has shown dedication and determination to solve the housing crisis in their state, and create a path for others to follow. Most of the Canary Cooperative Board members have personal experience building or renovating non-toxic housing. They have solved, for now, their own housing dilemma, and are trying to extend a helping hand to others in need.

The cooperative housing model is promising because it gives MCS people a path to home ownership, plus control over management decisions. It is extremely important that safe housing be owned and managed by people friendly to the particular needs of the MCS person.

There are no proactive government funding pathways for non-toxic housing. Large contractors want one-size-fits-all, low cost projects that maximize profits. Because of this, a critical step is missing in finding loans, or start-up capital, to enable experienced MCS people to create their own solutions. These more appropriate solutions can then leverage Section 8 and other housing assistance.

MCS Friends would like to thank, and support, all those who are working to make non-toxic housing possible.

Sincerely,

Angus Hughes, President, MCS Friends, 2015

b. Experience of Board Member, Susan Molloy, M.A., Rehab Assistance for Environmental Illness/Intolerance.

8.

Syracuse Neighborhood Business Development
Rochester ILC Center for Disability Rights
Disability Rights Education, Defense Fund
HHAP, Homeless Housing Assistance Program
Olmstead Act, Independent Housing Model
Richard Godfrey, Chair Health Committee
Onondaga County Barr, Volunteer Lawyers
National Center for Community Loan Fund
National Advancement of Cooperatives of America
Fannie Mae First Time Home Buyer
President's National Council on Disabilities
Economic Development Law Clinic Syracuse
Keith Wright, District 70, Housing Committee
Supportive Housing, Persons with Disabilities
HHAP, Homeless Housing Assistance Program
Section 8 Home Buying Voucher
Robert Wood Johnson Foundation
Mayor's Coalition on Homelessness
Neighborhood Stabilization Program
Syracuse Public Housing Authority
Fellowship for Intentional Community
Housing Trust Foundation Grant
Fannie Mae First Time Home Buyer
New England Association of Co-ops
NY Association of Cooperatives
Common Councilor Jean Kessner
Green Building Council of Central NY
Section 8 Home Buying Voucher
FHLB, Federal Home Loan Bank
Home Investment Partnership Program
National Disability Rights Network
Courtney Burke, Governor's Office
National Center for Healthy Housing
NYS Housing Finance Agency, HFA
Central NY Fair Housing Council
Housing Trust Foundation Grant

Hud at County level

Hud at Buffalo, Regional level.

Hud at State level.

Hud at National level.
Arise, Syracuse ILC
Community Development
Allyn Foundation
Gifford Foundation
CAA, Niagara
NY Serta
DHCR, NY
Housing First
Jennifer Parker Foundation
Green Housing
MCS Friends, Michigan
Reshelter
Preservation Corporation
Syracuse City Development
SNAP
NY Home
Affordable Housing NY, AHP
Housing Visions
Christopher Communities
FEMA
Supportive Housing
Assemblyman Al Stirpe
Senator Schumer
NY Senator
Urban Initiative
Dr. Lax
Mellville Charitable Trust
National Affordable Housing
Habitat for Humanity
SHOP Grant
Rural Rental Housing Program
Disability Housing Network
LIHTC
Home Investment Partnership
HOME Grant
TBA, Canandaguia
Federal Home Loan Bank
Home Depot Foundation
CDFI
Catholic Charities
Neighborhood Legal Services
NY Department of Justice

Empire Justice Center
County ADA Office
Micro lending
ADA
National Coalition for
Disability
DOH, Health and Disability
Clinton Foundation
OPWDD
Disability Advocates
EPA
Kellogg Foundation
Hudson Valley Housing
HEAL
Syracuse Workers Center
NCCI, Chemically Injured
Urban Justice Center
NASCO Foundation, co-op
Rural Development
DRACH, Disability Housing
Continuum of Care Grants
United Way

NYS Attorney General
Wells Fargo Foundation
Women's Foundation of NY
Mission Possibility Alliance
Disabled Workers
First Time Home Buyers
TLS
Advocates Inc
Disability Architect
Kresgee Building Grants
Green Bank
Home Builders Association
TLS
Advocates Inc
National Disability Institute
SONYMA
OTDA
FHA
Rescue Mission
Burton Blatt Institute
Care and Share
Healthy Building Coalition
Rural Home Loans
Burton Blatt Institute
Green Lending
Human Potential
NASV
NE Association of Co-ops
NACA
Enable
UU Shelter Rock Grant
Home Headquarters
Sierra Club,
Syracuse Public Housing
NHRI, renovations
Disabled Workers
HDFC NY
Disability Opportunity Fund
First Time Home Buyers
Access to Home Program
Weinberg Foundation
General Builders Association

9. The online Fanny Mae Homepath definition of “track record” is “successful completion of five low income housing projects over two years”.

9. Toxic Substances Control Act (TSCA). The law—which hasn’t changed much in 40 years. The U.S. Environmental Protection Agency (EPA) is tasked with assessing the potential health and environmental risks posed by thousands of substances used in industrial applications and consumer products, and then regulating them. But lawmakers and stakeholders agree that TSCA hasn’t worked; for a variety of reasons, EPA has reviewed just a tiny fraction of the substances already in commerce and has only rarely pulled an existing chemicals from the market. Puneet Kollipara, Science writer, AAAS, 20 March, 2015.

10. NCEHS, EEOC tracked Chemical Sensitivities complaints since 1993. Chemical Sensitivity charges, (complaints), for failure to accommodate are nearly double all other charges; Chemical Sensitivity has a lower rate of resolution than all other charges. Comment courtesy of Bennie Howard: 1987 to 1995 Section 504/ADA Disability Rights Coordinator - HUD Regional Office, San Francisco, Ca. 1995 to 2007 - HUD Headquarters - Investigator/Director, Office of Disability Policy, Office of the Secretary, Washington, DC.
<http://www.eeoc.gov/eeoc/statistics/enforcement/ada.cfm>

11. Prevalence of Multiple Chemical Sensitivities: A Population-Based Study in the Southeastern United States Stanley M. Caress, PhD and Anne C. Steinemann, PhD. We examined the prevalence of multiple chemical sensitivities (MCS), a hypersensitivity to common chemical substances. We used a randomly selected sample of 1582 respondents from the Atlanta, Ga, standard metropolitan statistical area. and is a mixture of urban, suburban, and rural areas. We found that 12.6% of our sample reported the hypersensitivity and that, while the hypersensitivity is more common in women, it is experienced by both men and women of a variety of ages and educational levels. Our prevalence for MCS is similar to that (15.9%) found by the California Department of Health Services in California and suggests that the national prevalence may be similar.

In North Carolina, **33 %** of randomly selected adults, and in Arizona, **33 %** of college students answered affirmatively (MeggsWJ, Dunn KA, Bloch Rm et al. Prevalence and nature of allergy and chemical sensitivity in a general population, Arch Environ Health, 1996,51:275-82; Bell IR, Schwartz Ge, Peterson JM et al. This study was funded by the State University of West Georgia. In our study we found that 12.6% of the respondents reported a hypersensitivity to common chemicals The percentage of respondents who reported having been medically diagnosed as having MCS or environmental illness was 3.1% . Respondents who reported a diagnosis of asthma made up 12.1% of the sample. A cross-tabulation of hypersensitivity to chemicals with asthma indicated that **30.2%** of respondents with hypersensitivity also reported having asthma, while 69.3% said that they did not. The percentage of respondents with hypersensitivity who received medical treatment was **45.1%** Those who took precautions at home to avoid exposures to offending chemicals was **61.5%** while **29.9%** indicated that their hypersensitivity made it difficult to shop in stores. Moreover, **13.5%** reported losing their jobs because of their hypersensitivity.
Am J Public Health. 2004 May; 94(5): 746–747. PMID: PMC1448331.

According to the National Academy of Sciences, 37 million Americans suffer from environmental illness. Its estimate further holds that as high as 15% of Americans can no longer live comfortably in this post-industrial world and by this it is meant in their own homes.statistics are also supported by a WHO strategy meeting on Air Quality and Health held in Geneva in September 2000 where the report stated, "As many as one billion people, mostly women and children, are regularly exposed to levels of indoor air pollution exceeding WHO guidelines by up to 100 times." According to the EU's own studies, a person is confronted by at least 300 chemicals on a daily basis. World Health Organization. *Danger in the Air*.

12. As of November 2015 Cindy Paprocki, the woman who inspired the Canary Cooperative, Inc., was denied an appeal after losing her Section 8 voucher because it took too long to find accessible housing. This points to

the catch 22 where help with rent for housing is provided to low income disabled people, and then they find it is impossible to use the voucher because there is no accessible housing for chemical sensitivity. This “set up to fail” situation is an unintentional consequence and seems as if it is an ethical question that might fall somewhere between the legal concepts of “disparate impact” and “adverse impact”.

13. Phone call with NYS HUD Field Office Director Wayne Willard, 2013 – “programs are slanted toward large contractors”.

14. Incorporation of Canary Housing, Inc., Under Section 402 of the Not-for-Profit Corporation Law. January 2, 2015 under Section 402 of the Not-for-Profit Corporation Law. 588. d/b/a Canary Cooperative, Inc. in Onondaga County, February 17, 2015

15. April 9, 2015, an EIN has been assigned to Canary Housing Inc.: # 47-2784472.. 501 c3, Public Charity Status 509 (a) (2).

16. Ecology House in California (eleven one bedroom units) and the Rockin’ R Ranch in Arizona (four units) are the only two publicly funded projects in the entire US. They are managed by non-profits under HUD contract, as required by law. This relationship between management companies, with no training or experience with Environmental Illness, and residents with disabling sensitivities, is bound to present stumbling blocks. A main problem is that there is no national policy defining “reasonable accommodations” for this disability and no authoritative body to guide management’s decisions.

To date Rockin’ R Ranch Board meetings have not included tenants. Without tenant input trust is difficult to maintain, especially in the face of unresolved errors which have had serious consequences. If tenants participate in decision making, certain problems could be caught early and addressed. National HUD has refused to take responsibility for policy development and enforcement, and has been unwilling to engage in “Management to ensure ongoing MCS accessibility”.

State of Arizona ex rel. Terry Goddard, the Attorney General, and the Civil Rights Division of the Arizona Department of Law. V. Old Concho Community Assistance Center, Inc.,an Arizona nonprofit corporation.

In the Superior Court of the State of Arizona, In and For the County of Maricopa. No.CV2009-009839.Filed June 22, 2009. Consent Judgment Assigned to Hon. John Buttrick. Sandra R. Kane, Assistant Attorney General, Civil Rights Division, Attorney for Plaintiff. Albert B. Lassen, Attorney for Defendant, OCCAC.

PDF Google: Consent Judgment - Arizona Attorney General v Concho <https://www.azag.gov/.../OLD%20CONCHO%20CONSENT...> Concerns the settlement between Betty Kreeger, represented by Arizona’s Attorney General’s Office, who sued the Old Concho Community Assistance Center. One precedent setting stipulation requires management to put in place the suggestions listed under “How to coexist with chemically sensitivity”.

17. Susan Molloy, MA, Rehab Assistance for Environmental Illness/Intolerance was one of four disability advocates who assisted the US Access Board and other federal agencies to develop access policy for people with disabling sensitivities. In her view, HUD has been unbendingly resistant to lending a hand. Molloy is a determined advocate for development of more affordable housing that is built and managed to the specifications of sensitized individuals. She believes that “we build the road as we go.” Ecology House in California (eleven one bedroom units) and the Rockin’ R Ranch in Arizona (four units) are the only two publicly funded projects in the entire US.

“In 2008, the nonprofit Old Concho Community Assistance Center (OCCAC) was funded by the Arizona Department of Housing for over \$700,000 to build a for moderately sensitive, low income residents. That cost would be higher now. The project had strong support from local advocates, the U.S. Congressional Representative for NE Arizona, and the Director of Arizona Department of Housing. The AZ project, called

Rockin' R Ranch, includes three one-bedroom 700 sq. ft. homes, and one two-bedroom home with full wheelchair access, plus a separate building for laundry, storage, and utilities.

Ecology House, the other project built to address housing for low-income, moderately sensitive people, is the eleven-unit building in San Rafael, California, opened in 1994. This project required considerably over a million dollars at the time, plus a number of community grants. Costs would be higher now of course. Ecology House came into being through activism on the part of the Environmental Health Network of California, California's advocacy and support group for Environmental Illness.

18. These numbers began by using \$760 a month per unit, the HUD established Fair Rent for a two bedroom apartment where the tenant pays utilities. This decision allows a person with a Section 8 Voucher to rent in the cooperative, or to buy a share with a Home Purchase Voucher. Then we deducted an estimated monthly cost to cover the site's obligations such as taxes, house insurance, grounds maintenance, water and garbage pickup, and so on. One of those obligations is a fee for supporting the Canary Cooperative, Inc. which includes; Directors and Officers Insurance, office supplies, and a monthly amount put toward a legal fund at the umbrella level of the cooperative. Once we had subtracted these numbers from the monthly rental income we had a rough estimate of what we could spend a month for both a monthly mortgage payment and renovation added together. That gave us an estimate of what price range we could consider in acquiring a site.

19. How to Survive in Your Toxic Environment, Bergin and Grandon. Pg, 146. The 1982 Kasson Bill makes Workers' Compensation the only remedy allowed for injured workers across the nation. It is illegal to get medical care for a work injury, or disease, under any other program or insurance. Every person signs his/her name to applications for medical care swearing that they are not seeking medical care for an injury or disease acquired in the workplace.

It is medically unethical to lock people into a medical system and never check on them as the NYS Workers Compensation currently does. A basic tenant of modern medical ethics is review for transparency, accountability, and development of best practices. There is no current assessment of outcomes in individual cases, or treatment plans in general at this time in NYS. Statistics on efficacy of care are not collected and are not public. There has been a major shift of cost and responsibility for the consequences of workplace illness and injury from the employer to the worker over the decades. And why the medical insurance coverage for such a large number of the citizens of NYS should be considered public charity and allowed to be inferior is hard to understand, especially since this medical insurance provides coverage for the majority of a person's waking day. The failure to collect and make public honest data skews the costs, the discussion, and the quality of care.

20. *Am J Pathol.* 2008 Sep; 173(3): 600–609. “Sex Differences in Autoimmune Disease from a Pathological Perspective”. Autoimmune diseases affects 8% of the population, 78% of whom are women

21. *Environ Health Perspect*; DOI:10.1289/ehp.1510037. Joseph G. Allen¹, Piers MacNaughton¹, Usha Satish², Suresh Santanam³, Jose Vallarino¹, and John D. Spengler¹. <http://ehp.niehs.nih.gov/15-10037/>

“The indoor built environment plays a critical role in our overall well-being, both due to the amount of time we spend indoors (~90%) and the ability of buildings to positively or negatively influence our health. The advent of sustainable design or green building strategies reinvigorated questions regarding the specific factors in buildings that lead to optimized conditions for health and productivity.”

“Results: On average, cognitive scores were 61% higher on the Green building day and 101% higher on the two Green+ building days than on the Conventional building day (p<0.0001). VOCs and CO₂ were independently associated with cognitive scores. Conclusions: Cognitive function scores were significantly better in Green+

building conditions compared to the Conventional building conditions for all nine functional domains. These findings have wide ranging implications because this study was designed to reflect conditions that are commonly encountered every day in many indoor environments.”

22. Children’s Hospital in Boston, Community Asthma Initiative, 2011, Progress in Community Health Partnerships - Research Education and Action. Elizabeth Wood hospital administrator. Boston Globe Article, Feb.20, 2012, NPR , Richard Knox, March 18, 2013, To Control Asthma, Start With Home Instead Of Child.

23. Syracuse Mayor’s Housing and Homeless Coalition, B. Baker, Chair 2014, “We don’t have adequate funds for normal homeless folks. Special needs homeless is beyond what we can do ”

24. a. Access to credit is directly instrumental to economic development, poverty reduction and the improved welfare of all citizens, as Nobel Prize Laureate M. Yunus has proclaimed. It is a moral necessity to establish (affordable access to) credit as a right.

b. The United States Conference of Catholic Bishops has come out strongly in support of the human right to housing. The Catholic bishops believe decent, safe, and affordable housing is a human right. Catholic teaching supports the right to private property, but recognizes that communities and the government have an obligation to ensure the housing needs of all are met, especially poor and vulnerable people and their families. At a time of rising homelessness and when many workers’ wages are stagnant and living expenses are rising, it is important to ensure housing security.

c. International human rights treaties that recognize the right to adequate housing-

- The International Labour Organization’s 1962 Convention No. 117 concerning Basic Aims and Standards of Social Policy (art. 5 (2))
- The 1966 International Covenant on Civil and Political Rights (art. 17)
- The 1979 Convention on the Elimination of All Forms of Discrimination against Women (arts.14 (2), 15 (2))
- The 1989 Convention on the Rights of the Child (arts. 16 (1) and 27 (3))
- The 2006 Convention on the Rights of Persons with Disabilities (arts. 9 and 28)

The Convention on the Rights of Persons with Disabilities

E. Persons with disabilities

There are more than 650 million persons with disabilities in the world, They generally experience several barriers to the enjoyment of their right to adequate housing, including lack of physical accessibility; ongoing discrimination and stigmatization; institutional hurdles; lack of access to the labour market; low income; and lack of social housing or community support.

Accessibility remains a key issue. Housing, housing-related facilities and neighbourhoods are traditionally designed for people without disabilities. The frequent exclusion and marginalization of persons with disabilities often mean that they are rarely consulted when new housing structures or neighbourhoods are developed or slums upgraded. They are also vulnerable to associated violations of their rights.

In general, where stigmatization remains unaddressed and social or community services are unavailable—including social housing—persons with disabilities continue to face discrimination when seeking housing, or

more general challenges in securing the resources necessary for obtaining adequate housing. Such challenges inevitably make them more vulnerable to forced evictions, homelessness and inadequate housing conditions.

The Convention on the Rights of Persons with Disabilities requires States to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by persons with disabilities, including their right to adequate housing.

People with disabilities are largely excluded from the housing market and, despite programs in many States, adequate and accessible housing is not available.

Affordable housing, habitable housing, accessible housing

Considering that persons with disabilities should have the opportunity to be actively involved in decision-making processes about policies and programs, including those directly concerning them.

Article 1 requires States to promote respect for their inherent dignity.

Article 9 further demands that States adopt measures to identify and eliminate obstacles and barriers to accessibility, notably in relation to housing.

Article 12 recognizes that persons with disabilities enjoy legal capacity on an equal basis with others and requires States to take appropriate measures to enable persons with disabilities to exercise legal capacity.. Article 28 recognizes the right of persons with disabilities to an adequate standard of living for themselves and their families, including adequate housing, and demands that States take appropriate steps to safeguard and promote the realization of this right without discrimination on the basis of disability, for instance by ensuring that persons with disabilities have access to public housing programs. General comment No. 4 provides that persons with disabilities must be accorded full and sustainable access to adequate housing resources, and that housing law and policy should take into account their special needs. In its general comment No. 5 (1994), the Committee on Economic, Social and Cultural Rights reaffirmed that the right to adequate housing includes accessibility for persons with disabilities. The Special Rapporteur on adequate housing has also underlined not only that housing should be physically and economically accessible to persons with disabilities, but that they should be able to effectively participate in the life of the community where they live.

Convention on the Rights of Persons with Disabilities (2006) and its Optional Protocol (2006)
Office of the United Nations, High Commissioner for Human Rights.

Article 3 - General principles, 2006 The principles of the present Convention shall be: Accessibility;
Article 9 – Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to persons with disabilities access, on an equal basis with others, to the physical environment, to transportation, to information and communications, including information and communications technologies and systems, and to other facilities and services open or provided to the public, both in urban and in rural areas. These measures, which shall include the identification and elimination of obstacles and barriers to accessibility, shall apply to, inter alia:

- a. Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
- b. Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures to:

- a. Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;

- b. Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
 - c. Provide training for stakeholders on accessibility issues facing persons with disabilities;
 - d. Provide in buildings and other facilities open to the public signage in Braille, and in easy to read ... forms;
 - e. Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
 - f. Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
 - g. Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;
 - h. Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost.
- Strasbourg, 25 April 2008

Strasbourg, 25 April 2008, Comm. D H /Issue Paper(2008)1
Housing Rights, The Duty to Ensure Housing for All