

# Convincing a major hospital to be less toxic in 1988



**One determined person, with lots of help, was able to convince a major hospital to make their new wing safer for people with chemical sensitivities.**

*Keywords: hospital, indoor air quality, health, carpet, bake out building, Marin General Hospital, MCS, history, activist, Susan Molloy*

Marin county is located on the coast of California, just north of the Golden Gate and San Francisco. In the 1980s the county offered exceptionally good air quality, as it was mostly rural and had a prevailing wind coming in from the Pacific Ocean. Dozens of people with severe chemical sensitivities had moved there from the polluted cities around the San Francisco Bay Area.

The only full-service hospital in the area was Marin General Hospital in Greenbrae, south of San Rafael. It was a nonprofit community hospital that was

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built in 1952. By the mid-1980s, it had 283 beds and offered a full range of services to the community.

In 1986 construction started on a new 100,000 sq. ft (10,400 m<sup>2</sup>) five-story wing. It would contain 80 beds, eight operating rooms, and a nine-bed intensive care unit.

The construction was partly funded by donations from the community. Fundraising continued during the three-year construction period.

The persons managing the construction project were senior vice president Linda Tavaszi and project manager Richard Abbott.

### **The flyer**

The hospital sent out a flyer to the residents of Marin county in early May 1987. The flyer stated:

Since our inception, we have consistently demonstrated our commitment to providing high quality health care services to all Marin residents. That commitment is stronger today than ever before.

Note that it said *all* residents.

One of the recipients of the flyer was I.G. of San Rafael, who immediately called Linda Tavaszi and asked the hospital to include the needs of people with MCS in that “all.”

She followed up with a letter where she told Tavaszi how sick she had gotten from a three-hour visit to a hospital clinic a few weeks earlier. She thought the new wing would be too toxic, so she asked if the hospital could modify a room in the old building to accommodate people with MCS.

In particular, she asked for a room to be outfitted with ceramic tiles on the floor, ceiling and walls. The room should be located in a less-noisy part of the building and cleaned with non-toxic cleaners. She also asked for a hospital bed with manual operation instead of an electric bed with a lot of plastic wires (hospital beds were made of steel in 1987), and with cotton mattress and bedding.

Her other requests included a telephone made of less-toxic Bakelite, an air cleaner, bottled water, and that the nursing staff did not wear fragrances, hairspray, cigarette odors or dry cleaned clothes.

I.G. also sent a one-page letter to people she knew in the area who had MCS. It was also sent to her physician, Jeffrey Anderson, who posted it on the bulletin board in his clinic. The local MCS support organization also received a copy, but they didn't have space to publish it in their newsletter.

Nothing further apparently happened for the next several months.

### **More contacts**

Susan Molloy lived in Marin county and was the editor of the MCS newsletter *The Reactor*. In October, she called the project manager, Richard Abbott, and followed up with a letter.

A couple of physicians treating MCS patients in the area also sent letters to the hospital.

In a February 1988 letter to Dr. Anderson, Molloy noted that the new wing was now 65% completed. Even though the hospital was soon banning cigarette smoking inside, there were still concerns over such things as glued carpeting in the halls and waiting areas, vinyl walls in the operating rooms and other problems.

If the MCS community was to have any influence on the air quality in the hospital, now was the time, she stated.

Molloy also contacted the Attorney General, the state assembly representative, the U.S. Congress representative (Barbara Boxer) and the Disability Rights Education Defense Fund (a non-profit providing legal assistance to help children with disabilities gain access to schools).

In her letters she briefly recounted several horror stories about what had happened to people with MCS who sought medical care in the area. This included new carpeting, open bottles of pesticide, smokers and refusal of medical services to a woman with a locked jaw.

She further stated:

When surgery or check-ups are called for, we need a better response than "you're out of your mind" when we request that attending staff wear no aftershave, hairspray, or other synthetically scented products.

In June, Molloy again contacted the hospital by phone and letter, with information about non-toxic floor products and toxic offgassing from carpet adhesives. She also reported on a recent bake-out of a new office building in the East Bay where the indoor temperature was raised to rapidly offgas toxic building products. The procedure was a success, the emissions of volatile organic compounds (VOCs) “where reduced to a fraction of pre-bake-out totals.” The only negative consequence was that one of the building’s 225 windows cracked.

The Marin Center for Independent Living, part of a nationwide organization that assists disabled people of all kinds, stated their support of a less-toxic hospital by letters to both Abbott and the hospital’s community relations office.

Abbott got interested in the issue and within a month he had talked to three local physicians who treated MCS patients and even with a consultant who was working on designing an environmental control unit (a special MCS ward) for a hospital in nearby Berkeley. (The unit was never built.)

In a letter dated July 21, 1988, Abbott listed some measures they had agreed to by then. All patient rooms would have hard vinyl floors, operable windows and no soft vinyl walls. The window coverings would be vertical Venetian blinds instead of toxic, dust-gathering draperies. Smoking would be banned throughout the hospital and staff would refrain from wearing perfume.

He rejected the idea of creating a special MCS room, since “there is no one spot or one group of staff” that can handle all types of patient care.

The letter also stated that they were planning on doing a bake-out once the wing was completed.

The hospital management must by then have been aware of the trouble new carpeting could cause. It was just a few months since more than a hundred employees got sick when the U.S. Environmental Protection Agency installed new carpet in its Washington DC headquarters. But the hospital management still insisted on carpets in the halls and waiting areas to reduce the noise level.

### **The boardroom**

The hospital was governed by a board that held meetings once a month. These meetings were open to the public and had a public comment period.

Usually nobody from the public attended these meetings, but on November 3rd, 1988, about nine people showed up to present their opposition to the carpets. One or two people are easily ignored, and only two people with MCS were able and

willing to show up and get sick in the toxic conference room. To bulk up their numbers, they got seven people in wheelchairs to show up in solidarity. This made for a much more impressive delegation that was harder to ignore.

One woman with MCS explained to the board how she got sick when entering a newly carpeted room. “It’s terrible when you can’t even go to a hospital for fear of becoming sicker,” she stated.

Susan Molloy, aided by an oxygen tank, called carpeting as much of a barrier to people with MCS as a staircase is to people in wheelchairs. She also told them about the carpet debacle at the EPA headquarters that happened nearly a year earlier. She urged the hospital to appoint a joint task force to resolve the carpet issue.

One of the wheelchair users was Richard Skaff, who was the Northern California representative to the California Attorney General’s Commission on Disabilities. He said that “environmental illness has to be addressed just like any other disability,” and “it’s becoming an increasing concern as we continue to use chemicals without knowing what they do to people.”

A journalist from the *Marin Independent Journal* attended and wrote a sympathetic story. The paper also published a supportive editorial.

The board referred the matter to the Building Committee. Then nothing further seemed to happen.

Three weeks later the board was reminded of the issue by a letter from the San Francisco Independent Living Resource Center. It was written at the request of Susan Molloy and reminded the board that their reluctance seemed like a repetition of the racist “separate but equal” concept and the early responses to the dangers of asbestos.

As an additional reminder, Susan Molloy sent the board a note that she still didn’t think there was any non-toxic carpet and glue available, and any carpet shampoo would also be a problem. She again suggested the hospital create a special MCS room to be used when possible, even though not all patients could be served there. Copies of the letter were sent to nine people, including four politicians.

Meanwhile, Molloy continued looking for less-toxic alternatives. Her search even included a letter to the Carpet Manufacturers Association of the West. They responded with a friendly letter that stated:

Carpets can be as different as night and day from the standpoint of texture, construction, color, density, design, performance and value, but there is little difference from the standpoint of raw materials utilized. Therefore, in our opinion, one type of similar carpet cannot be recommended over another on the basis of their possible allergenic effects alone.

The letter was accepting of the bake-out idea. Unsurprising, it also stated:

We have been assured by adhesive manufacturers that the majority of adhesives used to install carpet today . . . do not contain materials that are harmful.

The ambulatory care department of University of California–San Francisco’s hospital had just replaced their carpeting. Susan Molloy visited and found it “terrible.”

### **The survey**

To further document the need for Marin General Hospital to accommodate people with MCS, Susan Molloy did a survey of 45 Marin county residents with MCS. She did this under the auspices of the Public Research Institute at the San Francisco State University, where she was a graduate student.

She did all the interviews herself in person or by phone. Most of them were done outdoors, despite it being winter.

Two-thirds had sought treatment at Marin General in the previous eight years (1980-1988) for all sorts of reasons, including surgeries, respiratory emergencies, etc. In contrast, only 7% had gone for preventive checkups, such as mammograms — presumably because the hospital was not safe to be in.

78% said they had no alternative to Marin General.

Respondents replying that these materials were a problem:

Carpet adhesives and treatments	93%
Carpet shampoo	89%
Disinfectants	91%
Air fresheners	84%
Glass cleaners	64%
Fluorescent lights	62%
Synthetic bedding	60%

Toilet bowl disinfectant blocks	56%
Detergents	49%
Treated upholstery	44%
Pesticides	44%
Soft plastics	44%
Furniture with particleboard	41%
New paint	38%
Gas heat	36%
Paper	7%

People responding on what floor materials were safe for them:

Ceramic tile	87%
Hardwood	67%
Linoleum (natural)	51%
Vinyl (aka “linoleum”)	49%
Concrete	33%

The survey included many other questions not included here.

### **The task force**

The first meeting of the Marin General Hospital Environmental Sensitivities Task Force was held on December 22, 1988. The invitation included the note: “Please wear warm clothing, as the windows will be open for ventilation.”

Twelve people attended, with representatives from both the disability community and various parts of the hospital staff. Senior VP Linda Tavaszi presided.

Dr. Jeff Anderson, who saw people with MCS at his private clinic, explained how to accommodate people with MCS.

Susan Molloy presented a preliminary version of her survey of Marin residents with MCS.

Much time was spent discussing the flooring issue. Noise was a major problem with hard-surfaced flooring. The group discussed mitigation, such as rubber-wheeled carts and soft-soled shoes.

The possibility of a special MCS room was also discussed.

One of the hospital physicians insisted on discussing the controversy about MCS being “real.”

The windows were open so Susan Molloy could be clear-headed in the room. It must have been chilly in late December, though it gave the hospital people a tiny hint of how difficult it is to live with MCS.

They met a second time on January 12, 1989, again with open windows.

The group settled on what seemed like the least toxic carpet adhesives and other materials that met the hospital's requirements.

Other topics discussed included how the hospital could handle patients based on four levels of sensitivity. They concluded that Level III patients would need special units and Level IV patients could not be accommodated at this time, except in an emergency.

Apparently there was still a minority dissent in the group, as the minutes state: "The members agree that the examination of the clinical controversy surrounding this issue was beyond the scope of the task force."

There may have been further meetings, but no documents from or about them have survived. Between meetings there were frequent contacts between Susan Molloy and Richard Abbott, who was very supportive of the issue.

### **Opening ceremony**

The official opening ceremony was held on April 5, 1989, followed by three days of festivities. Susan Molloy was specially invited, but apparently didn't go. It would have been difficult with all those people and their personal care products.

The *Marin Independent Journal* published a whole section about the project in their Sunday edition on April 2<sup>nd</sup>. One surgeon interviewed stated he looked forward to working in an operating room where the air intake was not placed near where the ambulances were standing with their idling diesel engines, which he could smell while he was doing surgery in the old building. The new operating rooms had filtered air that was exchanged 22 times an hour, and the air intake was presumably in a better location.

### **The great bake-out**

Friday, May 12, 1989 all employees were ordered out of the newly finished building. All doors and windows were closed at noon and the heat was turned up to 100°F (38°C). After 48 hours the heat was turned off and all windows opened.

The bake-out was a success. Even regular people noticed that the “new carpet smell” was largely gone.

The damage to the building was minimal, other than “a bit of bubbling in the wallpaper and floor tiles,” as Linda Tavaszi stated to the *Marin Independent Journal*.

The cost of the bake-out was estimated to be \$29,000, mostly for the increased heating cost. The total cost of the new addition was \$32 million, so making the building less toxic added just 0.1 percent to the total cost.

### **Interest beyond California**

The May 19, 1989 issue of *Modern Healthcare* had Marin General Hospital and Linda Tavaszi on its front page. It was a weekly healthcare business magazine, written for hospital administrators and senior managers.

The feature article covered three pages. The angle was “risk management” by creating a less toxic environment. The journalist interviewed Linda Tavaszi, Richard Abbott, Susan Molloy, two nurses with MCS and a professor from a university. All were supportive of the project.

Tavaszi said that what convinced her was when Molloy said:

We can avoid the Macy’s perfume counter and we can avoid restaurants and office buildings if we have to, but we can’t avoid hospitals if we get sick. And if we’re already sick, we don’t need to be gasping for breath as well.

Three years later, the same magazine reported that Holy Cross Hospital in Taos, New Mexico was working on making their new addition accessible to people with MCS. Ten people with MCS showed up at a meeting of the planning committee. The article quoted Pat Shirley:

If I were in an auto accident, I’m as good as dead. I’m too sensitive to go into a ‘normal’ hospital, so I’m effectively without access to emergency or non-emergency hospital care.

The same issue of *Modern Healthcare* had a full page ad for chewing gum. It suggested that hospitals offer chewing gum to patients and visitors who were no longer allowed to smoke indoors. Smoking bans in hospitals were becoming the norm by 1992.

## **Environmental sensitivity policy**

On March 26, 1990, Marin General Hospital enacted an environmental sensitivity policy.

It is a short and simple document that covers the possible need for a private room based on “medical necessity,” how to flag the patient file and notify the nursing personnel.

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The personal archive of Susan Molloy provided letters, meeting minutes and notes.

**More MCS history**

[www.eiwellspring.org/history.html](http://www.eiwellspring.org/history.html)

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