grandson of a slave, and son of a sharecropper, could end up as the first African-American mayor of the Nation's second largest city. Before reaching the pinnacle of political power in Los Angeles, Bradley's career was as varied as the city he would later represent. In 1940, Tom Bradley began his career as a Los Angeles police officer and became a lieutenant—no small task in an era of segregation. In 1956, he earned his law degree from Southwestern Law School. Five years later, he left the force to practice law. He launched his political career in 1963 when he won a seat on the City Council. Ten years later, Tom Bradley was elected mayor.

During his leadership of the city, minorities and women were brought into city government in record numbers. He transformed L.A. into a bustling metropolis. It was under his mayoral tenure that Los Angeles emerged as a national transportation hub and financial center that it is today.

Mayor Bradley made a difference in the lives of Angelinos. His legacy is firmly established. The city is a far better place because of the political leadership and contributions of this immensely talented and courageous man.

God bless you Tom Bradley.

REDEDICATION OF CLAY MEMORIAL STADIUM

HON. MARCY KAPTUR

OF OHIO

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Ms. KAPTUR. Mr. Speaker, I would like to take this opportunity to recognize the administration, faculty, staff, students and families of Clay High School in Oregon, Ohio. On October 9, 1998, the Clay High School community will rededicate the Clay Memorial Stadium.

In December, 1941, our nation entered the greatest conflict in human history. Young people from all walks of life served in our armed forces. Many soldiers, sailors, airmen and marines came from the Oregon, Ohio, area and served with honor and distinction as we freed the world of Axis terror and facism. Some of these young people never returned. They gave their lives for freedom with the hope that our nation and their community would always cherish the gifts that America offers.

It was in this spirit that the Oregon, Ohio, community dedicated the Clay Memorial Stadium, in 1948, to the young men and women who gave their lives in defense of liberty. This year marks the 50th Anniversary of the stadium. The Clay High School family and the Oregon community at large are now embarking on a renovation project to make the stadium's World War II memorial the focus of the facility. The community also plans to add memorials to those who served in Korea, Vietnam and the Gulf War. The renovated stadium promises to be a renewed memorial to those who have made the supreme sacrifice and a symbol of youth and hope as we enter the 21st Century.

Mr. Speaker, as the Congressional author of legislation to create a national World War II Memorial it gives me much pride to represent the ctiizens of Oregon, Ohio in this great House. They and the nation will never forget the sacrifice of the millions of men and women who gave their lives to freedom in the victory over tyranny that defined world history for the 20th century.

Our community extends warm appreciation to the citizens of Oregon, Ohio as they rededicate the Clay Memorial Stadium.

A TRIBUTE TO THE GREATER PATCHOGUE CHAMBER OF COMMERCE

HON. MICHAEL P. FORBES

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. FORBES. Mr. Speaker, I rise today in the House of Representatives to ask my colleagues to join me in congratulating the Greater Patchogue Chamber of Commerce, as the business owners and residents of this historic South Shore, Long Island community celebrate the Chamber's 75th anniversary.

Born in the days when many residents of this beautiful, seaside village still earned their living on the waters of the Great South Bay, raking clams and oysters from the sand. As the main center of commerce on the South Shore of Suffolk County, Patchogue boasted a thriving Main Street business district. Still, many understood the need to coordinate their efforts to promote the goods and services of Patchogue's merchants. On February 8, 1924, the Long Island Advance editorial page advocated the creation of a Chamber of Commerce to market Patchogue to consumers across Long Island. A month later, the Chamber held its first meeting.

The members of the Greater Patchogue Chamber of Commerce are accomplished business, education and civic leaders who are dedicated to the success of this historic Long Island village. For the past 75 years, the great citizens have built a lasting legacy, giving of their time, talents and treasures to make our community a better place to live, work and raise a family.

The Greater Patchogue Chamber of Commerce organizes many community-building activities, from the Christmas Tree lighting and Holiday Party to the Annual Clam and Crab Festival and St. Patrick's Day parade. Throughout the year, the Chamber organizes several creative marketing promotions, in an effort to draw shoppers and tourists into Patchogue's historic downtown and water front areas. Their spirited and creative efforts helped Patchogue weather tough times in the local economy and helped the Village maintain its status as the premier shopping area in Suffolk.

Anniversaries are a time to reflect upon the past and to look toward new horizons. Therefore, Mr. Speaker, I ask you and my colleagues to join me in commemorating the 75th anniversary of the Greater Patchogue Chamber of Commerce. All of us who are about our Long Island home thank each of the members of the Chamber for all they have done to make Patchogue such a great place to live and shop.

PRESIDENT LEE TENG-HUI AND THE NOBEL PEACE PRIZE

HON. GERALD B.H. SOLOMON

OF NEW YORK

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. SOLOMON. Mr. Speaker, President Lee Teng-hui of the Republic of China has been named as one of four nominees for the 1998 Nobel Peace Prize. This is not only an honor for President Lee himself, but also a direct acknowledgment of his contributions to Taiwan and the world.

In the past ten years, President Lee has successfully presided over a ''quiet revolution'' in Taiwan. Taiwan has emerged from its authoritarian past to become a free and prosperous country. Taiwan is the world's fourteenth largest economy and has an annual per capital income of $12,000, forty times that of mainland China.

Long ostracized from regional organizations, Taiwan is now active in the Asian Development Bank and has joined the Asia-Pacific Economic Cooperation group. On the political front, the parliament has been overhauled; several major political parties have developed; restrictions on the press have been lifted; and people have the right to demonstrate and protest against government policies.

President Lee is a voice for peace in the evolving relationship between Taiwan and the Chinese mainland. He has repeatedly urged his counterparts in Beijing to sit down and discuss all issues regarding the eventual reunification of Taiwan and the mainland.

President Lee's dream is to see a new China, a country that is free, democratic, and prosperous. In the meantime, he has rejected the ''one country, two systems'' arrangement suggested by the communists on the mainland. The fact is that China is divided and has two governments, just as Germany and Vietnam were divided in the past and Korea is still today.

No one can doubt President Lee's genuine desire to see a reunified China. Meanwhile, let's give him our support and wish him success in winning the Nobel Peace Prize and the hearts and minds of his counterparts in Beijing.

A reunified China under the principles of freedom, democracy, and human rights is the dream of all Chinese people. And that, incidentally, is my dream for them as well, as the people on Taiwan prepare to celebrate their National Day on Saturday.

MULTIPLE CHEMICAL SENSITIVITY

HON. BERNARD SANDERS

OF VERMONT

IN THE HOUSE OF REPRESENTATIVES

Thursday, October 8, 1998

Mr. SANDERS. Mr. Speaker, I rise today to discuss the issue of Multiple Chemical Sensitivity as it relates to both our civilian population and our Gulf war veterans.

Multiple Chemical Sensitivity or MCS is a chronic condition marked by heightened sensitivity to multiple different chemicals and other irritants at or below previously tolerated levels of exposure. Sensitivity to odors is often accompanied by food and drug intolerance, sensitivity to sunlight and other sensory abnormalities, such as hypersensitivity to touch,

heat and-or cold, and loud noises. MCS is often accompanied by impaired balance, memory and concentration.

As a member of the Human Resources Subcommittee, which has oversight jurisdiction for the Veterans' Affairs, I have been involved in the issue of Gulf war illness and Multiple Chemical Sensitivity. I have been concerned for many years about the role that chemicals may be playing on human health, not only in Gulf war veterans and their families, but in civilian society as well. I have talked to many people who are suffering symptoms not dissimilar from the symptoms that our Persian Gulf veterans are experiencing because of chemicals in their homes or workplaces.

As has been well-documented, the military theater in the Persian Gulf was a chemical cesspool. Our troops were exposed to chemical warfare agents, leaded petroleum, widespread use of pesticides, depleted uranium and burning oil wells. In addition, they were given a myriad of pharmaceuticals as vaccines. Further, and perhaps most importantly, as a result of a waiver from the FDA, hundreds of thousands of troops were given pyridostigmine bromide. Pyridostigmine bromide, which was being used as an anti-nerve agent, had never been used in this capacity before. In the midst of all this, our troops were living in a hot, unpleasant climate and were under very great stress.

The Department of Defense and the Department of Veterans Affairs have downplayed the presence of Multiple Chemical Sensitivity in Gulf war veterans. In the very beginning, the Defense Department and Veterans' Affairs actually denied that there was any problem whatsoever with our veterans' health. Then, after finally acknowledging that there was a problem, they concluded that the problem was in the heads of our soldiers—of psychological origin. The DOD and the VA responded very poorly to our veterans' concerns. Tragically, our veterans were discounted. They were called malingerers.

Ever so slowly, the truth about chemical exposure in the Persian Gulf has begun to surface. On July 24, 1997, the Defense Department and the Central Intelligence Agency gave us their best estimate—that as many as 98,910 American troops could have been exposed to chemical warfare agents due to destruction of "the Pit" in Khamisiyah, an Iraqi munitions facility.

Not waiting for the DOD and VA, many other Federal, State, and local government agencies have recognized the existence of Multiple Chemical Sensitivity. I want to submit for the RECORD the latest "Recognition of Multiple Chemical Sensitivity" newsletter which lists the U.S. Federal, State, and local government authorities, U.S. Federal and State courts, U.S. workers' compensation boards, and independent organizations that have adopted policies, made statements, and-or published documents recognizing Multiple Chemical Sensitivity disorders.

RECOGNITION OF MULTIPLE CHEMICAL SENSITIVITY

Multiple Chemical Sensitivity or MCS is a chronic condition marked by heightened sensitivity to multiple different chemicals and other irritants at or below previously tolerated levels of exposure. Sensitivity to odors is often accompanied by food and drug intolerances, photosensitivity to sunlight and other sensory abnormalities, such as hypersensitivity to touch, heat and/or cold, and loud noises and impaired balance, memory and concentration. MCS is more common in women and can start at any age, but usually begins in one's 20's to 40's. Onset may be sudden (from a brief high-level toxic exposures) or gradual (from chronic low-level exposures), as in "sick buildings." The syndrome is defined by multiple symptoms occuring in multiple organ systems (most commonly the neurological, gastrointestinal, respiratory, and musculoskeletal) in response to multiple different exposures. Symptoms may include chronic fatigue, aching joints and muscles, irritable bowel, difficulty sleeping and concentrating, memory loss, migraines, and irritated eyes, nose, ears, throat and/or skin. Symptoms usually begin after a chronic or acute exposure to one or more toxic chemical(s), after when they "spread" to other exposures involving unrelated chemicals and other irritants from a great variety of sources (air pollutants, food additives, fuels, building materials, scented products, etc.). Consistent with basic principles of toxicology, MCS usually can be improved, although not completely cured, through the reduction and environmental control of such exposures. Many different terms have been proposed in medical literature since 1869 to describe MCS syndrome and possibly related disorders whose symptoms also wax and wane in response to chemical exposures.

ALTERNATE NAMES PROPOSED FOR MCS

Acquired Intolerance to Solvents, Allergic Toxemia, Cerebral Allergy, Chemical Hypersensitivity Syndrome, Chemical-Induced Immune Dysfunction, Ecological Illness, Environmental Illness or "EI," Environmental Irritant Syndrome, Environmentally Induced Illness, Environmental Hypersensitivity Disorder, Idiopathic Environmental Intolerances or "IEI," Immune System Dysregulation, Multiple Chemical Hypersensitivity Syndrome, Multiple Chemical Reactivity, Total Allergy Syndrome, Toxic Carpet Syndrome, Toxin Induced Loss of Tolerance of "TILT," Toxic Response Syndrome, 20th Century Disease.

DISORDERS ASSOCIATED WITH SINGLE OR MULTI-ORGAN CHEMICAL SENSITIVITY

Akureyri Disease (coded as EN), Asthma, Cacosmia, Chronic Fatigue Syndrome, Disorders of Porphyrin Metabolism, [Benign Myalgic] Encephalomyelitis, Epidemic Neuromyastenia (EN), Fibromyalgia Syndrome, Gulf War Syndrome, Icelandic Disease (coded as EN), Mastocytosis, Migraine, Neurasthenia, Royal Free [Hospital] Disease, Sick Building Syndrome, Silicone Adjutant Disease, Systemic Lupus Erythematosus, Toxic Encephalopathy.

Listed alphabetically below are the U.S. Federal, State, and local government authorities, U.S. Federal and State courts, U.S. workers' compensation boards, and independent organizations that have adopted policies, made statement, and/or published documents recognizing MCS disorders under one name or another as a ligitimate medical condition and/or disability. An introductory section summarizes recognition or MCS in peer-reviewed medical literature, and the last section lists upcoming MCS conferences as well as past conferences sponsored by Federal Government agencies.

The exact meaning of "recognition" varies with the context as each listing makes clear. Recognition by a court of law, for example, usually refers to a verdict or appeal in favor of an MCS plaintiff, while recognition by government agencies varies tremendously—from acknowledgement of the condition in publications and policies to research funding and legal protection of disability rights.

RECOGNITION OF MCS BY 25 FEDERAL AUTHORITIES

U.S. Agency for Toxic Substances & Disease Registry in a unanimously adopted recommendation of the ATSDR's Board of Scientific Counselors, which calls on the ATSDR to "take a leadership role in the investigation of MCS" [1992, 24 pages, R–1]. To coordinate interagency research into MCS, the ATSDR co-chairs the Federal Work Group on Chemical Sensitivity, which it convened for the first time in 1994 (see below). The ATSDR has helped organize and pay for three national medical conferences on MCS: sponsored by the National Academy of Sciences in 1991, the Association of Occupational and Environmental Clinics in 1991, and the ATSDR in 1994. The combined proceedings of these three conferences are reprinted in Multiple Chemical Sensitivity, A Scientific Overview, ed. Frank Mitchell, Princeton NJ: Princeton Scientific Publishing, 1995 (609–683–4750 to order). ATSDR also contributed funding to a study conducted by the California Department of Health Services to develop a protocol for detecting MCS outbreaks in toxic-exposed communities via questionnaires and diagnostic tests (see entry below on California Department of Health Services). Officially, however, ATSDR has not "established a formal position regarding this syndrome" [1995, 1 page, R–2].

U.S. Army, Medical Evaluation Board on US Army Form 3947 (from the U.S. Army Surgeon General), Army Medical Evaluation Board certified a diagnosis of "Multiple Chemical Sensitivities Syndrome" for a Persian Gulf veteran on 14 April 1993 [1 page, R–3]. MCS is defined on this form as "manifested by headache, shortness of breath, congestion, rhinorrhea, transient rash, and incoordination associated with exposure to a variety of chemicals." The Board's report further recognizes that this patient's particular MCS condition began approximately in April 1991 (while the patient was serving in the Gulf and entitled to base pay), that the condition did not exist prior to service, and that it has been permanently aggravated by service. At least five other active duty Persian Gulf veterans have been diagnosed by the Army with MCS, as reported by the Persian Gulf Veterans coordinating Board in "Summary of the Issues Impacting Upon the Health of Persian Gulf Veterans," [3 March 1994, 4 page excerpt, R–4]. The Army Medical Department also has requested funding for a research facility to study MCS (reported in an Army information paper on "Post Persian Gulf War Health Issues," 16 November 1993).

U.S. Congress in a VA/HUD Appropriations Bill for FY1993 signed by President Bush in 1992 appropriating "$250,000 from Superfund funds for chemical sensitivity workshops." These funds were used by the U.S. Agency for Toxic Substances and Disease Registry (see above) to co-sponsor scientific meetings on MCS with various other organizations [1992, 3 page excerpt, R–5] and support an MCS study (see California State Department of Health Services below). For FY 1998, Vermont Congressman Bernard Sanders proposed and Congress appropriated $800,000 to start a new 5-year civilian agency research program into MCS among Gulf War veterans. Congress also requested that the administration report back by January 1998 on how it planned to spend the funds (text of appropriations is quoted in report; see below: U.S. Department of Health Services, Agency for Health Care Policy and Research).

U.S. Consumer Product Safety Commission, U.S. Environmental Protection Agency, American Lung Association, and American Medical Association (jointly) in a jointly published booklet entitled *Indoor Air Pollution*

An Introduction for Health Professional [US GPO 1994–523–217/81322] under the heading ''What is 'multiple chemical sensitivity' or 'total allergy'?, these organizations state that ''The current consensus is that in cases of claimed or suspected MCS, complaints should not be dismissed as psychogenic, and a thorough workup is essential.'' The booklet is prefaced by the claim that ''Information provided in this booklet is based upon current scientific and technical understanding of the issues presented . . .'' [1994, 3 page excerpt, R–6]

U.S. Department of Agriculture, Forest Service in its Final Environmental Impact Statement on ''Gypsy Moth Management in the United States: a cooperative approach'', people with MCS are mentioned as a ''potential high risk group'' who should be given advance notification of insecticide treatment projects via ''organizations, groups and agencies that consist of or work with people who are chemically sensitive or immunocompromised.'' MCS also is discussed in an appendix on Human Health Risk Assessment (Appendix F, Volume III of V) under both ''Harzard Identification'' and ''Groups at Special Risk'' [1995, 11 page excerpt and 1 page cover letter from John Hazel, the USDA's EIS Team Leader, to Dr. Grace Ziem of MCS Referral & Resources, R–130].

U.S. Department of Education in the enforcement by its Office of Civil Rights of Section 504 of the Rehabilitation Act of 1973 which requires accommodation of persons with ''MCS Syndrome'' via modification of their educational environment, as evidenced by several ''agency letters of finding'' (including San Diego (Calif) Unified School District, 1 National Disability Law Reporter, para. 61, p. 311, 24 May 1990; Montville (Conn.) Board of Education, 1 National Disability Law Reporter, para. 123, p. 515, 6 July 1990; and four letters (along with an individualized environment management program) in the case of the Arminger children of Baltimore County, MD [in 1991, 1992, 1993 and 1994; 20 pages total, R–7]. These accommodations also are required under the terms of Public Law 94–142, now known as the Individuals with Disabilities Education Act (CFR34 Part 300). The Department of Education as a whole, however, has no formal policy or position statement on the accommodation of students with MCS.

U.S. Department of Energy, Oak Ridge National Laboratory in being the lead sponsor of the 11th Annual Life Sciences Symposium on ''Indoor Air and Human Health Revisited.'' This 1994 conference was co-sponsored by the US Environmental Protection Agency and Martin Marietta Energy Systems' Hazardous Waste Remedial Action Program. The proceedings are published in *Indoor Air and Human Health* (Gammage RB and Berven BA, editors, Boca Raton FL: CRC Lewis Publishers, 1996) and contain several peer-reviewed papers of critical relevance to MCS by DoE, EPA and other federally funded researchers. (4 page excerpt with table of contents, R–175)

U.S. Department of Health and Human Services (HHS), Agency for Health Care Policy and Research in a ''Report to Congress on Research on Multiple Chemical Exposures and Veterans with Gulf War Illnesses'' by agency administrator Dr. John Eisenberg (who is also the acting Assistant Secretary for Health). Dr. Eisenberg proposes spending $300,000 in 1998 for a ''consensus building'' and research planning conference, $400,000 for research into the health effects of chemical mixtures, and $100,000 for an Interagency Coordinator in the Office of Public Health and Science [January 1998, 7 pages including MCS R&R press release, R–168]. Congress requested the report in 1998, as part of an $800,000 appropriation for a new civilian research into MCS (see U.S. Congress, above).

U.S. Dept. of HHS, National Institute on Deafness and Other Communication Disorders in the funding of MCS-related olfactory research by its Chemical Senses Branch since NIDCD's creation in 1988; including $29,583,000 in fiscal year 1998. The Chemical Senses Branch supports both basic and applied research, with most of its funds going to just five ''chemosensory research centers'': the Connecticut Chemosensory Clinical Research Center (860–679–2459), Monell Chemical Senses Center (215–898–6666), Rocky Mountain Taste and Smell Center (303–315–5650), State University of New York Clinical Olfactory Research Center (315–464–5588), and University of Pennsylvania Smell and Taste Center (215–662–6580). Free information is available from NIDCD Information Clearinghouse, 800–241–1044.

U.S. Dept. of HHS, National Institute of Environmental Health Sciences in ''Issues and Challenges in Environmental Health,'' a publication about the work of NIEHS, research priorities are proposed for ''hypersensitivity diseases resulting from allergic reactions to environmental substances'' [NIH 87–861, 1987, 45 pages, R—8]. It is not clear from the context if this statement was meant to include or exclude MCS, since the condition was still thought by some at the time to be an allergic-type reaction. In 1992, the director Dr. Bernadine Healy responded in detail to an inquiry from Congressman Pete Stark about the scope of NIEHS research into MCS: ''It is hoped that research conducted at NIEHS will lead to methods to identify individuals who may be predisposed to chemical hypersensitivities. . . . NIH research is directed toward the understanding of the effect of chemical sensitivities on multiple parts of the body, including the immune system.'' [1992, 3 pages, R–9]. In 1996, director Dr. Kenneth Olden wrote US Senator Bob Graham that ''NIEHS has provided research support to study MCS. . . . NIEHS has also supported a number of workshops and meetings on the subject.'' [15 April 1996, 2 pages, R–101]. Dr. Olden also states that ''Pesticides and solvents are the two major classes of chemicals most frequently reported by patients reporting low level sensitivities as having initiated their problems.''

U.S. Department of Health and Human Services, National Library of Medicine . . . in the 1995 Medical Subject Headings (MESH) codes used to catalog all medical references, which started using Multiple Chemical Sensitivity (and its variations) as a subject heading for all publications indexed after October 1994 [3 pages excerpt, R–10].

U.S. Department of Health and Human Services, Office for Civil Rights (OCR) . . . in the final report by the Regional Director (of Region VI) regarding OCR's investigation of an ADA-related discrimination complaint filed by a patient with MCS against the University of Texas M.D. Anderson Cancer Center for failing to accommodate her disability and thereby forcing her to go elsewhere for surgery. Prior to completion of the investigation and the issuance of any formal ''findings,'' the OCR accepted a proposal from the Univ. of Texas to resolve this complaint by creating a joint subcommittee of the cancer center's Safety and Risk Management committees. This subcommittee's three tasks (as approved by the OCR) are to ''identify a rapid response mechanism which could be triggered by any patient registering a complaint or presenting a special need which is environment related; develop a 'protocol' outlining steps to be taken to resolve environmental complaints by patients . . . ; and inform the medical staff through its newsletter of the mechanism and the protocol so that they will better understand how to address such questions or concerns.'' The OCR has placed the M.D. Anderson Cancer Center ''in monitoring'' pending completion and documentation of these changes, but it may initiate further investigation if M.D. Anderson fails to complete this process within the 13 months allowed. [27 March 1996, 11 pages, R–99]

U.S. Department of Health and Human Services, Social Security Administration . . . in enforcement of the Social Security Disability Act (see Recognition of MCS by Federal Courts, below), and in the SSA's Program Operations Manual System (POMS), which includes a section on the ''Medical Evaluation of Specific Issues—Environmental Illness'' stating that ''evaluation should be made on an individual case by case basis to determine if the impairment prevents substantial gainful activity'' [SSA publication 68–0424500, Part 04, Chapter 245, Section 24515.065, transmittal #12, 1998, 1 page excerpt, R–11]. In 1997, the U.S. District Court in Massachusetts required Acting SSA Commissioner John Callahan to spell out the agency's position on MCS in a formal memo to the court (31 October 1997, 2 pages, R–164; see Creamer v. Callahan below, under Recognition of MCS by US Federal Court Decisions). With this memo, SSA now officially recognizes MCS ''as a medically determinable impairment'' on an agency wide basis. MCS is also recognized in several ''fully favorable'' decisions of the SSA's Office of Hearing and Appeals: in case #538–48–7517, in which the administrative law judge, David J. Delaittre, ruled that ''the claimant has an anxiety disorder and multiple chemical sensitivity,'' with the latter based in part on the fact that ''objective [qEEG] evidence showed abnormal brain function when exposed to chemicals'' [1995, 7 pages, R–12]; in case #264–65–5308, in which the administrative law judge, Martha Lanphear, ruled that the claimant suffered severe reactive airways disease secondary to chemical sensitivity and that this impairment prevented her from performing more than a limited range of light work [1996, 8 pages, R–120]; in case #239–54–6581, in which the administrative law judge, D. Kevin Dugan, ruled that the claimant suffered severe impairments as a result of pesticide poisoning, including ''marked sensitivity to airborne chemicals,'' which prevent her from ''performing any substantial gainful activity on a sustained basis [1996, 4 pages, R–135]; in case #024–40–2499, in which the administrative law judge, Lynette Diehl Lang, recognized that the claimant suffered from severe MCS and could not tolerate chemical fumes at work (as a result of overexposure to formaldehyde in a state office building), as a result of which he was awarded both disability benefits and supplemental security income [1995, 8 pages, R–140]; in case #184–34–4849, in which administrative law judge Robert Sears ruled that the claimant suffered from ''extreme environmental sensitivities,'' and particularly ''severe intolerance to any amount of exposure to pulmonary irritants'' [11 June 1996, 7 pages, R–156]; and in case #256–98–4768, in which the administrative law judge, Frank Armstrong, classified the claimant's ''dysautonomia triggered by multiple chemical sensitivities'' as severe and said it ''prevents the claimant from engaging in substantial gainful activity on a sustained basis'' [18 March 1997, 8 pages, R–157].