

Name:  
Address:

Date:

Hon Tony Abbott, MP  
Minister for Health and Ageing  
Parliament House  
CANBERRA ACT 2600

Dear Minister

***Re Office of Chemical Safety Multiple Chemical Sensitivity (MCS) Clinical Review***

I wish to complain about the amount of time it is taking to conduct the MCS Clinical Review. The review is flawed by the inclusion of clinicians who have appeared in legal proceedings against MCS sufferer's claims and clearly is not an open and transparent process as the consultant's report has not been made available to the community and no discussion paper has been issued.

It is not acceptable for decisions to be made for persons with MCS disability by clinicians who are not trained to diagnose or treat MCS, or who do not believe in its existence. So far, the community has not been engaged in consultation to ensure that our views are heard, our needs are met and that all future services planned will address our needs. Lack of access to health facilities and health and allied care are a major problem for persons with MCS disability, with the main detriments being lack of medical education and training and building access. Some other areas of access also affected are ambulances, dentistry, doctor's surgeries, pathology and X-ray facilities, aged care and housing etc. The elderly are facing a very bleak and uncertain future in lack of MCS disability access to safe aged care.

In spite of the growing body of data to support MCS as a clinical entity and actions taken to address issues of MCS disability access in other parts of the World e.g. Canada, USA, there has been little progress made in Australia to deal with problems arising as a result of MCS. Disability discrimination in the form of lack of access to facilities and care along with the inability to diagnose and treat MCS is causing poverty, hardship and other social issues, e.g. some individuals may require medical documentation to support claims for welfare benefits, access to disability housing, compensation for workplace injury etc.

The issue of injury resulting from chemical exposures is very clear, some chemicals are extremely toxic and cause common diseases such as asthma/lung disease, heart disease, diabetes, allergy, cancer, neurodevelopmental delay, birth defects, etc. Not much has changed since the dangers of DDT were discovered and while DDT has mostly been banned in the World, other chemicals either as toxic, or worse than DDT, have appeared on the marketplace e.g. perfluorochemicals, brominated flame retardants and are now found in our bodies as well. We cannot have confidence in government because of poor chemical regulation that consistently tells us chemicals are safe, does not educate us about the chemical danger, persists in allowing us to be used as an uncontrolled experiment and then refuses to provide health and other support when necessary. We live in a chemical soup with the likelihood of critical exposures to some very toxic mixtures. It is unrealistic not to acknowledge background levels of chemicals and the likelihood of health problems as a result.

The UN Convention on Disability Rights is clear in terms of disability access to health care. Persons with MCS are currently suffering disability discrimination in access to health and allied services, some with dire circumstances. It is time that the chronic health and unmet need of persons with MCS disability were included in health care and other service provision. The Department of Health and Ageing is a taxpayer funded service and we quite reasonably expect access to health and allied care and other welfare services for the taxes we pay to the elected government.

As the MCS Clinical Review is not progressing, I demand that the Minister provides me with a written response detailing the department's primary obligations to the people of Australia who have MCS and the reason why the MCS Clinical Review is not progressing.

I look forward to hearing from you in the very near future,

Yours sincerely

Signed \_\_\_\_\_