

MULTIPLE CHEMICAL SENSITIVITY

Thursday, 21 September 2006

The Hon. A.L. EVANS: I would like to speak today about the growing public health problem of multiple chemical sensitivity. The Social Development Committee's report following its inquiry into MCS was tabled on 5 July 2005. The committee concluded that MCS is very real, with many individuals experiencing considerable suffering, disability and hardship. The committee heard evidence that 15 000 South Australians have been diagnosed with MCS, that up to 6 per cent of the population may have MCS and that MCS is recognised as a legitimate disability that requires reasonable accommodations. While noting the lack of consensus with respect to its causes, the committee warned that research linking MCS to chemicals such as herbicides, pesticides, solvents and disinfectants could not be ignored. MCS is associated with complex medical and support needs, and sufferers are often isolated and housebound, with poor access to basic health care or home support services, due to common chemical barriers such as personal fragrance, cleaning products, paints and building materials.

So, over 14 months after tabling the report of the inquiry into MCS, how have the lives of people with MCS been improved by the committee's recommendations? First, it is pleasing to note that the Catholic Education Office has set up a working party to review ways of making Catholic schools chemically safer. Within the state public sector, one important step forward is that the Department of Administrative and Information Services has recently included MCS in its disability action plan for government buildings. However, further government response to the MCS inquiry has been very slow.

It is my understanding that the Department of Health will soon convene an MCS reference group aimed at guiding MCS debate, but no meeting date has been set and no budget allocation has been made. This lack of action means that the basic human needs of MCS sufferers are regularly abused. In one recent incident, a man with severe MCS collapsed and was semi-conscious when he was exposed to toxic fumes. When taken to his local public hospital, where he

was identified as having MCS, he was denied access to a doctor and refused basic medical care. Other people with MCS are still struggling to stop their local councils from making them sick by spraying herbicides around their home, and many MCS sufferers who, prior to their disablement were tax-paying workers, are now struggling to find chemical-free housing and nursing home placements because there are almost no facilities to support them.

In response to these problems, the government urgently needs to implement the MCS inquiry recommendations for MCS protocols in public hospitals, for no-spray registers for herbicides with local councils and for practical measures to assist people with MCS with their disability access issues. However, instead of taking decisive action on MCS, the Department of Health continues to propose the view that MCS is a psychological condition, despite clear evidence that it is a physiological illness associated with hazardous chemical exposure. The ME/Chronic Fatigue Syndrome Society in South Australia has an excellent web site. On its front page is an MCS report clock, which has been ticking since the MCS report was tabled in 2005.

It will stop ticking when the society believes that real action has been taken to implement the MCS report. Today is the 442nd day and it still ticks with no sign of action. The problem for MCS is not new. It is an issue whose time has come. Delays in responding to MCS cannot be justified, and I call on the government to provide the necessary commitment and resources to address the complex problems facing MCS sufferers and their families. I hope the Minister for Health hears this call.