



Association pour la santé environnementale du Québec
Environmental Health Association of Québec

Open Letter to all of the Federal Political Parties in Canada

To Whom It May Concern:

The Environmental Health Association of Québec (ASEQ-EHAQ) has been in existence since 2004, has a membership of over 2000 and represents over one million Canadians who have been diagnosed with multiple chemical sensitivity (MCS), a number that is increasing (Statistics Canada 2015-2016). This represents 3.3% of the Canadian population, of which around 75% are women, with around 60% over 50 years of age (Statistics Canada 2016).

MCS can be triggered by chemicals found in everyday products, thereafter leading the person to experience multiple symptoms upon exposure to one or more chemicals of various types. MCS is a disability recognized under the Canadian Human Rights Act, and persons experiencing this disability have protection under the law.

We hereby request that the government collaborate with the Environmental Health Association of Québec (ASEQ-EHAQ).

We request that the government listen to the lived experiences and experts in the field in order to create appropriate and adequate accommodation and protect the rights to life and security that are guaranteed by the Charter by implementing the procedures dictated in this letter.

In 2004, the Environmental Health Association of Québec was created in order to support, educate, and advocate for people experiencing Environmental Sensitivities such as Multiple Chemical Sensitivities (ES/MCS). At the time, people with this disability faced stigma, ongoing symptoms, and no mandated accommodation, due to a vast lack of education regarding this illness. MCS was not yet recognized as a disability, despite the awareness of its existence (under different names) as early as the 1940's.¹

¹ Magill, Michael K., and Anthony Suruda. "Multiple chemical sensitivity syndrome." *American family physician* 58, no. 3 (1998): 721.

ASEQ-EHAQ

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Since then, ASEQ-EHAQ has worked tirelessly to expand education and awareness both throughout the general population as well as in the medical community. While there have been many important gains in this field such as the recognition and protection of people experiencing ES/MCS by the Canadian Human Rights Commission, there has been no policy change in order to protect this marginalized population. People experiencing ES/MCS have no social supports, and continue to face workplace discrimination and isolation, due to lack of accommodation in almost every public space and even in their homes.

Throughout this time period, the number of people experiencing ES/MCS has increased dramatically. By 2016, 1,008,400 people were diagnosed with MCS.² Given the difficulty of access to medical care and the lack of medical education, it is probable that the prevalence of MCS exceeds this figure. Moreover, the number of diagnosed cases of MCS has continued increasing since their collection began in 2001, suggesting that it will continue to increase going forward.

With such high prevalence of this disease, the investment has been nonexistent. Drawing from figures taken in 2010 to 2015, the investment per patient in MCS was \$0, and the investment in research from the federal government was \$0. This has led to no research funded by the government, perpetuating the lack of education and consequently stigma that continues to be pervasive across Canada.

With over one million Canadians diagnosed with MCS 17 years after the creation of ASEQ-EHAQ, there is still no governmental support. With lacking financial and employment support, no access to adequate housing, and ongoing lack of accommodation to provide access to all spaces, the federal government has failed to aid this population, only serving to advance the priorities of the chemical industry. Despite continued attempts at collaboration, the use of chemical products in Canada has continuously expanded in many different domains including personal care products, cleaning products, furniture production, construction materials, manufacturing, and even agriculture. Each of these increasing chemical contaminants serve as yet another barrier to accessibility for people experiencing chemical sensitivities.

With this ongoing expansion of chemical use, how are people with multiple chemical sensitivities supposed to navigate daily life?

This population has continued to be ignored and deprioritized. As the number of people experiencing multiple chemical sensitivities increases why is the government concern not also increasing to help this population live productive lives?

Consistently, ASEQ-EHAQ has pushed for adequate accommodation, and assistance in changing the community narrative so that people with MCS are able to keep their access to medical care, their jobs, their homes, and their family and friends rather than being forced to the margins. The onus of accommodation cannot be put on individual spaces in order to make them accessible for MCS. This

² Statistics Canada (2015-2016) Canadian Community Health Survey (CCHS)

change must come from the federal government in order to protect the health and safety of Canadians and uphold their fundamental rights.

As such, we call on the government and your party to implement the following:

1. Provide immediate appropriate, affordable housing with a keen focus on indoor air quality, suitable for people who experience this disability.
2. Election spaces must be accessible (fragrance-free with least toxic products being used for cleaning, etc.) so that people disabled with multiple chemical sensitivity (MCS) have accessible spaces to exercise their right to vote.
3. A Diagnostic Code for MCS must be implemented similar to the way it is implemented in other countries such as Germany, Japan, and Spain.
4. Awareness and education on MCS from the Government website must be expanded to educate, create awareness and eliminate the severe stigmatization that currently exists. This content must be created with the collaboration of people with MCS and MCS groups given that they have lived experience with MCS. ***Nothing about us, without us!***
5. All Human Rights Commissions across Canada must offer the same protections for all Canadians. This must be clearly mentioned with clear definitions of all accommodations on the websites of all the commissions.
6. The development of private sector research to develop healthy products must be encouraged and supported so that there are safe products for people experiencing MCS.
7. Healthy products for all applications must be supported and prioritized.
8. Implement legislation to change the use of chemical products legal in Canada to reduce the growing numbers of people developing MCS. This type of legislation has been created for example Registration, Evaluation, Authorisation and Restriction of Chemicals or REACH in Europe which has been in force since 2007 and has limited the production of chemical products.
9. Implement legislation to ensure companies disclose the harmful chemicals such as carcinogens, endocrine disruptors (EDCs), neurotoxins, sensitizers (leading to MCS), contained in their products. This legislation exists in California, titled Proposition 65, and ensures consumers can make informed choices about their chemical exposures.
10. Federally funded centers for excellence for MCS must be established in all provinces and territories: for health care, research, awareness and education.
11. Expand Federally funded research on MCS.
12. Under UN Convention on the Rights of Persons with Disabilities, mandate that all health care in Canada is fragrance-free, an essential and appropriate accommodation in order to ensure access to healthcare facilities for people with MCS.
13. Use only effective, least-toxic solutions during this pandemic and future events, keeping in mind the health condition of MCS.
14. That the work being presently done for accessibility, for people experiencing MCS, under the Accessibility Act, be implemented in all Government of Canada buildings and in those establishments with a federal mandate, and remain following the elections, and that people and groups with lived experience be actively included in the process.

The challenge of daily life that people with MCS experience is unacceptable and fundamental changes must be made immediately in order to create a society that allows each and every person to be productive, participate, and grow.

We are over one million strong across Canada, diagnosed with MCS. This letter and your responses, as they are received, will be posted on our website and released via email and social media.

Thank you for your consideration in this matter, and we look forward to hearing from you.

Sincerely,



Michel Gaudet, Executive Director, ASEQ-EHAQ