

Inquiry into Biotxin-related Illnesses in Australia

I have suffered from Chronic Inflammatory Response Syndrome for over 6 years, after becoming ill whilst working as a housekeeping supervisor at Jenolan Caves House in New South Wales.

Jenolan Caves accommodation consists of several very different buildings, built from the late 1800s through to 1986, but all of these buildings have indoor mould problems to varying degrees. The worst affected building is the Gatehouse (bunk bed accommodation) which began getting excessive mould after water damage in 2010.

By 2012, the whole building was basically uninhabitable due to walls being constantly wet, and excessive mould growth throughout.

Along with headaches, vertigo, cognitive decline, gastrointestinal problems and light sensitivity, I developed a debilitating chronic fatigue. This was closely followed by onset of multiple chemical sensitivity.

My illness was accepted by work cover as a work-related injury in 2012. Two other housekeepers, who were also diagnosed with mould related illness, also had their claims accepted by work cover.

Several other employees displayed similar symptoms, however testing procedures at the time were expensive, and local doctors were unfamiliar with mould related illness other than respiratory related problems.

Six years later, and there is still a divisive attitude between medical practitioners regarding the symptoms experienced by patients affected by mould biotoxins.

The only laboratory in Australia which performs blood tests to help diagnose CIRS is non-accredited. Therefore, tests are not Medicare rebateable.

The non-accreditation is also a fact that doctors invariably point out in any reports for insurance purposes.

For those affected by mould biotoxins in the workplace in NSW, current work cover procedures leave the injured worker with little recourse for a fair assessment.

In NSW, all whole person impairment ratings are to be performed by a SIRA accredited medical practitioner. CIRS is primarily an immunological condition, but there are no SIRA certified immunologists.

Most IMEs are unwilling to assess patients presenting with CIRS as the entity falls outside their area of expertise.

Until SIRA either recruits immunologists for the purposes of WPI, or the Workers Compensation Commission accepts the findings of immunologists with no SIRA certification, persons injured by mould exposure in the work place will continue to be failed by the system.

As previously mentioned, I suffer from Chronic Fatigue and Multiple Chemical Sensitivity (MCS), as symptoms of Chronic Inflammatory Response Syndrome. I have also been tested and shown to have several brain abnormalities associated with mould biotoxins.

Chronic Fatigue is well documented and reported to be a symptom by almost all persons suffering from CIRS. Cognitive decline is also common amongst CIRS sufferers.

Regular MRI scans fail to pick up any abnormalities associated with mould illness and patients are often told there is nothing wrong with their brain and, as in my case, have it suggested to them by health practitioners, that the headaches and cognitive problems are either caused by stress or are psychiatric in nature.

The Neuroquant MRI scan which is used at St Vincent's hospital in Sydney, is capable of picking up the brain abnormalities associated with mould illness, thereby giving credence to the sufferers of Chronic Inflammatory Response Syndrome.

Information on Neuroquant MRI can be found at –

<https://www.ncbi.nlm.nih.gov/pubmed/?term=neuroquant+mold>

Structural brain abnormalities in patients with inflammatory illness acquired following exposure to water-damaged buildings: a volumetric MRI study using NeuroQuant®.

Multiple Chemical Sensitivity, whilst not as prevalent as Chronic Fatigue, is still reported to be a symptom by many persons suffering from CIRS.

The PubMed article, A Review of the Mechanism of Injury and Treatment Approaches for Illness Resulting from Exposure to Water-Damaged Buildings, Mold, and Mycotoxins by Jannette Hope, also states chemical sensitivity as a common symptom.

(<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3654247/#B78>)

'The development of new onset chemical sensitivity is also commonly seen after exposure and can have a severe impact on a person's life'

Quality of life is dramatically affected by those unfortunate enough to suffer from Chronic Inflammatory Response Syndrome.

As well as Chronic Fatigue limiting a person's physical and cognitive capabilities, those who are also afflicted with MCS become socially isolated.

For persons suffering from CIRS, investment into research for this debilitating condition is long overdue.

A simple HLA-DR gene testing procedure to determine a person's genetic susceptibility to mould illness is all it takes for a doctor to associate a patient's symptoms with a background that involves exposure to mould in water damaged buildings.

These immune response genes, and the part they play in mould biotoxin illness, can be found on the website of the well-known US physician, Dr Ritchie Shoemaker.

<https://www.survivingmold.com/diagnosis/lab-tests>

More doctors need to be aware of this genetic susceptibility, as well as the condition known as Chronic Inflammatory Response Syndrome.

As well as the training of doctors in the mechanisms behind mould illness, testing needs to be more readily available and affordable.

This illness has an immense impact on a person's life. Furthering research into biotoxin-related illness is imperative for improving the health and well-being of all CIRS sufferers.

Acceptance by the medical community is also imperative for those who are suffering CIRS as a result of work place injury or dismissive landlords.

Without further acceptance from the medical community, employers and landlords will not be held accountable for failing to respond to the health implications imposed by excessive mould growth in water damaged buildings.

In my case alone, although the mould problem was repeatedly reported as a major concern, management were dismissive of the fact and failed to take action until staff members were already displaying symptoms of mould illness.

Even after accepting the work cover claims of three workers suffering from mould biotoxin illness, guests continued to be lodged in the mould affected accommodation rooms. This included groups of school children who were consistently housed in the worst affected room, which was deemed unfit for other guests. This behaviour was a true indication of the lack of understanding by Jenolan Caves House management regarding the extent of the health implications from excessive indoor mould.

Until I became ill with Chronic Inflammatory Response Syndrome, I was a fit and active person, and planned to be working well beyond retirement age. This illness has left me physically unable to work and socially isolated.

Awareness by the government and medical practitioners of the major health implications posed by mould growth in water damaged buildings may compel employers and landlords to be proactive in dealing with mould issues.