In 1988 I contracted a particularly nasty virus which confined me to bed for approximately 10 days. I had swollen neck glands, fever, headache, extreme lethargy and aching joints and muscles.

Although the symptoms dispersed to a large degree I continued experiencing reoccurring symptoms every four to six weeks thereafter, whereby I was again confined to bed. I was finally diagnosed by an environmental physician as having Chronic Fatigue Syndrome (CFS). I had some blood tests at the time which showed anti bodies to Cytomegalavirus, Epstein Barr Virus and Toxoplasmosis. In addition there were other blood test results which confirmed this diagnosis.

In1991, I had improved considerably and began work with an Insurance Company. Shortly after, I was overwhelmed by oil based paint which was applied to lift doors, nearby my work station. Everyone in the vicinity were also affected. Eventually allen keys were found and windows opened. At this stage I was dizzy, unsteady on my feet, nauseas and after attending sick bay with little reprieve, had to go home. I returned to work some days later after attending an environmental hospital for treatment. However I experienced continuing problems with the work area. I was then moved to another floor with no reactions. I was now diagnosed as being chemically sensitive.

Soon after, I had a major reaction to having my hair tinted when I became very, very cold, could not stop shaking or get warm. A friend rang my doctor who explained that having two exposures close together had caused my body to shut down. I improved after standing under a hot shower until I became warm and then wrapping up in a rug. After this incident I could no longer tolerate hairdressing applications, nail polish and some personal products. I also reacted to felt tipped pens and some cleaning products.

In 1991, I became office manager in another area of the company. It was a small office area and I worked there without incident except for the photocopier which was in another room and also stored a large amount of printed material. I now reacted to inks.

The virus now continued re occurring and I was always unwell and battling flu like symptoms. It was during this time that my doctor suggested injections of gamma globulin which had a positive effect on my condition. Unfortunately blood products became unavailable within the health system and I was unable to access any further treatment.

As office manager, I would arrive before other staff to prepare the office for the day. I arrived at work on Monday morning, July 1993, only to be overcome with the fumes of Dichlorvos which I later learned a pest company had applied, to the cafeteria and stairwells over the weekend. I experienced a reaction on my lips and tongue (tingling and a taste was now a common warning sign that something was starting to affecting me) and progressed quickly to dizziness, disorientation, blurred vision and lack of co ordination. I left the building and returned some hours later experiencing the same effects and had to leave. I was now struggling with the effects of these exposures and I returned a week later.

I applied for workers compensation due to my the time off and pending the outcome of the pesticide used by the pest company. My claim was accepted. The pesticide used was Dichlorvos which was, I understand, created during the second world war as a peoplecide and later used in pet collars and insect sprays. It is no longer in use. The air conditioning had carried the residual spray through the building just before I arrived at work.

Over the next six months my health deteriorated as I became very sensitive to many other items to which I previously had no issues. This is due to the “spreading phenomenon”.

The company now moved to a newly renovated and refurbished building in the centre of the city. I was told by the company that I either attended my position in the new building, or it would be terminated.

I doctor suggested that I wear a half face mask with respirator to overcome the out-gassing from the new materials inside the building. I was unable to perform my duties wearing the mask and had to remove it on occasion. Eventually I became reactive to the new surroundings and had to leave. My experienced dizziness, blurred vision, disorientation, slurred speech and inability to walk in a straight line. I returned two days later and experienced the same set of symptoms. I rang the mask manufacturers who told me that it would not remove all contaminants, particularly formaldehyde which was present in all new materials. I again left the building.

The next day I received a letter and cheque, delivered by courier and placed under my door, from our CEO, terminating my employment.

I then pursued workers compensation as my working prospects were now nil. As my illness was a work related matter I could not access Social Security unless I claimed Workers Compensation. I now had no income and a mortgage.

During this time I was seen by an environmental doctor, four immunologists (one for the company) and a toxicologist who all agreed that I had Multiple Chemical Sensitivity (MCS).

As I was now reacting to many substances in my environment, I sold my much loved unit of 20 years as well as an investment property. I moved from the city to a rural residential area – 5 acres of very secluded rainforest with clean fresh air. Whilst living in this house I would wake in the mornings feeling dizzy and drained.

Unfortunately there was a drainage problem at the rear of the house that required a replacement retaining wall and drainage. In addition I discovered that there was a spring under the house in all causing mould inside the house. Every time I entered the house I developed a cough, shortness of breath and lost my voice due to the mould. I also established that previous owners had left the property, due to the mould.

I had the remedial work done in addition to some large trees removed to afford some winter sun on the property. I had interior remedial work done in stages due to my reaction to some of the materials used. At one point I moved my bed to the kitchen/dining area for six months and lived there during and after this work took place, as I was fortunately able to isolate that end of the house.

Whilst this was occurring my workers compensation case continued with the company now denying liability for my exposures. It was now some six years ongoing, causing enormous stress and my condition getting worse due to the mould. I settled the case (covering costs to date) at the end of 2000.

In 2001/2002 I decided to sell the house and move to a sunnier position. Whilst trying to prepare the house for sale I fell over a retaining wall and broke my leg in four places. Now began another nightmare of being hospitalised. I had two plates and eight screws in my leg and contracted a bad infection. Nursing staff and doctors told me they knew nothing of MCS and that I was imagining things. I was treated very poorly when I tried to explain my predicament and what I reacted to.

At this stage the list had expanded to:
Most pharmaceuticals including antibiotics and penicillins.

Also:- plastics, petroleum based products, new carpet, paint, varnishes, glues, solvents, oils, chipboard, linoleums, rubber products, room fresheners, perfumes, aftershaves, deodorants, various creams and lotions, hair products, cleaning products, tar based products, new car interiors, internal car refurbishment sprays, pesticides, washing powders and softeners, new computers casings, fabrics, cigarette smoke, formaldehyde, plastics and packaging, bitumen, carpet deodorisers, various soaps, shampoos, hairspray, grease, lino, various timbers, were amongst the many items.

I reacted badly to anaesthetics and was disbelieved by the doctors. I was treated like a second class citizen. My leg was not set straight which has caused foot problems. This in turn has cause mobility problems which I am experiencing to this day.

I was sent home with crutches (I was refused Canadian crutches) in a full leg brace, in pain and without any care, where I fell again and broke my wrist. This was reset three times. I now have trouble using my hand and fingers. At this point I sold my house and moved to a rental property for a three month lease (I was very lucky to find an older non refurbished property) whilst I tried to find another house suitable to my conditions.

During this time my then local doctor examined my leg, and in doing so manipulated it causing a loud crack. He told me to have an x ray, which confirmed a break. I then had to have another operation in a private hospital at my own expense (the doctor denied liability) to address this and spent another eighteen months recuperating. I had another anaesthetic.

I could not find a suitable property for my health issues (MCS and easy access due to my mobility) and after four years of renting, my landlord decided to sell. The agent brought prospective buyers through who were wearing personal products some of which caused me reactions. I requested fragrance free inspections but was refused. I was given a month to move and with nowhere to go, my mother agreed to my living with her. Everything went into storage and I eventually found a suitable property in 2008. Once again I had a positive building inspection.

Whilst removing the furniture for transport to my new residence I found mould on my belongings and a leather chair covered in white mould. I found out that the storage units were built on reclaimed land which abutted a creek. Over the time there had been heavy downfalls, inadequate drainage and damp had come up through the slab. The storage people took no responsibility except to tell me leather goods should never be stored. Many other items were damaged beyond repair. My insurance did not cover this damage.

Unfortunately the new house had been badly built and had leaking windows, roof and insufficient drainage. I corrected these but was aware that there was an ongoing damp odour which no one else seemed to notice. I assumed this was because of my sensitivity. Part of it had been built on a rock shelf under the house which can contain run off which sits causing damp and mould.

In 2011, a transformer on a power pole across from my house malfunctioned. It took about six weeks to repair, and when it was put back into operation, another nightmare started. I became aware of a pulsing noise which kept me awake day and night. It was the beginning of the new digital power delivery. I also felt vibrations in the floor which was also obvious to some people and not others. Subsequent auditory testing showed that I had developed hyperacusis. I had become sensitive to sounds that some others could not hear. In addition my feet had also become very sensitive to vibrations. My body was now overreacting to just about everything we experience in everyday life. My body was becoming super sensitive!

As my mother was now in care, I drove to her house every night to sleep. I tried without result to establish what was causing the problem and how it could be corrected. I was told by Ausgrid and the EPA to sell the house.

At this point I saw my doctor who suggested a blood test to establish if I had a mutated methylation gene MTHFR C677T. The result was positive with low methylation heterozygous variant.

After my mother passed away in 2014 I sold my house, placed most of my furniture in storage (a different company to the previous one) and moved to my mother's house. It also fulfilled my MCS needs.

By this stage I was aware that the digital meters which were replacing the analogue meters were the source of my problem. I rang Ausgrid and requested that they do not install a digital meter of any description into my new residence, due to my problem with the digital technology. I rang twice to be sure and was given assurance that this would not happen.

I moved in and soon after began experiencing the same problems of noise and vibration that I had at the previous property. I then noticed pieces of cut wire at the base of the electrical box and found my analogue meter had been replaced with a digital meter. I have been living in hell ever since.

I have had Ausgrid to the property and they acknowledge that this can happen due to "dirty electricity" generated by the new digital technology. They refused to change the meter back to my old analogue.

I have been given no alternative other than to sell the property and move, but to where? With this attitude of "everyone will receive a new meter whether you like it or not" there is little alternative.

I am continuing to react to chemicals and recently had to have a new partial denture made.
My dentist referred me to a dental technician to whom I explained the issues regarding chemical sensitivity, as I always do to anyone involved in my health. He told me he had a material that was especially for sensitive people. I questioned him heavily and he kept reassuring me that I would not have a problem. Unfortunately I had a major reaction and was ill for a month experiencing neurological, respiratory and digestive reactions.

I have now become sensitised to dental materials used in dentures. I am now without five top front upper teeth and my other teeth breaking down due to the lack of surface area with which to eat. My diet has been impacted and social contact is embarrassing. I am more of a hermit than ever before. The technician will not take responsibility and has indicated that he does not believe in Multiple Chemical Sensitivity.

Had I been able to have testing of the material rather than take his word before the denture was made, I would not be in this situation. I have since found that there is testing available but no dentist or dental technicians or doctors know about it and if they do they are not telling anyone.

I am now 73 years old. This nightmare began when I was 45 years of age.

I have not had what should have been a normal life, for the past 28 years. I have received nothing but contempt from the establishment other than those who have had the foresight and inquisitiveness regarding CFS, MCS and EHS to realise that these are environmentally induced conditions. They are all part of the same syndrome and the result of an assault on the immune system by toxic agents that should not be a part of our lives.

I and others like myself have been referred to as “the canaries in the mine”. We all know what happened to the canaries in order to save the workers. Let’s hope that this madness of thinking that everything can be tolerated by the human body is finally realised as just that-madness. **Everybody has different tolerance levels, some very much less than others who have higher tolerance levels.** This has proven true with an increase in the wider population, of CFS, MCS and EHS of varying degrees.

I have tried to condense a very complex condition and more pertinent events over the past 30 years, into these few pages, in the hope that I am at last considered and understood. My symptoms have become varied in addition to those I initially experienced and not for the best. I am happy to expand on anything above if required.

Suggested changes to achieve a better outcome for all.

1 Make building and pest inspectors accountable and not allow the disclaimer clauses in their reports which excuses them for “overlooking” problems that should easily be identified such as badly built dwellings, mould and past and present termite damage, to buildings and surrounding vegetation. It has been my experience that most building and pest reports are not worth the paper they are written on, particularly for pre purchase inspections.

2 More vigilance by councils when signing off on new building constructions and renovations.

3 Educate the medical and dental professions regarding the impact that their lack of acceptance and their ensuing treatments of CFS, MCS and EHS can have on sufferers. Impress on them that they have a duty of care. Dentists are the worst offenders in my experience.

4 Encourage them to read literature sent to them by the Health Department. I have found this to be lacking or non existent and contravenes their promise of “I will do no harm”.

5 Encourage them to think laterally instead of being frightened of the system where they are maligned and penalised if they do. Acceptance of antiquated theory should not be tolerated.

6 Address the myriad of chemical contaminants allowed in the environment in both products and pharmaceuticals with stricter guidelines and knowledge for consumers. Place a moratorium on new chemicals and pharmaceuticals being released until the ones that are currently being used and untested are proven safe.

7 Stop the legal profession from ripping off injured workers and exacerbating their injuries by dragging out their claims “until they die” or become too ill to continue. This mindset is abhorrent to basic human rights.

8 A moratorium on all new digital and wi-fi technology until it is proven safe for everybody.

9 Make real estate agents accountable for withholding information regarding pesticide spraying of properties. These are toxins which can affect anyone with a compromised immune system, in particular MCS sufferers, babies, children and the elderly.

10 Educate Aged Care Providers and their staff that they also have a duty of care not to injure clients in their care. I was recently badly affected by a worker who insisted on using highly perfumed washing powder and after giving her my own washing powder (which she took) and requesting she use it for her visits to me, she refused. She abused me verbally and the agency told me to find another provider. On the last visit my tongue became swollen and I was ill for four days. The worker was aware but obviously considered my condition unimportant enough to refrain from using a substance that would cause me injury.

11 Aged Care Facilities. The residents of these facilities have no rights regarding environmental issues and are particularly vulnerable. My mother was a resident of a nursing home before her death. Her bed was under a leaking roof which made her bed wet when it rained. I complained and was told there was nothing they could do as an external structure connected to the roof was causing the problem. It had been leaking for some time and no doubt had mould in the roof cavity. Another resident in the room had severe breathing problems and was on oxygen most of the time. I arranged for my mother to be moved.

So many residents of these facilities are without advocates and for someone with MCS or EHS this can be worse than their inevitable fate.