



Ontario Centre of Excellence in Environmental Health

Seeking to prevent and address chronic, complex environmentally linked illness

BACKGROUND NOTES - A MILESTONE MOMENT IN ENVIRONMENTAL HEALTH

OCEEH goes on-line; health minister announces recognition and action on previously excluded health conditions of ES/MCS, ME/CFS AND FM

- **Ontario will recognize the three conditions and “bring them out of the shadows:”** Quotes from John Fraser, MPP’s statement Nov. 5, 2014 on behalf of Hon. Eric Hoskins, Minister of Health and Long Term Care
- A brief history of the OCEEH project

Highlights from MPP John Fraser, Parliamentary Secretary to Hon. Eric Hoskins, Ontario Minister of Health and Long Term Care.

- “As Minister of Health and as a physician, Dr. Hoskins is well aware of how debilitating these disorders can be and how much they have been misunderstood in the past. He appreciates the impact of these conditions on the lives of many Ontarians and wants to ensure the appropriate recognition of these conditions.”
- “I’m also aware of the tremendous work done to develop a proposal for an Ontario Centre of Excellence in Environmental Health, entitled “Recognition, Inclusion and Equity”.
- “... I want you to know that we are committed to working to achieve the aims of the proposal.”
- “One of the components of the business case was a request to fund an extra year of specialty training in environmental health at the University of Toronto. ... Our government listened to that request and in April of this year, we announced nearly \$560,000 to support two new annual fellowships over three years for a total of six new fellowships.”

- “These fellowships will allow family medicine graduates to complete an extra year of focused training in environmental health, and will help primary care providers like family doctors to assess, diagnose and treat environmentally linked health issues.”
- “We recognize that it is time to bring issues related to the environment and health out of the shadows, and to shine a light on the experiences of people living with environmental health conditions in our system. Our government is committed to raising the bar on environmental health.”
- “The Minister will be establishing an inter-ministerial Task Force to raise the profile of environmental health conditions.”
- “Complex issues in our health and social systems require careful thought, from committed partners working together to bring the right expertise and lived experience to the table. ... And I look forward to partnering with you to make a difference for Ontarians living with environmental health conditions.”
- “This proposed business case will serve as a platform for the work of the Task Force, which will include representation from the MEAO’s Interim Steering Committee, along with other key stakeholders.”

A BRIEF HISTORY OF THE OCEEH

In the 1970s and 1980s a new group of ailments emerged – extreme intolerances (“sensitivities”) to chemicals, ailments so severe that they disabled those who developed them. Some physicians began to develop expertise to assist these patients, and discovered that there was a pattern of intense exposure to chemicals involved – be it in an office, factory, farm or even in new homes. But the province’s health care system had not yet developed expertise in these disorders. Patients were compelled to seek help privately, and very often only by traveling out of country – costly and difficult options even when available.

Intensive patient organizing to remedy the situation led to the establishment in 1985, under the Hon. Keith Norton, then health minister, of the *Ad Hoc Committee of Inquiry into Environmental Hypersensitivity*. Within the year, the Ad Hoc Committee tabled its report to the new Minister of Health, the Hon. Murray Elston, calling for the creation of capacity in Ontario to provide care, stating that so long as this capacity was missing, Ontario was medically and morally obliged to send patients to the United States to obtain care.

It took eleven years for successive governments to digest and then to fund both the initial Environmental Health Clinic (EHC) situated at Women’s College Hospital, and a highly productive but short-lived research program. In 1998, with an additional budget

of only \$250,000, the clinic was also given the provincial mandate to care for another new ailment – Myalgic Encephalomyelitis/Chronic Fatigue Syndrome, a frequently co-occurring condition with ES/MCS. Fibromyalgia, another frequent co-morbidity with both conditions, came along with the package.

The initial funding for the Environmental Health Clinic, seen as a small initial investment, never grew, nor were services created elsewhere. Between 1996 and 2013, five physicians shared funding for only one physician equivalent in the EHC, were limited to assessments (no treatment was provided), and developed a waiting list of three years. No new funds were ever provided for research.

In the intervening period Ontario lost a significant number of physicians who used to care for people living with these conditions, even as the numbers of those afflicted increased at alarming rates. As a result, individuals living with the disorders, and their families, have experienced invisibility, exclusion and discrimination in our health and social services systems, resulting in great suffering and hardship, in massive economic losses, and in appalling waste of hundreds of millions of public dollars in inappropriate physician and other health care utilization.

Six years ago, a group of expert patient advocates came together to renew the demand for appropriate services, research and education. By this time it was clear that the province was wasting hundreds of million of dollars in inappropriate care, while patients and families experienced great hardship. Eventually, a collaborative of these advocates, expert physicians and health care providers – notably the Association of Ontario Health Centres – came together, worked with government to design a study that would provide the needed evidence and plan to turn this situation around, oversaw the work of that plan, and submitted the resulting business case and supporting appendices in November 2013.

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