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Mr. Michael Decter
Minister of Health
10th floor, 80 Grosvenor
Toronto, Ont. M7A 2C4

Dear Mr. Decter,

I was diagnosed five years ago by Dr. John Molot as having environmental sensitivities; before that I'd had ten years of very poor health, but since then, in following many of the clinical ecologists' recommendations—and inventing my own strategies, where necessary—I have managed to improve greatly.

I have heard that you are considering some of the Thompson Report recommendations; in particular I hope that you will proceed to allow *testing* for food and chemical allergies—as performed by clinical ecologists—to be covered under OHIP.

In support of that, the purpose of this letter is to inform you, politely but firmly, that:

(a) until very recently the society as a whole, and medical practitioners in general being no exception, did not understand the cumulative stress of environmental allergies on the afflicted; stress so great that suicides are not unheard of. In an article I once wrote: "if suicide had been a switch on the wall beside my bed I would have pulled it, except that I didn't have the strength to raise my hand;"¹

(b) one of the more important steps in my healing myself was getting *some* sort of objective correlation that certain items did in fact cause an allergy reaction in me: I recall seeing a lump the size of a golf ball rising on my arm when I was arm-tested for beef; the removal of beef from my diet has been more than helpful, it has been crucial—and so with several other foods and chemicals;

(c) an obvious corollary to the condition is seriously decreased earning power; in other words, if you can't go to work because the air (or light or food) makes you sick, you can't make money: so the afflicted are poor; therefore they can't afford appropriately clean housing, or non-chemical food, which are more expensive;

(d) the testing itself is expensive; I would do more, (to figure out certain peculiar delayed reactions I have); but at present I can't afford it.

I would like to note also:

(i) I tried and got no useful result from the method of *treatment* of food and chemical allergies used by the clinical ecologists, consisting in applying a regular "end-point" dose of a very weak dilution of the offensive material. I feel this is on shaky ground; it can't even qualify for the old Irish joke, "I can see that it works in practice,—but does it work in theory?" Therefore I recommend that it not be included in OHIP coverage.

¹ *The AEHA Quarterly* (Summer '90), reprinted in the CRIF Newsletter.