Written evidence submitted by Philip Mason

Impact of Toxic Chemicals in Everyday Life on human health and the environment

Executive Summary

I welcome the above inquiry as a member of the public that has not worked with various chemicals but has been made ill by them. It has changed my life knowingly since the early 80s and has been a painful shock that you don’t feel safe in the world and when you are re-exposed to the same or similar chemical you experience the fight-flight syndrome.

Just as an example I have centred on chemicals used for fire doors which is very much in the news, and understandably, because of the Grenfell disaster.

I’ve also centred on the use of air fresheners which raise further questions about chemical industry, the lack of safe standards, the working methods and the inadequate regulations for risk assessment compared to the thinking behind hazard assessment.

I’ve also raised serious concerns about the Health and Safety Executive, BEIS, any other agencies that have responsibilities but don’t make you feel confident and safe.

I do not vote or support any political party because I’ve been poisoned through the decades of various political parties in power at that time - a complete overhaul of agencies is needed.

I also raise questions on the lack of medical and legal help, the lack of lay public health and inadequate medical training.

I’m also calling for the analytical detection of residue in humans and the environment, the safety standards in laboratories and even ventilation standards within buildings.

I also support contamination of recycled products not finding its way into the chain via the environment.

The science behind the research and safety of these products is seriously flawed.
1. I am writing as an individual member of the public to show my concern of the wide, unsatisfactory system that operates both for humans and the environment and others as a whole.

2. Since the 1980s (early), I have been made ill by various chemicals and applications, including damp proofing, pesticides, weedkillers, wood preservatives, none of which have been used by myself. Some exposures could have happened without showing a direct link at the time which meant that the history goes further back.

3. My diagnosis fits into the category of environmental illness / multiple chemical sensitivity. I react to a wide range of substances which crosses over to clinical drugs and solutions and life has become very complicated.

4. There is no cure in my case, only avoidance, the precautionary principle and management of the conditions medically, which is non-existent because of the failure of the health services (which I will refer to later).

5. I am agreeing to the scope of this inquiry but would go further because of the relationship of the chemical industry and enforcement agencies and analytical technologies to detect residues in food, other products and living creatures and the environment as a whole.

6. Without a set list, I have issues with two products at present; di-isocyanates and air fresheners.

**Di-isocyanates**

7. This is a highly potent chemical depending on the amount used. It is found in many products. My misfortune in the early 1990s was a very high exposure by cowboy builders renovating a building next door to me where I was living at the time. They failed to take proper steps to protect members of the public, and I became very ill. I couldn’t even cycle because of the effects on my lungs. The chemical has a sensitizer which in my case can be sensitize you for life, according to the Poisons Unit at Guys Hospital in London.

8. At present, I am having an upgrade of my Housing Association flat front door (fire door) and I cannot agree to the procedures because of this chemical is being used, together with a wide variety of other chemicals including Acrylic Joint Sealants, Silversil LMA Mastic, Polyol Foam, Polyvinyl Chloride and other polyurethane products, or foam products likely to produce volatile organic compounds (VOCs).

9. The alternatives to using the above chemicals which are safe, are little known, but after finding them and their procedures of applications, has now been possible because this information is difficult to discover, the Housing Association will have to pay for the advice from a highly qualified company using non-toxic materials and methods.

10. The cost is unknown yet, but exists because it requires dicatatal specifications because the common approach to putting the large contract of erecting a new door and new door set, the boxes are ticked (by the original contractor) because the insist on using chemicals, some quite ones, to save time and money.
11. The above can refer to any project to work on where too many unsafe chemicals are used, but irrespective of material safety data sheets being available, the standard of risk assessments (some very basic ones) are poor and I would like to refer to this subject.

**Risk assessments**

12. I have an extremely long list of failures by my Housing Association that have failed in their risk assessments of individual work in a block of four residents’ flats, even when their data systems stipulate there is a tenant who is vulnerable or possibly will be within their work. This would include the Health and Safety Management Regulations and the Health and Safety at Work Act which apply even when work is being done in other flats and can affect any tenant.

13. The risk assessment would include suitable ventilation which generally, too vague in the material safety data sheets especially when a product is being applied in flats where cross flow ventilation is very limited.

14. The above needs to be extensively overhauled and followed through with strict enforcement by the contractor, and these government agencies such as the Health and Safety Executive an agency I regard as unfit for purpose.

**Health and Safety Executive**

15. Any stricter controls and applications of chemicals needs to be enforced adequately with adequate staff. My experience of the HSE irrespective of the type of legislation they work with has resulted in my being failed by an agency which is a law unto themselves. You would think these people are working for industry because when I was poisoned with a chemical by contractors, they took 6 weeks to come out and investigate. The evidence was lost.

16. On other incidents my Housing Association breached the Health and Safety Management Regulations and even their own (i.e. Housing Association’s own rules on safety) and still no action was taken even when they repeated the problem again.

17. The HSE appear over decades to have their own mandate when they fail the public, irrespective of resources which has resulted in no proper investigation. The public is not protected. They wave the banner of having a divine right in the way they work.

18. Any improvements in the use of toxic chemicals must be met unconditionally by creating a new ?? of a Health and Safety Agency and for their professional membership of bodies to be held to account e.g. similar to environmental health officers and planning officers. This would give them independence from their employers but accountability to the public.

19. In effect they should be banned and a new body formed.

**Air fresheners**

20. I regard these products as a severe threat to public health. This problem has been ignored for a long time.
21. It is a £12 billion+ industry (2016).

22. The ingredients are largely unknown and undisclosed. In studies, fewer than 10% of all volatile ingredients are disclosed on their labels or material Safety Data Sheets.

23. My next door neighbour uses this masking device to cover up the smell of tobacco smoke. They are a threat to asthmatics like myself; and some of the products can block the sense of smell by using a film. This is an absolute assault on the senses.

24. They are used in public places and I’ve experienced them in hospitals even though they say they don’t use them.

25. Some products after I checked were suspected carcinogens and contained also teratogenic properties as well as having a mutagenic threat.

26. Air fresheners are used in other settings including offices, schools, restaurants, cars, taxis, childcare facilities, nursing and care homes. My late brother whilst in care home during the last few years of his life was exposed by the bedroom opposite. The wife of a resident insisted on using it. I emphasised that I was allergic. To them and I was concerned about the effect on my brother. The Home failed to investigate the issue and took no notice of the Equalities Act. A report from the Dementia Services Development Centre at University of Stirling 3 years ago mentioned this particular problem and advised the health risks because of the volatile organic compounds.

27. Air fresheners do not clean the air. They contaminate it with a cocktail of chemicals which are not tested for their synergistic effect, nor are a wide range of chemicals.

Enforcement and regulation

28. Six months ago I contacted the Department for Business, Energy and Industrial Strategy (BEIS) regarding my concern about the safety of air fresheners. I chased them again when hearing nothing from them. I then followed my enquiries again and made a subject access request under the 2018 revised regulations. Again I have heard nothing. This organisation relating to the consumer has been in operation for 18 months. It is not effective. Previous correspondence on a separate product resulted in a vague standard reply. How can people have confidence in yet another ineffective Department?

Fragrances

29. I find that these groups of chemicals are also causing health problems, not just related to air fresheners. It is difficult to trust any data at all, hiding behind commercial confidentiality by the industry.

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1 Ten Questions Concerning Air Fresheners and Indoor Environments by Anne Steinemann, 2017.
2 Fragranced consumer products: Chemicals emitted, ingredients unlisted, by Anne Steinemann et al., 2011.
3 Air Quality and Health for People with Dementia, by Dementia Services Centre.
4 At the time of writing I have not been able to present details of the Royal Society Report on indoor and outdoor air pollution – I apologise for this. Please note: new guidelines to be published by National Institute for Care and Health Excellence 'Nice'. To date -due 11th December on 'Indoor Air Pollution.'
Medical treatment for those made ill by chemicals

30. I receive, like many others, no medical treatment on the NHS due to ruthless cutbacks from 2010. There is a denial by the NHS of the existence of what these chemicals can do. If the science of the manufacturing of the chemistry and cocktail, the medical profession must act.

31. Several years ago I approached my local commissioning group on a extra contractual referral (which they use to operate before and still do) but refused on the grounds that even an assessment would have to practically guarantee that the treatment would work. My reason in going to them were responses to sometimes vague information about the chemical contents.

32. If you don’t have an assessment you won’t event know where you can go or what possibility of any direction you could go in. This, to me, is the cruellest way of treating people through no fault of their own. You are being blamed for circumstances not under your control. I know of other patients who have the same problem. This is discrimination and appears to breach the NHS conditions. I was also informed I would not be able to attend an appeal panel to make my case. This commissioning group was the Dorset group. Ironically the then previous Dorset Health authority pioneered in a contract such conditions as I have.

Medical training

33. General Practitioners do not have the training in Chronic Toxicology and very little in acute toxicology. You are at their mercy because if they supported an appeal to the commissioning group, for funding for treatment, there would be an unfair playing field because I would have the right to be present. Some years ago I requested which people sat on the panel and I was refused on Data Protection grounds.

Legal framework and access

34. Due to the ruthless cuts in 2010, legal aid is not available. There is no law centre in Dorset, so what chance of justice and accountability in personal injury or any other channel.

Lay Public Health

35. For people to be involved in their Community when a person or group of persons have been exposed, one would expect that self help would be a good idea. From what I know only two projects took place in the past! Manchester and Belfast. People could be encouraged to do something.

Socio-economic cost

36. Because of the present situation the cost of chemical exposure under the present system will never be calculated. The public has an impossible task and also the cost to the environment. As lost as the science is flawed, no real improvement will be made. I have been made ill many times and not received justice from the present system.

Analytical procedures for detecting residues in food and the environment

37. No chemical mixture of individual chemicals should be allowed to be manufactured unless they can be detected in the environment. Some chemicals will be unnoticeable in the food chain or people and animals within 24 hours.