

Currently, the Chemically Injured struggle to find any degree of accommodation in our health system, government programs or in society. Their two greatest medical challenges that need to be addressed are the low-toxicity housing needs and the low-toxicity health care needs.

Challenge # 1 – Meeting the housing needs

Safe, low-toxicity housing is the number one greatest need for the chemically injured. It is also a crucial medical need. Low-toxicity houses are homes with excellent indoor and outdoor air quality. Low-toxicity houses are homes in which the indoor air toxins are almost non-existent, in a locality in which the outdoor air toxins are reduced to very low levels.

In a nutshell, low-toxicity housing is as crucial to a chemically injured individual, as insulin is to a severe diabetic or heart surgery is to a heart patient. Having a safe place to call home is needed for the recovery of everyone who is chemically injured and is absolutely crucial for the survival of the severely chemically injured. Also, being able to live in safe, low-toxicity housing will frequently prevent the chemically injured from needing to be hospitalized.

Since the chemically injured individuals need to lead an isolated life in order to protect their health, there is a strong emotional/social component to this housing need. The vast majority of chemically injured individuals find the isolation factor very overwhelming. To conquer this, one idea that gets discussed a lot is the creation of low-toxicity villages, in which all the houses, offices, stores, churches and so on are low-toxicity buildings that are safe for the chemically injured. Then their ability to socialize, shop and be involved in community events are all restored. To successfully accomplish this, the villages must be located in an outside low-toxicity environment.

Also, when their health has an opportunity to recover, an opportunity to return to gainful employment is created, especially if they are able to be employed in a low-toxicity village. Finding a safe place to live, to rebuild one's health, to work, and to socialize is what the vast majority of chemically injured individuals need and crave.

Challenge # 2 – Meeting the health care needs

Frequently, all of the solutions that are discussed to accommodate the chemically injured individual in the health system and in society, amount to trying to force a square peg into a round hole and vice versa. These solutions try to make a compromise with other interests. However, the low-toxicity health requirements are often incompatible with other interests and with society's values. The compromise solutions might help the mildly or moderately affected to some degree, but they will not help the severely affected. Although strict adherence to the low-toxicity health requirements may be viewed as very radical by the average person, they are vital for the survival of the severely chemically injured, and they will also greatly benefit the mildly or moderately injured.

A lot of health recovery for the chemically injured can be accomplished through:

- meeting the need of low-toxicity housing
- through access to health care in their own home, in which all the health care providers were unscented and trained in the health care requirements of the chemically injured.

However, there are times when they also need access to hospital care. When this is the case, it becomes even more vital that they are not exposed to scent, chemical disinfectants, chemical cleansers and so on. It is crucial that the medical care they receive is low-toxicity medical care. Therefore, trying to accommodate them in a regular hospital is very challenging in the current medical climate.

Consequently, to effectively meet their low-toxicity medical needs in a hospital setting, a specialized hospital is required – a hospital that is built for the chemically injured and that creates all of its policies from the perspective of the low-toxicity medical requirements of the chemically injured. It needs to be a hospital that has the specific focus of clinical toxicology, since the chemically injured person's reactions are in fact toxic reactions, and the doctors to whom they are referred need to be trained clinical toxicologists.

Clinical toxicology is an underdeveloped medical field, and it urgently needs to be expanded to meet the challenges of the chemically injured. Instead of being only in poison control centres with a focus only on single incidence acute poisonings, the clinical toxicologist needs to be more available and needs to be trained to recognize, diagnose and treat those who have been poisoned gradually by a wide variety of poison mixtures.

Then, additionally, there needs to be the development of various specialties within the clinical toxicology medical field, such as: neurotoxicology, immunotoxicology, hepatotoxicology, pediatric toxicology and so on. This would be best accomplished in a Clinical Toxicology Hospital/Research Centre, which draws together the expertise from the global-leading, medical researchers in this field.

Ideally, this Clinical Toxicology Hospital/Research Centre could be built in one of the safe, low-toxicity villages that has been created for the chemically injured. The existence of the low-toxicity villages would create an open door to do control research studies comparing different groups of the chemically injured with each other and with people who are not chemically injured.

This Clinical Toxicology Hospital/Research Centre could accomplish many things:

1. meet the low-toxicity health care needs of the chemically injured;
2. teach and train the health care professionals about chemical injury – in Ontario, Canada, and the rest of the world;
3. inform the medical community, governments and society about chemical injury in a way that they will accept, respect and follow;
4. grant the opportunity for controlled, double blind research studies; and
5. jump some research hurdles more rapidly.