Denied Legitimacy

From 1990 onward, the chemical/pharmaceutical industries have put out pseudo-research papers, to prevent Multiple Chemical Sensitivity (MCS) from being considered as a legitimate health condition. These pseudo-research papers, which have greatly influenced governments, the medical world, the health systems, as well as society, have portrayed Chemical Intolerance as a psychiatric condition. Their pseudo-research states that the patients are needlessly anxious about toxic chemical exposures, and they mistakenly believe that their toxic chemical exposures caused their symptoms. Then, on top of this, in 1996, the chemical/pharmaceutical industries gave Chemical Intolerance the new name of Idiopathic Environmental Intolerance (IEI). In doing so, they were:

1. effectively removing the word "chemical" from its name and
2. insinuating that there is no known cause for this health condition.

This disinformation campaign has been documented by Dr. Ann McCampbell in her excellent article: *Multiple Chemical Sensitivities Under Siege*. Here is the link to it: https://annmccampbellmd.com/publicationswritings/publication-1

The word "toxic" means poison, and the reality is that the Chronic Chemical Injured have been poisoned by the toxic chemicals of the chemical industry's products. Many products, such as perfume, don't provide the consumer with toxicological data. However, if that data is known, the toxic reactions experienced by the Chronic Chemical Injured patient will match that which is experienced by the chemically injured (severely poisoned) test animals. This is obviously the very information that the chemical/pharmaceutical industries are trying to cover and hide. (Please see the article: *Chronic Chemical Injury – Going Where The Evidence Leads*. https://www.hrni.ca/chronic-chemical-injury-information/wheretheevidenceleads)

Due to their powerful influence over the medical world, many global on-line resources for medical doctors, such as UpToDate, teach the extremely inaccurate information about Chemical Intolerance that is contained in the chemical/pharmaceutical industries pseudo-research papers. Since medical doctors rely on these global on-line resources to provide them with the latest evidence-based clinical diagnoses, and since many doctors are unfamiliar with Chemical Intolerance and turn to these resources for teaching and guidance, the medical doctors are receiving false, misleading and completely inaccurate information from the organizations that they trust and depend on to assist them with diagnostic and treatment guidance.

Consequently, the majority of medical doctors don't accept Chemical Intolerance (Multiple Chemical Sensitivity (MCS), Chronic Chemical Injury) as a legitimate diagnosis, with actual toxic reactions to exposures to toxic chemical. The majority of medical doctors accept and believe the false claims of the chemical/pharmaceutical industries that it is an anxiety disorder and a psychiatric condition. Therefore they misdiagnose the patients with an anxiety disorder and give them psychiatric treatments. This wrong diagnosis and treatment based on inaccurate advice greatly increases the physical suffering of those with Chronic Chemical Injury and further worsens their health condition.

Denied Access To Help And Support

Due to this false, misleading information campaign by the chemical/pharmaceutical industries and due to its influence on governments, the medical world, the health systems and society, Chronic Chemical Injury (Chemical Intolerance) is viewed with much disbelief and skepticism leading to it becoming highly stigmatized. This skepticism and stigmatism has resulted in:

- very few doctors or health professionals willing to take these patient's complaints and symptoms seriously
- very few doctors or health professionals diagnosing, treating and helping these patients
- almost no medical research being done on Chronic Chemical Injury
- no specialized low-toxicity housing being built for them
- very little or no accommodation of health care needs in the entire health system: doctor's offices, health care clinics, hospitals, long-term care homes, home care, dental care, ambulances, and so on.
- no government support programs for them
- many patients struggling to be accepted for disability benefits,
- and so on.

The key treatment of Chronic Chemical Injury is avoidance of further exposures to toxic chemicals. It is the key treatment because other treatments will not be effective, or will not be as effective as they could be, if this initial requirement is not met. Yet avoidance of further exposures to toxic chemicals is almost impossible to achieve in our health system. Here is one tiny example, but there are many, many more examples that could be given.

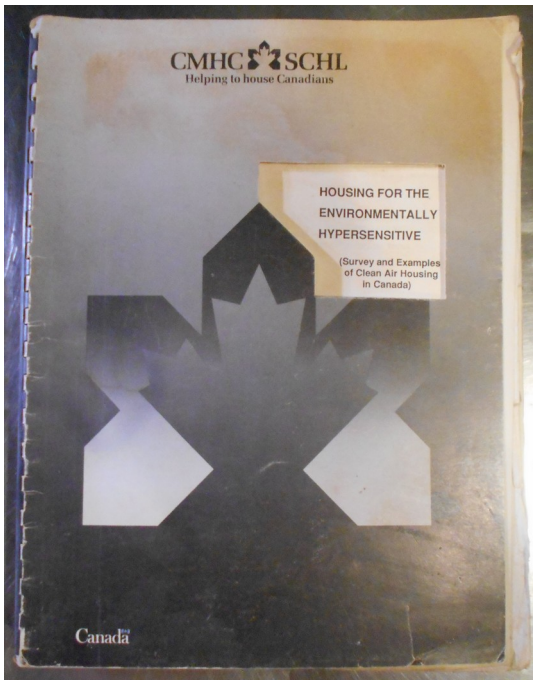
> The Chronic Chemical Injured have toxic reactions when they are exposed to scented products. Although our health system often prides itself with having a "No Scent policy", the policy only means don't wear perfume or cologne, and even that is rarely enforced.
>
> "No Scent" for the Chronic Chemical Injured means no scent on one's entire person – the hair, skin and clothes. The scent in personal care products, both skin and hair, as well as the scent in laundry care products are all things that can negatively affect the health of the Chronic Chemical Injured. If a nurse's hair is dyed, the Chronic Chemical Injured patient will probably be exposed to scent, and might have a toxic reaction, such as a headache, brain fog or worse.

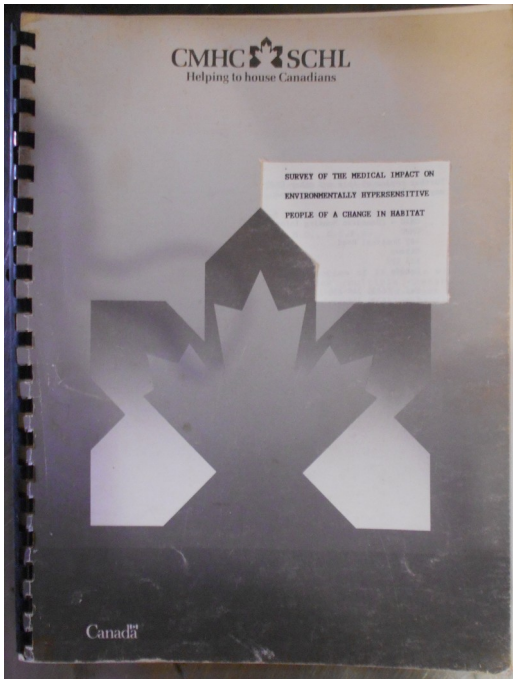
Denied Access To Low-Toxicity Housing

The main way that a Chronic Chemical Injured person can successfully avoid, or greatly reduce, further exposures to toxic chemicals is by living in a low-toxicity home. Yet these specialized homes are not currently available in Canada to buy or to rent. For low-income people, there is no low-toxicity housing in the government-subsidized housing market.

In the late 1980s and early 1990s, the Canadian federal government funded research into the housing needs of the the Chronic Chemically Injured (at that time, the name for this health condition was Environmentally Hypersensitive). Canada Mortgage and Housing Corporation (CMHC) did this research. The initial research was done in 1989/90. It was conducted as survey studies consisting of two

parts: 1) Housing For The Environmentally Hypersensitive (Survey and Examples of Clean Air Housing in Canada); 2) Survey Of The Medical Impact On Environmentally Hypersensitive People Of A Change In Habitat. (Please see the photos below)





Flora Preston, co-owner of Health Risk Navigation Inc., was a participant in both parts of this CMHC study. The study verified the fact that the Environmentally Hypersensitive individual's health would improve if they could change their habitat and could live in a clean-air home.

Thankfully, this study was completed and published in April and July of 1990, before the effects of the chemical/pharmaceutical industries' discrediting campaign were experienced. However, shortly afterwards the Canadian federal government cut all of the funding into this research, and this kind of research has never received federal government funding since.

Lack of Canadian Medical Research into Chronic Chemical Injury

Many doctors and other health care professionals state they don't believe in the legitimacy of the Chemical Intolerance diagnosis because "there is no credible research about it".

The lack of medical research for a certain health condition does not mean the health condition does not exist. It simply means no one is spending the time and money to research the condition. Since much of the medical research is funded by the pharmaceutical industry, and since the chemical/pharmaceutical industries' are doing their best to discredit the legitimacy of Chemical Intolerance, it is not surprising that there is not much medical research on this health condition.

Additionally, the lack of other sources funding medical research into Chronic Chemical Injury can be traced back to the large amount of stigma that is directed towards anyone who takes this health condition seriously, including medical researchers. However, the lack of research does not imply illegitimacy.

Below is a table taken from page 58, Appendix 3 of the Ontario Ministry of Health's Task Force On Environmental Health's interim report titled *Time for Leadership: Recognizing and Improving Care.* This table compares levels of funding for research into chronic health conditions by the Canadian Institutes of Health Research (CIHR) for 2012-2015.

Table 3: CIHR Funding for Research Into Chronic Conditions, 2012-2015

Keyword	Average Annual per patient funding 2012-2015	Canadians affected CCHS 2010	CIHR funding (3 years) 2012-2015	Number of studies funded 2012-2015
Parkinson	$428.16	39,000	$50,094,279	234
Alzheimer	$287.05	111,500	$96,016,737	433
Muscular dystrophy	$178.34	26,000	$13,910,775	83
Epilepsy	$76.33	134,500	$30,800,227	133
Multiple Sclerosis	$66.46	108,500	$21,631,220	106
Cerebral palsy	$60.38	36,000	$6,521,061	30
Diabetes	$37.11	1,841,500	$205,010,686	1,024
Crohn	$36.23	102,500	$11,141,448	70
Tourette	$34.74	18,000	$1,875,895	7
Dystonia	$26.10	15,500	$1,213,861	14
Heart Disease	$24.21	1,431,500	$103,971,956	475
Spina Bifida	$10.10	35,000	$1,060,941	8
Bronchitis, Emphysema, COPD	$8.39	805,000	$20,272,121	75
Asthma	$6.59	2,246,500	$44,425,625	212
Arthritis	$4.63	4,454,000	$61,807,451	352
Fibromyalgia	**$0.89**	**439,000**	**$1,166,409**	**11**
Chronic Fatigue Syndrome	**$0.52**	**411,500**	**$645,925**	**2**
Multiple Chemical Sensitivities	**$0.00**	**800,500**	**$0**	**0**

Using keyword searches; Updated to Oct 23, 2014; Funding provided by CIHR – April 2012-March 2015

Please note how the skepticism and stigmatism resulted in zero dollars being spent on medical research for Multiple Chemical Sensitivity (MCS) (Chronic Chemical Injury), even though a large number of Canadians had been diagnosed with it by a health professional. Also please note how other health conditions with far less patients affected received many millions of dollars in research. For example,

compare Alzheimer's funding of $96,016,737 with 111,500 patients affected to MCS funding of $0.00 with 800,500 patients affected.

The Resultant Consequence Is Unacknowledged Severe Suffering

The chemical/pharmaceutical industry's pseudo-research papers and discrediting campaign has been very successful in preventing:

1. Chronic Chemical Injury from being viewed as a legitimate health condition,
2. Chronic Chemical Injury from being researched and studied,
3. the patients from receiving accurate diagnosis,
4. the patients from receiving appropriate, needed treatment,
5. the patients from being accommodated in any aspect of our health system, and
6. the patients from having a safe low-toxicity home, where they could recover their health.

However, the chemical/pharmaceutical industry did not prevent hundreds of millions of people from acquiring this devastating, life-altering health condition on a global scale. The chemical/pharmaceutical industry's influence on governments and the medical world has caused untold, unbelievable pain and suffering.

If medical intervention is unavailable or is inadequate, a person's health will progressively become worse. The person will progress from having to take off sick days from work, to becoming disabled and unable to work. The disability might be invisible (not obvious) or it might progress to becoming visible (obvious) with the person requiring a walker or a wheelchair or leaving the person bedridden. Without adequate medical intervention it can be fatal.

Those who become disabled become more and more dependent on family, friends and neighbours to take care of them – to do their grocery shopping and other shopping for them, and to help meet their daily living needs. Family caregivers have no government-funded support and rarely have any community support. Consequently, they can become exhausted and their own health can become negatively affected.

However, there are also many disabled chronic chemically injured individuals who have no support of any kind - no health care support, plus no family or friend support. These ones either have to figure out how to have their needs met on their own, or they will die a very painful death all alone.

Since no level of government in Canada has provided for the medical and housing needs of the Chronic Chemically Injured, some have lost hope of having their needs met. They just see endless physical pain and suffering that progressively goes worse. They just see their health spirally downward day after day, month after month and year after year, without any way to slow it or stop it, and without any kind of medical support.

Since the Canadian federal government has legislatively allowed Medical Assistance In Dying (MAiD) for the disabled, including people with Chronic Chemical Injury, some Chemically Intolerant individuals are turning to MAiD to end their suffering. These ones have stated that they don't want to

die. They want to live with their basic needs met and their suffering reduced. However, these ones say that if that can't happen, they want their suffering ended in the only way the government has provided: MAiD. These ones are both applying for MAiD and being accepted for MAiD.

Where has the human compassion gone in Canada?

Ending And Preventing This Suffering

The key medical intervention requirement for any degree of recovery of health for the Chronic Chemically Injured person, is to enable them to avoid further exposures to toxic chemicals. It is the key treatment because other treatments will not be effective, or will not be as effective as they could be, if this initial requirement is not met.

Avoidance of further exposures to toxic chemicals is primarily achieved by enabling them to live in a low-toxicity home. A low-toxicity home is a home 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. If the Chronic Chemically Injured person is enabled to live in a safe low-toxicity home and if other supportive medical assistance is adequately provided, then the Chronic Chemically Injured person has the opportunity for either full or partial recovery of health, depending on the degree of chemical injury the person has experienced.

Despite the lack of Canadian medical research into Chemical Intolerance, thankfully some solid, published medical research has been done in other countries. Some notable medical researchers are: Dr. Gunnar Heuser, a neurotoxicologist and an immunotoxicologist and Dr William Meggs, a medical toxicologist and emergency doctor.

Chronic Chemical Injury needs to be viewed and studied through the lens of clinical toxicology to be fully understood. Please see the article: *Chronic Chemical Injury – Going Where The Evidence Leads*. https://www.hrni.ca/chronic-chemical-injury-information/wheretheevidenceleads

Dr. Gunnar Heuser wrote a Diagnostic Protocol to assist medical doctors and others, who are not toxicologists, to be able to diagnose Chronic Chemical Injury (Chemical Intolerance). For those interested in doing some research, Dr. Heuser provides a huge list of references at the end of his article. (Unfortunately, Dr. Heuser is now quite elderly.) Here is a link to Dr. Gunnar Heuser's published article: *Defining Chemical Injury – A Diagnostic Protocol and Profile of Chemically Injured Civilians, Industrial Workers and Gulf War Veterans.* https://www.lindane.org/new/2005/chemical_injury.htm

The first steps in ending this suffering are:

1. acknowledging that this suffering exists,
2. acknowledging that Chronic Chemical Injury is a legitimate diagnosis,
3. acknowledging that Chronic Chemical Injury is a physiological health condition and not a psychiatric condition or anxiety disorder,
4. invest in building low-toxicity housing for the Chronic Chemical Injured,
5. invest in building medical facilities for the Chronic Chemical Injured,

6. establish policies to accommodate the Chronic Chemical Injured in our health systems
7. train medical doctors how to diagnose and treat the Chronic Chemical Injured, and
8. invest in solid medical research of Chronic Chemical Injury.

Please see the article: *Housing And Medical Needs Of The Chronic Chemically Injured*.
https://www.hrni.ca/chronic-chemical-injury-information/housingandmedicalneeds

This is a very hard and difficult road for Chronic Chemically Injured to walk, and they require all the support that the governments, the health system, family, friends, and community can provide for them.