

**ACCOMMODATING MCS IS EASIER THAN YOU THINK**  
**MAY IS MCS AWARENESS MONTH – BEING AWARE HELPS YOU TOO!**

by

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Multiple Chemical Sensitivity (MCS) arises from sensitization to toxic chemicals in our everyday world; accommodations can help prevent further harm. Chemicals that immediately trigger MCS symptoms may contribute to cancer, asthma, Parkinson's, anemia, autism, vascular disorders, and many other health impairments and diseases. Affecting what diseases we get are type of toxin, exposure level and duration, and also genetic susceptibility.

For many years the chemical industry has fabricated controversy about MCS, ignoring toxicology research and science at the ATSDR/CDC and elsewhere. Pseudoscientific studies discredited those with MCS, who therefore suffered unnecessarily, their health spiraling downward from lack of accommodation. Most physicians were at a loss how to treat those with MCS, because we do not fit into any of their routine cubbyholes.

Recent years have shown improvements in attitude, most likely because people are becoming more aware that chemicals can do harm and because more people are being harmed: injury and death caused by pharmaceutical drugs we thought we could trust; the deterioration of our foods with genetic modifications, excessive processing, pesticides, food additives, and preservatives; the irresponsible overuse of disinfectants, most of which are pesticides; and the contamination of air, water and soil by fracking gas and oil wells. Increasing awareness is leading to agitation for improvements in food nutrition and safety.

During a recent hospitalization I personally experienced what can happen when people cooperate and are open to accommodating MCS disability. My extensive disability accommodations list was viewed with kindness and empathy. My infectious disease physician took the time to review my long list of allergies, MCS condition, and other health disorders. Instead of scoffing at my MCS, she said: "I have longer lists than yours," and told me she has other patients with chemical sensitivities. We discussed the causes of my conditions, including my stroke from diesel exhaust and my more recent diesel exposures. What a relief it is when a doctor understands that MCS is not a figment of your imagination!

Conscientious and caring nurses clued me in on why many people have been so reluctant to acknowledge and accommodate MCS: they are afraid--not of us, but of the disability itself and the risk to us if they don't do things just so. Some are afraid that we will sue them, not recognizing that people are less likely to sue those who try to help them. When one of my nurses feared reprisal from having accidentally used the disinfectant soap, I reassured her: "Mistakes occasionally happen." I told her I would be watching out for myself too, and would let her know what to do, e.g.: run cold water in the sink and put on gloves to diminish the exposure. Another nurse had been nervous about her assignment to take care of me for the weekend: "When I was assigned to your room I was afraid I would not know how to take care of you. It wasn't so bad."

The unknown is often frightening, but when people acknowledge MCS we are relatively easy to accommodate. We need simple things: human kindness and a willingness to help us overcome the obstacles. Many place those with MCS on the defensive by asking us why we react to things in our

environment: We don't know. Many tell us to ignore what is making us ill: We can't, without being further harmed. A wise caregiver summed it up well: "Don't punish her for her disability."

What did my nurses do to accommodate me? They gave up scented personal products for the day and used gloves instead of hand disinfectant when caring for me. They kept my door closed and posted signs so that others knew my allergies. When hooking up my I.V.s. they substituted hydrogen peroxide for the alcohol to which I am allergic. Most importantly, before using something, they asked whether it would bother me. Some of the nurses encouraged me to remind them if they forgot protocol; they apologized when they forgot and left the room promptly to reduce an exposure. They coordinated personal contact with the kitchen and cleaning service. The cleaning service covered the trash bin with an empty dinner tray to reduce emissions. They all respected my need for care and accommodations while sick; stress interferes with getting well.

What can people do? Treat people with MCS in the same manner you wish to be treated. If you know someone is sensitized and allergic to certain chemicals, don't use them in their proximity. You don't need to have a full understanding of the science behind MCS to be considerate and helpful.

Offer to help anyone with MCS by accommodating them and helping them with things they are not able to do. Visit them and take them places they can go. Notify them in advance when you will be doing something that is toxic (painting, asphaltting, fertilizing), so they have time to make arrangements. Use least-toxic scent-free products when you visit; you, too, may be healthier for your efforts.

Doctors' offices, hospitals, and public places (and their employees) are among those required to accommodate those with MCS under Title III of the federal Americans with Disabilities Act.

We need consideration from everyone, especially those charged with saving our lives. Diesel exhaust can be deadly and makes a lot of people ill, not just those who have MCS. My exposure to diesel exhaust from an idling ambulance several years ago caused my blood pressure to sky-rocket to 172/100, inducing a stroke. No one should be forced to breathe diesel exhaust from idling ambulances including pregnant women, children, and those having a heart attack. Encourage your state representative to support legislation to minimize idling.

Accommodating MCS will go a long way towards improving your own life as well as saving someone with MCS from unnecessary pain and suffering.



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