

# **FREQUENTLY ASKED QUESTIONS ABOUT MULTIPLE CHEMICAL SENSITIVITY**

**1998, updated 2013  
by Bob Michaels**

## **1. What is Multiple Chemical Sensitivity?**

Multiple Chemical Sensitivity (MCS) is a condition in which persons become ill following exposure to certain chemicals encountered in everyday life. Such chemicals include smoke, pesticides, plastics, synthetic fabrics, perfumes, scented products, petroleum products, fumes, and paints.

Persons who experience MCS have a more intense reaction to chemicals than most people, in much the same way some individuals have a far more severe allergic reaction to animals or pollen.

## **2. How is MCS related to Environmental Illness (EI)?**

MCS is acute sensitivity to chemical substances. EI includes not only this but also a broad range of conditions triggered by airborne pollution, food, naturally occurring substances such as molds and pollens, and electromagnetic fields.

## **3. How common is MCS?**

According to recent studies, approximately 15 percent of the population has increased sensitivity to chemicals. It is estimated that physicians have diagnosed five percent of people in the United States, or about 13 million people, as being especially vulnerable to certain common chemicals. There have been several recent studies, cited below, which support these findings.

The incidence of MCS seems to be higher with women than men (as is the case with many autoimmune diseases), often appears between the ages of 30 and 50 years, and strikes without regard to race or economic background.

## **4. What causes MCS?**

It is not precisely clear what causes MCS. Sometimes a single incident such as petrochemical fire can trigger MCS. Often, a reaction intensifies insidiously--that is, one's reaction to a given chemical increases inconspicuously but with grave effects. Commonly cited examples of MCS development include recurrent exposure to fresh paint, pest control insecticides, and carpeting glue. Research on MCS has also indicated that long-term exposure to chemicals has a cumulative effect on many people.

There are other factors which may contribute or predispose a person to MCS. These include heredity, nutrition, hormonal functioning, presence of another illness, some medications, trauma, and stress.

## **5. Is MCS real--or just a psychosomatic, "boutique" disability?**

People with disabilities have a long history of needing to convince physicians, researchers, and even family members that they experience very real ailments. Most recently, people with Multiple Sclerosis, Gulf War Syndrome, and Post-Polio Syndrome had long intense battles with physicians to convince them that the incapacitation they experience is not "in their heads," or a manifestation of a "poor attitude."

Both MCS and EI are very real conditions, even though many medical doctors are not yet trained to identify this disability. The Social Security Administration and U.S. Department of Housing and Urban Development recognize MCS as a disabling condition, as do numerous other government agencies and judicial bodies.

Some advocates refer to this disability as Chemical Injury Syndrome (CIS), which they believe more effectively communicates the severity of this disability.

## **6. What architectural design standards must be followed to make my center more accessible to persons with MCS and EI?**

The short answer is: There aren't any. Neither the Uniform Federal Accessibility Standards (UFAS) nor the Americans with Disabilities Act Accessibility Guidelines for Buildings and Facilities (ADAAG) address MCS and EI.

Centers for independent living often set a higher standard of accessibility, exceeding the requirements of the law. Center boards, staff, and consumers know all too well the frustration one feels when encountered with the excuses, "They don't come in here anyway" and "It costs too much." Centers must set an example in assuring that all people can enter their offices.

## **7. What can we do to make our facility (center) more accessible to persons with MCS and EI?**

Here are ten recommendations which would make your facility accessible to most people with MCS/EI:

- Adopt and enforce no smoking and no fragrance policies and post signs accordingly, including on paths of travel (to restrooms, the parking lot, common areas, etc).
- Discontinue chemical pest control, such as structural chemicals and flea bombs, and replace them with non-toxic pest controls. (Sources for alternative products are identified below.)
- Remove or disarm fragrance emission devices and systems (FEDS).
- Discontinue using toxic, fragrance-laden cleaning products, and use only non-toxic paints on the walls and ceilings.
- Attach carpeting to floors using nails or adhesive strips rather than glue; ventilate the room thoroughly.

- Prohibit staff and visitors from idling vehicles near the entranceway or windows of the facility.
- Purchase only metal and real wood furniture (look for used furniture) and avoid synthetic cloth-covered room dividers and curtains which collect dust and contaminants.
- Landscape with ornamental rock and pebbles. Avoid juniper, olive, acacia, and cedar trees. Discontinue use of lawn care chemicals.
- Incorporate notice of your MCS/EI safeguards into all center literature and correspondence. Here is an example: "To allow The Center for Independent Living to be fully accessible to all people with disabilities, including persons with multiple chemical sensitivities/environmental illness, please do not wear scented products (perfume, aftershave, deodorant, shampoo, etc.) to any meetings, demonstrations, groups, or workshops held at or by CIL. We appreciate your cooperation. Meetings are wheelchair accessible, and assistive listening devices, as well as materials in alternate formats, are available upon request."
- At minimum, make one room "safe," that is, create an environmentally safer room with a separate entranceway, if possible. This well-ventilated room would be free of carpeting, curtains, fluorescent lights, the microwave oven, electromagnetic fields, natural gas, and toxins.

#### **8. Where can I get more information about MCS and EI?**

This FAQ has borrowed heavily from two documents: Topics, Multiple Chemical Sensitivity, prepared by Beth Pifer of the Arizona Technology Access Program (AZTAP) and Multiple Chemical Sensitivity by Ann McCampbell, M.D.

Other sources for help, information, local resources, and alternative products are listed below.

## **ADDITIONAL READING/INFORMATION**

American Academy of Environmental Medicine  
P.O. Box 1001-8001  
New Hope, PA 18938  
(215) 862-4544  
FAX: 862-2418

American Indian Environmental Illness Foundation  
Terri Hansen, Director  
P.O. Box 1039  
Long Beach, WA 98631  
(360) 665-3913

Arizona Technology Access Program  
Northern Arizona University  
Institute for Human Development  
P.O. Box 5630  
Flagstaff, AZ 86011-5630  
(800) 553-0718  
(520) 523-4791  
TTY: 523-1695  
FAX: 523-9127

Iris R. Bell, MD  
Tucson VA Medical Center  
3601 South Sixth Avenue  
Mail Slot 4-116A Tucson, AZ 85723  
(520) 792-1450 ext. 5127

Chemical Injury Information Network  
Cynthia Wilson, Director  
P.O. Box 301  
White Sulphur Springs, MT 59645  
(406) 547-2255

The Dispossessed Project  
Rhonda Zwillinger  
P.O. Box 402  
Paulden, AZ 86334-0402  
(520) 636-2802

Environmental Research Foundation  
105 Eastern Avenue, Suite 101  
Annapolis, MD 21403-3300  
(410) 263-1584

The Guide to Planning Accessible Meetings

c/o ILRU Program  
2323 S. Shepherd, Suite 1000  
Houston, TX 77019  
(713) 520-0232  
TTY: 520-5136

The Labor Institute  
853 Broadway, Room 2014  
New York, NY 10003  
(212) 674-3322

MCS Referral and Resources  
Albert Donnay, Director  
508 Westgate Road  
Baltimore, MD 21229-2343  
(410) 362-6400  
FAX: 362-6401

National Center for Environmental Health Strategies (NCEHS)  
Mary Lamielle, Director  
1100 Rural Avenue Voorhees, NJ 08043  
(609) 429-5358

NY Coalition for Alternatives to Pesticides (NYCAP)  
353 Hamilton  
Albany, NY 12210  
(518) 426-8246  
FAX: 426-3052

## **CONSUMER ORIENTATION**

Electrical Sensitivity Network  
Lucinda Grant, Director  
P.O. Box 4146  
Prescott, AZ 86302-4146  
(520) 778-4637

The Environmental Health Network  
P.O. Box 1155  
Larkspur, CA 94977  
(415) 541-5075

Human Ecology Action League (HEAL) of Southern Arizona  
PO Box 36404  
Tucson AZ 85740-6404  
(520) 797-4585

National Coalition for the Chemically Injured

Susan Molloy  
HC-63 Box 7195  
Snowflake, AZ 85937  
(520) 536-4625

### **GOVERNMENT AGENCIES**

US Department of Housing and Urban Development (HUD)  
Office of Fair Housing and Equal Opportunity  
1-800-669-9777  
US Social Security Administration  
1-800-772-1213

### **ALTERNATIVE INSECT CONTROL**

Pristine Products  
Chuck Hadd  
2311 East Indian School Road  
Phoenix, AZ 85016  
(800) 216-4968  
(602) 955-7031  
FAX: 955-1812

William Currie  
P.O. Box 2469  
Prescott, AZ 86304-2469  
(520) 776-7782

## 9. CONCLUSION

This fact sheet was prepared by Bob Michaels with assistance from Laurel Richards, Dawn Heinsohn, and Agnes McAllister. Appreciation is extended to Susan Molloy who contributed significantly to this document.

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