

# MULTIPLE CHEMICAL SENSITIVITY ENVIRONMENTAL ILLNESS F.A.Q.'s, DO's and DON'T's

**Q. *Why can't MCS patients take something to get over their symptoms?***

**A.** MCS is not an allergy that can be alleviated by antihistamines or eliminated by neutralization treatment.

*DON'T* tell the MCS patient to "take something". There is nothing to take and this trivialization of his medical problem only causes him further frustration and anxiety.

*DO* ask him what, if any, antidote will help in an acute reaction and if you can get it for him.

**Q. *Why don't doctors treat MCS/EI?***

**A.** Some do - these are called Clinical Ecologists or Orthomolecular Physicians. They can be found through the American Academy of Environmental Medicine. However, since there is no cure for MCS, avoidance and elimination of the offending chemical substances are still the primary treatment.

*DON'T* tell the MCS/EI that you heard that MCS is "all in his head" and that he should see a psychiatrist. Finding a qualified doctor and finding the funds to pay for treatment are difficult enough for the MCS patient. He does not need any further lack of support than he already encounters from the allopathic medical community and the general public. A blanket statement that a problem is not real usually stems from ignorance.

*DO* offer the MCS patient help in locating a qualified doctor and in getting to and from an appointment.

**Q. *Why can't MCS/EI's receive unemployment benefits, worker's compensation, or other income from their former employers if they were disabled on the job?***

**A.** No employer wants to pay such benefits and since an MCS diagnosis is almost impossible to obtain from the allopathic medical community (which includes the occupational physicians employed by the insurance companies which are hired by the employers), MCS patients disabled on the job are forced simply to resign and never work again. Qualifying for public assistance is also difficult since the MCS/EI is seldom able to stand in the required lines with scented people and in a waiting room that might be carpeted or pesticided.

*DON'T* suggest that the MCS/EI "get a job". If he were able to work, he would.

*DO* offer any helpful information you find on agencies or other support for the disabled.

**Q.** *Why don't MCS/EI's room together or form MCS communities to alleviate their money problems?*

**A.** The very nature of the illness precludes cohabitation for MCS patients. There are no 2 people who can physically tolerate the same chemicals at the same times – therefore separate quarters are necessary – separate entrances, separate air/heating supplies, separate cosmetics and cleaners, separate clothing and bedding materials, separate books/papers/office supplies if those are tolerated at all. Communities have been formed and later abandoned because even the air drifting from one person's window to the next made people ill.

*DON'T* criticize the MCS/EI for spending all or most of his income on housing. His home (if he is lucky) might be the only tolerable location for him.

*DO* ask if the MCS/EI needs any household items and offer to keep an eye out for older, outgassed items or ones made of inert materials.

**Q.** *What if I have an appointment with my MCS friend but inadvertently use scented products or chemicals beforehand?*

**A.** If you are willing and have the time to remove the chemicals, do so. Otherwise, advise the person in advance of the appointment so that you both can make other arrangements.

*DON'T* try to sneak scented products or other chemicals into your MCS friend's environment! You can do unimaginable damage. Remember, this illness is life-threatening on a daily basis.

*DO* try to make other arrangements for your MCS friend if he was depending on you for transportation, etc.