

Running head: EMPLOYMENT AND WORK ACCOMMODATION

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FOR PEOPLE WITH MCS

Pamela Reed Gibson  
James Madison University

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# Employment and Work Accommodation

## EMPLOYMENT AND WORK ACCOMMODATION FOR PEOPLE WITH MCS

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### Introduction

For people with MCS, employment, housing, and medical care are perhaps the three most crucial life struggles. As we know, people with chemical sensitivities can experience extreme difficulties in all three of these arenas, and complications in any one of the three inevitably affect the other two. Although I think that employment, housing, and medical care are equally important, I am addressing employment today because I think that work difficulties can often be at the root of the resource dilemma impacting all three areas. Whether people are injured at work and then become unable to tolerate their previously tolerated housing, or experience their injury elsewhere but then have problems coping with workplace toxics, the outcome of the workplace struggle for a safe environment can make or break someone's global functioning.

In my earlier work I found that three quarters of 268 people had lost or had to leave jobs because they could not tolerate the chemical environment (Gibson, Cheavens, & Warren, 1996). On in depth qualitative questions about identity, participants indicated that loss of work had been not only a catastrophic financial stressor, but had devastated their self-esteem, social support, sense of purpose, and place as an integral part of our economically driven culture (Gibson, Lane, Ostroff, & Placek, 1998). For these reasons I thought it important to look at how people were faring in their quest for MCS-related work accommodations. My purpose in the present study was to discover what types of accommodations are currently being provided for those with MCS and whether these accommodations are helpful in maintaining employment in the hope of contributing to finding ways to help workers with MCS remain in the workplace. I also looked at the utilization of resources such as Vocational Rehabilitation Services and the Centers for Independent Living.

### Method

#### Participants

Participants were gathered through placing notices in newsletters and on websites of MCS advocacy and support groups asking for people with MCS who were either currently employed or had been employed while having MCS. I used the research definition of MCS published in the May/June 1999 issue of Archives of Environmental Health. Potential respondents were invited to participate in the study if they experienced sensitivities and negative reactions to chemicals, and their condition met these 6 criteria:

- 1) Their symptoms should be reproducible with repeated chemical exposure.
- 2) Their condition should be chronic.
- 3) Their symptoms should occur from low levels of chemical exposure [lower than they previously tolerated or than other people tolerate without problems].
- 4) Their symptoms should improve or resolve when the chemical incitants are removed.
- 5) They should have symptoms to multiple chemically unrelated substances.

## Employment and Work Accommodation

6) Symptoms should involve multiple organ systems, (for example digestive and respiratory.)

People who met these criteria were invited to request either a hard copy or e-mail attachment survey and to return it through e-mail or regular mail.

### Procedure

Volunteers received and completed a survey that included questions about demographics, work accommodations requested or received, harassment experienced in the workplace, whether or not their workplace had offered any formal education about MCS, and whether or not they had ever applied to either Vocational Rehabilitation Services (VRS) or the Independent Living Centers (ILC) for help. Respondents were also asked to categorize themselves as mild, moderate, severe, or disabled in severity, and to complete the Satisfaction with Life Scale (SWLS) (Diener, Emmons, Larsen, & Griffin, 1985). The Satisfaction with Life Scale measures global life satisfaction by having people answer five questions on a 7-point Likert scale. It has good internal and test-retest reliability. Possible scores on the scale range from 5 to 35, and researchers have found means of 23 to 24 in a variety of samples including college students, single women without children, and medical outpatients (Arrindell, Meevvesen, & Huyse, 1991; Diener et al., 1985). Respondents were also asked to describe their symptoms and reactions to a large number of chemicals and this information will be presented elsewhere in order to focus on work-related issues here today.

### Results

Quantitative results were analyzed using SPSS version 10.0 for the Macintosh. Qualitative/open-ended results were tallied and collapsed into categories to create summary data. Results are presented here for the first 100 returns that included 82 women and 18 men, primarily Caucasian, but including 1 African American, 1 Native American, and 1 Latin. The number of Asian participants is uncertain due to a shift in the answer boxes on the e-mail survey. Thirty respondents indicated that they were Asian. Because Asians comprise about 6% of the U.S. population, I thought it unlikely that 30 out of 100 people in the study were Asian. Contact information existed for 23 of these 30 persons and I contacted them all through e-mail. Of these, 19 responded, and all 19 indicated that they were Caucasian. Therefore the racial demographics of 11 respondents are uncertain. It is probable that most of them also are Caucasian. But all I can say for certain is that between 0 and 11 participants are Asian. This appeared to be the only variable affected by a tab shift of this type. Participants were a mean of 50 years of age. Mean annual household income for the whole sample was \$52,000 and personal income was \$32,000. Thirteen people said their MCS was mild, 54 moderate, 27 severe, and 3 disabled. Respondents had been affected by MCS for a mean of almost 19 years. Twenty-four said that they were electrically as well as chemically sensitive. Fifty-eight said they were currently employed and 42 were not. Of the 58 working, 52 worked outside of the home. (Some received the accommodation of being able to work at home.) Table 1 lists the sample characteristics of the 100 respondents.

Income differences between the working and non-working groups were substantial. Those not working had mean household incomes of \$34,000 and mean personal incomes of \$12,000. Household

## Employment and Work Accommodation

income for the working group ranged from \$6,000 to \$190,000 with a mean of \$64,000. Personal income ranged from \$6,000 to \$150,000 with a mean of \$46,000. The mean MCS health care expenditure for the past year for the unemployed group was \$5,500 but there was much variation with costs ranging from zero to \$22,000. Those working actually spent a little less in health care in the last year than the unemployed group, spending amounts ranging from zero to \$18,000, with a mean of \$4158.

The mean Satisfaction with Life Scale score for the unemployed group was 13.09 with scores ranging from 5 (the lowest possible score) to 33. Mean Life Satisfaction score for the working group was 16.47 with a range of scores from the minimum of 5 to the maximum possible score of 35. Both groups have means considerably below those found in other published samples using this instrument. An analysis of variance (ANOVA) found that the difference between the employed and unemployed groups was statistically significant,  $F(1,96) = 3.99$ ;  $p = .049$ , with the working group having higher life satisfaction.

### The Employed Group

The 58 employed respondents work in a large number of occupations including professional, clerical, computer/technical, and other. Included, for example, are 4 college professors, 4 nurses, 2 teachers, 2 attorneys, 3 counselors, and 2 administrative assistants. Those employed were primarily mildly and moderately affected as only one working person rated him or herself as severe and one as disabled. Of those employed 81% said they were currently getting at least some accommodations for MCS and 18% said that they were not. Of the 46 who had some accommodations, 44% said that they had had difficulty acquiring them and 33% said that they had not. Nineteen percent of those without accommodations said they had asked for and not received them. Eleven employed people said that they were electrically sensitive. Of the 10 of these who used a computer at work, 5 received computer accommodations and 5 did not.

Some people were accommodated consistently and quite well in the workplace. Many of these people had considerable power in the workplace however. For example, one person owned the company and one was a senior health care provider.

However, most people receiving accommodations reported ongoing struggles that included frequent slip-ups, lack of compliance due to persons' resistance, failure to remember the agreements, interruptions in continuity due to changes in management and custodial workers, and failure to enforce policies. These combined variables made for a continuous struggle to maintain what accommodations were provided. One person was allowed to work from home only after 10 years of asking and filing an EEOC complaint. However, once the EEOC closed the case, the person was terminated despite an excellent job review and having earned a raise. One person described being "set up" through the assignment of an almost impossible task. Even when the person succeeded in completing the task, the feedback was negative and used against the worker.

Table 2 shows the number of people who indicated on a checklist that they had requested and/or received some commonly suggested accommodations for MCS. Respondents then listed the exact accommodations received in response to an open-ended question. Table 3 lists the categories of accommodations described. Respondents mentioned 35 fragrance-related accommodations, 34 area-

## Employment and Work Accommodation

related (such as acquiring a safer office or working at home), 23 cleaning and renovation-related, 6 ventilation related, 5 carpet-related, 5 pesticide-related, 5 computer-related, and 11 other. Some persons reported more than one accommodation.

Respondents also described employers' reasons for failing to provide any requested accommodations. Reasons ranged from casual dismissals such as "pesticides are necessary," to outright violations of the ADA such as informing the worker in 2 cases that the school did not recognize their ADA letter from their doctor and therefore they were not disabled in the eyes of the school. One particularly creative reason given by a supervisor for not providing accommodations was that the person worked for the chemical industry and it was a conflict of interest for her to get sick from chemicals when the chemical industry was paying her salary. Another person who worked for a religious community was told by the pastor that she was just thinking negatively and therefore feeling sick, the implication being that if she would just cheer up and work she would feel better. Another version of this offered by an alternative health establishment to a student was that cultivating the defensive "chi" would reduce her vulnerability to environmental illness. Table 4 lists reasons for denying accommodations to employed respondents.

An analysis of variance (ANOVA) comparing those who did and did not receive workplace accommodations showed that those receiving accommodations had significantly higher life satisfaction scores. Mean life satisfaction scores for those receiving accommodations was 17.64 compared with 11.20 for those not being accommodated ( $F=5.017$ ,  $p=.029$ ).

### The Unemployed Group

Respondents currently unemployed were from the moderate, severe, and disabled groups. No mildly affected persons were unemployed. Forty of the 42 unemployed persons said that MCS was responsible for their unemployment. Respondents were asked to describe their experiences at their most recent or most important job. If one line of work had been their career, then they were asked to describe that. Included were 6 teachers, 5 nurses, 3 social workers, 2 artists, 2 marketing coordinators, 2 computer workers, and a number of others. Eighty-six percent said that they had asked for work accommodations when they were employed and 55% had received some of what they had requested. Of those who received accommodations, 17% said the accommodations received were sustained and 26% said they were not. Twenty-one percent said that the accommodations had helped and 17% said they had not. When asked if they could have continued to work had accommodations been provided, 36% of the unemployed said "yes" and "17%" said "no." Others were not sure. Some of those who said "no" explained that their health was deteriorating such that eventually they would have been forced out regardless. When respondents lost employment 45% lost their health insurance, 33% lost their life insurance, 38% lost retirement benefits, 83% lost social interaction, 29% lost their homes, and 26% lost access to medical care. Sixty-nine percent said that telecommuting would be an option for them, although some would need accommodations in the form of computer alterations or the use of a laptop so as to have the LCD monitor.

## Employment and Work Accommodation

### Workplace Harassment

Workplace harassment was common in both the employed and the unemployed groups with 41% of the employed and 71% of the unemployed people reporting having experienced harassment in the workplace. Workers with MCS endured eye-rolling, disgusted looks, verbal abuse, increased use of perfume, perfume spraying outside of their doors, being "tested" in various ways to see if chemicals really did make them sick, laughter when they wore masks, and ostracism. Humiliation was common and in one case the head physician in a medical facility said openly at a meeting with the MCS worker present that he thought MCS was a mental illness. Four unemployed respondents said that co-workers had thought of them as "crazy." In addition, a few respondents described more aggressive incidents that qualified as assaults. For example, one person reported that a manager had sprayed cleaning solution in the worker's face, another that a hostile co-worker poured aftershave into a typewriter that the worker needed to use. This harassment occurred in a milieu where co-workers rarely received any guidelines or education from the workplace regarding MCS or appropriate treatment of those with MCS. Although 75 of the 100 participants reported that they had informally offered information on MCS to workplace personnel, only 19 said that any formal education had occurred, and in only 12 cases was an outside entity involved.

The more severe incidents of harassment were described by persons who were unemployed. A crosstabs comparison of harassment endured by employed and unemployed respondents showed that a greater number of those now unemployed had endured workplace harassment than expected if the harassment had been evenly distributed (Person Chi-Square=9.73,  $p=.009$ ).

### Use of Vocational Rehabilitation Services and the Centers for Independent Living

Of the 100 participants, 53 were familiar with vocational rehabilitation services and 25 had applied to VRS for help. Of these 25, 14 received help and 11 did not. Fourteen found VRS to be accessible, and 10 found the staff to be familiar with MCS. However, 6 reported that their counselor was scented. Eighteen requested accommodations from VRS for the visit and 14 of these requests were honored. Of these 18 requests, 7 were for VRS to come to the respondent, to meet outside, or do a phone consult; 5 of these were granted. Of the 25 applicants, only 5 received help in finding employment. VRS required psychological evaluations for 8 people and proposed job training for 9. When asked if they thought the response of VRS was "reasonable with respect to your disability," 14 respondents said "yes" and 11 said "no."

Nine people of the 12 who went to VRS described receiving tangible helpful services. Three people received home computers with appropriate alterations, 3 home office equipment, 2 air filters, and 2 assessment. Other services received by one person each included school tuition, temporary employment, accommodation letters, work clothing, dietary supplements, and aid in acquiring SSD. Most impressive perhaps was that one respondent received six months of treatment by an environmental physician including transportation. Negative experiences included being greeted by perfumed personnel who simply said "goodbye" and shut the door when the respondent explained that she couldn't meet with perfumed people, or being outright refused any services. Two people were referred to testers who would not make

## Employment and Work Accommodation

accommodations in the testing site. One tester in particular created a report that completely ignored the sensitivities and depicted the person as being mentally unbalanced and personality disordered. (The respondent read the report to me.) VRS then spent in the respondent's words "much more money fighting my request for computer training than they would have spent training me." In response to the psychological report the respondent created a letter of protest (much more eloquently written than the report) and submitted it to the tester who did not respond. Others complained about red tape type reasons given for the failure of VRS to help. For example, one person was told that VRS could not help because she was employed by a government agency. Four respondents rated the VRS response as reasonable despite not having received services. One person's income was too high, one's current job made accommodations, one was not able to be rehabilitated, and one person was not able to commit to the VRS policy of definite job placement given that the application for SSD had already been filed. Services provided to respondents by VRS are listed in Table 5.

Only 33 of the 100 respondents claimed to be familiar with the Centers for Independent Living. When asked why they hadn't contacted a center, even those claiming familiarity with the centers replied with statements such as this: "I would not want to live somewhere other than my own home." Fifteen people asked an Independent Living Center for services (13 in the U.S. and 2 in Canada) and only 7 received services. Three people described a scenario where they never got beyond the initial phone call. Of the 12 who went to a facility, only 3 people found the facility accessible and 6 found the staff to be familiar with MCS. Two people encountered scented advocates. Five requested accommodations for their visit and the ILCs met these for 4 people. Seven people asked the ILC personnel to come to them, meet outside, or meet by phone and in 5 cases this occurred. Seven people reported that their ILC helped them with their request and 4 thought that the ILC response to them was "reasonable." Of these 4 people, one received computer and office equipment for a home business, one was helped to obtain improved financial benefits, one received advocacy on her behalf with her local library, and one had a home visit from a "nice man." Others were not happy with their experience. None of the 4 people who asked for help with housing was satisfied. One person received only a list of available apartments, one did not receive any help or suggestions and believed the staff to be uninterested in helping, one was never contacted, and one was told that no services were available for housing. In addition the fourth person was told that there were already too many disability issues and they were only focusing on a few. One person's request for help in purchasing oxygen was refused and the two people who went to the Canadian facilities received no help. One asked for transportation assistance with a fragrance-free driver and was told that they could not ask drivers to leave off perfume. The second asked for help with employment and was told that they did not help people with mental illnesses.

### Summary/Conclusions

In summary, work was described as a difficult struggle for most of the employed study participants. Given that 52% of the sample either got no accommodations at all or were forced out of employment, accommodations for MCS are not being taken seriously by the majority of employers in this sample. Employers appeared to have little knowledge of MCS or the ADA, and whether or not the worker received adjustments depended upon the whim of the supervisor and sometimes the attitudes of co-workers.

## Employment and Work Accommodation

Harassment was a common experience, such that employees with MCS were subjected to hostile work environments in addition to having to cope with a tedious and relentless disability. Education of co-workers rarely occurred, outside agencies were not often used, and the workers were left to tackle piecemeal the task of educating co-workers about a condition that co-workers often did not want to address.

The loss of work was accompanied by other losses including financial losses such as insurance, social losses such as interaction with others, and psychological losses in that people described struggling with poor self-esteem and isolation. Highly trained and experienced people described being extruded from the workplace largely on the whim of a supervisor, because of rigidity of workplace functioning, or due to ignorance regarding the ADA.

Help obtained at agencies with a mandate to offer rehabilitation or promote independent living for people with disabilities was also largely at the whim of the individual providers. Agency responses ranged from complete refusal to in-depth and appropriate interventions that one person felt had truly saved her life. Advocates at these agencies were often scented, and largely uninformed about MCS. People with MCS were unaware of the agencies' mandates or their ability to provide services to people with sensitivities.

### Discussion

With 12.8% of the population demonstrating sensitivity to chemicals and 1.8% losing their jobs because of their hypersensitivity (Caress & Steinemann, 2003), the American workplace is undermining its own productivity through its failure to address appropriate accommodations for this population. Large portions of people extruded from the workplace go on to apply for worker's compensation or Social Security Disability. In our large treatment study we found that of a sample of 917 people with MCS, 31% had applied for worker's compensation and 55% had applied for Social Security Disability (Gibson, Elms, & Ruding, 2003). The future costs of compensating people made ill in the workplace will be astronomical. Large-scale educational and advocacy efforts will be required in order to encourage a workplace commitment to the prevention of further cases of MCS, and accommodation for those who already are sensitive.

One type of workplace exposure in particular bears special mention. Less than half of the working people in this study (22) checked on the structured list that they had asked for less toxic insect control. Only 6 specifically mentioned pesticides on the open-ended question about accommodations received. Given what we know about the toxicity of pesticides, and their role in generation of MCS, it seems that most workers are failing to request one of the most important accommodations of all. Workers may more readily make the connection that perfumes and paints affect them because people almost always know when they are exposed to these incitants. Pesticides, in contrast, can be applied after hours, may not have odors, and may persist in the environment for months. I suspect that pesticides are complicating the conclusions that people draw about which major toxics affect them. The pesticide research shows negative health effects at very low doses and we need more pesticide education and notification for everyone about where and when pesticides are used.



## Employment and Work Accommodation

Given the preliminary results from this study, I have the following suggestions for improving employment conditions and rehabilitation for those with MCS/ES. The suggestions consist basically of educating the agencies, the people with MCS, and the workplace.

### Suggestions for Improving Employment Conditions for Those with MCS

- 1) We need continued efforts to educate advocates at vocational rehabilitation services and the Centers for Independent Living and to encourage advocates to access information that is already available to them. For example, vocational rehabilitation sent out a memo specifically addressing MCS to all of its offices in 2002. Susan Molloy had considerable input into this document. In addition, the Independent Living Research Utilization asked me to create an educational booklet that went to every VR and ILC in the country (Gibson, 2002). Although these developments are recent, and many of the people in this study may have been refused services before these efforts, I suspect that these documents are not shared with advocates to the extent that they could be. A more even distribution of knowledge about MCS among the advocates would make for a more predictable agency response to people with MCS. A policy regarding MCS accommodation at each agency would help to make advocates more aware of their responsibilities to this population.
- 2) A large portion of unemployed people in the study were not familiar with the Independent Living Centers even though there are a number of services that the centers can provide to those with MCS. Perhaps first, people with MCS need to know that MCS is a disability for purposes of services at both vocational rehabilitation and the Centers for Independent Living. There are some limitations in what can be provided. For example, at VR, services must be linked to vocational goals. And the ILCs vary so much in size that services will vary according to budget, making for variability in services. However, people could be informed regarding the range of services available to them at both VRs and ILCs. They could be familiarized with the VR memo and the ILRU booklet so that they can if necessary take these resources with them when they visit. The ILRU booklet is available at the ILRU website [ilru.org](http://ilru.org) for free and people can at least refer their advocate to it for an MCS overview that was developed for and supported by their own organization. If people knew that vocational rehabilitation could help with medical treatment, purchase office equipment for a home business, or intercede with employers, they would be in better positions to utilize these services. Similarly if people knew that the Independent Living Centers could purchase air filters or other equipment to enable people to live more safely in their homes or advise them of their rights as disabled persons, they would more likely approach these agencies. Perhaps we need a brochure for people with MCS describing the mandates of VRS and the Independent Living Movement, and offering suggestions for how to get appropriate help from these establishments.
- 3) The fact that a greater portion of unemployed than employed people in this study had endured workplace harassment makes me question whether the harassment is not in fact a causal factor in job loss. Co-worker harassment may help to weed out the worker with sensitivities so that business can go on as usual. Whether workers mirror the attitudes of their supervisors or act independently to contribute an additional stressor to the worker cannot be determined from this project, but further

## Employment and Work Accommodation

investigation in this area would be welcome and useful. The lack of workplace education about MCS allows for a negative attitude to become a workplace norm and for workers to engage in a “groupthink” that becomes destructive to the person with invisible disabilities. A structured workplace education program that would be free or inexpensive and readily available would allow supervisors and managers to set a better standard for workplace behavior even without themselves becoming expert in MCS issues. Perhaps we need a 20-30 minute video created specifically for people who have a co-worker with MCS. Respondents’ suggestions for what should be included in an educational program for the workplace could be used to conceptualize the program and I am willing to share the comments from this study with anyone who can undertake such a project.

### 4) Telecommuting

The fact that 69% of the unemployed in this study said that telecommuting would be an option for them suggests that we need to develop this possibility perhaps through employer education, training programs, and even new companies geared toward employing those with MCS. Although some would need accommodations, the accommodations are doable and would help to harness a workforce that is presently dormant. People who are currently living in poverty could be helped to become financially solvent and companies could benefit from the skills of people who have been arbitrarily excluded from the workplace because the facilities did not appropriately accommodate them.

### Limitations of the Study

The present study suffers from several limitations including the use of volunteers, a small sample – particularly of those who went to the agencies for help, and the use of retrospective self-report.

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## Employment and Work Accommodation

Table 1: Sample Characteristics of 100 Persons with MCS

Variable	Number
Gender	
Male	18
Female	82
Race/ethnicity	
African American	3
Asian American	0-11
Causasian	84-95
Latina/o	1
Native American	1
Educational Level	
12 years	7
12-15 years	28
16 years	31
MA or more	32
Country of Residence	
U.S.	90
Canada	6
UK	2
Germany	1
Australia	1
Partner Status	
Single	29
Married	42
Divorced/separated	19
Living with partner	5
Widowed	1
Perceived Cause of MCS	
One exposure	10
Series of low level	28
Physical illness	1
Combination	43
Unknown	6
Other	10
Course of Condition Over Past 2 Years	
Considerable decline	18
Slight decline	20
Mixed or no change	23
Slight improvement	21
Considerable improvement	17
Employment Status	
Employed	58
Not employed	42
Work Outside Home if Employed	
Yes	52
No	6
MCS the Cause of Unemployment	
Yes	40
No	1
Receive <u>Any</u> MCS Accommodations	
Yes	47
No	10
Had Difficulty Getting Accommodations	
Yes	26
No	19
Electrically Sensitive	
Yes	24
No	65
Harassed by Co-Workers	
Yes	54
No	38

## Employment and Work Accommodation

Table 2

ACCOMMODATIONS RECEIVED BY WORKERS WITH MCS  
 Number of Working Participants who Requested and Received MCS

Accommodations	Requested	Received
Fragrance-free area	43	29
Use of less toxic cleaners	38	26
Use of less toxic insect control	22	16
Move to a safer work area	31	23
Access to a window that opens	22	19
Flexible work hours	18	16
Removal/turning off of electrical items such as computers, fluorescent lights, etc	7	1
total n = 58		

Table 3

Actual Accommodations Received by MCS Workers as Described in Open-Ended Question

Fragrance-Related:	
Co-workers <u>not allowed</u> to wear fragrance	6
"Lower fragrance zone"	5
Informal or loosely enforced policy of less fragrance	4
Non-scented meetings	2
Sign on the floor mandating no scent	1
May ask people to come fragrance-free to meetings	1
Clients come unscented	1
Co-worker changed deodorant	1
Students required to be fragrance-free	4
Visitors not allowed in worker's office if scented	1
Patients asked not to use fragrance/smoke before visit	1
Removal of scent dispensers in restroom	4
Employees not allowed to wear synthetic clothing	1
Non-scented soap for employees	1
Tolerable personal care products for residents	2
Cleaning and Renovation-Related	
Safer cleaners	4
No cleaners in office	1
Use of low odor wax	1
No wax in classroom	1
Safer paint	9
Not work during painting	1
No floor stripping/buffing while person at work	1
Tolerable glue	1
Cleaning done in evening	1
Notice of renovations	3
Carpet-Related	
Carpet outgassed before instillation	1
Non-toxic carpet cleaning	1
Notification of carpet cleaning	1
No carpet in office	3
Pesticide-Related	
No pesticides	2
Only boric acid for pests	1
Allowed to stay out after fumigation	1
Notification of spraying	1

## Employment and Work Accommodation

Computer-Related	
Computer out-gassed before installation	1
Customized, vented computer	1
Laptop computer (LCD)	2
LCD computer vented to outside	1
"Area"-Related	
Given single office	4
Move to a safer area	2
Safe office space	2
Safe classroom	2
Room with windows	1
Meetings outdoors	1
Choice of meeting sites	2
Larger meeting room to avoid fragrance	1
Meeting at worker's home	1
Allowed to work at home	6
Can work at home when necessary	3
Meeting attendance via speaker phone	2
Videotaping of classes	1
Telecommute some	1
Relieved of hallway/cafeteria/parking lot duty	1
Not required to "float" to other units	1
Can skip meetings if conditions not ok	1
Allowed to skip conventions	1
Check out client's home before working in it	1
Ventilation-Related	
Fresh air vent into office/classroom	3
Increased air flow	1
Switch to close outside air vent (school buses)	1
Sign on curb outside "do not idle"	1
Other	
Flexible hours	2
No fluorescent lighting	1
Air filter	4
Wear mask	1
No isopropyl alcohol near worker	1
Residents nails not painted before worker arrives	1
Staff warn worker about smells	1

## Employment and Work Accommodation

Table 4  
Reasons Given By Employers for Denying MCS-Related Accommodations

<b>Reason</b>	<b># of cases</b>
No reason – request just ignored (one job eliminated)	2
The expense	2
“Too much of a problem” or unreasonable to ask people to make changes	2
Walls must be painted to look decent	1
The need to combat bacteria and viruses (cleaners in hospital)	1
Pesticides are “necessary”	1
There are more “pressing items” to discuss at meetings	1
Too hard to take worker off schedule at last minute	1
Can ask people to stop wearing fragrance but not require it	1
No separate office because staff needs access to the worker and she would just encounter fragrance when she came out	1
An open window is a security issue (company leases building)	1
Others’ “rights”	1
It is a conflict of interest to react to chemicals when the chemical industry is paying your salary	1
School does not recognize ADA letter from doctor and therefore does not recognize person as disabled	2
Didn’t believe worker was sick and so would not spend money	1
MCS is not covered by ADA under any circumstances	1
Employer does not believe MCS is a disease	1
Employer said sensitivity does not affect a “life function” and does not want to start a “perfume war”	1

## Employment and Work Accommodation

Table 5  
Services Provided MCS Clients by Department of Vocational Rehabilitation and the Centers for Independent Living

### ***Services Provided by Department of Vocational Rehabilitation Services***

#### Services

	<u># of clients</u>
Home computer with appropriate accommodations (shielded, vented, laptop)	3
Home office equipment	3
Air purifier	2
Testing	2
Temporary job with accommodations	1
School tuition	1
Housing search and will pay when found	1
6 months of treatment by environmental physician including transport	1
Job search	1
Resource referrals	1
Intercession with employer	1
Letters regarding accommodation requests in person's town	1
Offer to help with business plan and educational fees	1
Work clothing	1
One hour per week of therapy	1
Dietary supplements	1
Help getting SSD	1
 Total n applying for help = 25	

### ***Services Provided by the Independent Living Centers***

#### Services

	<u># of clients</u>
List of available apartments	1
Computer, printer, fax for home business	1
Helped person get improved benefits	1
Intercession with library for person's access	1
Home visit	1
 Total n applying for help = 15	