How the Covid-19 pandemic affects people with environmental illness

The Covid-19 pandemic gave the world a limited taste of what it is like to have MCS or EHS – the social isolation, the loss of income, the uncertainty, the realization that strangers and loved ones can unintentionally harm you. The pandemic also had special impacts on people with these illnesses.

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Going mainstream.

Suddenly several features of living with MCS became mainstream.

For many years people with MCS had to awkwardly keep a distance to other people to not get hurt by their invisible cloud of fragrances, laundry chemicals and portable electronics. Some had to ask people to meet them outdoors.

Now everybody were keeping their distance and it was called “social distancing.”

That wearing a mask suddenly became socially acceptable was another boon for those who had to wear one to deal with the fumes in stores. Suddenly nobody stared any more. The stigma went away. The more timid MCS-sufferers now dared use masks to protect them against the fumes.

Some people who didn’t normally wear a mask had to scramble to find one they could tolerate, as masks are typically made of polyester and has various chemical treatments.

Brain fog was no longer a slang word just used within the MCS community. Now mainstream media used it to describe symptoms of Covid. A very descriptive illustration of brain fog was a drawing in *The Economist* that showed a woman peering through a foggy window (Economist, 2021).

It had puzzled doctors for years that MCS could manifest itself in several ways. Some used that as a reason to dismiss MCS as legitimate. But Covid also acted differently in many people, from no symptoms to death. Some had a fever and cough, others did not (Economist, 2020a)

Sanitizers

Hand sanitizers were used everywhere, with their toxic chemicals and fragrances. Goods bought in stores and online sometimes became contaminated by the personnel’s hands. Boxes delivered to the door sometimes reeked of sanitizer. Sometimes it was so bad it was difficult to wash it off the hands afterwards.

Some stores had staff wash the handles of their shopping carts with the stuff, which then got on the customer’s hands and were hard to wash off – especially when trying not to use the restroom.
Shopping cart with aluminum foil wrapped around the handles to protect against sanitizers.
Some people wrapped the handles of their shopping cart with aluminum foil to avoid getting the chemicals on their hands.

**Curbside Service**

Some stores started to offer curbside pickup of orders, so people didn’t have to go inside. This was great for people with MCS – though those with electrical sensitivities were often excluded as most services required a mobile phone.

*Curbside pickup at a Walmart. The order is placed ahead of time using a smartphone app, then at a scheduled time slot the staff brings the goods out to the car.*

**Working from Home**

The pandemic made working from home normal, and will hopefully continue to make it acceptable in the future.
Working from home can greatly benefit workers with MCS, who no longer have to endure the colleagues’ perfumes, the toxic restroom and the overall poor indoor air quality of many workspaces.

It should also cut down on harassment against some of those brave enough to speak up about their need for better air in the office.

For those who already worked from home because of their MCS, it levelled the playing field when everybody started doing it. It became easier to participate in meetings when everybody used the same video system, instead of before where the person with MCS was the lone voice on a speakerphone struggling to keep up with what happened in the meeting room.

**Social isolation**

The Covid pandemic forced many people to endure social isolation to control the spread of the virus.

The media discussed at great length how people coped, from people singing from their individual balconies to outdoor church services with people sitting in their cars, to video chats on their computers.

Psychologists and psychiatrists published papers warning about the depressions, anxieties and other mental health effects of forced isolation. The levels rose sharply across the country and became as common as seen in people with severe MCS (Moyer, 2021). Of course, the difference was that it was not misinterpreted to blame the victims, as it is routinely done against people with MCS.

Perhaps this shared experience will help people better understand the social isolation imposed on people with environmental illness, and why so many become depressed or anxious – instead of using it to blame the victim and prop up attempts to de-legitimise the disease.

**Health care**

The Covid virus tends to be most deadly to people with existing health conditions. Many people with MCS have asthma, a compromised immune system and irritated lungs, so they are probably in greater danger of getting seriously sick if infected, though we have no data on this.
Checking into a hospital is perilous under normal circumstances, since they use many toxic chemicals and much wireless electronics. The staff has rarely received training in how to handle patients with environmental illness and some may be dismissive or even hostile towards their patients.

During a pandemic the staff will be extra busy and even less likely to listen and try to accommodate patients with this disability.

Breathing in chemicals that cause irritation of the airways is not a good idea when the Covid virus targets the lungs.

Fortunately, people with environmental illness are less likely to get infected, since they have to avoid other people anyway to be safe from their chemicals and electronic gadgets. They do social distancing anyway.

**The disbelieved**

About six months into the pandemic, mainstream media started reporting that some people didn’t recover from Covid. Called the “long-haulers” or “long covid” they struggled with debilitating symptoms for months. And they also had to struggle with doctors and friends who didn’t believe them (Young, 2020; Economist, 2020; Ducharme, 2020; Rushworth, 2020). The same story as people with MCS, EHS, CFS are routinely subjected to.

**Covid strikes the MCS community**

Despite the precautions, two people with environmental illness contracted Covid-19 while living in the Snowflake, Arizona community. The first was a middle-aged man who refused to go to the hospital despite severe symptoms. He was severely sick for weeks and took months to recover.

The second was an elderly woman with both MCS and EHS. She broke her hip in a fall and had to go to the local hospital where she got infected with Covid. It quickly destroyed her lungs. Since there was no hope of recovery and the hospital staff didn’t accommodate her environmental needs, she chose to die at home. Here her husband could take care of her in a humane way.

The community held an outdoor memorial service in her honor (see picture).
The Snowflake EI community holds a memorial service for its Covid-19 victim. The low structure is a flower bed.

The vaccines

The big conundrum is whether to take the vaccine, and which one. Getting Covid may be worse for people with environmental illness than it is for the general population, especially if a hospital stay becomes necessary (hospitals are ill equipped to handle EI patients).

On the other hand vaccines are often a problem for people with EI. Both the vaccine itself and the preservatives.

There has been a lot of waiting for others to go first. This writer knows a dozen people with severe MCS who got vaccinated, most had no problems while one was severely sick for five months after taking the Pfizer vaccine.

As we are experts in social distancing and living in isolation many have decided to wait it out. After all, most of us rarely or never get any flu or colds.

More Information
For other articles about environmental illnesses, go to [www.eiwellspring.org](http://www.eiwellspring.org).

**References**


Rushworth, Sebastian. What is long covid?, personal blog of Sebastian Rushworth, MD, November 17, 2020.


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