



MCS Clean Air Initiative Schleswig-Holstein, Germany
Breathing safely – free from smoke and fragrance

Initiative by and for people with Multiple Chemical Sensitivity (MCS)

Contact:
MCS-Atemluftinitiative Schleswig-Holstein

www.mcs-atemluftinitiative-sh.de
kontakt@mcs-atemluftinitiative-sh.de

[Mastodon](#)
[RSS Feed](#)

Title Of Submission:

Intersectional Forms of Discrimination Against Women and Girls with Multiple Chemical Sensitivity (MCS):

Protection from Chemical Violence and the Need for Explicit Naming and Recognition

This document is submitted in response to the United Nations CALL FOR WRITTEN SUBMISSIONS on the draft *Guidelines on Addressing Multiple and Intersectional Forms of Discrimination against Women and Girls with Disabilities* <https://www.ohchr.org/en/calls-for-input/2025/call-written-submissions-draft-guidelines-addressing-multiple-and>

Date: October 29, 2025
Submitted by: MCS Clean Air Initiative Schleswig-Holstein, Germany

Introduction

The MCS Clean Air Initiative Schleswig-Holstein welcomes the opportunity to contribute to the development of the *Guidelines on addressing multiple and intersectional forms of discrimination against women and girls with disabilities*.

The MCS Clean Air Initiative Schleswig-Holstein is a self-advocacy organization of persons with environmentally induced disabilities resulting from Multiple Chemical Sensitivity (MCS). It works to promote the rights to a healthy environment, health, equality and inclusion.

MCS is a chronic condition that causes severe physical reactions to minute amounts of everyday chemicals such as fragrance chemicals, cleaning agents, building materials, tobacco smoke, exhaust fumes or pesticides. No causal treatment is currently known; avoidance of exposure is regarded as the key recognised measure for stabilising the course of the illness. Chemicals exert effects both through contact and absorption into the body. MCS causes significant suffering and can lead to complete social isolation. The majority of those affected are women.

The discrimination of women and girls with MCS is characterized by the close interconnection between the chemical nature of their impairment and gender-specific forms of discrimination. This creates a dynamic in which participation itself becomes an obstacle and invisibility reinforces itself. This dynamic has resulted in normative and institutional gaps within equality and disability policies, leading to the marginalization of MCS—individually, collectively and historically. While gender equality and disability policies have advanced over recent decades, chemical accessibility has remained unaddressed and is still not recognized as part of disability-related progress.

To end this persistent invisibility, a shift towards explicit naming and legal clarification is required. MCS must be explicitly named and integrated into guidelines as well as policy and legal frameworks to ensure that the rights of women and girls with MCS become visible and effective.



Theme 1 – Recognition of Disability and Denial of Reasonable Accommodation

Lack of recognition and mandate leading to discrimination against women and girls with MCS

Effective protection of women and girls with MCS fails legally due to the absence of explicit clarification and practically due to inadequate implementation. MCS is neither explicitly recognized in law and policy nor treated in practice as a disability within the meaning of the CRPD. Chemical barriers remain unaddressed and reasonable accommodation is not provided.

Chemical exposures are not recognized in law, policy or practice as barriers—for instance, through fragrance chemicals in buildings, transport and workplaces. Awareness of chemical accessibility is lacking; chemical exposures fall outside established concepts of accessibility.

Characteristic mechanisms of MCS are central factors:

1. **The key role of chemical accessibility**

Chemical accessibility is a fundamental prerequisite not only for equal participation but also for the protection of health. Only in chemically safe and barrier-free environments can health stability be maintained and participation in society become possible.

The individual need for chemically safe environments is closely linked to the severity of the condition: the more severe the illness, the broader the range of intolerable substances and the lower the harmful dose.

2. **Exacerbation of impairment through participation**

There is a mutually causal relationship between illness, impairment and disability. Where chemical accessibility is lacking, participation experiences harm health and aggravate the illness. As the illness progresses, dependence on chemical accessibility for future participation simultaneously increases. Participation thus becomes a source of further exclusion and—without chemical accessibility—ultimately prevents itself. Figuratively speaking: “one step forward, ten steps back” or “exclusion through participation” – a participation paradox.

3. **Structurally enforced withdrawal**

Where chemical accessibility is lacking, withdrawal is often the only way for affected persons to protect their health. Such withdrawal remains unnoticed or is misinterpreted as a personal choice rather than recognized as the consequence of structural barriers. It does not appear in public perception, statistics or decision-making processes as an expression of social exclusion—remaining simply unrecorded. This perceptual gap reinforces invisibility.

Women and girls with MCS are systematically overlooked in law, policy and practice. Their impairment is invisible, and their symptoms depend on the chemical environment. Outwardly, they appear healthy. The connection between environment and impairment cannot, by its nature, become publicly visible—health security and social presence are mutually exclusive. The environment itself is part of the phenomenon, yet it remains unacknowledged. This makes MCS relevant everywhere, yet visible nowhere.

Experience, participation and institutional learning cannot evolve in the usual way—gradually and in collaboration with affected persons. As a result, those affected remain excluded from perception, data collection and decision-making processes. Existing programmes and measures are designed for permanent, environment-independent impairments and fail to address the situational and environmentally dependent dynamics of MCS. Gender-based discrimination further amplifies these mechanisms.

Categories and concepts in law, policy and practice through which women and girls with MCS could become visible are lacking. This entrenches a structural gap that systematically denies them access to rights, protection and participation. Through explicit recognition of MCS and the substantive refinement of legal and conceptual frameworks, this dynamic can be broken and genuine equality realized.



Recommended Core Measures

1. States parties should explicitly include MCS in equality, disability and anti-discrimination legislation and establish the basis for chemical-related mandates and institutional responsibilities.
2. States parties and the Committee should recognize that the limited participation of women and girls with MCS results from structural exclusion and dismantle its underlying mechanisms.
3. States parties should create new categories and systematically embed women and girls with MCS in existing equality, participation and decision-making mechanisms to enhance their visibility.
4. States parties should clarify in law that chemical exposures, including fragrance chemicals, constitute participation barriers and that their removal is an integral part of accessibility and health protection for women and girls with MCS.
5. States parties should promote awareness-raising on chemical barriers.

Theme 2 – Recognition of Multiple and Intersectional Form of Discrimination

Lack of consideration of environmental health and individual chemical vulnerability leading to discrimination against women and girls with MCS

The intersectional discrimination faced by women and girls with MCS has not yet been recognized. The following factors interact and form the basis of chemical-related discrimination affecting them:

a) **Environmental health**

Environmental health determines structurally who can live healthily, safely and with the ability to participate. Environmental pollutants impair both health and participation. Nevertheless, environmental health has not yet been acknowledged in equality and anti-discrimination frameworks as a social determinant of inequality. Women and girls are more frequently exposed to chemical pollutants due to gendered roles—for example, in care work, cleaning or cosmetics.

b) **Individual resilience to environmental chemicals**

Resilience to environmental chemicals differs between sexes and changes across life stages. It determines how individuals tolerate environmental exposures and therefore influences participation opportunities. Biologically, women and girls tend to have lower resilience.

Women and girls with MCS face higher exposure risks, reduced chemical resilience and greater trivialization of their symptoms. This combination—of increased risk, diminished resilience and epistemic devaluation—forms a starting point of intersectional discrimination. In interaction with MCS-specific mechanisms, a dynamic emerges in which disability, environment, health and gender intersect and reinforce discrimination.



Examples of intersectional discrimination:

- Medical/gender-related:
Reduced chemical resilience, misinterpretation of symptoms, lack of recognition of protection needs.
- Social/political:
Invisibility leads to isolation, loss of income and exclusion from statistics and strategic planning.
- Environmental health-related
Lack of chemical accessibility leads to continued exposure; chemicals, including fragrance chemicals, are not recognized as barriers.

Recommended Core Measures

1. The Committee and States parties should explicitly and systematically recognize women and girls with MCS as persons affected by intersectional discrimination within guidelines, strategies and implementation frameworks.
2. States parties should explicitly recognize both environmental health and individual resilience to environmental chemicals as context factors relevant to discrimination.
3. States parties should integrate the expertise of self-advocacy organizations into policymaking and reporting to ensure that intersectional links between environment, gender and disability are addressed in a rights-based manner.

Theme 3 – Data Collection and Intersectionality

Lack of data on women and girls with MCS and intersectional discrimination

No systematically disaggregated data on women and girls with MCS are collected at either national or European level. Data collection on MCS and on chemical exposures or barriers does not yet take place. By relying on inaccurate categories, existing databases effectively exclude the analysis of MCS-relevant aspects—for example, within international diagnostic classification systems and official disability statistics. MCS is systematically omitted from planning processes related to health, care, gender equality policy and accessibility.

Recommended Core Measure

1. States parties should establish dedicated categories and systematically collect data on MCS and chemical barriers in health, social and equality statistics, based on a clinical-environmental, non-psychologising approach and internationally recognized consensus criteria.



Theme 4 – Groups at Highest Risk of Multiple and Intersectional Discrimination

High-risk groups among women and girls with MCS

All women and girls with MCS are severely affected by multiple and intersectional discrimination. For all of them, the restrictions and suffering caused by MCS-specific discrimination are profound and existential. Each experiences violations of physical integrity through everyday chemical violence; trauma, isolation and suicidal thoughts are frequent consequences.

The risk of multiple and intersectional discrimination is particularly high for women and girls with MCS who are:

- **At a young age:**
During this socially formative stage of life, those affected are often unable to form relationships, complete education or vocational training, or build economic independence.
- **At an older age or with additional illnesses:**
They face neglect and helplessness due to a lack of access to safe, chemically accessible medical and care services.
- **In certain predominantly female-dominated occupations:**
Work-related chemical exposure worsens the course of MCS – for example in hairdressing, cleaning, care, or cosmetics.
- **Living in urban areas:**
They experience a worsening of their condition due to high pollutant levels caused by dense populations and a lack of access to low-emission retreat spaces.
- **Living in poverty:**
They cannot afford the medically necessary, pollutant-free lifestyle—including suitable housing, healthy nutrition, or private medical services.
- **With additional disabilities:**
They are more dependent on support services and less able to protect themselves from chemical exposures. Public services lack chemical accessibility, worsening the course of MCS.
- **In situations of war, displacement or disasters:**
Such conditions drastically worsen their situation; chemical exposures increase sharply and chemical accessibility collapses. Affected individuals have little possibility to protect themselves from exposure and are subjected to additional environmental hazards—such as destroyed infrastructure, smoke, exhaust fumes or the use of chemical (war) agents. The systematic lack of consideration results in a precarious situation regarding protection and care for women and girls with MCS, with serious health risks and limited access to safe shelter and humanitarian assistance.

Recommended Core Measures

1. States parties should explicitly consider the specific risk situations of women and girls with MCS in equality and anti-discrimination policies in order to develop effective protection and participation strategies.
2. States parties should explicitly include the needs of women and girls with MCS in disaster risk reduction and civil protection plans—ensuring the provision of chemical-free spaces and adapting procurement standards accordingly. Emergency services and the public should receive training on chemical accessibility.



Theme 5 – Main Forms of Intersectional Discrimination and Violence

Main forms of intersectional discrimination and violence against women and girls with MCS

Women and girls with MCS experience systematic devaluation: their symptoms are frequently misinterpreted, trivialized or psychologized; their sensitivity is perceived as a personal weakness rather than as an expression of an environmentally induced impairment of their bodies. Chemicals are not recognized as actual environmental causes, and necessary protective measures are not taken. Health risks persist. Under these conditions, the typical mechanisms of MCS unfold — exclusion through participation and enforced withdrawal. Against the backdrop of predominantly female prevalence, a specific form of discrimination and violence has developed, historically embedded in gendered social structures and leading to sustained marginalization.

Resilience-based discrimination and chemical violence as environmentally induced forms of discrimination and violence are not yet recognized or addressed in law, policy or practice — yet they form the core of the daily vulnerability and lack of protection of women and girls with MCS.

Resilience-based discrimination:

This refers to disadvantage resulting from unequal health impacts of chemical environmental pollution — including exposures to chemicals and fragrance chemicals in indoor and outdoor environments. It is particularly evident where legal, medical and social systems fail to recognize chemical barriers as participation barriers of equal significance and where individual differences in resilience to environmental chemicals are ignored or devalued.

Chemical violence:

Repeated or continuous chemical exposures to which women and girls with MCS are involuntarily subjected cause worsening of MCS, pain, loss of control over bodily integrity and loss of self-determination regarding their place of stay. It arises where harmful exposures are continued, tolerated or socially normalized — particularly in situations where those affected cannot escape. The obligation to endure chemical violence is often misinterpreted as evidence that no violence has occurred.

Chemical violence is frequently intertwined with emotional or psychological violence. Because exposures often occur in close social settings — such as within families, workplaces or support relationships — it is associated with dependency, helplessness, betrayal, breach of trust and isolation. It is often linked to the behaviour of close persons and the use of perfumed personal care products, tobacco smoke or cleaning agents. Chemical violence causes harm on multiple levels simultaneously, yet it is not socially recognized as a form of violence. The resulting trauma significantly increases the physical and social vulnerability of women and girls with MCS.

Discrimination in law and health:

The absence of effective legal remedies leaves those affected without legal protection against chemical violence.

Structural violence:

Access to essential goods is often only possible in forms that endanger health. Chemical exposures render living environments, housing, food and everyday consumer goods unusable or harmful. Because of the ubiquity of chemicals, those affected are in constant search of a safe place.

Institutional violence:

The lack of mandates and the failure to provide reasonable accommodation prevent access to rights, services and protection mechanisms.

Social violence:

Loss of social contact and belonging due to the ubiquity of (fragrance) chemicals, lack of reasonable accommodation and consideration, and exclusionary group dynamics.

**Economic violence:**

Loss of income resulting from the absence of chemical accessibility, exclusion from employment and social security and dependence on partners or the state.

Political violence:

Exclusion from participation, decision-making and representation in political and disability structures and the structural ineffectiveness of self-advocacy.

Medical violence:

Specialized medical care is lacking due to the structural weakening of the field of clinical environmental medicine (Robert Koch Institute, *Environmental Diseases in Germany*, 2020). Misdiagnosis; denial of tolerable medication, financial coverage, diagnostics or reasonable accommodation further compromise health and dignity.

Epistemic violence:

The denial of chemical violence devalues lived experience and deprives the experiences of women and girls with MCS of their legitimacy. Unconscious bias, as well as the misinterpretation of physical symptoms as psychological problems in medicine, administration and daily practice, perpetuate this devaluation and normalise it socially.

Examples of intersectional constellations:

- A girl with MCS is excluded from vocational school because classmates wear perfume and no adjustments are made. She experiences devaluation by her peers. When her mother contacts the school's social service, she is advised to tolerate the situation due to expected resistance from other parents. The girl is once again devalued — losing her chance for qualification and economic independence.
- A woman with MCS suffers recurring health damage from fragrance chemicals entering her apartment from a neighbouring flat. Authorities deny responsibility, leaving her without legal protection. As her condition worsens, she experiences social exclusion within the housing community, loses her job and income due to lack of accessibility, and can barely afford medical care. Her situation continues to deteriorate.
- A woman with MCS must forgo attending her mother's funeral because her request for a fragrance-free environment is expected to be ignored. Her necessary self-protection is interpreted by her family as a personal affront, resulting in rejection and devaluation. Familial exclusion thus becomes entrenched as a consequence of denied accommodation.
- A woman with MCS depends on residential care; no smoke- and fragrance-free facility exists. She is therefore placed in an institution without reasonable accommodation and with ongoing harmful chemical exposures. Her condition deteriorates further due to medical and nursing practices that disregard her MCS. Even in the palliative stage of her life, she is denied a dignified, violence-free farewell.

Recommended Core Measures

1. States parties should explicitly recognize resilience-based discrimination as an intersectional form of structural disadvantage and enshrine it in equality, disability and environmental law.
2. States parties should recognize chemical violence as a distinct form of gender- and disability-based violence and grant it the same protective status as other recognized forms of violence.
3. States parties should establish effective protection obligations to prevent chemical discrimination and violence against women and girls with MCS.



Theme 6 – Areas of Life Marked by Exclusion from Rights and Participation

Areas of particular discrimination risk for women and girls with MCS

Women and girls with MCS are subjected to ongoing chemical violence and structural exclusion across nearly all areas of life. Everyday exposures cause pain, fear, withdrawal and loss of fundamental rights.

The following areas are particularly affected:

Housing:

Pollutant-free housing is indispensable as a place of recovery and protection but is rarely available. The absence of legal entitlements and effective protection forces many women to live under health-damaging conditions—some become homeless or live in vehicles. A safe retreat often does not exist.

Health and care:

Medical facilities are not chemically accessible. Treatments take place under conditions that trigger physical reactions and worsen health. The lack of environmental medical care and the misinterpretation of symptoms as psychological lead to structural violence within the healthcare system.

Education and employment:

Schools and workplaces are rarely chemically accessible. Girls and women must either participate under conditions of chemical violence or lose access to education and employment. The absence of accommodation measures leads to economic dependency.

Political participation:

Events and polling stations are seldom accessible. Women and girls with MCS are effectively excluded from democratic participation.

Mobility:

Transport and public spaces are contaminated with fragrance chemicals and tobacco smoke. Routes to doctors, public authorities or educational institutions are associated with pain or danger. As a result, many women lose freedom of movement, autonomy and social participation.

Recommended Core Measure

1. States parties should systematically integrate chemical accessibility—including the elimination of tobacco smoke, perfumes and other fragrance chemicals—into all areas of life as a prerequisite for health and equal participation. Cross-sectoral standards, guidelines and training programmes should be developed to ensure practical implementation.



Theme 7 – Remedies and Access to Justice

Lack of accessibility and effectiveness of remedies for women and girls with MCS

Legal remedies remain largely ineffective because MCS lacks clear legal recognition and proof of disability or discrimination is rarely accepted. Proceedings are frequently discontinued or dismissed.

Advisory and complaints bodies are frequently not chemically accessible. Affected persons can rarely participate in hearings, court proceedings or mediation without being subjected to chemical violence. Chemical violence or discrimination is not recognized in jurisprudence. Exposures are assessed according to general threshold values, disregarding individual vulnerability in MCS cases—constituting indirect discrimination. Equality and anti-discrimination bodies lack both the mandate and expertise to identify chemical barriers as constituting discrimination. From the forced exposure to chemicals during proceedings, a false inference is often drawn of general tolerability, which is then used as evidence that the legal case itself involves no undue burden — perpetuating structural vulnerability.

Recommended Core Measures

1. States parties should legally recognize chemical-related discrimination and chemical violence as human rights violations in order to ensure protection and legal certainty.
2. States parties should guarantee that courts, advisory and complaints bodies are accessible in fragrance- and pollutant-free conditions.
3. States parties should introduce mandatory training on MCS and chemical accessibility for the judiciary, public administration and equality bodies.

Theme 8 – Positive Initiatives and Good Practices

Lack of strategies and programmes addressing women and girls with MCS

At the national and European levels, there are no strategies that address women and girls with MCS. Only two projects in Europe enable safe housing for persons with MCS: the smoke-, fragrance- and pollutant-free residential initiatives in Zurich-Leimbach (Switzerland) and, in future, in Aarhus (Denmark).

Recommended Core Measure

1. States parties should develop programmes and funding structures that systematically strengthen chemical accessibility, research on MCS, and international exchange of good practices—based on a clinical-environmental, non-psychologizing approach and in accordance with internationally recognized consensus criteria.

Conclusion

The UN Committee should explicitly include women and girls with MCS in its guidelines on multiple and intersectional discrimination – to close the blind spot between environmental health, gender and disability and to anchor their right to a health-protective and barrier-free environment.