MCS Clean Air Initiative Schleswig-Holstein, Germany
Breathing safely – free from smoke and fragrance
Initiative by and for people with Multiple Chemical Sensitivity (MCS)

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Clean Air and Accessibility for All — Including Persons with Multiple Chemical Sensitivity (MCS) and Other Environmentally Induced Disabilities

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Introduction

The MCS Clean Air Initiative Schleswig-Holstein welcomes the call of the Special Rapporteur on the right to a clean, healthy and sustainable environment in preparation for his report to be presented to the Human Rights Council in March 2026. We appreciate the opportunity to contribute our perspective and experience through this submission.

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

MCS is a chronic disabling condition resulting from exposure to environmental pollutants. Affected persons experience health impairments from extremely low concentrations of everyday chemicals – for example from cleaning agents, fragrance chemicals, building materials, smoke, exhaust fumes, or pesticides.

This submission emphasizes the interconnection between environmental health and the human rights of persons with disabilities. The human right to clean air must ensure the protection of persons with environmentally induced disabilities and address their specific needs. Chemical and fragrance-related exposures, low-dose effects, and indoor air quality are key factors. A human-rights-based approach to air quality management must jointly consider health, disability, and social dimensions.

1 Response to Question No. 1: Information regarding scientific evidence on the harms and risks of air pollution to human health

A recent study by *Leuphana University Lüneburg* and the *Stockholm Resilience Centre* finds that existing chemical regulations are reaching their limits. They can no longer keep pace with the dynamic expansion of the chemical landscape, the vast number of substances (over 350.000 registered substances and mixtures), and the largely unpredictable toxicological “cocktail effects”. The study warns that global chemical pollution has already exceeded planetary boundaries and calls for a significant reduction of exposure, consistent application of the precautionary principle, and the strengthening of international regulation and transparent substance databases (Scheringer & Schulz, 2025).

New research shows that volatile organic compounds (VOCs) from household and consumer products now contribute as much or even more to air pollution than vehicle exhaust. Studies confirm that household and fragrance chemicals have become a major source of urban VOCs (McDonald et al. 2018; NOAA New York; Forschungszentrum Jülich / Pfannerstill). While traffic and industry are regulated, household and fragrance products are not, creating a significant regulatory gap. These substances contribute to ozone formation and secondary particulate matter and demonstrably harm both the environment and the climate. VOCs affect the central nervous system and may trigger inflammation, oxidative stress, and hormonal dysregulation. The existing gap leads to avoidable burdens on air quality and public health.

Public risk assessments of fragrance chemicals have so far focused primarily on dermal exposure. Inhalation effects – for example from VOCs emitted by perfumes and air-freshening products – remain inadequately addressed.

In Germany, there are no specific protection concepts or monitoring standards for vulnerable or marginalized groups. Persons with MCS face multiple and intersectional discrimination – for instance, women with MCS whose chemical sensitivity puts them at risk from fragrance chemicals and whose right to bodily integrity is effectively violated when their disability is misunderstood or trivialized due to misconceived assumptions.

This situation demonstrates that chemical air and environmental pollution are not merely environmental but also human-rights and equality issues – in line with Articles 25 (Health) and 5 (Equality and Non-Discrimination) of the UN CRPD. Nevertheless, MCS remains largely invisible in Germany and Europe – both in policy implementation and in public perception.

2 Response to Question No. 2: Information regarding air-monitoring networks

There is no systematic monitoring of volatile organic compounds (VOCs) in indoor environments — particularly those emitted from fragrance chemicals, cleaning products, or plasticizers. Harmful substances such as formaldehyde, benzene, toluene, xylene, or acetaldehyde are not regularly monitored, even though they frequently occur in everyday life — for instance, as secondary products of perfumed goods or indoor materials. Awareness of the need to prevent exposure to these substances is largely lacking, including in sensitive settings such as schools, care facilities, and healthcare institutions.

A legal framework for monitoring and assessing VOCs in indoor air does not yet exist. As a result, exposures and health risks remain undetected and politically neglected. Persons with environmentally induced disabilities such as MCS are particularly affected, reacting even to very low concentrations that are not captured by current air-monitoring systems. In this context, no link is made to environmentally induced disabilities, leaving the situation of persons with MCS invisible.

3 Response to Question No. 3: Sources of information for reliable data on clean air

Policy assessments of air quality rely primarily on government data that exclude indoor chemical pollution and its health impacts. From our perspective, a key concern is the absence of data on the situation of persons with MCS and other environmentally induced disabilities.

Disaggregated data by disability, gender, income, and age are missing.
Persons affected and their self-advocacy organizations are not involved in data collection or research, even though their lived experience provides essential insights into real-world risks. A sound knowledge base for the human right to clean air therefore requires systematic inclusion of indoor environments, chemical exposures, and environmentally induced disabilities.

4 Response to Question No. 4: Information regarding existing national or local policies, programs, norms or regulations

4.1 Lack of recognition of air quality as a precondition for accessibility for persons with environmentally induced disabilities

Polluted air—indoors and outdoors—constitutes a material barrier for persons with MCS, impairing their bodily integrity and equal access to spaces and services (Articles 9 and 17 CRPD). The lack of regulation of chemical and fragrance products therefore represents a violation of States' protection obligations.

4.2 Structural discrimination of persons with MCS and lack of a human-rights dimension in air-quality standards

Persons with Multiple Chemical Sensitivity remain largely invisible in politics and public administration. Their physical reactions to trace amounts of everyday chemicals are often misinterpreted rather than recognized as a barrier and human-rights issue. In Germany, there are still no effective measures embedding fragrance-free and low-emission environments as part of accessibility. For persons with MCS, this concerns healthy indoor and outdoor air and safe living conditions. Because of widespread air contamination, many cannot find tolerable housing. Basic support services—such as nursing, healthcare, or social services—are often inaccessible because staff, vehicles, and facilities are routinely contaminated with fragrances and cleaning chemicals.

This structural invisibility and discrimination have already been explicitly acknowledged at the United Nations level. In March 2025, the UN Committee on the Rights of Persons with Disabilities stated in its *Concluding Observations on Canada* (CRPD/C/CAN/CO/2-3, para. 9) that persons with MCS face discrimination and stigmatization. Likewise, the UN Special Rapporteur on toxics and human rights, Marcos Orellana, emphasized in his report *"Gender and Hazardous Substances"* (A/79/163, 2024) that MCS is an example of a health condition caused by toxic exposure with a pronounced gender dimension. He found that women are more frequently stigmatized and misdiagnosed due to gender bias in health systems.

These two UN documents mark the beginning of an overdue human-rights discourse on MCS that requires continued international and national commitment and decisive political progress. MCS must be explicitly integrated into all human-rights-related strategies. Chemically induced sensitivities must be systematically included in equality, health, and environmental policies.

In Europe and Germany, awareness of these international developments remains minimal, and political action is entirely lacking. These omissions underline the urgent need for decisive measures. EU Member States and Germany must urgently develop strategies to safeguard the health and participation of persons with MCS. The existing gaps contradict their obligations under the UN Convention on the Rights of Persons with Disabilities, particularly Articles 5, 9, 25, and 29.

4.3 Awareness of health impacts and inhalation of VOCs from fragrance chemicals (Second-hand Fragrance Exposure)

There is still no public awareness of the phenomenon known as "second-hand fragrance exposure" or "second-hand scents" – forms of chemical air pollution resulting from the use of fragranced products such as perfumes, air fresheners, or scented cosmetics. Similar to the concept of *second-hand smoke*, fragrance emissions affect not only users but also everyone nearby. Indoor air contamination through second-hand fragrance exposure is neither systematically assessed nor regulated at the EU level, even though these emissions demonstrably generate health costs and create barriers for persons with environmentally induced disabilities. People with MCS currently rely on the voluntary consideration of those around them; however, there are no binding legal provisions to protect them from exposure.

4.4 Lack of information on fragrance chemicals in cosmetics and detergents—especially relevant for persons with environmentally induced disabilities

In personal-care, laundry, and cleaning products, manufacturers in the European Union may use around 3 000 fragrance chemicals listed collectively as *"parfum"* or *"fragrance."* The precise composition remains protected as a trade secret (Regulations (EC) No 1223/2009 and No 648/2004).

This secrecy contradicts the rights to information, health protection, and participation in a healthy environment because neither authorities nor consumers can know which substances they are exposed to. (The current requirement to label 26—or now 82—known sensitizing fragrance ingredients does not provide sufficient transparency.)

4.5 Creation of barriers through ambient scenting

Ambient scenting endangers the health of persons with MCS and regularly denies them access to public facilities, transportation, and stores. Calls for banning chemical room-fragrance products have so far failed, often citing a lack of data. Systematic health data on such products are not collected.

Because no appropriate EU regulation exists, these products are instead subsumed under Regulation (EC) No 1935/2004 (and the corresponding German *BedGgstV*), which does not provide for any health assessment. This jurisdictional misclassification prevents health-impact data on ambient-scent products from being requested.

Persons with MCS and other environmentally induced disabilities remain inadequately protected in all EU Member States. A human-rights-based reform must ensure that everyone can enter public and sensitive spaces without being exposed to ambient scenting or avoidable chemical hazards.

4.6 Insufficient protection against pesticides and pesticide drift

Health effects from inhalation of pesticides are insufficiently considered. Many active substances are volatile and enter the air through drift, evaporation, or indoor use. Inhalation exposure to pesticides is still not systematically addressed in air-quality or health-surveillance policies. Related health risks are underestimated in public assessment.

For persons with MCS, proximity to conventional agriculture and resulting pesticide drift pose serious threats and further restrict the already limited possibility of living in chemically barrier-free housing.

4.7 Inadequate protection from tobacco smoke—especially for persons with MCS

Germany's legal framework on tobacco-smoke protection remains insufficient. Smoking is largely permitted in outdoor public areas. As an element of accessibility, smoke-free zones are rarely implemented. Entrances are often not sufficiently smoke-free – even in sensitive areas such as hospitals or government offices.

5 Response to Question No. 5: Challenges and opportunities to better incorporate health risks into environmental policies and measures

5.1 Precautionary principle and intergenerational responsibility in the context of environmental illnesses

The global increase in chemical air pollution is mirrored by the sharp rise in environmentally related illnesses such as MCS. A U.S. study found that the prevalence of MCS more than tripled between 2006 (2.5 %) and 2016 (12.8 %) (Steinemann 2018). Women are disproportionately affected; pregnant women, children, and unborn babies—especially girls—are particularly vulnerable due to hormonal, immunological, and metabolic sensitivities. Global crises such as war, displacement, environmental disasters, and poverty further heighten this vulnerability. Protecting the air we breathe is therefore a question of intergenerational justice.

MCS highlights the urgency of consistently reducing chemical pollution, as existing regulations fail to adequately protect the health of sensitive groups and future generations. The precautionary principle must guide air-quality policy. Key steps include minimizing emissions and separating harmful substances at the source—through fragrance-free and low-emission products, clear labeling requirements, and awareness training.

5.2 Public information and awareness-raising

Public information campaigns or recommendations to avoid fragranced products are still rare—even in sensitive contexts such as schools, healthcare, or public administration—although such measures would substantially contribute to health protection, accessibility, and societal awareness. Stronger education on chemical air pollution and its effects on persons with disabilities is essential to enable environmentally disabled people to live safely and with dignity.

6 Summary of Recommendations

To States and Authorities

1. Act in line with human rights: Recognize indoor air as part of the human right to clean air and consistently apply the precautionary principle – in accordance with the findings of the UN Committee on the Rights of Persons with Disabilities (CRPD/C/CAN/CO/2-3, 2025) and the UN Special Rapporteur on toxics and human rights (A/79/163, 2024).
2. Anchor fragrance- and chemical-safety in law: Define fragrance-free and low-emission environments as a binding component of accessibility – through regulation of fragrance chemicals, prohibition of ambient scenting, and establishment of fragrance-free zones in public buildings and transport.
3. Expand health standards: Establish human-rights-based VOC limits, product-labeling rules, and emission standards that explicitly include sensitive population groups.
4. Strengthen knowledge and awareness: Integrate MCS and VOC issues into medical education, research, and public information campaigns.
5. Ensure participation and protection: Systematically involve self-advocacy organizations in line with Article 4 CRPD, and extend existing protective laws – such as those on smoke-free environments and pesticides – to explicitly include accessibility dimensions.

To the United Nations

1. Include indoor air and fragrance chemicals in the mandate on the Right to Clean Air.
2. Develop international guidelines on the consideration of environmentally induced disabilities.

7 Conclusion

The human right to clean air must explicitly include indoor environments and vulnerable groups, particularly persons with Multiple Chemical Sensitivity (MCS). Fragrance chemicals and volatile organic compounds (VOCs) are real yet neglected airborne pollutants. For hundreds of millions of people worldwide who react adversely to chemical exposures – including those with MCS and related conditions – fragranced indoor air, including second-hand fragrance exposure, constitutes a barrier that limits access to education, employment, political participation, and healthcare.

Persons with MCS illustrate how chemical air pollution leads to disability, exclusion, and violations of human rights. Protecting future generations from these emissions is a matter of intergenerational responsibility and part of States' duty to safeguard the right to a clean, healthy, and sustainable environment.

The triple planetary crisis of climate change, biodiversity loss, and chemical pollution disproportionately affects those already disadvantaged and marginalized. Environmentally induced disabilities reveal how environmental degradation, health, and social participation are inseparably linked. MCS exemplifies the human dimension of this crisis and demonstrates the need to address the right to clean air and the rights of persons with disabilities together.
MCS offers a glimpse into a future where coming generations – particularly those already marginalized – may face similar health, social, and economic burdens that people with MCS are already experiencing today.