Environmental Health Associations of Canada and Québec

Report on Multiple Chemical Sensitivities (MCS)

United Nations Committee on the Rights of Persons with Disabilities

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The Environmental Health Association of Canada

and

The Environmental Health Association of Quebec

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Dedication

This report is dedicated to all those living with Multiple Chemical Sensitivity (MCS) in Canada and around the world. Your voices, struggles, and perseverance are the heart of this work, and we will not stop until your rights are fully recognized, your dignity upheld, and the protections you deserve are secured.

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Executive Summary

This report, compiled by the Environmental Health Associations of Canada and Quebec, addresses the urgent need for increased recognition and protection of individuals living with Multiple Chemical Sensitivity (MCS) under international human rights frameworks.

Key findings include:

Discrimination in housing and employment: Individuals with MCS face barriers securing accommodations or employment due to their need for healthy environments. They are often unable to access safe housing or workspaces free from perfumes, cleaning agents, and other chemicals.

Misunderstanding and misdiagnosis: MCS is frequently mistaken for a psychological disorder, leading to stigma, inadequate medical care, and social marginalization.

Lack of legal protections: Current laws fail to provide sufficient protection against intentional chemical exposure or offer clear legal recourse for those harmed by such exposure.

Barriers to healthcare: Many medical facilities fail to create fragrance-free, non-toxic spaces, preventing individuals with MCS from accessing necessary care.

Inaccessible public spaces: Public transportation, workplaces, and schools lack accommodations for individuals with MCS, limiting their participation in society.

This report concludes with recommendations urging governments and international bodies to strengthen legal protections, enhance public awareness, improve accessibility, and increase research funding. These actions are vital to ensuring individuals with MCS can live safe, dignified, and inclusive lives.

Introduction

Multiple Chemical Sensitivities (MCS) is a condition where individuals experience adverse reactions, including to low-level exposures to chemicals commonly found in everyday products, such as perfumes, cleaning agents, pesticides, and building materials. These reactions can range from mild to severe, and they often lead to significant disruptions in daily life. Symptoms can be multiple and involve many body systems. These can include intense headaches, chronic fatigue, dizziness, nausea, and gastrointestinal issues. Respiratory symptoms such as shortness of breath, wheezing, and chest tightness are also common. Skin reactions, including rashes and hives, can occur, and in extreme cases, anaphylaxis. Neurological symptoms like brain fog, memory loss, and difficulty concentrating are frequent. People with MCS may face barriers in accessing safe environments, healthcare, education, and employment. It is estimated that 3.5% of Canadians are affected by MCS, yet the condition remains largely misunderstood and overlooked .

The Convention on the Rights of Persons with Disabilities (CRPD) establishes a comprehensive framework for protecting and promoting the rights of persons with disabilities. Many provisions of the CRPD are critical to addressing the challenges faced by individuals with MCS, including those related to non-discrimination, accessibility, the right to health, and the right to live independently and participate fully in society.

However, individuals with MCS often encounter unique barriers that hinder their ability to exercise these rights, due in part to the lack of widespread recognition of MCS as a disability and the absence of specific accommodations in public and private spaces. This report seeks to examine the impact of MCS on the ability of affected individuals to fully enjoy the rights enshrined in the CRPD, and to propose targeted actions to address these challenges, ensuring that people with MCS are afforded the same rights and opportunities as others.

Article 5: Equality and Non-Discrimination

Individuals with MCS face significant barriers to equality and inclusion, primarily due to widespread misunderstanding and lack of recognition of the condition. MCS, which causes severe reactions to chemicals found in everyday products, often leads to exclusion from social, professional, and healthcare environments that others are able to access without issue.

In healthcare, individuals with MCS often experience misdiagnosis, dismissal, bias, or stigma from medical professionals who sometimes deliberately fail to recognize the condition or understand its severity. As a result, they may be denied appropriate treatment, leaving them without the medical support they need to manage their condition. This lack of understanding within healthcare systems limits access to care, further compounding the health challenges faced by those with MCS .

The physical environment is another critical area where discrimination occurs. Public spaces, workplaces, schools, and even healthcare facilities are typically not designed with the needs of people with MCS in mind. Exposure to chemicals in these spaces, whether in cleaning products, perfumes, or building materials, can trigger debilitating symptoms. As a result, individuals with MCS are often unable to safely access these environments, leading to their exclusion from many public and social spaces.

In the workplace, employment discrimination is prevalent. Many workplaces contain substances or chemicals that make it difficult or impossible for people with MCS to work without suffering severe health consequences. Despite the need for reasonable accommodations—such as fragrance-free, least-toxic spaces or flexible working arrangements—many people with MCS are either not provided with these adjustments or are forced to leave their jobs due to the lack of accessible options. This contributes to high levels of unemployment or underemployment among those with MCS, perpetuating financial instability and social marginalization.

Socially, individuals with MCS often face isolation and stigma, particularly because the condition is largely invisible to others. Those with MCS are frequently excluded from social events or family activities due to the chemical exposures that can trigger their symptoms. This exclusion is often compounded by a lack of understanding and empathy from friends, family, and the wider community, which exacerbates the social isolation felt by many.

Moreover, legal recognition of MCS as a disability remains inconsistent, leaving individuals without the full protections they need. While MCS has been officially recognized as a disability by the Canadian Human Rights Commission, the practical implementation and understanding of this status remains limited . Therefore, individuals with MCS are not entitled to the same accommodations or legal safeguards as those with other recognized disabilities. This lack of knowledge restricts their access to necessary accommodations in public spaces, healthcare settings, and workplaces, further limiting their full participation in society.

For individuals with MCS, these barriers to equality and non-discrimination are not only an ongoing source of hardship but also a direct denial of their right to live independently, access essential services, and participate fully in society. The lack of systemic support, legal protections, and public awareness leaves many people with MCS marginalized and vulnerable, underscoring the urgent need for greater recognition and action to ensure their rights are upheld.

Article 6: Women with disabilities

Women with MCS are disproportionately affected by the condition due to a combination of biological, social, and economic factors. While MCS can affect anyone, it is far more prevalent in women, and several interconnected reasons contribute to this disparity .

Biologically, women are more likely to develop MCS because of differences in physiology that make them more vulnerable to environmental toxins. Research indicates that women may accumulate a greater toxic burden over time due to differences in how chemicals are metabolized and stored in the body. This can increase their susceptibility to MCS, as repeated exposure to harmful substances can gradually lead to MCS. Women also tend to have higher levels of certain chemicals in their bodies due to their greater exposure to common household and personal care products. The cumulative effect of this exposure increases women’s vulnerability to developing MCS.

In addition to this, women with MCS frequently encounter misunderstanding and dismissal of their condition, both socially and within the healthcare system. Due to the invisibility of MCS, women are often told that their symptoms are exaggerated, psychological, or stress-related. This stigmatization results in delays in diagnosis and treatment, leaving many women without the care they need. When seeking medical attention, women may be met with skepticism or may be dismissed by healthcare providers who lack knowledge of MCS, further complicating their access to appropriate care. This misdiagnosis and medical neglect can worsen the severity of their condition, especially when their symptoms are misunderstood or ignored .

Economically, women with MCS face additional hardships. Employment discrimination is common, as many workplaces are not equipped to accommodate employees with MCS. Public spaces and professional environments often contain chemical products, air fresheners, and other substances that can trigger severe symptoms in individuals with MCS. Without appropriate accommodations—such as fragrance-free policies, air filtration systems, or the ability to work remotely—women may be forced to leave their jobs or are unable to find stable employment in the first place. This is particularly challenging for women who are often the primary caregivers for their families, as the combination of unemployment, underemployment, and healthcare costs creates significant economic strain .

The intersection of these biological, social, and economic factors creates a compounded set of barriers for women with MCS. They are more likely to face medical dismissal, employment discrimination, and social exclusion, all while dealing with the physical effects of a condition that is often misunderstood. These challenges make it harder for women with MCS to live independent, fulfilling lives and to participate fully in society. Addressing these issues requires an understanding of both the medical and gendered experiences of women with MCS, as their needs are shaped by a unique combination of factors that place them at a higher risk for experiencing the full impact of the condition.

Article 8: Awareness-raising

Raising awareness about MCS is a critical aspect of addressing the needs of those living with the condition. MCS is widely misunderstood and often dismissed, both in society at large and within the medical community. Despite increasing recognition of environmental health conditions, MCS continues to be poorly understood, leading to widespread misdiagnosis, marginalization, and discrimination. The lack of adequate awareness, both among healthcare professionals and the general public, has significant consequences for those suffering from MCS, as it directly impacts their ability to receive proper care, accommodations, and social acceptance.

Within the medical community, the need for greater awareness is crucial. Medical professionals, including general practitioners, specialists, and emergency room staff, often lack sufficient knowledge about MCS. This knowledge gap results in patients with MCS being dismissed, misdiagnosed, or, worse, stigmatized when they seek care for their symptoms. There is also a lack of consensus in the medical field regarding the causes and treatment of MCS, which further complicates diagnosis and care. Many healthcare providers still lack training in environmental health and toxicology, making it difficult for them to recognize the environmental factors that trigger MCS symptoms. Consequently, patients may face a series of incorrect diagnoses or be prescribed medications that do not address the root causes of their condition and may even make their condition worse.

An important element in this knowledge gap is the way MCS is often framed within the medical community. MCS is frequently misidentified as a psychiatric disorder, with patients being told their symptoms are “all in their heads.” This mislabeling perpetuates the idea that the condition is psychosomatic, rather than rooted in chemical exposure. Despite significant advancements in research that have clarified the physiological nature of MCS, some still continue to frame it as primarily psychological. This misrepresentation, which fails to incorporate recent scientific evidence, not only diminishes the recognized biological basis of the condition but also perpetuates stigma and misinformation, further marginalizing those affected .

This framing is problematic for several reasons. First, it directs patients towards ineffective treatments—such as psychotropic medications or counseling—rather than addressing the environmental factors that trigger their symptoms. Second, it fosters a cycle of invalidation and dismissal within the healthcare system, where individuals with MCS are treated as though their condition is imaginary, rather than as a serious, real medical issue. The lack of recognition of MCS as an environmental illness leaves individuals without the appropriate support and medical care that could help them manage their condition.

In addition to the medical field, awareness within society at large is equally important. MCS is not only a medical issue but a societal one that affects people’s ability to engage in daily life. From the workplace to public spaces, chemicals are ubiquitous, often triggering debilitating symptoms for individuals with MCS. Yet, there remains a profound lack of understanding about the condition in schools, workplaces, and social settings. This lack of empathy and understanding leads to social exclusion, as individuals with MCS may be forced to avoid certain public places, jobs, or events due to the prevalence of chemicals in those spaces. For example, workplaces and public transportation systems may be filled with fragrances, cleaning products, or other chemicals that create barriers for those with MCS, yet there is little societal pressure to create environments that are safe for everyone.

The lack of awareness also contributes to legislative neglect. Because MCS is often not recognized as a valid medical condition, many legal protections, such as those related to workplace accommodations or public access, are not extended to those who need them. In many countries, there are no legal mandates requiring businesses, schools, or government offices to provide a fragrance-free environment or to accommodate individuals with MCS by removing environmental triggers. This leaves people with MCS at a distinct disadvantage and unable to participate fully in society. The absence of recognition in laws and policies perpetuates a cycle of discrimination and marginalization for individuals living with MCS, making it even harder for them to find appropriate solutions to their challenges.

When medical professionals and society at large continue to frame MCS in terms of mental illness or "over-sensitivity," they not only invalidate the physical and biological aspects of the condition but also place blame on the individual for their symptoms. Misunderstanding the condition as a mental health issue undermines the lived experience of those who are genuinely suffering from a physical response to environmental toxins. This can lead to severe consequences, including the pathologization of normal human responses to toxic chemicals, denial of legitimate healthcare, and the prescribing of inappropriate treatments, such as antidepressants or anti-anxiety medication, which do not address the root cause of the condition and is reported to cause harm .

As people with MCS are continuously ignored by the medical system, dismissed by society, and made to feel as though their suffering is not valid, some may come to see suicide or assisted dying as the only means of ending their pain. This tragic outcome highlights the urgency of raising awareness about MCS, both within the healthcare field and in society at large.

Ultimately, addressing the lack of awareness surrounding MCS requires a multifaceted approach. Medical professionals must be educated about the condition, its causes, and appropriate treatments, moving beyond outdated assumptions that equate it with psychosomatic disorders. At the same time, public awareness campaigns must work to dismantle the stigma and misunderstandings surrounding MCS, creating a more inclusive and empathetic society that recognizes the real struggles of those living with the condition. This is essential not only to ensure accurate diagnosis and effective treatment but also to guarantee that individuals with MCS can lead fulfilling, healthy lives free from discrimination and marginalization.

Article 9: Accessibility

Accessibility is a fundamental right for all people, including those living with MCS. However, achieving true accessibility for individuals with MCS presents unique challenges, as many public spaces, workplaces, and even healthcare environments fail to account for the environmental triggers that exacerbate their condition. In addition to the physical barriers that many individuals with MCS face, such as chemical exposure in public places, there is also a systemic barrier created by the lack of transparency in how products are labeled and the general unawareness about the presence of chemicals that could trigger symptoms.

At its core, accessibility means that all individuals should have equal opportunity to participate in and benefit from societal spaces—whether that is in public settings, workplaces, schools, healthcare environments, or within private spaces. Yet, many spaces that should be accessible to all are inaccessible to those with MCS due to the widespread use of toxic chemicals, fragrances, and cleaning products that are not safe for individuals with MCS.

One of the significant barriers to creating truly accessible environments is the lack of transparency in product labeling. In many cases, household products, cosmetics, cleaning agents, and even building materials contain chemicals that may be harmful to people with MCS. However, the ingredients in many products are not clearly disclosed, or the information provided is inadequate for individuals with MCS to make informed choices. For instance, cleaning products may list "fragrance" or "perfume" as a catch-all term without specifying the exact chemicals involved, making it difficult for those with MCS to avoid them. This lack of transparency hinders true accessibility because people with MCS are unable to navigate the world around them with the confidence that they are avoiding triggers.

The lack of clear guidelines and legislation addressing fragrance-free, least-toxic environments means that people with MCS are often forced to make difficult decisions when it comes to participation in daily life. Whether it's choosing between work and health, or deciding whether to attend social events or remain isolated, individuals with MCS are left with limited options. The absence of accessible environments leads to increased marginalization and exclusion, as people with MCS are unable to fully engage in life's activities. This exclusion is not only a matter of comfort or preference—it directly impacts well-being, mental health, and economic participation. It also diminishes the overall quality of life for people with MCS, who face not only the challenge of managing their condition but also the constant frustration of being unable to access public and private spaces that should be available to everyone .

For true accessibility to be achieved for those living with MCS, a comprehensive approach must be adopted—one that includes greater transparency in product labeling, better regulation of chemicals, and policies that promote safer environments in public and private spaces. Public spaces, workplaces, and healthcare facilities must be designed with awareness of MCS, with clear protocols in place to minimize chemical exposure. This means requiring businesses and institutions to disclose their use of chemicals, enforce fragrance-free policies, and ensure that environments are accessible to those with environmental health conditions.

Additionally, educating both the public and policymakers about MCS is essential to breaking down the barriers to accessibility. People need to understand that the use of certain chemicals, fragrances, and cleaning agents can directly harm people with MCS, and that accommodating their needs is not only a matter of fairness but also a public health issue. True accessibility for those living with MCS requires systemic change, which will only be possible when the full range of chemical triggers are acknowledged, regulated, and controlled. Transparency in labeling is a critical step toward achieving this, as it allows individuals with MCS to make informed decisions about the products and spaces they engage with.

Article 10: Right to life

The right to life is a fundamental human right enshrined in international law, and it applies to all individuals, regardless of their health conditions. However, for people living with MCS, this basic right is increasingly under threat.

One of the most alarming and tragic outcomes for individuals with MCS is the growing number of people who have turned to medically assisted dying as a solution to their suffering. This phenomenon reflects a desperate reality for many who feel that their condition is not understood, their suffering is not validated, and no treatments are available that will improve their quality of life. Medical professionals who are unaware of or unsympathetic to the severity of MCS may, in some cases, suggest that individuals consider assisted dying as a solution. This is not only a tragic outcome but a direct consequence of misunderstanding the nature of MCS and the failure of medical systems to offer viable alternatives. To suggest that the right to die should be the only option available is not just a reflection of healthcare neglect—it is a failure to protect the right to life.

Moreover, people living with MCS also experience a fundamental denial of access to medical care. Medical facilities, including emergency rooms, hospitals, and clinics, often pose significant challenges for individuals with MCS. In healthcare settings, common chemicals such as cleaning agents, disinfectants, fragrances, and air fresheners are ubiquitous and often difficult to avoid. In some cases, these chemicals can trigger severe reactions in patients with MCS, making it dangerous for them to seek medical treatment when they need it most. Emergency room visits, which should be a critical safety net, become a daunting and potentially life-threatening experience for individuals with MCS due to the chemical exposures in these spaces.

The right to life is not merely about surviving, but about having the ability to live well and access the necessary medical services when required. This includes the ability to receive emergency care, ongoing medical treatment, and rehabilitative services without the added barrier of chemical exposure. Inadequate access to medical treatment or emergency care is a direct denial of this right and perpetuates the cycle of suffering that many individuals with MCS endure. It also undermines the very principle of equity in healthcare, which states that all people should have access to the care they need, regardless of their specific conditions.

In this context, it is essential to reaffirm that the right to life for individuals with MCS is inextricably tied to the right to health and access to medical care. Ensuring that individuals with MCS can live with dignity requires the recognition of their condition and the development of policies that guarantee access to necessary healthcare services. Medical facilities must become safe and accessible spaces, free from chemicals that can exacerbate their conditions, and emergency medical services must be trained to recognize the unique needs of individuals with MCS.

Article 12: Equal recognition before the law

Individuals with MCS face significant barriers to securing legal recognition and protection. Preliminary, unpublished research conducted within the Empowering Community and Removal of Barriers (ECRoB) project highlights key issues related to MCS cases, access to justice, and the lack of appropriate legal forums. One of the most significant challenges is the reluctance to find MCS as a primary condition in legal contexts. Lawyers and judges often categorize MCS as a secondary condition or a comorbidity, rather than acknowledging it as a standalone issue. This perception diminishes the seriousness of MCS and complicates the legal process, making it harder for individuals to have their needs addressed.

In addition, the lack of appropriate legal forums for MCS cases significantly impedes access to justice. Many legal systems and disability tribunals are not structured to accommodate environmental health conditions such as MCS. As a result, individuals with MCS often struggle to find the proper channels to assert their legal rights. The absence of specialized forums creates confusion, delays, and barriers to effective legal representation.

Preliminary outcomes from the research show that MCS is often treated as a secondary condition, with cases relying heavily on the presence of other comorbid conditions. This approach contributes to the underrepresentation of people with MCS in the legal system, as they are often excluded from being recognized as primary claimants. The reliance on comorbidity complicates the legal process, as it fails to recognize MCS as a distinct disability with specific needs. Many individuals with MCS are disproportionately underrepresented, lacking access to qualified legal counsel that understands the nuances of the condition.

Moreover, there are significant challenges in tracking interim decisions and determining the appropriate jurisdiction for MCS-related cases. As MCS does not always align with existing legal categories, it creates confusion about where cases should be heard. This jurisdictional uncertainty leads to delays and displacement of cases, preventing timely resolution and further contributing to the marginalization of individuals with MCS within the legal system.

The findings point to the urgent need for reform. Legal frameworks must adapt to explicitly recognize MCS as a primary condition, not as secondary or comorbid. Specialized legal forums should be established to provide a clear and accessible space for individuals with MCS to assert their rights. Additionally, training for legal professionals on MCS is essential to ensure that individuals with this condition can effectively navigate the legal system and receive the recognition and protection they deserve.

Article 13: Access to justice

Access to justice is a core human right that guarantees individuals the ability to seek redress and protection when their rights are violated. However, for people living with MCS, the ability to access justice is significantly hindered by a widespread lack of understanding of the condition, not only within society at large but also within law enforcement and the legal system. This lack of awareness results in a failure to recognize the unique nature of harm caused by chemical exposure, the legal avenues available to individuals with MCS, and the precautionary measures necessary to prevent further harm .

A troubling reality for many individuals with MCS is the deliberate exposure to toxic chemicals, which can often be categorized as assault or harassment. This form of chemical assault may involve individuals intentionally releasing perfumes, air fresheners, cleaning agents, or other toxic substances into spaces where individuals with MCS are present, knowing that such actions will trigger severe physical reactions. MCS attacks can lead to debilitating symptoms, including respiratory failure, cardiovascular complications, and neurological disturbances. However, in many jurisdictions, law enforcement is either unfamiliar with the legal implications of chemical exposure or unable to address these situations appropriately.

There are also instances where individuals with MCS experience harassment or discrimination in their personal lives or workplaces, where colleagues, roommates, or even family members deliberately expose them to substances that will provoke a reaction. In these cases, the person with MCS may attempt to seek legal protection or take legal action, but the absence of specific protections for individuals with MCS leaves them with few options. Furthermore, since chemical exposure is not always recognized as an act of intentional harm by the authorities, those responsible for causing harm may face no legal consequences for their actions.

One of the main issues contributing to this lack of legal recourse is the absence of knowledge among law enforcement officials about MCS. In cases where individuals are exposed to harmful chemicals or fragrances, police officers and investigators may not have the training or awareness to recognize the symptoms of MCS or the potential for criminal liability associated with deliberate chemical exposure. For example, if a person with MCS suffers a severe reaction after being deliberately exposed to a chemical substance, law enforcement officers might dismiss the incident as accidental or misunderstood, failing to treat the situation as an act of assault or intentional harm. The lack of expertise in identifying the connection between chemical exposure and harm may also prevent victims from receiving appropriate legal assistance or from even reporting the crime effectively. This lack of recognition of MCS as a legal issue leads to further marginalization of individuals with the condition. Without clear legal frameworks in place, victims of chemical exposure may find themselves unable to pursue justice through the traditional legal system.

Moreover, the absence of protective legislation for people with MCS allows for discrimination and infringement of rights without consequence. People living with MCS are often subjected to environments that are hostile to their health needs. Without legislative safeguards or clear regulations regarding healthy spaces, individuals with MCS may be forced to either accept dangerous conditions or avoid public spaces entirely, limiting their ability to engage in daily life. The lack of legal protection against exposure in workplaces, public institutions, and healthcare settings often means that people with MCS have no recourse if they are harmed by chemicals or fragrances in those spaces.

There is a pressing need to integrate MCS-related protections into legal frameworks, particularly in areas such as disability rights, personal safety, and environmental health law. Law enforcement must be educated about MCS, including how to identify and investigate cases where individuals are deliberately harmed by chemical exposure. Additionally, legal definitions of harassment and assault should be amended to explicitly include intentional exposure to substances that can harm individuals with MCS, ensuring that victims can pursue legal action and hold perpetrators accountable.

Furthermore, public awareness of MCS must be raised to foster an environment where victims feel supported in seeking justice. The general public, as well as professionals within the legal and healthcare systems, must understand that MCS is not a mental illness but a serious, legitimate disability that affects people’s ability to live in a world filled with toxic chemicals. Until these changes are made, individuals with MCS will continue to suffer from discrimination, harassment, and denial of justice, and their right to a safe environment will remain unprotected under current legal systems.

Article 19: Living independently and being included in the community

For individuals living with MCS, the right to live independently and be included in the community is deeply compromised by the pervasive environmental and societal barriers they face. Those with MCS find it difficult to engage fully in social, professional, and educational activities, effectively excluding them from community life.

Housing is one of the most significant barriers to independent living. Most homes, particularly rented accommodation, are not designed with the needs of people with MCS in mind. Many living environments are contaminated with chemicals from cleaning products, air fresheners, carpets, smoke, and even mold. Because landlords and property owners are typically unwilling or unable to provide chemical-free spaces, individuals with MCS are often left with few options. In many cases, they are unable to secure safe housing, forcing them to live in unsafe conditions or rely on others for care.

For elderly individuals living with MCS, the challenges of finding suitable housing are especially acute. As the aging population continues to grow, many elderly individuals with MCS find themselves without the financial resources or family support to secure safe housing. This lack of accessible housing places an immense strain on elderly individuals, both physically and emotionally. With limited options and financial resources, the elderly with MCS often face increasing isolation, worsening health, and a loss of independence. Addressing the housing needs of this vulnerable group is a critical step toward ensuring that elderly people with MCS can live in dignity, safety, and comfort, without the constant threat of toxic exposure.

Similarly, accessibility in public spaces is a critical concern. Everyday locations like libraries, community centers, parks, and government buildings are often unsafe for individuals with MCS due to the use of chemical cleaning products, fragrances, and poor air quality. Public transportation and social gatherings can also be sources of exposure, making it challenging for those with MCS to participate in activities that many take for granted. As a result, the exclusion from these public spaces leads to social isolation and hinders full participation in community life, education, and work.

Employment, a key element of independent living, is another area where individuals with MCS face significant barriers. Workplaces are frequently inaccessible due to chemical exposure from cleaning agents, air fresheners, and other common office products. In addition, the lack of knowledge and accommodation for MCS in many professional environments makes it difficult for individuals to maintain their careers. As a result, many people with MCS face unemployment, underemployment, or are forced to rely on assistance from caregivers and support networks to meet basic needs.

Access to healthcare further complicates the ability to live independently. Medical facilities and emergency rooms often expose individuals with MCS to chemicals such as fragrances and disinfectants, rendering them unsafe environments for those who need care. Even the use of chemical-based treatments, common in medical practice, can be harmful to those with MCS. The absence of safe treatment spaces in hospitals and clinics discourages people from seeking care and exacerbates their isolation, as they cannot receive the help they need without fear of exposure.

Finally, social support networks are crucial to independent living, yet individuals with MCS often face misunderstanding and stigma. The condition is frequently misdiagnosed or dismissed as a psychiatric disorder, and this lack of recognition leads to a broader societal refusal to accommodate the needs of those affected. Family members, friends, and neighbors may be unaware of the severity of MCS or may be unwilling or unable to avoid the use of harmful chemicals, further isolating the individual. This social exclusion leads to greater isolation and a sense of helplessness, making it even more difficult to live independently or be included in the community.

The right to live independently and be included in the community requires states to create environments that allow people with MCS to thrive. This means making housing, transportation, and public spaces accessible by eliminating harmful chemical exposures, while also ensuring that medical facilities are equipped to provide safe, appropriate care for individuals with MCS. Moreover, public education campaigns are needed to combat the stigma around MCS, and social services must be expanded to provide necessary support for individuals with MCS to fully engage in community life. For people with MCS, inclusion and independence are not merely about physical accessibility but about creating environments where they are recognized, respected, and able to make choices free from the threat of environmental harm.

Article 21: Freedom of expression and opinion, and access to information

The right to freedom of expression and access to information ensures that individuals with disabilities are able to express their opinions and have access to the information they need to participate fully in society. However, for people living with MCS, these rights are frequently undermined by the widespread misinformation and stigmatization that surrounds the condition. False and misleading narratives about MCS not only restrict access to reliable information but also silence individuals’ voices, contributing to their marginalization and exclusion.

One of the major barriers to freedom of expression for people with MCS is the mislabeling of the condition as a psychiatric disorder or a psychosomatic illness. Despite a growing body of research supporting the biological nature of MCS, many in the medical community and broader society continue to dismiss the condition as imagined or exaggerated. This misunderstanding is perpetuated by a lack of awareness and the absence of clear, accurate information about MCS in mainstream medical literature, the media, and other sources of public information. As a result, those affected by MCS often feel invalidated and voiceless, unable to express their lived experiences without facing skepticism, ridicule, or outright denial.

This misinformation not only isolates people with MCS but also limits their access to the information they need to manage their condition. For instance, when MCS is misclassified as a mental health issue, individuals may be denied access to appropriate medical treatment, support services, or even accommodations in education and employment. This is compounded by the fact that there are few specialized resources or trusted experts who can provide accurate, evidence-based information about the condition. Public health campaigns, medical literature, and educational resources often fail to reflect the realities of living with MCS, meaning individuals may struggle to find the support they need or even become discouraged from seeking help.

The stigma surrounding MCS also contributes to a lack of freedom of expression. In many cases, individuals with MCS feel pressured to conceal their condition or downplay its severity because of the fear that their experiences will be dismissed as “all in their heads.” This fear of not being believed or understood creates a culture of silence, where people with MCS are reluctant to speak out about their challenges or advocate for their rights. As a result, many individuals suffer in silence, unable to voice their need for accommodations, awareness, or systemic change.

Moreover, this lack of accurate information contributes to discrimination. MCS sufferers are often blamed for their condition, and their opinions are ignored or undermined because they are seen as being out of touch with reality or overly sensitive. This not only violates their right to freely express their opinions, but it also discourages public dialogue on the issue, further reinforcing their social exclusion. The broader societal misunderstanding of MCS contributes to systemic discrimination, where individuals are either not taken seriously or denied the basic accommodations that would enable them to fully participate in society.

Access to accurate, reliable information about MCS is vital for individuals to make informed decisions about their health, accommodations, and daily lives. However, the current lack of transparency and awareness in both the medical field and broader society means that individuals with MCS are often forced to rely on self-diagnosis or informal sources of information. The internet can be a valuable resource for finding support communities and practical advice, but the abundance of misinformation online can also lead people down misleading paths, worsening their sense of confusion and helplessness.

To truly support the freedom of expression and access to information of individuals with MCS, it is essential that governments, healthcare systems, and society at large address the misunderstandings about the condition and promote accurate, evidence-based education. This should include supporting research on MCS, public awareness campaigns, and professional training for healthcare providers, educators, and employers. Individuals with MCS must be able to access information that helps them understand their condition, seek appropriate medical care, and advocate for themselves without fear of being dismissed or marginalized.

Moreover, the right to freedom of expression extends to individuals being able to voice their concerns, share their experiences, and seek solutions without the threat of social stigma or discrimination. Governments should take action to ensure that people with MCS are able to express their opinions freely, both in public and private forums, and are supported in their efforts to raise awareness about the condition.

Article 24: Education

Education is a fundamental right for all individuals, but for those living with MCS, accessing education can be a significant challenge. Schools and universities often fail to accommodate the needs of students with MCS, and the lack of awareness among educators and administrators about the condition further exacerbates the barriers to learning.

Many individuals with MCS are forced to miss school or drop out of higher education due to the lack of safe environments. Classrooms filled with strong scents, chemical pollutants, and poor air quality can cause immediate physical symptoms such as headaches, dizziness, and nausea, making it impossible for students to focus or participate in class activities. In higher education settings, the issue is no less pronounced, with dormitories, lecture halls, and even libraries presenting challenges due to chemical exposure. Moreover, the lack of proper accommodation means that many students with MCS are effectively excluded from equal participation in educational opportunities, undermining their ability to achieve their potential.

To fully support the right to education, states must take proactive steps to ensure that educational environments are made accessible and safe for students with MCS. This includes eliminating toxic chemicals from classrooms, providing alternative methods of education (such as online or hybrid learning), and offering accommodations such as flexible attendance policies and private spaces free of chemical exposure. Teachers and school staff should receive training on MCS to better understand the condition and accommodate students appropriately.

Article 25: Health

The right to health is critical for all individuals, but for people with MCS, accessing appropriate health care can be a deeply frustrating and, in some cases, life-threatening challenge. Medical care facilities, including hospitals, clinics, and doctors' offices, often use cleaning products, disinfectants, air fresheners, and fragrances that are unsafe for individuals with MCS. These chemicals can trigger severe reactions that make seeking care unsafe, leading people with MCS to avoid necessary medical treatment altogether.

Furthermore, the misunderstanding of MCS in the medical community often results in misdiagnosis or dismissal of the condition as a psychiatric issue. As a result, individuals with MCS may be denied appropriate care or forced to seek treatment from providers who lack the knowledge or willingness to offer effective and safe solutions. The lack of trained healthcare professionals who understand the unique needs of people with MCS compounds the issue, leaving many individuals without adequate medical support.

The critical shortage of professionals in environmental health who treat individuals with MCS has reached an alarming level. These dedicated practitioners often face harassment, unwarranted investigations, and professional roadblocks, including the closure of clinics and, in some cases, the loss of their medical licenses. Such treatment disincentivizes others from entering the field, exacerbating the existing crisis.

Meanwhile, the prevalence of MCS continues to rise significantly, as evidenced by data from the Canadian Community Health Survey (CCHS, 2000-2020). This growing patient population contrasts sharply with the declining number of environmental health practitioners. Without immediate intervention, this imbalance will lead to a tipping point where individuals with MCS are left without adequate medical care.

The consequences of this neglect are profound, severely restricting access to healthcare for those with MCS. To address this, there must be a concerted effort by governments and medical bodies to reverse these trends by protecting practitioners, promoting environmental medicine as a legitimate and essential specialty, and encouraging the next generation of doctors to take up this vital field. Failing to act perpetuates systemic barriers to care and leaves those with MCS to bear the disproportionate burden of this inexcusable healthcare gap.

For healthcare to be truly accessible to people with MCS, medical systems must be equipped with safe, chemical-free treatment spaces and trained professionals who understand the condition. Healthcare providers should be educated about MCS to ensure they offer the necessary accommodations, such as limiting the use of harmful chemicals in their offices and offering alternative treatment options that do not rely on inappropriate products. Access to emergency care is also critical, and emergency rooms should be prepared to treat individuals with MCS in environments that minimize chemical exposure.

Article 27: Work and Employment

The right to work and employment is central to an individual’s ability to live independently and participate fully in society. However, for people with MCS, securing and maintaining employment can be extremely challenging due to the environmental triggers present in many workplaces. The use of chemical cleaning products, air fresheners, and other scented products in office spaces or industrial environments can make workplaces unsafe for those with MCS. As a result, many individuals with MCS are unable to work, forced into unemployment, or have to accept positions that do not match their qualifications or interests.

The lack of awareness of MCS among employers and the absence of accommodations for individuals with the condition make it difficult to negotiate workplace adjustments. This leads to widespread discrimination and marginalization of people with MCS, who are often viewed as being overly sensitive or difficult to accommodate. Even when accommodations are requested, employers may not be willing or able to make changes to create a healthy workplace.

To support the right to work and employment, it is critical that governments implement stronger regulations on workplace safety and make accommodations for employees with MCS. Employers must be educated on MCS and encouraged to provide environments free from chemical exposure, such as using non-toxic cleaning products, offering flexible work options, or creating private, chemical-free office spaces. Additionally, individuals with MCS must have access to vocational training programs and support services that enable them to find work that aligns with their skills and abilities, without facing barriers due to their condition.

Article 28: Adequate Standard of Living and Social Protection

An adequate standard of living and social protection is vital for everyone, but for individuals with MCS, achieving this standard is a significant challenge. MCS often leads to chronic illness, social isolation, and financial insecurity, as individuals are unable to work or access necessary services due to MCS. The lack of accessible housing, transportation, and employment opportunities results in many people with MCS living below the poverty line or relying on inadequate social safety nets.

Furthermore, the absence of accommodations for individuals with MCS in public spaces, healthcare, and education means that their ability to access essential services is severely limited. This creates a vicious cycle of poverty, discrimination, and exclusion, as people with MCS are left without the resources to lead independent lives. Without sufficient social protection systems, including disability benefits, housing assistance, and healthcare services, people with MCS may find themselves unable to afford the cost of living or receive the necessary care to manage their condition.

Governments must take action to ensure that people with MCS can access an adequate standard of living and are protected from financial hardship. This includes creating social protection systems that account for the unique needs of people with MCS, such as providing financial assistance, accessible housing, and healthcare services that cater to individuals with MCS. Measures should also be taken to reduce discrimination and ensure that people with MCS can live with dignity, participate in society, and access the resources they need for a healthy and fulfilling life.

Recommendations

Recognize MCS as a Legitimate Disability: Encourage governments to officially recognize MCS as a legitimate disability within international law and under national disability rights frameworks. This will ensure that people with MCS are entitled to legal protections and accommodations in various sectors such as healthcare, education, and employment.

Implement Awareness-Raising Campaigns: Support the creation of awareness-raising campaigns aimed at the medical community, first responders, service providers, law enforcement, and the general public to foster a better understanding of MCS, its symptoms, and the challenges faced by individuals with the condition. This would address misinformation and stigma, ensuring people with MCS are not marginalized or misdiagnosed.

Develop Accessibility Standards for Public Spaces: Advocate for the development and enforcement of accessibility standards in public spaces, workplaces, and healthcare facilities to ensure they are safe and accessible for individuals with MCS. This includes creating fragrance-free least-toxic environments by eliminating VOCs found in products such as fragrances, cleaners, and air fresheners from common spaces.

Introduce Legal Protections: Urge governments to pass legislation that provides legal protection against intentional chemical exposure, recognizing it as a form of assault or harassment. Individuals with MCS should have the legal right to seek redress when subjected to deliberate exposure to chemicals or fragrances that harm their health.

Establish Fragrance-Free, Least-Toxic Protocols in Healthcare: Encourage the implementation of healthy protocols in medical settings (hospitals, clinics, ambulances) to ensure that people with MCS can receive appropriate care in a safe environment. This includes training healthcare workers to accommodate individuals with MCS and providing safe treatment spaces free of harmful chemicals.

Amend Disability and Anti-Discrimination Laws: Recommend the integration of MCS-specific provisions into disability laws and anti-discrimination policies at national levels, ensuring that individuals with MCS are provided with reasonable accommodations in areas such as housing, employment, transportation, and education. This will safeguard the rights of people with MCS in various life domains.

Increase Research Funding on MCS: Push for increased research funding dedicated to studying MCS, its underlying biological mechanisms, environmental triggers, and the gender disparities in its prevalence. Focus on understanding its impact on quality of life and developing effective interventions, therapies, and preventive measures.

Provide Accessible and Affordable Legal Services: Promote the establishment of legal support systems for individuals with MCS, ensuring they have access to affordable legal services to pursue justice in cases of discrimination, harassment, and denial of care. Legal frameworks should allow people with MCS to file complaints, seek redress, and protect their rights in various settings.

Implement Transparent Chemical Labeling Standards: Advocate for the introduction of transparent standards for product labeling, ensuring that all consumer goods—particularly cleaning products, cosmetics, and air fresheners—clearly disclose their chemical contents, including a full list of chemicals in fragrances within each product, and other harmful substances that may trigger adverse reactions in people with MCS. Transparency will help people with MCS make informed choices and avoid exposure to toxic chemicals.

Enforce Anti-Discrimination Policies in Housing and Employment: Push for the implementation of robust anti-discrimination policies specifically addressing MCS-related discrimination in housing and employment. Governments should establish regulations that mandate reasonable accommodations for people with MCS in both housing and employment settings, ensuring they are not subjected to discrimination based on their medical condition. This includes forcing employers and landlords to provide environments free from harmful chemicals and ensuring that MCS is explicitly recognized as a protected disability under national anti-discrimination laws.

Ensure Appropriate Housing for the Elderly with MCS: Urge governments to prioritize the development of healthy housing options for elderly individuals with MCS, recognizing that this aging population faces unique challenges in accessing appropriate housing. Many elderly individuals, particularly those without family support or financial resources, are at risk of living in environments that worsen their condition. Governments should implement policies to create safe, affordable housing that eliminates harmful chemicals, fragrances, and pollutants, ensuring these environments are suitable for people with MCS.