Dear Professor Dame Lesley Regan,

Firstly, congratulations on your appointment as the first ever Women’s Health Ambassador for England.

We are a group of 6 NGOs with expertise in the fields of public and occupational health, environment and wildlife working on chemical pollution.

We are writing in connection with your role implementing the Women’s Health Strategy. Although the Strategy sets out some crucial and ambitious targets for women’s health, gendered health impacts resulting from environmental exposures, such as chemical pollutants in the home, public spaces and the workplace, have been overlooked. Without this, the strategy cannot truly take a life course approach to health, as chemical pollutants are an important environmental factor undermining the health of women across all life stages, as well as future generations. The Strategy, and health policy more broadly, needs to take a preventative approach to eliminate these exposures that are linked to a wide range of health impacts, some of which we highlight below.

We would be grateful to meet with you virtually to discuss this important topic further.

Chemical pollution

We are constantly exposed to a complex cocktail of known and suspected harmful chemicals through air, water, food and consumer products, amongst other routes. In 2020 the European Environment Agency estimated that out of 100,000 chemicals on the market, only 500 of these have been extensively characterised for their hazards and exposures. Both individual chemicals and the effects of combined exposures to these chemicals can have specific adverse effects on women and future generations.

Specific impacts on women:

- Women have a lifetime of hormonal changes from puberty to pregnancy, menstruation, and the menopause, all at which are at risk of disturbance from endocrine disrupting chemicals (EDCs). EDCs are implicated in the rise of breast and other cancers, osteoporosis, infertility, reproductive disorders (including early menopause, irregular menstrual cycles, polycystic ovary syndrome and endometriosis) on top of further, less gender specific impacts such as impaired vaccine responses.
- Those who might become pregnant, those who are pregnant and mothers are more at risk from harmful chemicals. Exposure during pregnancy has been linked to preeclampsia, gestational diabetes and breast cancer. Chemicals can also pass into the placenta, causing irreversible damage to the developing foetus. Mothers can also pass chemicals to their babies via breast milk.
- Breast cancer rates have risen from 1 in 12 in the 1990s to 1 in 7 lifetime risk today in the UK. One third of breast cancer cases, if not more are thought to be preventable. Research suggests exposure to hazardous chemicals and air pollution increases the risk of developing breast cancer and might be contributing to the increased rates.
- Exposures in the home and wider environment can be compounded by exposures in the workplace. Many jobs that involve direct contact with hazardous chemicals such as
beauty salon workers, cleaners and cashiers are done predominantly by women. For example, women working in nail care salons can be exposed to carcinogens and hormone-disrupting chemicals.

- Tampons and sanitary towels have been found to contain hazardous chemicals including carcinogens, endocrine disruptors and pesticide residues, with women potentially exposed to these chemicals for their full 40 years of menstruation.

**The way forwards**

In order for the Women’s Health Strategy to achieve its aim of boosting health outcomes for women and girls we believe that the impact of exposure to harmful chemicals must be addressed, and environmental and health policies must be more effectively linked. In the EU good progress has been made on this front. The EU’s [Beating Cancer Plan](#) highlights exposure to carcinogenic chemicals as a contributor to over 10% of the cancer burden in Europe. The [Chemicals Strategy for Sustainability](#) commits to protecting the health of vulnerable groups, highlighting pregnant and nursing women in particular. These act as good precedents for what is needed in the UK.

It would be a pleasure to discuss this important topic with you. We are more than happy to provide further references or more information on any of the points raised above.

Looking forward to hearing from you,

Best wishes,

Kate Metcalf, Co-Director, Wen (Women's Environmental Network)

Helen Lynn, Co-ordinator, Alliance for Cancer Prevention

Thalie Martini, Chief Executive, Breast Cancer UK

Anna Watson, Head of Advocacy, CHEM Trust

Jamie Page, Executive Director, The Cancer Prevention and Education Society

Janet Newsham, Coordinator of Greater Manchester Hazards Centre, GM Hazards Centre