

## Crisis deepens at PHE, AGNIR, the ICNIRP and the WHO

The small clique of regulators at PHE, AGNIR, ICNIRP and the WHO is becoming increasingly discredited scientifically. They still try to cling to their fringe minority viewpoint that the only danger of microwave, radio and ELF exposure is heating. This may maximise the wireless industry's profits, but it is destroying life - human, animal and plant. This Newsletter brings further news of the continued failure of these groups to fulfil their role in safeguarding the public.

## PHE's and AGNIR's "inaccurate" report: failure to safeguard the public

PHE's AGNIR 2012 report (not peer-reviewed) was discredited by a comprehensive peer-reviewed study in 2016 pointing out its many inaccuracies. PHE and the UK government now appear liable for giving unsafe advice based on this invalidated report. Critics argue that the AGNIR 2012 report must be retracted.

## Conflict of interests by PHE, AGNIR and ICNIRP: time to replace WHO RF group

The fact that some members of PHE are also members of AGNIR and WHO's ICNIRP raises serious issues of conflict of interests, where this small clique, with a single and minority viewpoint, both sets and also evaluates and then approves ICNIRP's heating limits. See inside for a new WHO group composed of majority experts.

## Majority international experts confront minority WHO and ICNIRP clique

Leading international experts have written to the United Nations and the WHO requesting up-to-date and much higher scientific standards to safeguard public health and counterbalance wireless industry pressures. Some experts met WHO officials in Geneva on March 3 2017.

## To the 'World Harm Organization': "You have failed us utterly"

See inside for news of Olga Sheean's powerful challenge to Margaret Chan, the director-general of the WHO, and Emilie van Deventer, the leader of the WHO's EMF Project. She asks, for instance: "Are you committed to forever debating the science, siding with industry and postponing action, or are you committed to protecting our health? How can we trust an organization that rejects the science, dismisses the epidemic of microwave sickness, and supports the very industry that's causing such widespread harm?" She states: "You have failed us utterly."

## And some good news!

- There has been excellent TV and media reports on EHS people in the UK (see inside).
- UK courts, unlike the UK government, have been recognising more and more people with EHS, even if under different names.
- More advanced scientific nations are taking action. Paris has rejected ICNIRP's cooking limits, reducing its limit to 5 V/m. Cyprus has banned WiFi from kindergartens, like France, and halted its use in elementary schools.

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# ES-UK NEWS

## Sussex conference: Sunday 11 June 2017

EMF Aware Sussex are organising a conference in Lewes on June 11 2017, 12 noon. Speakers include Prof. Olle Johansson from Sweden, scientific adviser to ES-UK, Dr Erica Mallery-Blythe, medical adviser to ES-UK, and Brian Stein CBE, ES-UK trustee. It will be hosted by Mike Mitcham, co-founder of Stop Smart Meters UK. By chance this date coincides with the second anniversary of 15-year-old Oxfordshire school girl Jenny Fry taking her own life due to her intolerance to WiFi. We are privileged that Debbie Fry, Jenny's mother, will give a short talk. Venue: All Saints Community Centre, Friars Walk, Lewes BN7 2LE, a short walk from the railway station. Cost: £10, drinks available but please bring food with you. For advanced tickets please contact: Bob (01273 726401, [brighton.bobby@gmail.com](mailto:brighton.bobby@gmail.com)) or Peter Gane (01935 423002).

## Newsletter presentation

We are greatly indebted to Gordon who usually typesets the Newsletter so well and supplies most of the pictures. There has been a comment that pictures of masts and WiFi hubs can be upsetting. Nevertheless

such pictures can help people who have, or do not have, EHS to visualise the source of some of the harm they suffer and thus become more aware of what they should avoid. Any further comments would be welcome.

## Newsletter contributions

Don't forget that the Newsletter is to help everyone with EHS, as well as inform people of some of the latest developments nationally and internationally. So keep sending in your news, advice and comments, and thank you to those who regularly do so. Specialised remedies may not be included, however, if they are likely to apply to individual circumstances or need medical advice.

## This Newsletter

Because of personal difficulties among the production team involved with the Newsletter, this issue is a little more brief than usual. We also apologise if it lacks some of the high presentation quality found in other issues. We send good wishes for a speedy recovery in health and circumstances for those involved.

## ES-UK website

Thank you to our webmaster. There have been some changes recently. New sections include

Resources, providing the letters by our trustee Dr Andrew Tresidder for other doctors and psychologists. There is also access for users of the ES-UK website to his chapter on ES.

## Ben Nevis fundraising

Sarah Dacre, a trustee of ES-UK, completed her climb of Ben Nevis last year to raise funds for ES-UK. The total with Gift Aid came to £4,002.50 through over 90 donations, and her magnificent effort led to further separate donations as well. Congratulations!

## Request for transport help

John, an ES sufferer who lives in Merseyside, is now desperate for somewhere to live away from the increasing electrosmog which is causing him ever greater pain, neurological problems, lack of sleep etc. "I cannot drive and I cannot now use public transport which in this area is all wi-fi enabled with Bluetooth at bus stops to track the arrival times, I'm told. Could a kind Newsletter reader help me, please? I can afford to pay petrol/B&B/food costs to anyone with a car who will help me find somewhere to live." If you are able to help, please contact Sarah or Michael at ES-UK.

## ES and EHS: A review of the current state of affairs

*Michael Bevington, chair of the trustees, writes:*

"At the start of 2017 we can perhaps begin to see a few signs giving us some cause for optimism.

(a) The science proving real EHS has long been established, since EHS was first described in 1932. See "Select Studies on Electrosensitivity (ES) and Electromagnetic Hyper-Sensitivity (EHS)", available on the ES-UK website, and also letters there for GPs and Psychologists by Dr Andrew Tresidder. No educated doctor or scientist with expertise in this area can now dispute the existence of the condition of Electrosensitivity, or confuse it with Electrophobia.

(b) International centres of excellence researching into ES and EHS, like ARTAC in Paris, have diagnosed and treated many hundreds of people with ES. These have helped establish the complex

process of diagnosis, and different forms of treatment are being established, with the primary requirement as the avoidance of radiation.

(c) The EUROPAEM 2016 Guidelines add to the Building Biology Guidelines of 2008 in giving international safety limits for sensitive people, which all governments and regulators can and should now follow.

(d) The UK courts have awarded Employment Support Allowance (ESA) for people with EHS on several occasions since 2012, although they have often used different nomenclature in the written record of their adjudication, despite calling the condition Electrosensitivity in oral court discussions.

(e) Employers are becoming more aware of Electrosensitivity, since the HSE Guidance of 2016 on the EM Exposure Regulations includes employees "at particular risk", but the problem of deciding what is "reasonable" for the employee is still unresolved, despite the Equality Act of 2010 and the Health & Safety at Work Act of 1974.

*Some key areas which now need to be addressed are as follows.*

(i) The needs of children, students and employees with ES, who are denied equal access with others to education and work.

(ii) The WHO 'Backgrounder' 296 on EHS published in 2005, is now almost entirely out of date. It suggests IEI-EMF is Electrophobia. Perhaps 1% of people with real EHS also have Electrophobia.

(iii) The WHO needs to update its approach to EMFs to include established non-thermal effects.

(iv) PHE needs to keep up to date on the relevant science on real EHS, as indicated in this Newsletter. We look forward to the day when PHE tackles the growing public health problem of EHS and supports the charity ES-UK in trying to resolve the difficulties faced by people with this condition.

(v) Many doctors need further accurate information on real EHS, rather than on the different condition of psychological Electrophobia. Medical training needs to incorporate this area."

## ES NEWS

### **Kinharvie House, Dumfriesshire, Scotland**

In the continued absence of accommodation for detoxification and therapy for EHS people, whether provided by the NHS, local councils or housing associations, perhaps the first EHS therapy weeks in the UK are being offered by Kinharvie House. They have three therapy weeks in April and August 2017, costing £800 per week for a single room and board. Kinharvie is run by the Anthro-Tech Research Group using therapies like rhythmic massage, based on the anthroposophical beliefs of Dr Rudolf Steiner (Kinharvie House, New Abbey, Dumfriesshire, DG2 8DZ, Scotland. Tel/fax: 01387 850 306). Brian Stein is no longer connected with Kinharvie House, nor are Alasdair and Jean Philips associated with AnthroTech or its courses. Please do not send donations for it to ES-UK since it is now completely independent of ES-UK.

### **Eviction from ecological home for MCS and EHS**

Kate Burrows is facing eviction from her mud-hut home, in which she has been living for 19 months on their smallholding in the Tarka Valley near Chulmleigh. She says it cures her "allergy to modern life". Mrs Burrows and partner Alan built their home in Devon of tree trunks knitted together and covered with mud and straw because of a series of illnesses caused by living in her former

rented home. North Devon Council said they broke planning laws and has given them until December to move out. Mrs Burrows appealed against an enforcement order, citing illness from Multiple Chemical Sensitivity (MCS), but this was rejected. Mrs Burrows said living in a modern home "was like having flu all the time. It was a collection of stuff in my system that literally poisoned me. I think it was the water and the electricity and the wi-fi, the paint on the walls and my body couldn't handle it. I didn't realise how ill I was until we moved here and I started to recover." (Jonathan Morris: "Devon mud-hut woman 'allergic to modern life'" BBC News Online, February 28 2017)

### **Replacing Smart Meters with Safe Meters**

All readers of this Newsletter know how dangerous wireless smart meters are and that in the UK every person has the right to refuse them. Peter writes: "In a property which we rent out, the tenant recently had a smart meter installed by British Gas, without checking the tenancy agreement in which we had detailed that no smart meters should be installed. Upon raising this with the tenant they apologised for their oversight and contacted British Gas to have it removed. British Gas explained to them and myself that actually removing the meter could take some time, however they could 'dumb' the meter so it could

not communicate wirelessly. When the team arrived three weeks later to 'dumb' the system they explained that they actually remove the smart meter completely and replace it with an analogue meter, as if this is a common occurrence for them. A previous chance meeting with a smart meter installer revealed that he had been called to replace a smart meter due to the negative health impact of a customer and said that, being aware of health issues associated with wireless technologies, he would not have one in his own home."



### Italian film 'SENSIBLE' on MCS and EHS

"SENSIBILE" ('Sensitive'), produced by Officinemedia and directed by Alessandro Quadretti, is the first Italian documentary on Multiple Chemical Sensitivity and Electromagnetic Hypersensitivity. These conditions still perplex some scientists so some Italian patients who can afford it have to go abroad for treatments which are not allowed in Italy. The "alternative" is to give up an active life, which means job and social relations. This documentary tells the stories of sufferers and caregivers - people obliged to reinvent their lives by facing the changes due to these intolerances. It shows that environmental intolerances are of interest to everyone, even to those who at present seem healthy. See the trailer: <https://vimeo.com/199298012>



### Swiss Medical Association (SSAAMP): "Mobile Phone Radiation, an Underestimated Disease Factor"

Peter Schlegel gave a lecture at the Swiss Medical Association (SSAAMP)'s conference of 100 medical professionals called "Electrosmog and its effects on the body" on October 13 2016 in Zurich, along with Prof. Dr. Wilhelm Mosgöller, of the Medical University of Vienna: "Genotoxic effects of high-frequency electromagnetic fields - a project report" and Prof. Dr. Klaus Buchner MEP: "Effects of high-frequency electromagnetic radiation on hormones, neurotransmitters and oxidative stress".

In the conclusion of his lecture, Peter Schlegel listed five necessary measures to be taken in public health and medical practice:

1. The establishment of "white" (mobile-free) zones for severely affected persons is urgently necessary as a survival measure, although a "ghetto effect" is not ideal. In the medium to long term, the mobile spectrum must be massively reduced across the country.
2. The university education of doctors must be adapted immediately. In electro-medical

applications, electrosensitivity, based on experience, has long been recognized and therapeutically relevant.

3. The cooperation of physicians with independent measuring and consulting specialists (i.e. building biologists with professional measurement training) should be intensified. For such professionals, a recognized profession is to be created in order to increase competency and supply capacity.

4. Hospitals, retirement homes, rehabilitation clinics, etc. are to be kept free of mobile radiation, especially Wi-Fi, Bluetooth and DECT radiation, as an immediate measure in at least one part of the rooms.

5. Physicians are encouraged to consult the EUROPAEM Guidelines in their practice. Patients should be properly informed about the effects of electromagnetic fields (EMF) and electrosensitivity (EHS).

("Mobile Phone Radiation, an Underestimated Disease Factor: Summary of Lecture Delivered to Swiss Medical Association" Towards Better Health, 24 January 2017. From: "Mobile phone radiation, an underestimated disease factor" [www.buergerwelle.de](http://www.buergerwelle.de), 18 January 2017, trans.)

# UK TV AND RADIO ON EHS

## Excellent BBC TV interviews with Mary Coales and Dr Andrew Tresidder

On February 8 2017 there was a 5 minute report on BBC TV South evening news about Mary Coales' reactions to WiFi, mobile phones and many other radiation devices. This followed on from three slots on Neil Pringle's BBC Radio Sussex show that morning. Mary came across as thoughtful and convincing, fully aware of the errors made by the UK regulators. She stated that she wanted the UK government to recognise EHS as a disabling condition as in other countries.

Dr Andrew Tresidder, a ES-UK trustee, spoke with great authority as a GP with expertise in this area. He explained how ES can be understood medically as cause and effect, where a person suffers a particular overload of radiation exposure leading to a bodily change making the person ever more sensitive to this type of

## Excellent BBC radio interviews, spoilt by inaccurate "large-scale" Essex claim

BBC Sussex on February 8 2017 also interviewed Denise Wallace, a psychologist at Essex University. She was involved in the notorious set of MTHR studies paid for by the wireless industry and government, which mainly claimed to find few links between exposure and conscious effects yet then assumed invalidly that it must be a psychological condition.

In fact she went further and claimed that they were unable to establish any link, although the studies did show changes in skin conductivity in ES subjects. In addition some ES participants scored over 80% correct on blinded tests, suggesting that true associations were deliberately masked by averaged results.

She also stated that this was a "large-scale" study. In fact the Essex EHS study involved only 44 subjects, none of whom was screened by standard EHS diagnostic objective tests, used by EHS centres of excellence around the world, before the psychological tests, for whether they had real EHS or Electrophobia.

A "large-scale" study needs a minimum of 2,000 subjects, according to the UK's Medical Research Council. Other sources require "3,000-5,000 or more in large-scale sociological, educational, and medical surveys" (Cuttance P et al. (ed.) "Structural Modeling by Example: Applications in Educational, Sociological and Behavioral Research" CUP, 1987, p.255).

Mary Coales was far more aware of the fatal flaws in the Essex studies, pointing out that since the condition of EHS is individual, as recognised

radiation. He gave excellent advice for everyone, that they should remove all radiation devices from their sleeping area, putting mobiles onto airplane mode. Many patients, even those who are not EHS, have reported better sleep as a result, suggesting that a much of the general population is sensitive to radio and powerline radiation.

Dr Andrew Tresidder commented that the UK government is lagging behind the science in recognising EHS, since it was accepted in Russia and other countries many decades ago. He also said that the 'physics' nature of the human body, with its exquisitely sensitive software electronic programming, was not taught at medical school, but only the chemical reactions. He suggested that another reason for the UK government's failure to recognise real EHS is its failure to include clinicians on its regulatory committees, which at present lack any expertise in this area.

by the WHO, and varies significantly between individuals, studies which simply average all participants are invalid.

Furthermore, Denise Wallace did not draw attention to the last TETRA study (Burgess AP et al, 2016). This showed links between low-level exposure and objective markers in effects on the heart, again suggesting that the Essex studies were seriously deficient.



### **Medical Mysteries' good presentation of EHS, spoil by irrelevant PHE generalisations**

Kim De'Atta appeared in the Channel 5 Medical Mysteries on November 22 2016. She came across as a genuine and real EHS sufferer and Dr Erica Mallory-Blythe appeared as a knowledgeable and sympathetic medical expert, aware of real EHS.

The one oddity was the sudden appearance of PHE's Zenon Sienkiewicz. He lacked any detailed knowledge of the case and had not examined the patient as a medical GP. His research at PHE is mainly on mice. He made some irrelevant generalisations. His contributions were alien to a programme otherwise focussed on individuals and relevant experts. He admitted that some doctors think that real EHS exists, making his denial appear worthless. Viewers were left wondering why Channel 5 and PHE were so eager to deny the obvious medical evidence. No PHE official gave a similar contrary and minority viewpoint on the other cases.

Generalisations are irrelevant to particular medical cases, where the majority of the population does not suffer from a rare condition like real EHS. It is therefore invalid to argue that it is unlikely that a particular person, whom PHE has never apparently examined, does or does not

suffer in that way, or suggest that the person may instead suffer from Electrophobia, since perhaps only about 1% of people with real EHS also suffer from a phobia or Nocebo condition.

It is irrelevant to claim that two psychological studies have examined 80 people but did not find conclusive evidence for or against EHS. If EHS affects 0.1% of the population badly, you need 1,000 subjects before you can find evidence of just one sufferer, unless all are screened beforehand, which the Essex and King's studies failed to do. Without prior screening for real EHS sufferers, you need 80,000 subjects to have the power to find 80 sufferers, even if they had only conscious, and not subconscious or no, symptoms.



## **CHURCH OF ENGLAND'S 2B CANCER RADIATION**

### **Church to irradiate parishioners with 2B carcinogen?**

The Church of England has offered use of its 16,000 churches to help bring superfast broadband to 95% of properties. Matt Hancock, the digital and culture minister, was to meet the Rt Revd Martin Seeley, the Bishop of St Edmundsbury and Ipswich, and other religious figures. Caroline Spelman, the Tory MP and Second Church Estates Commissioner, last year wrote to the departments of Culture and Environment suggesting churches are used to deliver broadband. Sir Tony Baldry, chair of the Church Buildings Council, said the Church "stands ready" to help the government broadband "not-spots". (Ben Riley-Smith: "Church spires to get broadband transmitters in new government drive to connect remote communities" Daily Telegraph, January 7 2017) [Should the Church instead be following the parliamentary assembly of the Council of Europe in calling on governments to provide "non-spots" to protect people's health? – Ed.]

### **CoE Consistory Courts: ICNIRP's 1998 'cooking' limits and AGNIR's "inaccurate" report against the majority viewpoint**

Cases sometimes used in support of the Church's right to broadcast radiation, such as St Augustine Kilburn in 2013 (David Pocklington: "Wi-Fi in churches – health effects, courts' jurisdiction and locus standi" *Law & Religion UK*, January 8 2015), were based on the fringe viewpoints found in AGNIR 2012 and ICNIRP 1998. These in turn are based on Herman Schwan's mistaken 'cooking-only' hypothesis proposed in 1953. This has been long invalidated scientifically and the majority of experts now support the views of the International EMF Scientist Appeal, by the world's leading experts on EMF harm, to the United Nations and World Health Organization of 2015. This follows the leading authoritative review in the Bioinitiative Reports of 2007 and 2012. Dr Sarah Starkey in 2016 showed that the AGNIR and ICNIRP 'cooking-only' hypothesis is an 'incorrect' analysis of the scientific evidence. [Ed.]

# EHS INTERNATIONAL SAFETY LIMITS AND RADIATION EXPOSURE LEVELS

## A. EHS International Safety Limits (2016):

### EUROPAEM 2016 International Biological Safety Limits:

For EHS and Sensitive People:  
WiFi 2.45 GHz WiFi 5.6 GHz,  
DAB+ (10 Hz pulsing):  
**0.1 uW/m<sup>2</sup> = 0.006 V/m.**  
DECT cordless phones, GMS  
(2G), UMTS (3G), LTE (4G):  
**1 uW/m<sup>2</sup> = 0.019 V/m.**  
(See Tables 3 and 4 of the  
EUROPAEM 2016 international  
safety limits.)

## B. Exposure levels (2014-16):

### (i) Mobile and cordless phones (at 1 metre): 30 times above EHS safety limit

Near DECT cordless phone handsets, electric field:  
0.26-2.30 V/m (at 0.05 m),  
0.18-0.26 V/m (at 1 m).  
Near DECT cordless telephones base units:  
1.78-5.44 V/m (at 0.05 m),  
0.19-0.41 V/m (at 1 m).  
Near mobile phones (GSM):  
2.34-9.14 V/m (at 0.05 m),  
0.18-0.47 V/m (at 1 m).  
Near mobile phones (WCDMA):  
0.22-1.83 V/m (at 0.05 m),  
0.18-0.20 V/m (at 1 m).  
(Mamrot P et al.: "EMFs in the vicinity of DECT cordless telephones and mobile phones" Med Pr., 2015)

### (ii) Schools: 370 times above EHS safety limit

92 different schools in Ilkadam district twice in 2016:  
5.39 V/m, 3.04 V/m (max.),  
2.22 V/m, 2.25 V/m (max. av.).  
WLAN: 0.026 V/m (av.).  
(Kurnaz C et al.: "Monitoring of RF/Microwave field strength at schools in a pilot district in

Samsun/Turkey" IEEE 16th MMS, 2016)

### (iii) Kindergartens: 30 times above EHS safety limit

In 20 kindergartens (16 frequency bands 88 MHz - 5.8 GHz):  
median environmental exposure:  
0.179 V/m  
median personal exposure of children: 0.081 V/m.  
(Bhatt CR et al.: "RF-EMF exposures in kindergarten children" J Expo Sci Environ Epidemiol., 2016)

### (iv) Railway station: 291+ times above EHS safety limit

Railway station:  
921 uW/m<sup>2</sup> (mean),  
up to 95,500 uW/m<sup>2</sup> (outliers),  
walkabouts: 2,800 - 4,900 uW/m<sup>2</sup> (mean total).  
(Hardell L et al.: "RF radiation at Stockholm Central Railway Station in Sweden and some medical aspects on public exposure to RF fields" Int J Oncol., 2016)

### (v) Offices: 47 times above EHS safety limit

Schools:  
0.2 V/m (av.), 3.2 V/m (max.) (WiFi)  
Homes: 0.1 V/m (av.), 1.1 V/m (max.) (telecommunication).  
Public places: 0.6 V/m (av.), 2.4 V/m (max.) (telecommunication).  
Offices: 0.9 V/m (av.), 3.3 V/m (max.) (telecommunication).  
(Verloock L et al.: "Assessment of RF exposures in schools, homes, and public places in Belgium" Health Phys., 2014)

### (vi) City centre: 43,000 times above EHS safety limit

mean total RF radiation:  
4,293 uW/m<sup>2</sup>

highest mean levels: (GSM + UMTS): 1,558 uW/m<sup>2</sup>;  
highest mean levels: (LTE 2600 downlink): 1,265 uW/m<sup>2</sup>;  
Järntorget town square:  
24,277 uW/m<sup>2</sup> (min 257, max 173,302 uW/m<sup>2</sup>)  
(Hardell L et al.: "High RF radiation at Stockholm Old Town" Molec Clin Onc., 2017)

### (vii) Smart Meters: 15,000 times above EHS safety limit

Smart Meters:  
15,000 uW/m<sup>2</sup> (max.) (≥0.5 m);  
one outlier:  
91,000 uW/m<sup>2</sup> (max.).  
(Peyman A et al.: "Exposure to EMFs from smart utility meters in GB, Bioelectromagnetics, 2017)

### (viii) WiFi: 12,000 times above EHS safety limit

At [0.4-]10 m from Access Points: 1,200 uW/m<sup>2</sup> (av.),  
19,000 uW/m<sup>2</sup> (max.), one at 45,000 uW/m<sup>2</sup> at 20cm when transmitting large files.  
(Lahham A et al.: "Assessment of public exposure from WLANs in the West Bank-Palestine" Radiat Prot Dosimetry, 2017)

### (ix) Personal exposure: 43 times above EHS safety limit

Geronimo project: 49 children and 49 parents in Slovenia:  
average personal RF-EMF exposure: 0.26 V/m;  
average personal RF-EMF exposure: 0.11 V/m (uplink),  
0.18 V/m (downlink), 0.15 V/m (broadcasting), 0.07 V/m (DECT) and 0.08 V/m (WLAN/WiFi). (Gajšek P et al, IEEE Rad Anten Days Ind Ocean (RADIO), 2016).

# ENVIRONMENTAL POLLUTION: CRIMINAL CHARGES?

## **International Criminal Court: environmental pollution as a crime against health?**

Prof. Belpomme and other leading experts are aiming to make environmental pollution subject to international criminal cases. “Mme Marie Odile Bertella-Geffroy, Prof. Olivier Cachard, Mme Etienne Riondet, Secretary-General of ARTAC, the Italian judge Antonio Abrami, and Prof. Belpomme visited the International Criminal Court [late in 2016] to meet with Judge Cuno Tarfusser. This meeting follows on the 10th anniversary symposium of the Paris Appeal, with the objective of having pollution and crimes against health recognised as crimes against humanity as an amendment to article 71k of the Statute of Rome. Or, another possibility would be to add to article 5 of the Statute health crimes to those already recognised (genocide, crimes against humanity, war crimes, crimes of aggression). The objective of the amendment would be to introduce into the statutes of the ICC the possibility to pursue persons who are guilty of serious and massive damage to the health of the population through direct or indirect exposure to physical, chemical or infectious agents whose harmfulness is known and has been scientifically proven.” (ARTAC newsletter December 2016)

## **Fighting electromagnetic pollution, in Kraków and beyond**

Lynne Wycherley has written another excellent overview of the growing evidence of electromagnetic pollution: “As Kraków, Poland's second city, takes steps to protect its citizens from rising electromagnetic 'smog' from mobile phones, wifi, Bluetooth, smart meters and other devices, Lynne Wycherley summarises 2016's news highlights on the emerging bio-risks of rising exposure to non-ionising radiation. For how much longer can governments continue to ignore the growing evidence of harm?” (“Lynne Wycherley: Kraków's bold step to curb electromagnetic pollution reflects growing evidence of harm” *The Ecologist*, January 12 2017) See also her excellent article: “Wireless pollution 'out of control' as corporate race for 5G gears up”, *The Ecologist*, October 27 2016.

## **Haringey fights Thames' Water's environmental pollution**

Campaigners in Fortis Green have slammed Thames Water for installing controversial “smart” water meters without consulting residents. The

group have been actively giving “Stop – Do Not Fit A Smart Water Meter” posters to residents to put in their windows and raise awareness. John Adrioni, from Stop Smart Meters Haringey, said: “The only consultation that occurred that we know of was with three streets in Tottenham last August. Thames Water are counting on people's ignorance. There is no law that mandates the installation of this product and it requires exposure of material facts to customers. There are safer alternatives like analogue meters which are tried, tested and work.” (Nathalie Raffray: “Residents in Fortis Green slam Thames Water's smart water meter installations” *Ham&High*, February 9 2017)

## **Air pollution: schools closed, speed limits**

Increasing numbers of cities are restricting vehicles, through congestion zones, or banning vehicles altogether to meet air pollution targets. Any expansion of Heathrow will bring legal challenges over air pollution for the many nearby residents. Schools have been closed and speeds on motorways will have to be curbed. “Highways England is considering imposing Britain's first pollution-related speed limits. The measures would be applied near Sheffield where the M1 runs close to schools and homes. Air pollution there already breaches UK and European Union limits hundreds of times a year. The pollution problem has huge implications for more than 20 other smart motorway schemes aimed at expanding England's motorway capacity. Clive Betts, MP for Sheffield South East, said: “Sheffield has already had to close two schools by the M1 because the pollution was so bad, but there are still many residents breathing filthy air – and there will be far more if the motorway gets busier. The government has known about the problem but has still expanded the motorway. Now it is trialling these Mickey Mouse schemes which are bound to fail.” (Jonathan Leake and Mark Hookham: “60mph limit and fines to cut M1 pollution” *The Sunday Times*, January 22 2017).

## **Air pollution: UK government evasion tactics**

In November 2016 the High Court ordered the government to come up with an effective air quality plan by July 2017. Cornwall is considering moving families away from pollution hotspots, and Westminster council is to impose a parking levy on diesel cars. The Great Smog of December 1952, caused by coal smoke, led to the deaths of about 12,000 people in London. The government

denied that it had any responsibility for the pollution. Harold Macmillan, the local government minister, said: "I would suggest we form a committee. We cannot do very much, but we can seem to be very busy." The government blamed the deaths on a flu epidemic, but there was no epidemic. Ministers suggested that doctors should hand out gauze masks to patients with heart and respiratory problems, even though the masks gave no protection from smog. A private member's bill jolted the government into announcing an inquiry, although it hoped this would bury the problem. The committee called for a ban on coal fires, and the government eventually brought in the Clean Air Act in 1956. (Paul Simons: "Weather Eye", The Times of London, February 2 2017)

### **Air pollution: government plans "inadequate"**

"The government will publish a plan in April for tackling air pollution after the previous one was ruled inadequate by the High Court." (Ben Webster: "Commuters warned of new air pollution risk", The Times of London, February 14 2017).

### **Finland aims to eradicate smoking by 2030 – EMFs by 2050?**

Finland wants to become the first European country to eradicate smoking and aims to be completely smoke-free by 2030 by introducing hard-hitting measures to encourage people to kick the habit. In the latest changes, the government is increasing the cost of the licence that allows shops to sell tobacco to almost €500, which will also increase the price of cigarettes from today's

average of €6 per packet (Isaak Bowers: "Finland increases smoking costs to end habit by 2030" The Times of London, January 21 2017). [Since smoking was shown to cause cancer in the 1950s, this would be some 80 years to remove a carcinogen from society. EMFs were linked with cancer in the 1970s, so will we have to wait to 2050 for them to be removed completely from society?]

### **USA: regulators and pesticide industry try to hide evidence**

"Monsanto Co. and officials within the Environmental Protection Agency are fighting legal efforts aimed at exploring Monsanto's influence over regulatory assessments of the key chemical in the company's Roundup herbicide, new federal court filings show. The revelations are contained in a series of filings as part of litigation brought by more than 50 people suing Monsanto. The plaintiffs claim they or their loved ones developed non-Hodgkin lymphoma (NHL) after exposure to Roundup herbicide, and that Monsanto has spent decades covering up cancer risks linked to the chemical. Lawyers for the plaintiffs want the court to lift a seal on documents that detail Monsanto's interactions with former top EPA brass Jess Rowland regarding the EPA's safety assessment of glyphosate." (Carey Gillam: "Monsanto, EPA Seek to Keep Talks About Glyphosate Cancer Review a Secret" Huffington Post, January 18 2017)

## **RECOGNITION OF DISABILITY: SUCCESSFUL ESA APPEALS**

### **Further legal recognition of EHS in UK: in 2012, 2015 and 2016**

In the last Newsletter (Winter 2016), there was a report on a successful appeal resulting in the award of ESA for a person with EHS, although another term was used on the tribunal document. In fact this was not first. There were at least two earlier cases.

### **2012: ESA award for EHS: EMR prevents "normal life"**

There was a case in a UK Tribunal in 2012 where a person with EHS won an appeal to recognise the need for support when a person with EHS is unable to work. This person is kindly willing to give advice on how to prepare

for an ESA appeal. Please notify ES-UK if you wish to be put in contact.

"Under the Social Entitlement Chamber, ESA Regulation 29, Exceptional Circumstances, 2b: "the claimant suffers from some specific disease or bodily or mental disablement", the Judge stated: "Were it not for the EMR the appellant would lead a normal life with little or no functional impairment ... Considerations included the fact that the appellant would be unable to work in any 'normal' working environment indoors or outdoors - anywhere there was WiFi, mobile phones or mobile phone masts ... Taken together the prospects of the appellant being able to 'work' ... were effectively nil."

## **ESA First-Tier Social Entitlement Chamber: appeal granted for EHS disability**

*Another reader has kindly written in with details of their own case and advice on how they went about claiming for ESA, WTC and home adaptations.*

On 4 June 2015 an appellant in a First-Tier Tribunal Social Entitlement Chamber won an appeal against the respondent, the Secretary of State for Work and Pensions.

“Decision Notice:

1. The appeal is allowed. 2. The decision made by the Secretary of State on 21/07/2014 is set aside. 3. [The Appellant] is entitled to Employment and Support Allowance (“ESA”) with the work-related activity component. 4. In applying the Work Capability Assessment 18 points were scored from the activities and descriptors in Schedule 2 of the ESA Regulations 2008 made up as follows:

13. Initiating and completing personal action (which means planning, organisation, problem solving, prioritising or switching tasks). (c) Frequently cannot, due to impaired mental function, reliably initiate or complete at least 2 personal actions. 6 Point(s).

14. Coping with change. (c) Cannot cope with minor unplanned change (such as the timing of an appointment on the day it is due to occur), to the extent that overall, day to day life is made significantly more difficult. 6 Point(s).

16. Coping with social engagement due to cognitive impairment or mental disorder. (c) Engagement in social contact with someone unfamiliar to the claimant is not possible for the majority of the time due to difficulty relating to others or significant distress experienced by the individual. 6 Point(s).

5. No Schedule 3 descriptor applied. Regulation 35 of the ESA Regulations 2008 did not apply.

6. By reason of mental illness [the Applicant] is significantly limited, in particular in initiating actions, coping with change. As a result, the above descriptors are satisfied. In reaching its decision, the Tribunal placed particular reliance upon the oral evidence of the Applicant.”

## **How I got my EHS recognised in an ESA Tribunal appeal**

The Applicant suffers from EHS and Chronic Fatigue. The Applicant hopes that “this information helps others to also win their right to sick pay when ill. It took me three court hearings and I completely re-did the case once as I was going about it wrong and the judge adjourned and allowed me to re-write slightly differently what I’m fighting (I had no idea!). I basically asked my doctor to write specifically

about each of the criteria, and estimate how many points I should be awarded according to his medical opinion and experience of me; numbering or lettering each one according to the ESA criteria and using their language.”

See below from excerpts from the preliminary tribunal support letter, and for a letter which helped secure the ‘disability component’ of working tax credits (WTC), for work at 16 hours per week instead of 30 hours per week, useful for those employed part-time or self-employed who have EHS. “All you need is a doctor to write that you have a “chronic health condition” and that you “require adaptations to the workplace” and “require limited hours of work”. Given the kind of medical history of an EHS person and an understanding doctor who is informed, he/she will have plenty of medical evidence (e.g. sick notes over a long period) to back that up. And I don’t have to renew that side of my WTC claim either, since it continues until I’m well enough to work more than 16 hours per week.”

Another letter was “written in support of my rights in a shared house to maintain the adaptations that were in place when the other two housemates arrived. These included turning off at night the internet router outside my bedroom door.”

“I hope these documents help others to be well and have their rights to basic needs met and beyond – to grow and thrive and educate others, and reach their potential as amazing, talented and creative sensitives in our community!”

## **Supporting medical evidence for the ESA tribunal, WTC and home adaptations**

Excerpts from the Applicant’s preliminary tribunal support letter from the Applicant’s doctor:

“... You first presented in [date redacted] and at that time we started a discussion about work and the difficulties you have with regards to seeking work and holding down work. The main thing that has an effect on your ability to maintain energy is the electrosensitivity. The tribunal may not appreciate the significance of this as a syndrome but more and more we are recognising this as a scenario in which people living within the realms of electromagnetic fields and radio waves of certain frequency develop symptoms. Living with this variety of symptoms on an ongoing basis can lead to debility. Some people I think believe that this forms part of a spectrum of ME/fibromyalgia and if the tribunal

would prefer to interpret your case as being one of ME/fibromyalgia then this gives essentially a similar picture for them. However we believe in your case it has a different cause. I know that since moving further into the country to avoid the intensity of electric signals in towns things have improved from the fatigability we talked about in the summer. Blood tests and so on do not demonstrate the extent of this condition and we have no other underlying medical cause for your symptoms. I am happy to state that I believe there is enough evidence of this condition having affected your fitness to work and am happy to support your appeal ... the end result is that for whatever reason you have been clearly disabled by this and through taking steps to try and improve your health things have improved, but whether this gets to a point where you will be well enough to hold down a job in a setting where electric signals are likely to be more prevalent than where you live is still going to be debateable in the longer term. ...”

Excerpts from a doctor’s letter which helped secure the ‘disability component’ of working tax credits (WTC):

“... I assessed [the Applicant] on [date redacted] and due to [the Applicant’s] ongoing health condition of electro sensitivity, chronic fatigue and IBS, [the Applicant] is fit for work under certain conditions, for example within a low electro magnetic field environment. [The Applicant] requires adaptations to the workplace and a limited number of hours of work.”

Excerpts from a doctor’s letter written in support of [the Applicant’s] rights in shared accommodation to maintain the adaptations that were in place, including turning off the internet router:

“... it will be a help to confirm that [the Applicant] has electro sensitivity. [The Applicant’s] current accommodation has some adaptations to provide [The Applicant] with a low EMF environment and the adaptations are key to [the Applicant] maintaining good health. It is important that they be maintained. Others living in [the Applicant’s] house should be aware of the effect that electromagnetic fields have on [the Applicant’s] health and should respect the changes that have been made to help [the Applicant] ... “



## READERS’ COMMENTS

### Pacemakers for an electro-sensitive person

David asks if anyone can share ideas on, or experience of, having a cardiac pacemaker fitted for an electro-sensitive person. Please email [enquirers@es-uk.info](mailto:enquirers@es-uk.info), or write to BM Box ES-UK, London, WC1 3XX.

### Magnetic and infrasound at low levels can be debilitating

Diana writes: “After six years of research and personal observation, I would like to suggest that our common factor is that we, and perhaps everyone, are sensitive to the

magnetic element of EMFs, and also to infrasound, sensitivity to which is actually not uncommon. I believe that it is not the high dBs that affect us but the extremely low ones, which we don’t ‘hear’, but our brains do ‘detect’ - lower than the -60 dB which is the limit of most meters; and that regulators need to reduce or protect against these levels, perhaps through obligatory insulation. I would also add that, just because your meter-readings ‘drop-off’ as you move away from any source of EMF/RF, does not mean that your body is not still ‘detecting’ or being

affected by it. For the most part, our bodies are better detectors than meters. The concern of public bodies should not be simply the possible long-term results to our health, but the results to our daily living, with the severely debilitating effects making many of us housebound, and unable to live a ‘normal’ life.”

### Computer mouse and the Underground

Ryan reports that his mother was given a wireless mouse for her computer. “The microwave radiation levels were horrendous, measuring over 2

V/m when being moved. I have since replaced it with a wired one. Unfortunately, I have to travel into London temporarily for NHS dental treatment, which is pushing my ES to the limit. I cannot tolerate trains after doing a short test run and feeling ill for a couple of days afterwards. However I seem to be okay with Tube trains on the London Underground, although I still wear my head net to protect me from other passengers using their mobiles."

### **Holiday bliss!**

"Over the two week holiday period [at Christmas and New year] there were nights when I hardly heard the waves at all, but now all is back to normal 'work' and electromagnetic pollution."

### **Not just EHS sufferers: asthma too**

"My husband's asthma flares up badly whenever he is near Wi-Fi."

### **Another's convenience more important than my health?**

"I was at work in an office area with no WiFi or phones, when I suddenly felt a sharp ES pain in the back of the head. I could see no-one using a phone or iPad and there was no WiFi. I then happened to glance out of a window and saw someone about ten metres away on their mobile phone. When they moved on the pain went too."



### **Aircraft radar causes electrosensitivity symptoms**

"In January I was driving along the M42 and suddenly felt a sharp pain in the back of the head. I knew that no mobile phone had been switched on in the car, so I looked round for a nearby phone mast, since these sometimes cause me this problem. But I couldn't see a mast anywhere. I then spotted an aircraft on the left coming in to land at Birmingham airport. I've heard of other ES people being zapped by aircraft ground radar, but I've never felt it for myself before."

### **Colour-blind pupils should be helped - and EHS pupils?**

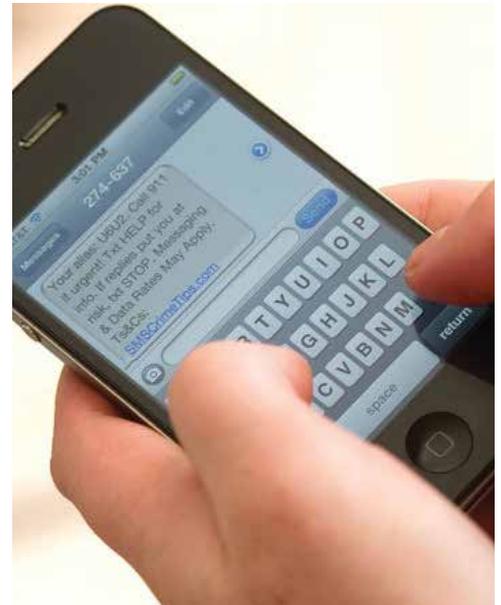
Nicky Morgan MP, as the Minister for Education, said in December 2014: "Schools and colleges must make reasonable adjustments where a child has an impairment or disability that affects their ability to take part in everyday activities. A child with colour blindness may be considered to have a special educational need, if it means they need additional support and resources from their school."

About 8% of boys and 0.5% of girls have colour-blindness, while it is said that 3% suffer from ES. Shouldn't similar support also be given to children with ES, rather than force them out of school altogether?

### **Driver heart attack?**

A driver with ES reports that he was convinced his passengers were all aware of his condition and were considerately keeping their mobile phones switched off. After an hour he suddenly felt severe pains around the heart, which lasted half an hour and were gradually getting worse. All became clear when he heard a mobile phone ring-tone from the back seats and enquired if someone had

switched on their mobile phone. "Yes", was the apologetic reply, "I switched it on a while ago as I was just expecting a text message but I didn't think it would matter."



### **Public buildings should publicise radiation levels**

"For a hotel meal I was shown to a seat in a room with windows towards nearby phone masts. I was surprised how uncomfortable I soon felt, with pains in the upper body, headaches, digestive problems and foggy thinking etc. I had to ask to move to another part of the dining room with several walls protecting diners from the masts. It would help if hotels and public buildings had to publicise radiation exposure [V/m] in different rooms."

### **WiFi guest code harms guests**

"The meeting room had a WiFi router but I did not feel too bad and only a few people were checking their emails. When the organiser gave out the guest access code, however, and dozens of phones and ipads started their radiation, I soon felt distinctly unwell."

### Church bans request to turn off phones!

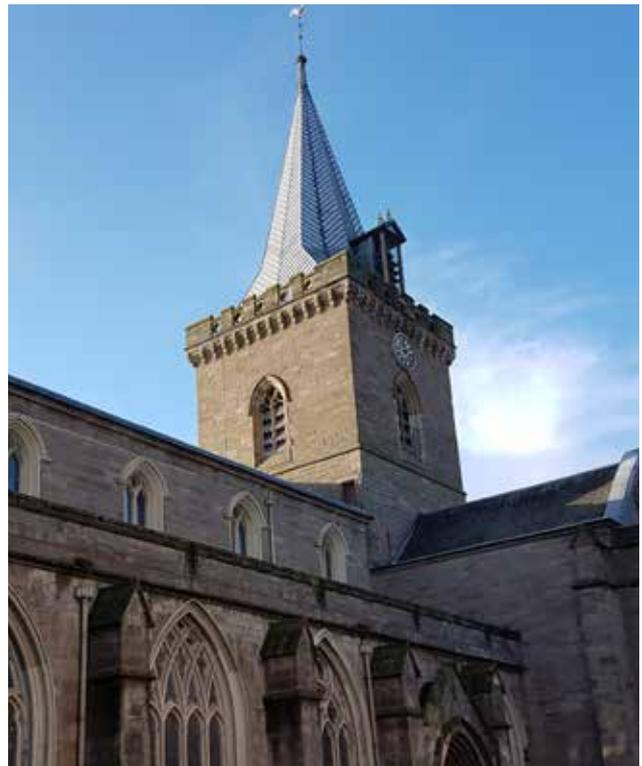
"The story that follows beggars belief. I have been attending a C of E Church, St. Chad's in Sutton Coldfield for 40 years and in that time prepared the service sheets, created and managed the website and Facebook page, taking the photos for major events, liaised with our chosen charity in Malawi etc. etc. But a couple of years ago, I started with electro-sensitivity, so bad that I have become suicidal at times (because of the way the phone radiation affects the brain). I was becoming ill after attending church. The new vicar agreed to ask people to turn their phones off in the service, but drew the line at asking them to do so in the church hall or coffee lounge on a Friday morning. In fact, I was forbidden to ask people to turn their phones off.

Each time I attended a service I was ill, even when people were asked to turn off their phones. I think the problem was the wireless microphone and speaker system and the hearing loop which I discovered later uses RF radiation.

After being ill a few times because people with phones on, sat or stood near me in the church hall where I visited, (after the service which I didn't attend) I gave up. I have only recently attended the coffee lounge on a Friday.

Well, I was told today that the new vicar had raised the issue of whether to ban me from using my acoustimeter on church property, at the Parochial Church Committee meeting. Some church members had complained to him about my use of the meter in the coffee lounge. They didn't

like it being pointed at them. (When I go, I do just check round with my meter in the vicinity of the seat I'm about to use, just to be sure I am not going to be in a high RF field. Immediately people nearby offer to turn off their phones and when safe, I sit down. That's it. Not a very good example from a Christian church to one of its members. I've had far more support from the U3A dancing class I go to!!! The new vicar apparently judged that there was no reason for me to be checking for RF radiation around church buildings."



## GROUPS and ACRONYMS

### Some majority viewpoint groups

*Most expert western scientists since 2008 have accepted established low-level adverse health effects, first described in 1932. In the east, the USSR and Poland accepted non-thermal effects and EHS in the 1960s.*

- AAP: American Academy of Pediatric (60,000 doctors etc, 2013)
- AMA: Austrian Medical Association (EHS Diagnosis and Treatment Guidelines, 2012)
- ARTAC: Association pour la Recherche Thérapeutique Anti-Cancéreuse (expert research centre on EHS)
- Bioinitiative Group (reports, 2007, 2012)
- CAM: California Medical Association (warning, 2014)
- Council of Europe, Parliamentary Assembly (vote for rejecting ICNIRP limits, 2011)

- ECERI: European Cancer and Environment Research Institute
- ES-UK: ElectroSensitivity UK
- EUROPAEM: European Academy for Environmental Medicine (*International Safety Limits, 2016*)
- EEA: European Environment Agency (*report, 2007*)
- European Parliament (*voted for biological limits and 'white'/green' zones free of man-made radiation, 2009*)
- IARC: The International Agency for Research on Cancer (*an agency of the WHO; 2001 and 2011 classified ELF and RF EMF as 2B human carcinogen*)
- ICEMS: International Commission for ElectroMagnetic Safety (*Vienna Resolution, 1998 etc.*)
- IEMFA: International EMF Alliance (*115 organisations worldwide*)
- IERVN: Irish Electromagnetic Radiation Victims Network
- IBN: Institut für Baubiologie + Oekologie, Institute for Bau-Biologie & Ecology, International Institute for Building Biology & Ecology (*International Guidelines, 2008*)
- EMF Scientist: International Electromagnetic Field Scientist Appeal (*225 signatures, 2015*)
- NHS: National Health Service  
(*UK Chief Medical Officer: warning against children's non-essential use, 2011*)
- NTP: National Toxicology Program (*\$25M study showed that non-thermal RF is carcinogenic, 2016*)
- Nordic Council of Ministers  
(*ICD, International Classification of Diseases, included Electrosensitivity: 2000*)
- PECCEM: La plataforma Estatal Contra la Contaminación ElectroMagnética (*Spain, Europe*)
- Powerwatch (UK)
- RNCNIRP: Russian National Committee on Non-Ionizing Radiation Protection
- RRT: Radiation Research Trust
- SSITA: Safe Schools Information Technology Alliance
- Stop Smart Meters UK
- UK tribunals (*awards for ESA: Employment Support Allowance*)
- WiFi in Schools (UK)

### Some minority viewpoint groups

*A single-viewpoint clique operates among regulators in some western countries. It still mainly claims, against the established evidence, that adverse health effects come not from known low-level effects, but only from heating, a hypothesis proposed by Schwan in 1953 but which has been frequently disproved since then.*

*Although in 2002 the WHO's ICNIRP accepted that "certain sensitive individuals" need non-thermal limits below its 1998 heating limits, the ICNIRP has still not amended these heating limits to cover the whole population. Although in 2001 and 2011 the WHO's IARC classified EM exposure as a 2B possible human carcinogen, not all countries have yet adopted precautionary regulations.*

*In this small clique there is, or has been, considerable overlap and conflict of interest between those reviewing the evidence, proposing standards, adopting these standards, or advising governments on adopting them.*

- AGNIR: Advisory Group on Non-ionising Radiation (*including PHE, MTHR and ICNIRP members*)
- ICNIRP: International Commission on Non-Ionizing Radiation Protection  
(*private single-viewpoint group, WHO agency, including PHE, AGNIR, SCENIHR and WHO EMF Project members*)
- MTHR: Mobile Telecommunications and Health Research  
(*2001; "None of the published research supported by MTHR demonstrates biological or adverse health effects produced by RF exposure from mobile phones" (Cosmos); including PHE, AGNIR, Cosmos, SCENIHR and WHO EMF Project members or experts*)
- PHE: Public Health England (*agency of the UK Department of Health, formerly HPA/NRPB, including AGNIR, MTHR and ICNIRP members*)
- SCENIHR: Scientific Committee on Emerging and Newly Identified Health Risks  
(*European Union, whose members and experts include PHE, MTHR and ICNIRP members*)
- WHO EMF Project (*established 1996 by the World Health Organization, an agency of the United Nations, including MTHR and ICNIRP members*)

# PHE and AGNIR'S INACCURATE SCIENTIFIC REPORT

*The inaccuracies in the AGNIR 2012 Report, which was endorsed by PHE, and the serious conflicts of interest over the Report's authorship and acceptance by some of the same people, some of whom are also part of the ICNIRP, invalidates not only PHE's endorsement of the AGNIR 2012 Report, but renders unsafe all UK government advice on EM safety based on this flawed and discredited Report.*  
Starkey S: "Inaccurate official assessment of radiofrequency safety by the Advisory Group on Non-ionising Radiation" *Rev Environ Health*, 2016.

## **PHE still supports "inaccurate" AGNIR 2012 Report**

In 2016 a peer-reviewed article was published with a damning critique showing 'inaccuracies' in the AGNIR 2012 Report (non-peer-reviewed) and the conflicts of interest among its authors (Starkey S: "Inaccurate official assessment of radiofrequency safety by the Advisory Group on Non-ionising Radiation" *Rev Environ Health*, 2016).

Despite this proof of how invalid AGNIR's conclusions were, as late as March 2017 PHE and other government departments were still claiming:

"PHE's AGNIR published a report in April 2012 that carefully assessed whether certain people are especially sensitive to exposures to RF fields, leading to unpleasant symptoms which affect their health. AGNIR concluded that there is increasing evidence that RF fields below guideline levels do not cause symptoms and cannot be detected by people, even those who consider themselves sensitive to RF fields. PHE agrees with AGNIR that this does not undermine the importance of the symptoms that are experienced, but it does suggest causes other than those directly related to RF fields should be considered."

and: "In summary, HPA supports and appreciates this thorough review of the evidence prepared by AGNIR."

(Gov.UK: Public Health England: "HPA response to the 2012 AGNIR report on the health effects from radiofrequency electromagnetic fields" April 1 2012).

## **Time for PHE to withdraw the inaccurate AGNIR Report**

It is time that PHE and AGNIR recognise the scientific weight of evidence and withdraw AGNIR's inaccurate 2012 report.

## **Department of Health still quotes "inaccurate" AGNIR report on established real EHS**

In March 2017 the Department of Health was also still giving out wrong and invalid information based

on the inaccurate and not peer-reviewed AGNIR 2012 report: "AGNIR concluded "the evidence suggests that radiofrequency field exposure below guideline levels does not cause acute symptoms in humans"."

## **PHE and AGNIR's cover-up: "incorrect and misleading executive summary and overall conclusions, inaccurate statements, omissions and conflict of interest"**

"PHE and AGNIR had a responsibility to provide accurate information about the safety of RF fields. Unfortunately, the report suffered from an incorrect and misleading executive summary and overall conclusions, inaccurate statements, omissions and conflict of interest. Public health and the well-being of other species in the natural world cannot be protected when evidence of harm, no matter how inconvenient, is covered up." (Starkey S, *Rev Environ Health*, 2016, p.500)

## **PHE & AGNIR's "cover-up": implications for schools, employers and the public**

"Schools, hospitals, employers, organisations and individuals have legal responsibilities to safeguard the health, safety, well-being and development of children, employees and members of the public. But they are unable to fulfil their legal responsibilities when they have been provided with inaccurate information and the evidence of possible harm has been covered up. Individuals and organisations who/that have made decisions about the often compulsory exposures of others to wireless RF communication signals may be unaware of the physical harm that they may have caused, and may still be causing, because they have not been accurately informed of the risks. This has been a safeguarding failure and the health of some children or adults may have been damaged as a result.

To prevent further possible harm, restrictions on exposures are required, particularly for children, pregnant women and individuals with medical conditions. All children in schools and care environments need protection from the potential

harmful effects of RF exposures and not, as is now often the case, a compulsory use of wireless devices in the classroom.

Children may unjustly face losing their human right to an education if they do not want to absorb RF fields every day at school and no alternative environments are available. Attention also needs to be given to the provision of safe working environments for employees and safe public spaces, particularly where exposures are involuntary.”

(Starkey S, *Rev Environ Health*, 2016, p.499)

### **PHE’s alleged failure to safeguard the general public: death of schoolgirl**

PHE allegedly appears responsible, by giving “inaccurate” advice to the UK government, for the fact that, in the case of the tragic death of the school pupil Jenny Fry, the school did not follow the more accurate scientific evidence supplied by her parents. “Simon Duffy, headteacher of Chipping Norton School, said: ‘The governors are content that the installed equipment complies with the relevant regulations.’” (Hugo Gye: “Schoolgirl, 15, found hanged after ‘developing an allergic reaction to the WiFi at her school’” *Daily Mail*, November 30 2015)

### **Worldwide decisions over wireless irradiation based on AGNIR’s inaccurate conclusions**

“Within the United Kingdom (UK), Public Health England (PHE) commission scientific reviews by the Advisory Group on Non-ionising Radiation (AGNIR) to assess the safety of RF fields. AGNIR reviews, along with PHE in-house assessments of exposures, form the basis of PHE’s advice on the safety of RF signals. This guides the UK government, organisations and decision makers when assessing the safety of wireless devices and infrastructure. The latest AGNIR review has also been relied upon by health protection agencies around the world, including the Australian Radiation Protection and Nuclear Safety Agency and Health Canada.”

“Decision makers, organisations and individuals require accurate information about the safety of RF electromagnetic signals if they are to be able to fulfil their safeguarding responsibilities and protect those for whom they have legal responsibility.”

“Decisions about involuntary, continuous and widespread RF exposures in schools, hospitals, workplaces and public and private spaces in the UK and around the world have been made based upon inaccurate conclusions of the AGNIR report. Published in 2012, it continues to be used to

justify RF exposures and dismiss concerns about possible adverse effects on health, well-being or development. The denial of the existence of adverse effects of RF fields below ICNIRP guidelines in the AGNIR report conclusions is not supported by the scientific evidence.”

(Starkey S: *Rev Environ Health*, 2016, p.493, p.499)

### **Starkey’s damning critique of AGNIR: “what’s not being told”**

“The paper by Sarah J. Starkey (Starkey S, *Rev Environ Health*, 2016) is only one intelligently explained example of what’s really going on with microwave ‘science’ to keep consumers enthralled about and with ‘smart’ devices and denied microwave technology health hazards. There are so many more studies I can cite, but I think readers ought to be getting the picture of what’s not being told to them so that the marketing plans for smart appliances and gadgets can rule consumers’ lives—everything from a ‘smart’ phone, appliances and Wi-Fi to the coveted G5, global Wi-Fi in the sky. Here’s the BIG however, “ICNIRP only accept thermal effects of RF fields and focus on average energy absorbed,” (Pg. 495) even though 32% of Industry studies found non-thermal effects!” (Catherine J. Frompovich: “Microwave EMF Science: Deliberate Claptrap Misinformation?” *Natural Blaze*, January 22 2017)

### **“Shocking bias” in AGNIR 2012 report**

“In Britain, meanwhile, neuroscientist Dr Sarah Starkey published a key [peer-reviewed paper](#) (October 2016) that exposed shocking bias in the 2012 report by AGNIR, the Advisory Group on Non-ionising Radiation - a report behind many governments’ take-no-action health policies, including the UK’s. And one which (as she demonstrates) blatantly excludes the peer-reviewed precautionary science.” (Lynne Wycherley: “Krakow’s bold step to curb electromagnetic pollution reflects growing evidence of harm” *The Ecologist*, January 12 2017)

### **AGNIR’s report: “basic inaccuracies; cannot be trusted”**

S Starkey’s review of the AGNIR report “has revealed basic inaccuracies and omission in its 2012 report. This damning summary reveals why AGNIR’s statements on safety of RF fields are not based on the latest science and cannot be trusted.” (“Damning exposure of UK AGNIR’s bias and cover-up in RF guidance” *Caduceus*, 95, Winter 2016)

# PHE'S LOSS OF SCIENTIFIC CREDIBILITY

## **British Medical Journal: "Is PHE fit for purpose?"**

A reader asked about the heading in the last Newsletter, as to whether "PHE is fit for purpose". The question "Is PHE fit for purpose?" appeared in a 5,500-word article published in the BMJ in 2015 which was highly critical of PHE's failings. (Jonathan Gornall: "Public Health England's Troubled Trail: The handling of evidence for its controversial report on e-cigarettes adds to questions about the credibility of the organisation's [PHE's] advice" BMJ, 2015)

## **Lancet Editorial:**

### **PHE has "fallen short of its mission"**

#### **"evidence-based confusion"**

The Lancet's Editorial on PHE's report on e-cigarettes stated: "The reliance by PHE on work that the authors themselves accept is methodologically weak, and which is made all the more perilous by the declared conflicts of interest surrounding its funding, raises serious questions not only about the conclusions of the PHE report, but also about the quality of the agency's peer review process. PHE claims that it protects and improves the nation's health and wellbeing. To do so, it needs to rely on the highest quality evidence. On this occasion, it has fallen short of its mission." (Editorial: "E-cigarettes: Public Health England's evidence-based confusion" The Lancet, 386(9996): 829, August 29 2015)

## **PHE: loss of "credibility", "naïve", "helpful to the government's agenda"**

At the House of Commons Health Committee on November 19 2013, Duncan Selbie, PHE's chief executive, was told by Barbara Keeley, the MP for Worsley and Eccles South, that "I found your report [on fracking] naive in the extreme." Rosie Cooper, MP for West Lancashire, said the issue placed a question mark over PHE's "credibility" and perhaps PHE was "being helpful to the government's agenda." (Jonathan Gornall: "PHE's Troubled Trail", BMJ, 2015)

## **PHE's loss of "scientific credibility" because of "inaccurate" report**

PHE's Dr Mann stated at the WHO's EMF Project Meeting in June 2014 that for the UK's PHE "maintaining scientific credibility was very important". Dr Starkey's 2016 peer-review study, however, showed that the AGNIR non-peer-reviewed report, which PHE helped write and on which PHE relies for its scientific evidence, has many scientific inaccuracies.

## **PHE prefer own non-peer- reviewed 2012 report to independent peer-reviewed 2014 evidence**

PHE's Dr Mann, when asked about a 2014 peer-reviewed study confirming EHS from smart meters, stated, in November 2016, that PHE still believed in its sceptic non-peer-reviewed 2012 AGNIR report and that therefore PHE disregarded the 2014 peer-reviewed paper.

## **PHE "too close to Government" "not speaking out about health impacts"**

"England's public health authority may be too close to the Government, preventing it from speaking out about the health impact of political policies, MPs have warned. In a damaging assessment of the new organisation Public Health England (PHE), formed last year to safeguard the nation's health and provide independent, evidence-based advice to Government, the House of Commons Health Select Committee said that the new body had not yet proved its willingness to "speak truth unto power". In their report, PHE chief executive Duncan Selbie is criticised for telling the Committee that it would be too controversial for him to respond directly when asked to outline Government policies which may be increasing health inequalities. "The Committee is concerned that the chief executive of PHE should regard any public health issue as 'too controversial' to allow him to comment directly and believes that PHE should be able to address such matters without constraint," their report said." (Charlie Cooper: "Public health authority formed to 'speak truth unto power' may be too close to the Government, MPs warn" Independent, February 24 2014; Denis Campbell: "Government health agency is not up to job, say MPs" Guardian, February 26 2014).

### **“PHE embroiled in a series of controversies about the quality and credibility of advice”**

PHE was created as an “operationally autonomous executive agency” of the Department of Health on 1 April 2013, when responsibility for public health passed to local authorities. Its function is to “protect and improve the nation’s health and wellbeing, and reduce health inequalities” by providing government, local government, the NHS, public health professionals, and the public with “evidence-based professional, scientific and delivery expertise and advice.” In the two and a half years since then, PHE has been embroiled in a series of controversies about the quality and credibility of advice it has issued on topics including fracking, NHS health checks, and the NHS Diabetes Prevention Programme, raising concerns about both its competence and its supposed independence. It has recently been in the firing line again, accused of bowing to political pressure by initially agreeing not to publish its review of measures to reduce sugar consumption.” (Jonathan Gornall: “Public Health England’s troubled trail” BMJ, 2015)



## Public Health England

### **PHE recognises the need to “constantly review” evidence**

“PHE strives to be rigorous in our use of evidence and recognises the need to constantly review this.” (Duncan Selbie, Chief Executive PHE: “Re Public Health England’s troubled trail” BMJ, November 4 2015)

### **PHE’s fracking report: “Grossly outdated and narrow”**

“Public Health England’s 2014 narrow ‘Review of potential public health impacts from shale gas extraction’ is now grossly outdated and hundreds of critical studies have been published since. They must produce a new report on the potential health impacts on fracking in the UK. A letter published in the British Medical Journal stated: “The arguments against fracking on public health and ecological grounds are overwhelming.” This letter was signed by 18 academic and medical professionals. PHE’s mission is: “to protect and improve the nation’s health and to address inequalities”. If PHE are to fulfill their public duty and mission statement, then to not acknowledge and act upon the wealth of contra-indications towards hydraulic fracturing, they could be in breach of their position and may face legal challenge.” (Claire Stephenson: “Public Health England: Produce a New Health Report on Fracking” 38 Degrees, 2016)

### **PHE’s 2014 fracking report “outdated”**

“Over the last year we have seen the publication of numerous reports linking fracking in the US with health issues. The UK government relies on an outdated report of limited scope published by PHE. It was already out-of-date by the time it was published (June 2014) and was largely unchanged since the draft of October 2013.” (Alan Tootill “Why PHE must produce a new report on potential health impacts of fracking, and why until risks have been properly assessed there should be an immediate ban on shale gas exploration and development” Fracking Digest, August 27 2016)

### **Health professionals fill gap left by PHE**

A UK body which has felt obliged to fill the gap left by PHE is Medact, a body of health professionals. They have produced two reports on shale gas and health. The first report highlighted the limitations of PHE’s report on fracking, including the fact that it was narrow in scope and failed to critically assess the adequacy and reliability of the regulatory system. In 2016 Medact published an update. They pointed out this was needed because “over 350 academic papers of various sorts have (since) been published.” (Alan Tootill, Fracking Digest, August 27 2016)

### **PHE’s report on fracking: “not fully recognising evidence”**

“The conclusion can be made that the UK government is not fully recognising evidence in the literature when creating fracking legislation and regulations.” (Reap E: “The risk of hydraulic fracturing on public health in the UK and the UK’s fracking legislation” Environ Geochem Health, 2016).

### **“Public Health should not be compromised for benefits to industry”**

“The health of the public should not be compromised simply for the economic benefits to the industry.” (Carpenter DO: “Hydraulic fracturing for natural gas: impact on health and environment” Rev Environ Health, 2016)



# PHE, DH, AGNIR, AND ICNIRP: CONFLICTS OF INTEREST

“Currently, six members of AGNIR and three members of PHE or its parent organisation, the Department of Health (DH), are or have been part of ICNIRP. When the group charged with assessing whether there is evidence of health effects occurring at exposures below current ICNIRP values have members who are responsible for setting the guidelines, it introduces a conflict of interest ... at the time of writing, 43% of those in AGNIR were from PHE or the DH. PHE had misleadingly welcomed the report which they were involved in preparing”

(Starkey S: *Rev Environ Health*, 2016, p.493, p.499)

## AGNIR 2012:

*membership of ICNIRP, HPA or DH:*

Swerdlow A.J. (Chair) ICNIRP; Conney S.W. DH; Coulton L.A.; Duck F.A.; Feychting M. ICNIRP; Haggard P.; Lomas D.J.; Noble D.; Mann S.M. HPA; Maslanyj M.P. HPA; Meara J.R. HPA; Peyman A. HPA; Rubin G.J.; Sienkiewicz Z.J. ICNIRP, HPA.

## AGNIR 2016:

*membership of ICNIRP, PHE or DH:*

Swerdlow A.J. (Chair) formerly ICNIRP; Conney S.W. DH; Coulton L.A.; Duck F.A. ICNIRP; Feychting M. Vice-Chair ICNIRP; Haggard P.; Lomas D.; Mann S.M. ICNIRP, PHE; Maslanyj M.P. PHE; Meara J.R. PHE; O’Hagan J.O. ICNIRP, PHE; Peyman A. PHE; Powers H.; Rhodes L.; Rubin G.J.; Sienkiewicz Z.J. ICNIRP, PHE; Tedstone A. PHE; Young A.

## PHE’s FAILINGS ON ELECTROSENSITIVITY

*For over ten years PHE (previously HPA) has failed people with ES and EHS. This has caused suffering and allegedly deaths. The editor hopes that PHE will soon catch up with the science.*

*We look forward to the time when PHE will recognise that some people are sensitive to electromagnetic exposure, just as the ICNIRP warned in 2002 about “certain sensitive individuals”, and will then work with ES-UK to help these people and warn the general population of the dangers of low-level electromagnetic exposure.*



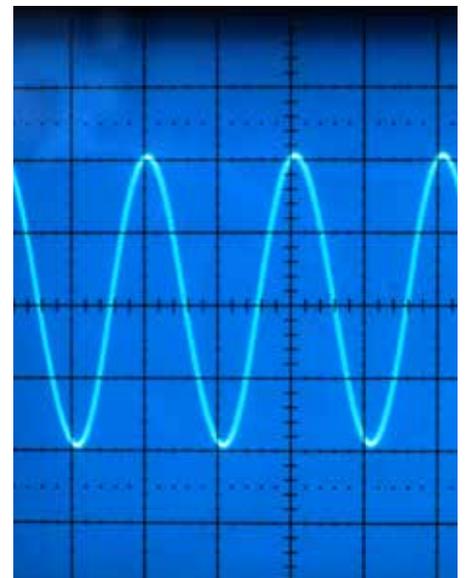
### Review of PHE: How well does PHE perform?

The Department of Health is holding a review of PHE, for which there was a public consultation in May-June 2016, to which ES-UK contributed. The areas under consideration include: “How well PHE performs.”

### PHE (HPA) in 2007: “Furthering research into electrosensitivity”

“The Chairman [Sir William Stewart] asked Group members to consider what the next MTHR

programme might consider in terms of informing this debate, furthering research into electrosensitivity, and in investigating new technologies such as Wi-Fi. John Stather [HPA] pointed out that currently the HPA had many enquiries in this area.” (Minutes, p.4, 4(iii); HPA[PHE]/RPD EMF Discussion Group, 3<sup>rd</sup> Meeting, HPA Holborn Gate, London, 14 March 2007)



### **PHE's claim is wrong; cancer phone mast removed**

The Shooters Hill Association in Meir, Stoke-on-Trent, succeeded in having removed an Orange mobile phone mast after a 17-year battle. It was erected in 1993 without proper consultation and has been linked with cancer deaths.

The Association treasurer Peter Chell said there were at least five cases of people with brain tumours which could be linked to the phone mast. Dozens of residents have lined their homes with tin foil or expensive metal mesh, as well as installing special curtains. Raymond Finney from Kingsmead Road said: "We believe that up to 400 metres away was the danger area. Jean supplied us with the mesh for protect our homes." Ken Warburton from Lightwood Road said: "This mast actually destroyed lives."

Mast Sanity spokesperson Sarah Wright said: "The radiation emitted by mobile phones and mobile phone masts was classified as a possible carcinogen in 2011 by the International Agency for Research on Cancer. Some scientists on the committee wanted it to be classified as a definite carcinogen."

But Public Health England's Dr Simon Mann said: "There is no convincing scientific evidence that radio signals from mobile phone masts pose a risk to public health."

[This PHE claim is wrong. The weight of evidence is fully "convincing" that living within about 500m of phone masts can cause public ill health, including sensitivity symptoms, immune disruption and cancers. For instance Khurana VG et al's review in 2010 showed that 80% of studies confirm this majority viewpoint of ill health including cancers – Ed.]

(Becky Loton: "Meir residents win 17-year fight to remove phone mast blamed for cancer deaths" Stoke Sentinel, February 16 2017)

### **PHE's and CTIL's claim is wrong; phone mast rejected**

Strong local opposition led to a phone mast proposed by CTIL Communications on behalf of Vodafone and Telefonica at 32 Belmont Street, Birkdale, West Lancashire, being turned down by the planners. CTIL's website states that "Below these guideline Levels [ICNIRP's heating or cooking guidelines] there is no convincing evidence of adverse health effects" and "The UK Government and Public Health England support this view".

[This claim by CTIL Communications and PHE is wrong. A quick glance at the majority scientific viewpoint, represented by Bioinitiative 2012, EUROPAEM 2016, IARC 2001 and 2011 etc., shows that weight of scientific evidence has established "convincing evidence" of adverse health effects way below ICNIRP's heating levels. That is why sensitive people, whose need was recognised by ICNIRP in 2002, have their international biological limit set at 0.006 V/m, compared with ICNIRP's heating limit of 61 V/m. – Ed.]

(Ollie Cowan: "Anti-mobile mast campaigners send out clear signal to phone company..." The Champion, March 1 2017; Ollie Cowan: "Council hang up on mobile mast plan" The Champion, March 19 2017).



### **Public Health England's failings on real EHS**

*A reader has asked for a list of Public Health England's failings as regards real EHS and related issues. The Editor here attempts to summarise some of the main issues, many of which apply to most of the same fringe clique of scientists in PHE's AGNIR, ICNIRP and parts of the WHO.*

1. Failure to accept evidence for real EHS since 1932 onwards, with studies establishing it in the 1960s in the USSR and Poland, and in the west since the 1980s.
2. Failure to distinguish between the different conditions of (a) real EHS, diagnosed with objective physical and genetic markers and patient history, and (b) Electrophobia, the psychological conditioning of a Nocebo effect diagnosed by conscious psychiatric tests, which may affect 1% of people with real EHS but cannot affect children, unaware adults and animals, since they have not had prior conditioning.

3. Failure to consult experts and clinicians experienced in diagnosing and treating real EHS rather than psychologists specialising in the different condition of Electrophobia.
4. Failure to warn the DH and UK government to follow the ICNIRP, which the UK government states that it does follow, with regard to the ICNIRP's 2002 statement that "certain sensitive individuals" require safety exposure limits below the ICNIRP's 1998 heating or cooking limits, which were based on Schan's invalidated thermal-only hypothesis of 1953.
5. Failure to address the major conflict of interest in the overlap of PHE members and AGNIR members over PHE's acceptance of the AGNIR 2012 report, where some PHE employees contributed to the "independent" AGNIR report which PHE then accepted.
6. Failure to address the major conflict of interest in the overlap of PHE members and ICNIRP members over PHE's acceptance of the ICNIRP heating limits, where some PHE employees are also ICNIRP members or advisers.
7. Failure to give effective advice about the classification of low-level or non-thermal exposure, such as from power-lines, WiFi, smart meters, mobile phones and masts, by the WHO's IARC in 2001 and 2011 as 2B possible human carcinogens, especially now that the scientific evidence confirming both ELF and RF EMFs as a tumour-promoters, along with convincing and consistent epidemiological evidence, requires that the classification should be upgraded to a 2A probable or 1 certain human carcinogen.
8. Failure to advise the DH and UK government of the need for low-level or non-thermal exposure limits, as voted by the European Parliament in 2009.
9. Failure to advise the DH and UK government of the need for "white" zones, or green exposure-free areas, as voted by the Parliamentary Assembly of the Council of Europe in 2011.
10. Failure to advise the DH and UK government of the need for low-level or non-thermal exposure limits specifically for sensitive people, as specified in the EUROPAEM 2016 exposure limits and required by the ICNIRP since 2002, along with a failure to engage meaningfully with adults and children who have real EHS and their doctors, employers, schools, universities, shops, transport, utilities, phone companies, media, churches, theatres etc. who still lack PHE's advice on how to enable people with real EHS to function fully and equally in society. All this suggests that PHE's current attitudes are a key cause of the suffering experienced by people with EHS in the UK.

## WORLD HEALTH ORGANIZATION'S FAILINGS ON ELECTROSENSITIVITY

### **"The World Harm Organization?" - "You're promoting harm"**

*Olga Sheean, who is electrosensitive and has had a brain tumour, has written a powerful challenge to Margaret Chan, the director-general of the WHO, its ICNIRP, the WHO EMF Project and its leader, Emilie van Deventer, and similar groups. These are some of her questions, comments and challenges.*

- "Are you committed to forever debating the science, siding with industry and postponing action, or are you committed to protecting our health?"

- How can we trust an organization that rejects the science, dismisses the epidemic of microwave sickness, and supports the very industry that's causing such widespread harm?
- You have failed us utterly.
- Conflict of interest makes a mockery of WHO's EMF Project.
- Could the irony or inappropriateness of van Deventer's position be any greater or any more insulting?
- How can there be meaningful public consultation on a document that is incomplete and industry-commandeered?

- The EMF Project - a front for industry interests.
- ICNIRP is accountable to no one. Nobody controls its activities - not for conflict of interest, full disclosure or unfounded, erroneous decisions.
- Could WHO's biased agenda be any more transparent?
- If your purpose is no longer that of 'combating disease and ill-health', what is it?
- When will you be sending field personnel to interview us?
- Why are you failing to respond to this global epidemic of microwave sickness when it is spreading faster, affecting more people and is likely to be more costly and deadly than any other epidemic in our history?
- I am a global citizen and I am electro-sensitive. You do not have my permission to represent me, speak for me or lie about me. You lack moral integrity, scientific credibility and respect for human life. It is unacceptable for you to waste any more United Nations funds pretending to be something you are not.
- Has any other epidemic in the history of mankind had such a worldwide impact?
- There is ZERO excuse for WHO's Department of Pandemic and Epidemic Diseases (PED) and the EMF Project not to lead and inspire the world in getting to zero: zero microwave sickness/ EHS, zero discrimination against those affected, and zero microwave/EHS-related deaths.
- Microwave sickness/electro-sensitivity is undeniably a social and environmental disease and you are now being called upon to do what you should have done a long time ago, without any prompting or appeals from the millions of people who are suffering as a result of your negligence and inaction.
- How supremely ironic is it that you, as part of the United Nations, promote the violation of countless human rights supposedly protected under UN conventions?
- What are you waiting for? How many more millions must be harmed before you take the necessary action?
- You're promoting harm and condoning further harm via the industry you support.
- Not only has WHO failed spectacularly on all counts, with regard to EMFs, but it has actively worked in the opposite direction — inviting industry infiltration, denying that EHS is caused by EMFs, rejecting the proven science, failing to alert the public to the proven dangers, and violating our human rights.
- Beyond the ivory tower of WHO, the scientific community already has a far better

understanding of the health risks associated with EMF exposure than anyone inside that tower.

- If the World Health Organization continues to disregard our humanity in favour of this ongoing dehumanization, it will accelerate the loss of human life on all levels.
- What kind of World Health Organization condones worldwide harm in favour of industry?
- The plans to beam highly penetrative 5G milliwave radiation at us from space must surely be one of the greatest follies ever conceived of by mankind. There will be nowhere safe to live. If WHO does not stop this madness, who will?
- How can we get the airlines to understand that microwave radiation on planes is a major factor in these incidences? We can't. That's your job.



- What is your game plan?
- What do you think will happen if you fail to acknowledge and address the facts?
- How can this shortsighted, destructive, unsustainable approach possibly serve humanity or further your own agenda?
- What is your agenda?
- And what is your long-term vision for a world that is being bombarded with unchecked, ever-escalating microwave radiation that is detrimental to all forms of life on Earth?
- In keeping with its remit of protecting global health, WHO must also undertake the following, without delay:
  - Replace the head of your EMF Project with an unbiased, independent, medically qualified professional with firsthand experience and knowledge of microwave sickness/ EHS and an understanding of the biological and cellular processes involved in EMR exposure, as well as their effects on all forms of human, plant and animal life.
  - Include in EMF working groups/committees reputable scientists who have done and

published research showing the links between exposure to EMFs and their biological effects.

- The working groups and committees, including the one currently reviewing evidence, must be made up of independent people with no present or past allegiance to, or affiliation with, industry or ICNIRP.
- Consult with those who are electro-sensitive to develop an in-depth understanding of the symptoms, triggers and biological effects of the various forms of man-made electromagnetic radiation in our environment.
- It's time to come down from your ivory tower and inhabit the real world. Microwave

sickness/electro-sensitivity is happening all around you. It is undeniable. It is real. It is rapidly spreading.

- Your inaction is costing lives and it is unacceptable. You are accountable to us for protecting our health. Respect the science. Accept the facts. Do your job. Make it happen."

(Olga Sheean "WORLD HEALTH ORGANIZATION: Setting the standard for a wireless world of harm: a call for action and accountability" January 30 2017)

### **The WHO is wrong.**

#### **It's time to follow the science**

"All reviews conducted so far have indicated that exposures below the limits recommended in the ICNIRP (1998) EMF guidelines, covering the full frequency range from 0-300 GHz, do not produce any known adverse health effect" (WHO, EMF, Research, accessed April 2017).

[This is wrong. It conflicts other views by the WHO. Expert reviews like Bioinitiative 2012 and EUROPAEM 2016 show in detail how wrong it is. Even the ICNIRP in 2002 stated that "certain sensitive individuals" need exposure limits below the ICNIRP 1998 heating limits, because of known adverse health effects. After 15 years the WHO needs to catch up with and follow the science. – Ed.]

#### **The WHO classifies WiFi and mobile phone radiation as a cancer risk, after 6 years**

The WHO's Fact Sheet no. 297 of Feb. 2011 was revised in Feb. 2017. It now includes non-ionising radiation as a risk factor, alongside ionising radiation as before. It took 6 years for the WHO to make this change after the WHO's IARC classified RF radiation as a 2B carcinogen in May 2011. It followed Olga Sheean's challenge to WHO, dated 31<sup>st</sup> January 2017.

#### **WHO still wrong on real EHS**

The WHO has still failed to change Backgrounder 296 of 2005 which is wrong in confusing real EHS and Electrophobia. It claims that EMFs are nothing to do with real EHS! This is against the weight of evidence since 1932 and before.

#### **The WHO should be independent from AGNIR and ICNIRP**

The anticipated WHO EHC on RF Fields, due in 2017, has a core group and additional experts (99), with 50% of those named, being, or having been, members of AGNIR or ICNIRP (Feychting M. Vice-Chair ICNIRP, AGNIR; Mann S.M. ICNIRP, AGNIR; Oftedal G. ICNIRP; van Rongen E. Chair ICNIRP; Additional experts: Challis L. Formerly AGNIR; Juutilainen J. ICNIRP; Loughran S. ICNIRP; Marino C. ICNIRP; Peyman A. AGNIR; Roosli M. ICNIRP; Rubin G.J. AGNIR; de Seze R. ICNIRP; Sienkiewicz Z.J. ICNIRP, AGNIR). Considering the importance of the Monograph for worldwide public health and the inaccuracies described here, independence from AGNIR would increase confidence in the report findings. Independence from ICNIRP is necessary to remove the conflict of interest when effects below

ICNIRP exposure guidelines are being assessed. (p.499) (Feychting M. Vice-Chair ICNIRP, AGNIR; Mann S.M. ICNIRP, AGNIR; Oftedal G. ICNIRP; van Rongen E. Chair ICNIRP; Additional experts: Challis L. Formerly AGNIR; Juutilainen J. ICNIRP; Loughran S. ICNIRP; Marino C. ICNIRP; Peyman A. AGNIR; Roosli M. ICNIRP; Rubin G.J. AGNIR; de Seze R. ICNIRP; Sienkiewicz Z.J. ICNIRP, AGNIR) (Sarah Starkey, Rev Env Health, 2016).

#### **The WHO's RF assessment group "unacceptable"**

Leading experts from around the world have condemned the WHO's RF Environmental Health Criteria Core Group as "unacceptable". Four of the international Bioinitiative group of 29 scientists, who in 2007 and 2012 produced what are widely regarded as currently the most authoritative and respected reports on EM health effects, issued a strongly worded statement (December 19 2016) pointing out that most of the WHO RF EHC group are compromised by belonging to the minority heating-only hypothesis still invalidly held by the private ICNIRP group. Bioinitiative Group: ["WHO RF EHC Core Group Membership is Unacceptable"](#) (Letter to Dr E van Deventer, WHO EMF Project, December 19 2016)

### **Complete replacement of WHO RF EHC Group**

*The leading world experts on EM health effects wrote to Emilie van Deventer at the WHO EMF Project on January 24 2017 respectfully requesting the complete replacement of the WHO RF EHC group.*

“On December 19, 2016 the BioInitiative Working Group urged your office to make immediate changes to the WHO RF EHC Core Group and Advisory Committee to more fairly reflect membership and expertise of the 2011 IARC RF Working Group. We have not yet received a reply acknowledging our letter. At present the WHO RF EHC Core Group is indistinguishable from ICNIRP and this undermines the credibility of the process and ensures doubt about conclusions. At present, the EHC Core Group members uniformly represent attitudes and scientific positions of ICNIRP, an organization whose membership has steadfastly refused to accept new scientific evidence of potential health risks from non-thermal, low-intensity RF radiation despite recent scientific advances in knowledge on the subject. Please note that we are suggesting a complete replacement for those persons currently holding positions.”

[\("Proposed Substitutions on WHO RF EHC Core Group and Advisory Committee Membership"](#) Letter to E van Deventer, WHO EMF Project, January 24 2017)

### **WHO “does not represent the majority point of view”**

“The WHO RF Working Group consists mainly of present and past ICNIRP members. In general, the WG is not balanced and does not represent the point of view of majority scientific community studying effects of RF. In particular, the private self-elected organization ICNIRP, similar to the majority of the current WHO RF WG members, does not recognize the non-thermal RF effects, which represent the main concern of widespread exposure to mobile communication, and it upholds guidelines from 1996, which are based on RF thermal effects only. Thus, the guidelines of ICNIRP are irrelevant to the present situation where the majority of the population over the world is chronically exposed to non-thermal RF from mobile communication. Based on multiple Russian studies and emerging number of studies coming from other countries, RNCNIRP has consistently warned against possible health effects from mobile communication. The point of view of RNCNIRP is supported by hundreds of new publications including well known recent RF studies in human and animals.” (Russian National Committee on Non-Ionizing Radiation Protection (RNCNIRP): ["International EMF Project; unbalanced WHO working group \(WG\) on evaluation of health effects from radiofrequency \(RF\) radiation"](#) March 1 2017)

**WHO: Letter of No Confidence**  
*Excerpts from the [Open Letter of No Confidence](#) dated January 26 2017 to the World Health Organization about their single viewpoint and failure to assess properly the health risks from electromagnetic energy.*

To: Dr E. van Deventer, Team Leader Radiation Programme, WHO; Dr Flavia Bustreo, WHO; Dr Maria Neira, WHO; Dr Zsuzsanna Jakab, WHO (Europe).

“The European coordination of organizations for an EMF exposure regulation which truly protects public health expresses its full support for the BioInitiative Working Group Letter to the WHO International EMF Project (December 19 2016: “WHO RF EHC Core Group Membership is Unacceptable”). In this No Confidence Letter, the WHO is urged to make changes to the WHO RF EHC Core Group membership to more fairly reflect membership and expertise of the 2011 IARC RF Working Group.

Newly released animal studies conducted over a 16-year period by the NIEHS National Toxicology Program now report clear carcinogenic effects of chronic exposure to RF. Both human and animal results are now available to incorporate in the RF EHC risk assessment. This important effort can only be assured with a more balanced composition of core participants in the process. As well, the membership needs to be inclusive of under-represented countries such as Russia, China, India, Turkey, and Iran whose research communities have produced the majority of studies on non-thermal effects of RF in recent years.

The preponderant presence of members of the ICNIRP reminds us that this organization has steadfastly refused to accept new scientific evidence of potential health risks from non-thermal, low-intensity radiofrequency radiation despite recent scientific advances in knowledge on the subject. The ICNIRP not only does not guarantee transparency or independence but is known that there are conflicts of interest



within it, undermining the impartiality that should govern the regulation of limits on non-ionizing radiation people.”

### **WHO: out of date science?**

The WHO review of RF biological effects to replace its 1993 edition was started in 2012 and the 2016 draft is so far based on studies from 1993 to 2012-13, as still stated on the WHO website (updated August 1 2016, accessed April 2017). It was originally to be published in 2014, but has now been delayed by three years to 2017.

### **Experts meet WHO officials in quest for more up-to-date and more scientific approach to safeguarding public health.**

On March 3 2017 experts from the majority scientific viewpoint accepting non-thermal effects visited Geneva. They met two WHO officials, Maria Neira, director of public health and the environment department, and Emilie van Deventer, team leader of the WHO radiation programme. “This opens a new opportunity for scientific collaboration on EMFs within the ECERI, aiming at having non-thermal effects recognized once for all by the international scientific and political community.”

David Carpenter reminded the WHO that there are numerous significant human health hazards of concern, due to non-thermal effects of EMFs. He expressed concern that a new WHO Environmental Health Criteria (EHC) document on RF EMFs is scheduled to be released in 2017, and that the members of the EHC Core Group are in denial of serious non-thermal effects of RF EMFs in spite of overwhelming evidence to the contrary. The scientific group urges WHO to address the hazards of RF EMF as regards the particular vulnerability of children and their high exposure.

Dominique Belpomme presented the results of his study on electromagnetic hypersensitivity. Based on a series of 1,500 EHS and/or MCS cases, it was found that EHS can be objectively characterized by a battery of biomarkers reflecting oxidative stress, low grade neuro-inflammation and BBB opening. Presently 1-10% of the investigated population in Europe is estimated to be EHS-self reporting persons. The ECERI group calls on the WHO to urgently accomplish its humanitarian worldwide public health mission:

(1) by re-examining objectively the EHS-related health problem, independent of non-science-based external types of conflicting pressures;

(2) by considering EHS and MCS as two new emerging well identified pathological disorders;

(3) by including EHS and MCS in separate codes in the next version of the WHO ICD.

Emilie van Deventer said that conclusions were not included in the preliminary monograph released in 2016. She added that the Task Group was not defined yet, and that it was still possible to apply. The date for the final release of the monograph is not planned yet either.

Following the meeting, the ECERI group confirmed its aim to make non-thermal effects of EMF definitely recognized at an international level. An ECERI collective scientific publication on non-thermal effects of EMFs is planned by June 2017. An International EMF Expertise Group issued from ECERI is under development, aiming at publishing meta-analyses on EMFs health effects, in order to counterbalance ICNIRP’s political influence.

(Christine Campagnac, General Secretary, ECERI, Newsletter no.5, March 5 2017)

### **Vote of ‘No Confidence in the WHO and its EMF Project’**

“We, the undersigned, being aware of and/or harmed by the adverse biological effects of EMFs, hereby declare our VOTE OF NO CONFIDENCE for WHO and its EMF Project, headed by industry-biased Emilie van Deventer—an electrical engineer (with no medical or health credentials), who has publicized her support for the wireless telecommunications industry and has a major conflict of interest, given her industry-funded research aimed at promoting and advancing wireless communication technology.

We demand that:

1. Emilie van Deventer be immediately replaced by a qualified independent professional who has the appropriate medical credentials and a medically informed understanding of and respect for the millions of individuals experiencing microwave sickness/electromagnetic sensitivity, and who will act on the body of science that confirms the adverse biological effects of electromagnetic fields (EMFs).

2. WHO and its EMF Project take immediate action to acknowledge, and make science-based decisions regarding, the proven harm caused by EMFs, without any bias or regard for commercial or industry interests, and with full disclosure to the public. With a mandate of preserving the health of the global population and, via its EMF Project, of ‘investigating the detrimental health effects from exposure of people to non-ionizing radiation’, WHO must ensure its complete freedom from industry bias and corruption.”

[www.olgasheean.com/who-emf/](http://www.olgasheean.com/who-emf/)

## Housebound by EM pollution

Kim De'Atta, who suffers from EHS, has told of her "heart-breaking" medical condition. It means she has been made housebound by the electromagnetic waves in our atmosphere, such as mobile phones and Wi-Fi.

She can rarely leave her home in Chard and has to go to places where there is little mobile phone signal to stop her suffering symptoms. She can rarely see friends and family because travelling is too difficult. She said: "Most of the time people think I am mad. It is so difficult because people are not feeling it themselves. I have not seen friends and family for so long. I have had two visitors for half a day each this year. It's heart-breaking really. The only place I can go is Crewkerne or Lyme Regis as if I go anywhere else I get some serious symptoms. I had not seen my closest aunt for ten years and she didn't really understand why. We were so close before. I could not bear it anymore and she was 91 at the time. I had to wear my shielded bed net over my head and you can imagine I got some funny looks on the bus. It was so tough for me but I'm pleased I did it because she died the next year and if I hadn't seen her I would never have forgiven myself."

She can suffer with migraines, fatigue, infections, pins and needles and allergies, as well as problems with her nervous system. To try and protect herself at home she wears a shielded head net and sleeps under a shielded net.

Kim said: "I found out about Electrosensitivity UK (ESUK). A chap phoned me and he was so helpful and said I needed to get shielding. I wear a shielded head net, which gives me 50 decibels of protection. He said I had to stay away from all electromagnetic fields and live in a place where there was nothing at all."

The condition has been brought into the mainstream over the last few years because of the Netflix series *Better Call Saul*. One of the main characters, Chuck, suffers from the condition and has to wear a jacket lined with foil if he wants to go out. Whenever he makes a trip to the law office at which he works people have to handover their mobile phones because of the signals they emit. There are parallels that can be drawn between

Kim's symptoms and those of the character on the show.

Kim's problems started at the age of 16 when she was living in South London and found modern advances in technologies would cause her increased health problems. She said: "It started when I was 16. After I had left home I realised what was happening was I was becoming more and more sensitive to TVs. If I stayed away I didn't have any problems at all. When I started working as a staff nurse that's when the serious problems began. I worked a lot in intensive and it was just when mobile phones were coming in. I thought I would buy one so they could call me if there was an emergency. The first time I put it up to my head it was like a laser going into my brain. Every time I put it up to my head I got the pain. After that I was finding I was getting more and more fatigued and my immune system was getting knocked meaning I was getting infections."

Her symptoms were getting too serious so she had to move to the South West to escape the electromagnetic waves.

She said: "Aged 30 I decided to live in Glastonbury where I was going to teach meditation and Eastern philosophy. Everything was going really well for a couple of years and then they put a mobile phone mast in the middle of Glastonbury. I now realise my health started to deteriorate from that point and I started to experience migraines, fatigue and infections. At first the doctors thought I had a slipped disc in my back but that wasn't the case. When I saw another doctor he said it was something in the environment and could be to do with the electromagnetic fields. I was in the library on the computer and got these pins and needles in my arms and my face felt like it was burning. I thought I would just have to cope with it."

Kim had to leave Glastonbury because of the advances in mobile phone technology that gave her serious symptoms affecting her health. She said: "When the 3G went on my health went into serious problems. My nervous system started going into overdrive. My head felt like it was going to implode and explode at the same time. I was also getting breathlessness, heart palpitations and lower back pain. I had started to suffer from serious ear aches and was becoming really sensitive to light. I had to ask a friend to pick me

up because the pain was so tough and that was it, I could not live in Glastonbury any more. My aunt sadly died and after that my cousin gave me some money. With that money I booked a world trip to go to places where I could escape the signals but everywhere you go they started to put up mobile phone masts." Since returning from her world trip she has moved to a property near Chard where there are not too many mobile phone signals.

She wants to highlight her plight and try and force the government to take her condition seriously. Kim has had to perform her own research on the topic and discovered more than 20,000 papers have been written across the world about the effects of electromagnetic waves on the public.

(Josh Fordham: "Electromagnetic waves have made this Chard woman unable to leave the house" Somerset Live, December 20, 2016)

### Woman allergic to WiFi forced out of her home

Rachel Hinks, 43, of Chichester, suffers from EHS – meaning her immune system is severely affected by EMFs from WiFi signals, masts and mobile phones. She is allergic to WiFi, unable to receive NHS treatment, and has been forced to move out of her home because of her condition. Rachel wants to help raise awareness for her condition to help other people who may be suffering with EHS.

Rachel said: "At first I had mild symptoms – I noticed when I switched to a cordless phone my ear would burn after about 10 minutes, and when I tried to use my laptop using WiFi I became very fatigued – so I resorted back to using a wired up connection. Then in December 2015 I became suddenly very unwell – violent shaking, severe head pains, disorientation – I couldn't sleep more than a few hours at a time and felt like I was in a meltdown. I found out later that the mobile phone masts out the back of me had gone up from 2G to 4G and my new neighbour who had moved in was using a BT hub against the wall."

Since Rachel became severely affected she has been forced to make huge changes, including leaving her home. She said: "Socially I have been very limited over the past year in places I can go. I have a few friends who will turn off all their mobiles and WiFi for me to visit, but it's been very isolating." Rachel temporarily lives in a cabin at her friend's property where she can stay away from WiFi and other signals, however it is soon to be rented out, leaving Rachel with the very real

possibility of homelessness. "I never imagined I'd be in this situation when I have a sweet little home I've rented for 17 years and good neighbours, yet I have now become too sick to live there," she said.

"I still feel grossly unjustly treated in all areas of society wherever I go. I have had many employment let-downs alone, which I know are due to EHS, but it is hard to prove that it is discrimination. I want to see our rights being upheld – our basic human rights – to work, to live, to stay in hotels, to be safe from harm as we go about our lives. I would like to see MPs and disability rights organisations take this up. Surely we have the right to travel in trains and buses?"

"I feel at the moment like one tiny drop in a huge ocean of people who do not even know about this problem. I want to feel supported with officials who are making this world an easier place to get around for people damaged by this technology."

"I would like to break through the taboo of a condition that people have little awareness of, so that anyone suffering from this receives understanding and support from those around them, and that it becomes easier to get a diagnosis."

(Olivia Meades: "Chichester woman's 'isolation' from being 'allergic to WiFi'" Chichester Observer, January 17 2017)



## Electrosensitivity UK

[www.es-uk.info](http://www.es-uk.info)

## Electrosensitivity UK

ES-UK:

*For all people sensitive to  
Electromagnetic Fields and  
Radiation.*

Founded 2003.

Registered Charity No.: 1103018

## Contacts

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London,  
WC1N 3XX
- Telephone: 0845 643 9748
- [enquirers@es-uk.info](mailto:enquirers@es-uk.info)

## Aims of ES-UK

1. To help people suffering from electrosensitivity.
2. To educate the public about electrosensitivity and related areas.

## Support ES-UK

Cheques, payable to ES-UK, should be sent to:  
The Treasurer, BM Box ES-UK,  
London, WC1N 3XX,  
from whom you can obtain Standing Order, Direct Debit and Gift Aid declaration forms.  
A donation of £15 per year, or whatever you can afford, helps with the running costs of ES-UK.

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## Resources:

Please see the website [www.es-uk.info](http://www.es-uk.info) for the following resources.

- ES Directory: an independent list of suppliers of equipment
- Letter to doctors on Electrosensitivity, by Dr Andrew Tresidder
- Letter to psychologists on Electrosensitivity, by Dr Andrew Tresidder
- Disability Letter
- *Electromagnetic Sensitivity and Electromagnetic Hypersensitivity: A Summary* by Michael Bevington (new edition, 2013)
- Copies of past *Newsletters*
- ES-UK Leaflet (*see right*). This leaflet is an excellent introduction to ES (Sept. 2013).



## Newsletter

Thanks to Gordon Flavell for the use of photographs ©  
and to Brian Stein for printing and distribution.

Contributions for the ES-UK Newsletter on any subject related to Electrosensitivity are welcome. Please send them to the Editor:  
Michael Bevington, BM Box ES-UK, London, WC1N 3XX,  
or email: [michael@es-uk.info](mailto:michael@es-uk.info)

**Electro-sensitivity (ES) or Electromagnetic-Hypersensitivity (EHS) is a physical condition which can develop from exposure to things like mobile phones, WiFi, mobile phone masts, computers, cordless phones, smart meters, low energy lighting, powerlines and substations.**

- **Some common symptoms** are headaches, skin problems, sleep disruption, lethargy, depression, memory loss, muscle pains, cardiac palpitations, some cancers and neurological diseases.
- **Diagnostic tests** include a battery of objective biomarkers reflecting oxidative stress, low grade neuro-inflammation, BBB opening, cerebral blood perfusion scans, heart rate variability, genetic DNA sequencing and a personal history of the onset in relation to environmental EM exposure.
- **The key treatment** is avoidance of the radiation, especially in sleeping and living areas. Some sufferers use military-style shielding or protective clothing, or have to live in a remote area away from man-made radiation. As healthy a lifestyle as possible is also advised.
- **Numbers:** <1% of the population is severely sensitive, but some 40% of adults are subconsciously sensitive because of long-term inflammatory conditions. Some EHS are also chemically sensitive.
- **The different condition of Electrophobia**, or a Nocebo effect, is psychological and affects perhaps only 1% of people with real EHS. Electrophobia requires prior psychological conditioning and thus cannot apply to children, unaware adults and animals, all of which can suffer real EHS.
- **First described in the medical literature in 1932**, electrosensitivity is now recognised legally as a disability in many countries. It began with electrical, radio and radar workers but has spread into the general population, as mobile phones, phone masts, WiFi and smart meters have become common.