

## DHSC reply on ES, with Comments by M Bevington, January 2022

*REPLY of January 7 2022 from the DHSC Ministerial Correspondence and Public Enquiries to the letter by M Bevington, the ES-UK chair of trustees, of November 12 2021 [below], to the Rt Hon Sajid Javid, MP, Secretary of State for Health and Social Care:*

"I note that you have requested changes to the law concerning the operation of household products. I cannot comment on this as the Department of Health and Social Care can only comment on matters within its own remit.

With regard to RFR and EMFs generally, technical standards used by industry in bringing EMF-emitting products to market in Europe are linked to guidelines from the International Commission on Non-Ionizing Radiation Protection (ICNIRP) on limiting exposures to EMFs. Studies have shown that exposure to radio waves from smart meters is well below the ICNIRP guidelines and also likely to be much lower than that from other everyday devices such as mobile phones and Wi-Fi equipment. More information on these studies can be found at [\[link\]](#). If the guidelines from the ICNIRP are adopted, there should be no consequences for public health.

However, it is known that some people complain of sensitivity to EMFs at levels of exposure much lower than the ICNIRP restriction values. Moreover, it is fully accepted that these people have real and unpleasant symptoms that they attribute to exposure to EMFs. In recent years, considerable effort has been put into researching symptoms in relation to EMF exposures, especially for radio communications technologies.

*COMMENTS by M Bevington, author of 'Proof of EHS beyond all reasonable doubt' [\[link\]](#):*

Ofcom's Advisory Committee for Older and Disabled People (ACOD), when asked about similar disability changes in 2021, said that they could not comment on disability caused by RFR and EMFs because 'the health effects of Electromagnetic Radiation are beyond our role'. They advised consulting PHE/DHSC, as responsible for RFR and EMF illness. If the DHSC does not cover RFR ill health, it is unclear which department does.

ICNIRP guidelines are unscientific and unprotective against Electrosensitivity (ES) and cancer. They are for heating only and short-term, voted obsolete [\[link, 22\]](#) by the EU Parliament in 2008. The DHSC should adopt scientific and protective non-thermal long-term guidelines. US Appeal Judges called heating limits 'arbitrary' in 2021. DHSC/ICNIRP's thermal myth was known to be invalid in the 1930s. WHO's IARC classified non-thermal RFR as a 2B cancer agent in 2011, confirmed with 'clear evidence' by the FDA/NTP 2018 study. Smart meters emit RF radiation above international biological peak safety limits, hidden by ICNIRP's averages. ICNIRP also accepts the need for non-thermal limits.

Electrosensitivity is a physical environmental intolerance to electromagnetic fields, first described by a Fellow of the Royal Society in 1733. Many cases are genetic, with specific genetic haplotypes nearly ten times more common in electrosensitive people than others. Some 1.2% (800,000 people, UK) are disabled by specific symptoms. These can be caused by man-made radio devices like Wifi and mobiles, walking fast through magnetic fields near MRI scanners, transcranial magnetic stimulation and thunderstorms.

The independent Advisory Group on Non-ionising Radiation (AGNIR) performed a comprehensive review of the scientific evidence, which was published in 2012. AGNIR concluded that the evidence suggests that radiofrequency field exposure below guideline levels does not cause acute symptoms in humans.

There is limited evidence to guide the management of affected individuals. A 2005 review found that the majority of conventional medical effort had been directed at avoidance of triggers, and psychological therapy such as cognitive behavioural therapy. Evaluation of psychological therapy had been limited but showed some potential for success. However, psychological treatments are not acceptable to some sufferers.

There is also information on electrical hypersensitivity from the World Health Organization, which includes specific guidance for physicians. It states that treatment of affected individuals should focus on the health symptoms and the clinical picture, and not on the person's perceived need for reducing or eliminating EMF in the workplace or home.

Given the evidence on these matters, which does not support the theory that EMF exposure causes symptoms, the best advice that can be given to those who consider their health is being affected by EMFs is that they should discuss the symptoms they are experiencing with their doctor. Their doctor will have access to their medical history and be able to suggest treatments for their symptoms, considering any known underlying medical cause."

*With thanks for forwarding to Greg Smith MP.*

AGNIR held the invalid thermal theory under Doll, then paid by polluting industries. Its 2012 review was notorious for its inaccurate misleading analysis and serious conflicts of interest, with members from other industry 'front' groups like ICNIRP and also PHE. AGNIR was disbanded in 2017, the year after Starkey's devastating critique [\[link\]](#).

There is substantial recent evidence after 2005 from international experts on treating people with ES [\[link, link, link\]](#). All experts – the DHSC/ICNIRP/WHO have none - agree that the key requirement is the elimination or reduction of the electromagnetic fields causing the symptoms. This treatment was also the key method of diagnosis used to define ES as EI-Allergy in the international Nordic ICD-10 of 2000, the same year when ES was first recognised legally as a disability.

The anonymous information by the WHO is regarded by all experts as invalidated and outdated in its unproven claims [\[link, link\]](#). In 2005 the WHO, legally subservient to the radiation industry, unscientifically conflated two different conditions, ES, known since 1733, and electrophobia, known since 1903. All expert physicians advise that treating ES begins with eliminating or reducing EMFs.

The weight of evidence proves beyond all reasonable doubt that EMF exposures cause the specific symptoms of ES, as known since 1733. If humans were not electrosensitive, they would not be alive. Since the 1950s, the military has used EMF weapons to cause ES symptoms. Since the 1990s, underwriters have refused to insure EMF harm, except as high risk, like asbestos. The erroneous claims of DHSC/ICNIRP/WHO denying ES are unscientific, unprotective and arbitrary. Their unfounded fiction about ES leads to inappropriate mistreatment and harassment of ES people with RFR and EMF intolerance.



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The Rt Hon Sajid Javid, MP,  
Secretary of State for Health and Social Care.

November 12<sup>th</sup> 2021

Dear Mr Javid,

I am writing to request your help for the estimated 800,000 people in the UK (1.2%) severely disabled by radio frequency radiation (RFR) and electromagnetic fields (EMFs). This condition, first recorded in 1733, has since then been confirmed through scientific studies beyond all reasonable doubt.

Three areas of help would be especially appreciated.

1. Cars, white goods such as fridges and washing machines, and routers are increasingly using Wifi or Bluetooth, but without a switch to stop the radiation.
  - ▶ Could you require, please, that the manufacturers and retailers ensure that all such radio transmitters have an on/off switch?
  
2. Many areas of housing have phone masts nearby, especially for 5G.
  - ▶ Could you require, please, that local authorities ensure, and publicise, that there are areas in each city or town which are free of this radiation, so that people severely disabled by it can live in their own homes?
  
3. Some public premises, such as hospitals, schools, sports centres and shopping centres, have Wifi.
  - ▶ Could you require, please, that these switch off this radiation at certain times or in certain areas to give access to people severely disabled by RFR like Wifi?

Your help in reducing radiation would be greatly appreciated by these people. Many have lost their jobs, homes and health because of it, and some have lost their lives.

Yours sincerely,

Michael Bevington  
Chair of Trustees, Electrosensitivity UK  
Attached: Notes 1-30

NOTES

1. This functionally disabling intolerance has been described since 1733 and in detail since 1932.
2. In 2005 the World Health Organization described it as an 'environmental intolerance' (EI).
3. Since 2006 some UK employers have removed Wifi for people with this RFR intolerance.
4. From 2012 courts in the UK and worldwide have recognised RFR EI as a functional disability.
5. Canada, Sweden, the USA etc. specifically require equality of access for people with RFR EI.
6. Since the 1930s non-thermal effects have been shown as primary, with heating secondary.
7. The first RFR safety guidelines were non-thermal, in the 1930s.
8. Most guidelines are now non-thermal and long-term, apart from ICNIRP's and the FCC's.
9. The ICNIRP's thermal and short-term guidelines are 'obsolete', 80 years behind the science.
10. Thus ICNIRP's thermal and short-term guidelines are arbitrary, unscientific and unprotective.
11. However, in 2002 the ICNIRP accepted that some people are more vulnerable than others and required governments to set non-thermal and long-term guidelines necessary to protect them.
12. Non-thermal and long-term guidelines include Bioinitiative 2012, Building Biology 2008, EUROPAEM 2016, IGNIR 2018 and Seletun 2010:
  - (a) All use mainstream scientific evidence, not ICNIRP's arbitrary minority selection.
  - (b) They distinguish 'sensitive' as children, pregnant women, the elderly, the ill and EI.
  - (c) Protection against the cumulative harm of RFR and EMF exposure is through time-limits, especially for children, and radiation-free zones for living and sleeping areas.
13. People severely disabled by RFR need, as the very minimum requirement, RFR-free zones (as under EU Resolution, 2009, and Council of Europe Parliamentary Assembly Resolution, 2011).
14. Other RFR/EMF effects include poor sleep, infertility, neurological and memory harm, cancers.
15. In 2011 WHO's IARC classified Wifi and all RFR as a 2B cancer agent, as it did EMFs in 2001.
16. Since 2013 experts have stated the evidence is sufficient for RFR to be a class 1 cancer agent.
17. The FDA/NTP study of 2018 confirmed 'clear evidence' of cancer from RFR, known since 1953.
18. The Ramazzini Institute in 2018 confirmed cancer at phone mast levels, known since 2004.
19. The WHO's ICNIRP, a 'front' supporting the radiation industry, still holds its invalidated heating hypothesis, described as 'arbitrary' by US regulators in 1957 and again by US judges in 2021.
20. The WHO handed over its responsibility for radiation health to the radiation industry in 1959.
21. The ICNIRP still denies non-thermal effects, e.g. EI and cancers, established from 1932/1953.
22. All members of the private group ICNIRP hold the invalidated minority heating hypothesis.
23. Some courts refuse to accept ICNIRP-based studies and reviews as unscientific and biased.
24. PHE/UKHSA supplies ICNIRP members and also recommends ICNIRP's invalidated guidelines.
25. PHE employees were forbidden by the Dept. of Health from admitting to non-thermal effects.
26. In 2005 the WHO/PHE arbitrarily denied RFR EI, redefining it as electrophobia, distinguished as different in 1903, yet the military, eg QinetiQ, uses RFR non-thermal weapons (since 1953).
27. Many countries, e.g. Russia, a leader on RFR health, have much lower limits than the UK.
28. Hundreds of mainstream experts have asked the WHO for scientific and protective guidelines.
29. A current conflicted WHO EI review is mainly thermal and thus unscientific and arbitrary.
30. Since the 1990s UK underwriters have refused to insure RFR, except as high risk like asbestos.