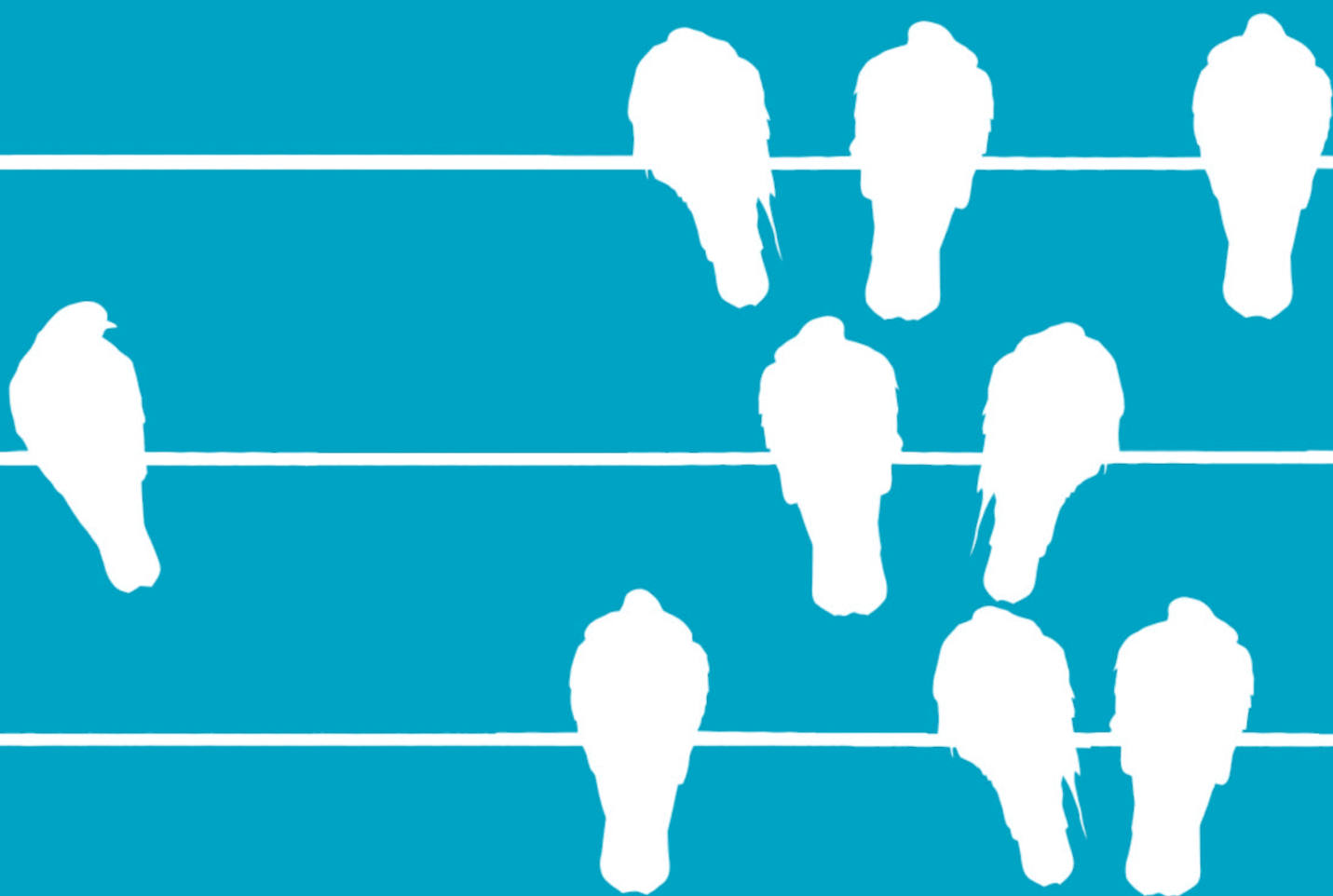


Social Exclusion due to Electromagnetic Pollution: A Belgian Perspective

Part 2: Viewpoints from Doctors,
an Industry Spokesman and a Politician



By **Gérald Hanotiaux**

Excerpts selected and translated from the French

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Translated from the French by Annelie Fitzgerald

Electrosensitivity UK, or ES-UK, was founded as a charity in 2003. It has grown steadily since then, as more and more people have become sensitised to electromagnetic energy from Wi-Fi, mobile phones, mobile phone masts, wireless smart meters, cordless phones and other electronic devices. The trustees are mostly electrosensitive themselves.

<http://www.es-uk.info>

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Foreword by the translator

Truly, truly, I say to you, we speak of what we know, and bear witness to what we have seen, but you do not receive our testimony.

(John 3:11)

It is, in my view, of particular importance that where it is known [...] that there is a voice to be heard, but that it is currently speaking in a very quiet whisper, steps must be taken, as best can be done, to enable those who should listen to it to hear it far more loudly.

Sir Brian Langstaff, 2024¹

This booklet contains further interviews from the in-depth series of investigative reports on electrosensitivity (ES) in Belgium by Gérald Hanotiaux, published in the magazine *Ensemble!* between 2020 and 2024. Included here are four interviews: two with medical doctors, an eye-opening one with the spokesman of Proximus, Belgium's largest mobile phone operator and internet provider, and an instructive conversation with Senator Fatima Ahallouch of the Socialist Party of Belgium. In 2021, Senator Ahallouch played a leading role in an attempt to get through the Belgian Senate a resolution officially recognising electrosensitivity. Sadly, despite extensive auditions and debate and a positive vote in committee, the resolution ultimately failed to pass in plenary, with 29 votes against it to 24 in favour.

In the interview translated for this booklet, Senator Ahallouch notes that “the fact that a significant part of [the scientific] community has issued warnings [about exposure to radio-frequency electromagnetic fields] should suffice to make us adopt a more prudent stance. It's not the first time in the history of industry that such a situation has arisen. The European Environment Agency itself has explored whether there has ever been a situation where doctors and scientists had warned of a danger over many years and where there was in fact no danger. In fact, there's never been a situation like that.”

Since the previous booklet appeared in 2024, the website Electromagnetic Pollution Victims has published video testimonies and an online appeal (<https://empvictims.org/>) addressed to all elected representatives and medical doctors in Europe,



calling for immediate steps to be taken to protect people with ES and – quite literally – making their voices heard. Yet still, next to nothing is being done to help them in most European countries.

Perhaps needless to say, in the UK, electrosensitivity remains a totally taboo subject: there has still been no investigative journalism undertaken into how electrosensitivity impacts and marginalises those affected. Furthermore, no measures to support people with electrosensitivity have been initiated or even outlined by any of the UK governments or by any political party. Indeed, people suffering from electrosensitivity continue to experience gaslighting by the UK authorities, by politicians of all parties, by healthcare professionals, by the media and by the rest of society. As a result, those affected are being callously left to fend for themselves – and even left to die – in constantly deteriorating environmental conditions.²

As things stand in the UK, there are troubling parallels with scandals that have recently been in the public eye, such as the Post Office Horizon

IT scandal, the infected blood scandal and the Grenfell Tower fire. In all these recent instances, government, politicians, officials, public bodies and responsible organisations egregiously failed to act on warnings and/or on lived experience that could and should have averted life-destroying, avoidable disasters.

In the UK too, there are telling – and alarming – similarities between the plight of patients with ES and those with myalgic encephalomyelitis/chronic fatigue syndrome (ME/CFS), a condition that was long considered to have a ‘biopsychosocial’ cause instead of a physiological one. The publication in 2024 of the Coroner’s report³ after the death of 27-year-old Maeve Boothby O’Neill from severe and inappropriately treated ME highlighted the neglect of this dreadful condition and the fact that sufferers, as leading ME expert Professor Chris Ponting puts it, have been “ignored, blamed and sometimes left to die.”⁴ In his damning column about Maeve’s case, journalist and environmental campaigner George Monbiot points out that the inquest heard that she faced a “culture of disbelief” in the health service, while a specialist consultant in ME had warned that many medical personnel “still hold an outdated understanding that ME/CFS has psychological causes.”⁵ This will all sound terribly familiar to anyone afflicted by electrosensitivity, though people with ES find it difficult even to go anywhere near

the health service in the first place, for the reasons described in this – and the previous – booklet.

The contrite hand-wringing and earnest promises of ‘never again’ that invariably erupt amongst politicians each time one of these scandals comes to light seem utterly devoid of meaning – and also to smack of deep-seated double standards – to people in the UK with electrosensitivity. Take, for example, this statement by Eluned Morgan, Wales’s First Minister at the time of writing, who was Cabinet Secretary for Health on the publication of the Infected Blood Inquiry Report in 2024: “We must do better than the denials, the false reassurances, the complacency, the cover-ups, the obfuscations and the repeated failures at an individual, institutional and government level that characterised and compounded this awful tragedy.”⁶ The Welsh Government, however, just like the UK Government, continues to ignore and dismiss people with ES, thus repeating these past mistakes all over again. There’s clearly still no question of ‘doing better’ when it comes to addressing electrosensitivity and its impacts on sufferers.

George Monbiot has called the mistreatment and dismissal of ME the “greatest medical scandal of the 21st century.”⁷ With the ‘biopsychosocial’ model wrongly applied to ME also being wrongly applied to ES, and given the considerable number of people affected by ES (approximately 5% of the population⁸),

santé et exclusion

L’exclusion par la pollution électromagnétique

Regards d’institutions sur l’électrosensibilité (II)

Après notre « état des lieux » de la pollution électromagnétique, analysant l’exclusion sociale vécue par les personnes électrosensibles, nous avons voulu connaître le positionnement de certains acteurs institutionnels.
Deuxième partie.

there can be no doubt that electrosensitivity – along with the wider health impacts of wireless pollution – will in due course also become one of the greatest medical scandals of the 21st century, if not the greatest. Sadly, it's only a matter of time before this becomes grimly apparent.

Annelie Fitzgerald PhD, March 2026

A note on the text and illustrations

All the text and footnotes are by Gérald Hanotiaux, except for those in square brackets, which are mine. An ellipsis in square brackets means that some text has been omitted for space reasons. The illustrations are from open access sources, including from the magazine *Ensemble!*, and published under Creative Commons Licence.⁹

Endnotes

- 1 Infected Blood Inquiry Report, Volume 1, p. 274, 20th May 2024.
- 2 There have in fact been “multiple preventable suicides” according to the Physicians’ Health Initiative for Radiation and Environment (PHIRE): <https://phiremedical.org/wp-content/uploads/2023/03/PHIRE-EHS-Fast-Facts-Leaflet-Final.pdf>
- 3 <https://www.judiciary.uk/prevention-of-future-death-reports/maeve-boothby-oneill-prevention-of-future-deaths-report/>
- 4 Chris Ponting, “Ignored, blamed, and sometimes left to die – a leading expert in ME explains the origins of a modern medical scandal”, *The Conversation*, 21st October 2024: <https://theconversation.com/ignored-blamed-and-sometimes-left-to-die-a-leading-expert-in-me-explains-the-origins-of-a-modern-medical-scandal-241149>
- 5 George Monbiot, “How Bad Science Sticks”, 23rd October 2024: <https://www.monbiot.com/2024/10/23/how-bad-science-sticks/>
- 6 Chris Haines, “First Minister apologises to victims of infected blood scandal”, 5th June 2024: <https://nation.cymru/news/health-secretary-apologises-to-victims-of-infected-blood-scandal/>
- 7 George Monbiot, “First, do no harm”, 27th March 2024: <https://www.monbiot.com/2024/03/27/first-do-no-harm/>
- 8 According to estimates of the proportion of the population affected by ES published by the French health authority, ANSES, 2018: *Hypersensibilité électromagnétique ou intolérance environnementale idiopathique attribuée aux champs électromagnétiques*: <https://www.anses.fr/fr/system/files/AP2011SA0150Ra.pdf>. A recent 2026 study suggested that the prevalence of ES in Australia, Canada and the USA could be as high as 10-18%: <https://doi.org/10.1016/j.nexres.2026.101577>. Approximately 0.6% of the population of the UK is thought to suffer from ME according to the latest research by Professor Chris Ponting and Gemma Samms at the University of Edinburgh: <https://meassociation.org.uk/2025/07/prevalence-latest-research-suggests-a-62-increase-on-historic-estimates-for-me-cfs-in-the-uk/>
- 9 *Ensemble!* is published under Creative Commons Licence CC-BY-SA.



“Wireless means freedom” (Published in *Ensemble!* 105)

Experiences of electrosensitivity: interviews with two medical doctors¹



[Electrosensitivity or] ‘microwave syndrome’ is a condition that’s recognised by the World Health Organisation but denied by the Belgian health authorities, in line with those of other countries. This current lack of clarity regarding the health impacts [of wireless radiation] causes further suffering for people with ES. In certain cases, the denial of the condition has devastating social consequences. As we’ve already seen [in the first booklet], ES patients come across extremely varied reactions from medics. Some doctors do indeed pay appropriate, careful attention to such patients and their symptoms. Others, however, are negligent and even dismissive towards their patients, an attitude that’s as scandalous as it is devastating.

This situation made me want to focus on doctors’ experiences of electrosensitivity. Indeed, three of the fifty or so responses I received to my call for testimonies came from doctors [one of which appeared in the previous booklet]. In the section that follows, one doctor recounts her own experience of living with electrosensitivity while another outlines the situation of her pre-adolescent daughter. [...]

My first witness describes how electrosensitivity disrupted her personal life but also her life as a medical professional. During periods of sick leave, her experiences with the INAMI [Belgian social security] and with social security medical officers varied considerably.

Gérald Hanotiaux: How did your electrosensitivity become apparent?

Really understanding the problem and the cause of one’s symptoms is often a long and complex process. Personally, I was extremely tired, had enormous trouble sleeping and had been in pain for many years. No one could work out what was wrong with me. About three years ago an experience while on holiday staying in an old monastery enabled me to understand. For a whole week I was surprised to notice that the quality of my sleep was improving every day. Physically, I was making a gradual recovery, and at the end of the week I was able to do some sport, something that had been impossible for years. Alas, during the second week of my holiday, this progress came to a halt and my extreme tiredness and sleeping problems returned.

It turned out that a technical problem had meant that the Wi-Fi hadn’t been operational for the whole first week, but once that problem had been resolved I suddenly stopped improving.

Subsequently, I attended a lecture on electromagnetic pollution where I was given lots of very pertinent information, and that made me want to look up the scientific literature. At this stage of the process, it’s astounding to discover the quantity of information available on the subject! Above all, there’s an enormous disparity between scientific knowledge of the subject and the information provided by the Service public fédéral (SPF) Santé Publique [the Belgian health authority], which sometimes goes so far as to describe electrosensitivity as a psychological problem. They’ve even been heard to claim that it’s a phobia and that people should be encouraged to expose themselves to electromagnetic fields in order to combat this ‘fear’. Personally, however, I’ve never been afraid of this technology – quite the opposite, in fact.



How did your loved ones react?

It depends on who you’re talking about. In my family, people were relatively considerate but I think they remained sceptical to a degree. One day, ten minutes into taking a walk in the forest with my brother, who was always careful to switch off his phone, I had to slow down and started feeling very tired and not very well at all. I asked him if he hadn’t forgotten to switch off his device. “No, of course I remembered to do so”, he said, only to then check his phone. In fact, that time he *had* forgotten. This type of incident confronts people with something undeniable and provides extra proof that the symptoms aren’t imaginary.

In my social life I've had some real surprises. For example, I sang in a choir for ten years, something that was really important to me. I love music and singing in a group, and I got on well with the other choir members. For years I was exhausted all the time and they'd say to me, "Don't give up – we're all here for you. They'll end up finding out what's wrong with you." When I'd worked it out, I was so pleased I'd be able to tell them that alleviating my tiredness and pain would only mean them all switching off their phones during the rehearsal. And while a majority of people willingly did so, others ignored my request or refused to do so. I hadn't been aware of it until then, but I realised that some people have a form of addiction to their phones. When I asked them to switch their phones off, these people became very aggressive.

I began to pay attention to this and – in lots of different contexts – I noticed the problem of people being unable to disconnect from Facebook, WhatsApp and other social media platforms. Some people seem to have to send a little message every few minutes and are constantly looking at their screens. The phone's become a sort of extension of themselves and they see it as their connection to the world. This form of addiction isn't strictly related to electrosensitivity, but it's also a public health issue that's totally underestimated. Indeed, in order to address the problems faced by electrosensitives, this is also something that needs to be tackled given that the symptoms, such as anxiety and panic attacks, are reminiscent of drug addicts suffering from withdrawal effects.

The situation is more than worrying. Three years ago, when I lived in my old flat, I put a letter in all my neighbours' letterboxes asking them to switch off the Wi-Fi at night. Just a few days ago, one of them called me: "I think I've got the same problem as you. I'm in a flat-share with wireless internet. All my flat-mates have Wi-Fi boosters in their rooms. I don't think it'll be possible to ask them to switch it off at night because they can't sleep. When they wake up, they absolutely need to do something other than not sleep, so they go online using the Wi-Fi." This is serious because trouble sleeping is one of the main manifestations of the impacts of electromagnetic fields on the human body. To pass the time, they're probably using the very cause of their problem while also making it worse!



Now that you know the extent of the disaster that's underway, what's your state of mind?

I experienced several stages. In the beginning, I didn't really understand the extent of the issue and minimised my difficulties. I was very troubled about my position as a doctor. My medical colleagues generally considered that electrosensitive patients had psychological problems and would send them to see a psychiatrist or psychologist. By personally experiencing it, I discovered that that's not the case. It's hard to put it into words... In my medical environment I experienced it as a sort of 'grief,' as a sort of coming-out. It took me a good year to be able to talk frankly about it without beating about the bush.

In my personal life it was very difficult to start with. I almost felt ashamed, as if I was stigmatised in some way. Every day, I either had to remove myself or irritate people by getting them to switch things off as much as possible so that I could join in. Whatever I did, I never felt comfortable in any situation. I felt alone, very alone. During this time, I thought about how to talk about it and, with a view to being taken as seriously as possible, I read up on all the scientific literature in order to back up what I said with proper information. A friend of mine remarked, "You don't realise how difficult it is when you speak like that. You come across as a swot and people feel judged." Today I talk about it in much simpler terms: "I'm sorry, but I don't get on well with wireless radiation. Would you mind switching off your gadgets?" If they agree, so much the better. Otherwise, I just leave and that's that. I really don't have much choice because when I'm near smartphones or Wi-Fi I'm physically not well at all.

Nowadays I'm relieved to feel that I've got some sort of control over my well-being. If I switch everything off and am away from my neighbours' Wi-Fi, I feel better. It's not perfect – far from it in fact – but at least I've been able to find a certain equilibrium and to start having a life again. It's not a life at 100 miles an hour like before, but it's something like manageable. I've had to move out of the town centre and can just about cope. Let's say that it's a slightly positive resurfacing and that I've come to terms with the situation. Yet the problem is still huge because, as things stand, there are no real long-term solutions.



Have your symptoms evolved?

I'm increasingly attentive to – and understand better – the signs my body gives me, so it's difficult to tell because I'm more vigilant than I was. For example, if my back suddenly tenses up, I'm probably near a switched-on phone or between a phone and a mast. Likewise, when I have trouble concentrating, I'm probably too exposed to phones or Wi-Fi. As I now know the consequences, I protect myself more but the symptoms are still there. So perhaps I've also got a lower tolerance than before.

I deteriorated drastically when I returned to work in a medical clinic. I missed my patients so I went back to work on a part-time therapeutic basis. Very quickly I became really unwell. I only had four half-days of work but I couldn't cope. I wore protective clothing², which helped because I no longer had a very painful chest or back. I was physically better but the cognitive problems would manifest all of a sudden because I no longer had my physical 'alarm system'. For example, I once found myself aphasic in front of a patient and simply no longer knew how to speak. She was describing her symptoms to me and I could understand but had to concentrate very hard and could no longer tell which nerve was

involved despite it being a field I was familiar with. I had to take sick leave and, as my contract was just for six months, it didn't get renewed. My colleagues were sympathetic and told me they could see how difficult it was for me, but I think they found my electrosensitivity a little odd.

Are you working as a doctor today?

Yes, I am. I was contacted by a rehabilitation centre. I told them that I was unable to work in a place with Wi-Fi, DECT phones³ and active smartphones, but they were insistent and said they'd sort everything out for me. I signed my contract but then realised that they clearly didn't know anything about these gadgets. When I arrived, I noticed numerous DECT phones and Wi-Fi. The only adjustment was limited to small notices on the doors: "Please switch off mobile phones." I tried to do something about it, but it was very difficult. In the rehabilitation centre, lots of children, except the youngest, used tablets, so they put my office near to where the youngest children were and as far away as possible from the five Wi-Fi routers. After a year, however, Proximus [a mobile phone and internet provider] came to replace the DECT phones with corded phones, except they left the DECT phones for when I wasn't there.

In my profession you sometimes have to go to hospitals for meetings about the patients you're in charge of. This has especially been the case more recently. One Friday afternoon, the meeting lasted more than three hours and my weekend was ruined. I slept very badly and took two or three days to recover. I wasn't very well at all. As a patient, I go to hospital as little as possible of course because hospitals are saturated with radiation. There are DECT phones in the corridors, Wi-Fi, and if I have to sit in a waiting room, the longer I'm there the harder it is.

The fact that this has such an adverse impact on me shows that it's a problem for everyone. In the beginning, of course, I thought a lot about the health impacts on the population in general. Electromagnetic radiation is playing a role in the huge increase in cancer, even though other carcinogenic factors and environmental pollutants are also involved. The increase in glioblastomas, for example, which are very aggressive brain tumours and located most frequently on the side of the head where people hold their phones, should prompt us as a society to take

the necessary measures to protect health. When I first became aware of the problem, I thought that a more global approach to raising awareness was needed. Over time, however, I've realised that people have very little interest in such alerts. It seems crazy, but it's simply not what they want. They just want to be left in peace with their tech. Three years ago, I'd never have said that, but now my focus is on finding urgent solutions for myself.

One colleague, a doctor like me and very aware of my difficulties, said to me one day, "It's terrible in my place. There's W-Fi in the living room, which is a lovely room to be in, but I've noticed that whenever we want to sit down somewhere, we go to the kitchen!". In the kitchen the Wi-Fi signal's weak. I asked her whether she was going to hard-wire her internet but her answer was unambiguous: "Oh, I've spoken to my husband about it but he doesn't want to." That's where we're at, I'm afraid.



How do you see the future?

Today, I've almost decided to resign. When my contract came to an end, I had a meeting with two board members. Without consulting me they'd prepared a huge contract containing lots of clauses mentioning everything the centre had done to accommodate my electrosensitivity. For example, I'd asked for a printer that didn't have Wi-Fi, a basic model that was less expensive than what they'd wanted to install. Everything was in the contract: "We provided you with a special printer for your condition, so now you'll commit to not asking for anything else." The impression given was that I was considered a capricious child and that my needs were a whim. I was meant to understand that my requests weren't 'reasonable'. Despite that I signed the contract, but I regret it today.

In spite of the notices on the doors, the members of staff refused to switch off their phones. They

wanted to receive texts and check Facebook or their personal emails. Many of them also have young children and want to be contactable on a permanent basis by mobile rather than on the institution's landline. Even if they switch their phones off in meetings with me, the rest of the time I'm in the same premises and inevitably my body sometimes comes between their phones and the mast.

As a doctor, sometimes I have to observe groups of children and in such cases always ask whether they can work offline. Sometimes staff members tell me, "Ah, I'm afraid not. Sorry." I'm expected to be present but they won't implement the conditions that mean that I can be. So people have an unhealthy power over me that puts me in a weak position when it comes to doing my job.

Have you had any contact with social security medical officers?

Yes, I have. Ever since my aphasic episode during that consultation in 2019, I've been working part-time on a medical basis and I'm fighting to keep that status. The first doctor was very understanding and encouraging. I dealt with her for a year, which was good, but my situation bothered her and she'd say: "We don't have a box for that, you know. We have to fill out forms for the INAMI [Belgian social security] and there isn't a box for you in the forms." She was then replaced by another woman who was not understanding at all and who said, "I'll give you six months before you have to come back full-time." Quite frankly, even here, outside the town centre, I couldn't go back to working full-time. I simply don't have the choice because I'm constantly having to juggle getting exposed when shopping, for example, with time to rest, insofar as that's possible. I tried to give her some documentation on electrosensitivity but she refused to take it. This was the first time that a doctor had refused to accept information! In any case, it enabled me to see that my being a doctor doesn't mean the problem is taken account of any better.⁴

To finish, I've got a question about the medical profession in general because it's your field. Certain electrosensitives are treated absolutely scandalously by doctors, and you've said that your colleagues consider electrosensitivity to be a psychiatric problem. Why do you think they react like that to their patients' descriptions of their symptoms?

That's a very good question requiring many long answers. But I think there are three main factors. The first is related to the nature of medical studies, which are long and difficult. There's so much information to acquire quickly that people become 'formatted'. It's not a general rule, of course, but it's as if, in order to survive all these years of studying, you have to close yourself off from lots of things. You just study and study. When you emerge from it, your brain has forged connections like 'this problem requires this treatment', and the more specialised you are, the more precisely this connection's been made.



The second factor is that our universal healthcare system makes it very difficult to be clear-sighted and exercise therapeutic freedom of choice. The hospital system has changed a lot recently and hospitals have become businesses. The decision-makers are those in charge of the finances. They put enormous pressure on doctors and healthcare staff as well as making absolutely horrendous demands for profitability. Doctors are encouraged to carry out technical medical acts and to take on more and more consultations. This frantic pace means that doctors are overwhelmed and try to make consultations short and easy. As a result, all the health conditions that don't fit this framework, that need time and dialogue with the patient to establish what's going on, are simply not recognised in the medical nomenclature. In other words, they're not identified and itemised and therefore don't bring anything to the hospital or the doctor. Although the patient's health could be supported and improved, the system doesn't function like this and doesn't factor these things in.

Thirdly, medical research is largely funded by the pharmaceutical industry and, as a result, our good practice guidelines are based on published scientific research. We're therefore very strongly influenced by

lobbies for the pharmaceutical industry. With regard to electromagnetic radiation, we're also up against lobbies for the technology industry. These are very influential too and seek to discredit all the health research in this field.

• • •

I met my second witness in her surgery in Brussels. With a very full diary, this medical professional agreed to devote her lunch-break to discussing her daughter's electrosensitivity.

Gérald Hanotiaux: How did you first come across electrosensitivity?

It happened after we'd moved house eight years ago. Our daughter would wake up several times a week with a very painful leg – always the same one. The pain was concentrated in her knee, and this had been going on for two and a half years. It was a very difficult time, and there was lots of crying and a lot of pain. I examined my daughter myself and had some tests done such as X-rays and blood tests. I went to see her paediatrician and then an orthopaedist and a rheumatologist. They didn't find anything wrong but mentioned "exceptional growing pains" and told me to come back if she was in pain.

She carried on getting this pain. Then we moved into this house for my work. My surgery's on the ground floor and we live on the first floor. The night before we moved, my daughter had woken up again in pain, but here, from one day to the next, it had gone! She started sleeping very well and we were pleased, but after almost a month without any pain she started complaining again. It took us months to understand. One day my husband said to me, "Could it be the Wi-Fi router I installed at the end of September?" When we took the precaution of unplugging it, we noticed that the pain went away. One evening she complained; it had been plugged in again. So we put two and two together and realised that the return of her pain in this house corresponded with my husband having installed a Wi-Fi router in his office, next to our daughter's bedroom. I was really surprised and taken aback. I didn't understand. I had no clue about all that – it wasn't something we were taught at medical school. So it was through something concrete that we understood what was happening. Now she's thirteen years old but we've had the diagnosis since January 2015, eight years ago.

Looking back further, we thought about what had happened and where exactly she was when she had this pain. At a friend's place, the router was next to the playroom and she complained of pain that very evening. In a flat by the sea, she had the same problem and there was a router in the living room. In the mountains, she didn't wake up once in the night – and there was no Wi-Fi. We managed to match the history of her complaints with the places we'd been at the time. Later, when 4G arrived, we noticed that she started to be sensitive to smartphones. Here in the house, she's more or less protected as we don't use Wi-Fi and have adaptors for our smartphones, but it was another story at school.



When you realised what was happening, how did you think things would pan out? And how did your family and friends react?

For me, it was quite hard to bear. It was difficult to understand at first and then to accept. It took time. It's very complicated – scientifically as well as emotionally. I had a diagnosis of a condition that's not recognised, non-existent tests and treatments, and medical colleagues who knew nothing about it. As a doctor, it was very hard and I felt extremely isolated. I felt very alone and in shock.

Once I'd got through that, I did some research. I read a lot of the scientific literature on the subject and met lots of people who were facing the same problem. I attended conferences on the subject. I went to Paris, for example, for a week-end on environmental sensitivities and electrosensitivity. I met a group of people in my town who are actively working on these issues. That provided support and concrete help. We tried to come up with ways of raising awareness, especially among elected representatives. As a doctor I remained quite isolated until I met another doctor who was herself electrosensitive and who'd been given my name. We

gave each other a great deal of support and help. It's important to have colleagues who understand the situation so as to confirm the diagnosis and find treatment options and solutions for patients. Until then, I'd been on my own searching for treatment for my daughter and trying to get the diagnosis accepted by my medical peers. It's an uphill battle – a very long and complicated process.

Nevertheless, I managed to get through to some people, for example my daughter's paediatrician, to whom I took a folder of information. We discussed it and then saw each other again. At the time, I needed a medical certificate that attested to my daughter's electrosensitivity for her primary school. I needed proof. Fortunately, the paediatrician I saw was open-minded, read up on the subject and produced a certificate. I also went to see a neuro-paediatrician at Saint-Luc [the largest hospital in Brussels], but the consultant said to me straight away, "The problem is that I can neither confirm it nor rule it out", a reaction that is a simple reflection of the reality of the situation. This isn't always the case of all doctors and specialists, far from it. Previously, this consultant had already come across patients complaining about having problems with mobile phones. Through her experience, she'd partially accepted the problem. After that, I regularly sent her articles and information about electrosensitivity that I found interesting.

Raising awareness among healthcare professionals is a long-term task that requires a lot of patience. We're going to need a lot more perseverance too because the medical profession can remain very closed-minded, at least as far as certain doctors are concerned. Basically, as long as they've not seen something with their own eyes and understood it, they find it hard to accept. I can talk easily about it because I myself, a doctor, also found it hard to accept. My electrosensitive colleague and I have been working on it for several years now. We've set up an independent scientific website that can be consulted by anyone interested in the subject or by any health professional looking for independent and objective scientific information.⁵

You sometimes hear it said that electrosensitives are opposed to technology. Yet you describe discovering your daughter's microwave syndrome through contact with the technology and through experience and observation.

Absolutely. She was exposed because we obviously weren't opposed to this technology. Looking back, it's hard to deal with because you feel guilty after the fact. Our daughter, a baby, was sleeping in the office with the DECT phone next to her cot. In addition, while pregnant with her, I was always on my mobile phone, everywhere – in moving cars and in places with poor signal. And I also had a DECT phone in my surgery, Wi-Fi in the house and a laptop computer that I used regularly. Without knowing it, we'd immersed her in radiation since her conception, during my pregnancy and throughout her early years. When you think about it afterwards, it makes you feel terrible and very guilty.

How did people in your circle react?

After a lot of – sometimes heated – discussions and explanations, the family came to terms with it well. Friends too, in general, were respectful. We didn't encounter too much in the way of mockery or ridicule. I know that some electrosensitives have a hard time with their family and friends, but my status as a doctor probably helped with that. On the whole, people were quite understanding and supported us. I also think the debate's moved on recently. People are starting to open up to it.



How's your 13-year-old daughter dealing with the situation?

She's understood the situation and is dealing with it relatively well. Here at home she's generally not exposed much. She's got a smartphone that's hard-wired via an adaptor, so that allows her to use social networks. But it's sometimes more difficult with other people. In primary school, when she was invited for sleep-overs or to a party, I'd ask the parents whether they could switch off the Wi-Fi, and that was generally okay and she had a good time. Now it's starting to get more complicated because

all her friends have smartphones. It's hard to be an electrosensitive adolescent in an ultra-connected society like ours. She's forced to avoid being too close to her friends. Phones aren't allowed in school but, even so, they sometimes come out. The social side of things is important, and it's not easy because she doesn't want to be alone. She goes out with her friends but she's well aware that she can easily get a headache and in that case she tries to move away. When she can't do that, she'll stay but in the evening she'll complain of pain. It's important to know that the pain can manifest hours after exposure.

How have things been with her school leaders?

She's never been taken out of school, but we had to be very firm with the head of the primary school. In the beginning, there wasn't a lot of sympathy or understanding. We would hear things like "There's Wi-Fi in all schools, so go and look elsewhere". Even if it wasn't put exactly like that, that's what it came down to. She had lots of friends and didn't want to change schools. So we decided to raise awareness among the teachers, the parents and the school leaders of the dangers of exposing children to Wi-Fi in school. We organised a meeting with a physicist to explain what electromagnetic radiation was, along with its biological effects and health impacts. The head didn't come and only one teacher from the whole school was present. However, about fifty parents came to the meeting and were very interested.

Overall, it was a difficult period and we didn't feel that we were being heard. In the end, we wrote a letter to the board of governors and the head with the support of UNIA⁶, insisting on the fact that 'every child has the right to attend the school of his or her choice'. In addition, all disabled people have the right to 'reasonable adjustments' to be able to continue attending school or working. One of UNIA's staff was very supportive. The head and a member of the board of governors met with us and, in the end, agreed to listen to us. We explained the situation and provided documentation. It was hard, but that was when we outlined the adjustments that she needed and managed to get through to the head. The adjustments consisted of her being in the classrooms furthest away from the Wi-Fi routers and in a different building from the main one. Later, she attended classes in the main building, but in the basement which had been renovated and cabled. Other measures were also taken, such as having

pupils wait in line next to the swimming pool instead of by the main hall because the hall was near the Wi-Fi. The Wi-Fi in the library was also switched off, and so on. Otherwise, my daughter would systematically experience pain. In the end, the head said he'd hard-wired his office.

Last year she started secondary school so we had to inform the head again. There were seven of us around the table: my husband and I, two IT people, the head, deputy head and the person in charge of children with special needs. We came in with our story and experience and a folder containing a whole series of articles and recommendations from "The Babysafe Project"⁷. We also had a summary document authored by me and another doctor. They were astounded! In the end, the head proved very open-minded and accepted our requests, saying, "In the first and second years there isn't any Wi-Fi. There's some in certain areas, but we'll try to keep her away from them. If she has problems, let us know. We'll look after her, the teachers and the other pupils. They'll all have to switch off their smartphones." Before she started in year 2 [of secondary school], I sent an email to the head and brought up electrosensitivity again. The head responded straight away and said that he would make sure his new colleague was aware of the situation.

The reception seems positive overall, but it's in relation to just one child. Isn't the school worried about harm to the other pupils?

Endnotes

- 1 [Ensemble! 105, September 2021, pp. 61-69: <https://www.ensemble.be/wp-content/uploads/2023/02/Ensemble105.pdf>]
- 2 Clothing can be made from fabric composed of cotton and metal thread, which blocks the radiation to some extent. The result is not ideal but reduces exposure and shields the parts of the body exposed to the radiation. This type of fabric is extremely expensive.
- 3 DECT stands for Digital Enhanced Cordless Telecommunications. These telephones are wireless landline devices, the base stations of which permanently emit high-frequency radiation.
- 4 Since we met, my interviewee's situation has changed thanks to the intervention of another social security medical officer who is more understanding. My interviewee wrote: "She supported my request to work part-time on a medical

Yes, in this school that seems to be the case. The head is aware of the health risks but says he's under pressure from certain teachers who want to use Wi-Fi to go online with the children during class, etc. It's not straightforward at all. Plus, it's everywhere at all times in our society. Last year, we were going to organise a meeting at the school with a talk for interested parents. With COVID-19, it hasn't happened yet, but the opening really was there.

What would you like to say in conclusion, as a doctor?

This is an environmental illness, and we're only seeing the tip of the iceberg of it, that's for certain. This condition is latent in a large segment of the population and can begin in infancy if nothing is done to minimise the exposure of infants and the foetus. That's our position given our experience and as parents. It's very important to pay attention to the current generation of pregnant women and children. Prevention should be given more importance. It's vital to raise awareness in the general population as well as among healthcare professionals. At the moment, we're dealing with a syndrome that's not recognised in Belgium, and you won't see any information about it in medical courses. You'd think it would feature in specialisations in environmental medicine, but that's not yet the case in Belgium. We're way off the mark and there's a lot to do, but I'm hopeful that things will evolve in a positive way in the future.

- basis for another year. Because I'm a doctor, she had a bit more latitude to get things accepted(!)."
- 5 The website includes an appeal for the recognition of microwave syndrome, signed by more than a thousand doctors and other healthcare professionals. www.hippocrates-electrosmog-appeal.be
- 6 Formerly referred to as the "Centre for Equal Opportunities", UNIA is an independent public body that combats discrimination and defends equal opportunities in Belgium. "We defend the equal and inclusive participation of everyone in all sectors of society and ensure human rights are respected in Belgium." www.unia.be
- 7 This website, in English, is run by environmental health non-profits. They provide information and advice to pregnant women and parents. www.babysafeproject.org

“We know that it causes health problems for some people”¹

[The second document in this booklet is an interview with Haroun Fenaux of Proximus, the largest Belgian mobile telecommunications company and internet service provider.]



Haroun Fenaux, Proximus spokesman.
(Photo published in *Ensemble!* 111)

Haroun Fenaux, spokesperson for Proximus, recognises that there are problems linked to electrosensitivity but insists that mobile phone operators are “not the only ones responsible” for the situation.

Initially, one might have thought, what’s the point? Everything’s led you to believe that the spokesperson for a big mobile phone and internet operator would inevitably deny that the products sold by the company in question were harmful. However, I decided to take the plunge and contact Proximus. After all, this company is a public limited company. Doesn’t that make starting a dialogue with it legitimate, especially when it’s a conversation relating to public health? The state sends representatives to sit on its board, so surely that suggests some sort of pursuit of the common good.

In the articles published under the rubric “[Social] exclusion due to electromagnetic pollution”, I referred several times to the somewhat surprising video produced by Proximus, “Wireless solutions: some smart advice”, the existence of which was pointed out to me a few years ago by someone who worked for the company (read the inset, “A very discreet video” below). While the public is swamped with very aggressive advertising for wireless devices, the content of this film hasn’t been disseminated on such a massive scale. For

six minutes and fifty-four seconds, the company issues a series of precautionary recommendations for users of its products. For example, the operator recommends not putting a Wi-Fi emitter in a bedroom, not putting your phone in a pocket, not using a phone in a train, and also recommends using an earpiece. I’ve reproduced the content of the video in the inset below and I expect it’ll surprise some of the company’s customers.

The video in question was aired briefly on RTBF [Radio-télévision belge de la Communauté française, a French-language radio and tv network] on 20th September 2020 during the programme *#Investigation: 5G, are we all guinea pigs?* produced by Benoit Feyt². The journalist confronted Guillaume Janus, a 5G expert at Proximus, with a clip from the film where the company asks this straightforward question: Can wireless communications “impact our health in the long term? We don’t know because scientific research progresses more slowly than technology.” So, logically, the question the RTBF journalist – and I – have is whether technological innovations aren’t in fact progressing too fast because no one has proved that 5G is safe. In response, Guillaume Janus remained very vague and limited himself to brandishing the usual get-out-of-jail card: the regulatory framework in Belgium is “very strict” and “well below international limits”.

In turn, the journalist pointed out that the exposure limits will have to be changed to deploy 5G, something which is being done today to the detriment of public protection. Janus answered, visibly uneasy: “These decisions don’t depend on the operators. It’s up to every region to determine what norms are applicable and desirable, based on... scientific expertise. On that level, I’d say. It’s not up to the operators to determine that.” Thus is the circle squared. Yet everyone knows how intensely the mobile industry lobbies politicians in order to influence their decisions. I noted during the consultation in Wallonia prior to the deployment of 5G that several of the experts auditioned by the authorities pointed out that it was impossible to work on the subject in a serene and independent manner. Recommendations had started to be made before their expert report was even published, and some of them have spoken of their mission having been thwarted.

I wanted to confront the company with a number of outcomes from my investigation. Let's acknowledge the fact that Haroun Fenaux did agree to meet with me. Although it's clear that his aim is to exonerate his company as far as people suffering from electrosensitivity are concerned, Proximus's spokesman didn't try to dodge my interview.

His unease was, however, sometimes palpable. His answers were often hesitant and elliptical. I've tried to transcribe them as faithfully as possible here, with their hesitations, silences and things left unsaid.

Gérald Hanotiaux: In the context of an investigation into 5G, controversially launched in April 2020 during lockdown, I called for testimony from electrosensitive people who are adversely affected by radiation from wireless technologies. My appeal received quite a number of answers and I got in touch with about fifty people.

Haroun Fenaux: Fifty? Oh, really...

I produced a two-part report called "[Social] Exclusion due to electromagnetic pollution". One part dealt with problems in day-to-day life and the other with problems at work. The mobile operators obviously have a right of reply on the issue. In general, what's your take on the subject of electrosensitivity?

There needs to be respect... Let's say that people need to be able to live in a world where everyone has their specificities. There are needs, and more and more people want more and more connectivity, and we're there to provide it. In this context, a minority of people are electrosensitive and they deserve to be taken into consideration... We need to find solutions. With this in mind, we need to get around the table with all those who produce wireless radiation and find solutions. I'm talking about electricity, telecommunications, radio and television companies, etc. Namely all those responsible for emissions that can adversely impact electrosensitive people. But not putting up any more mobile phone masts won't fix the problem for electrosensitives because it's a much broader issue. Mobile phone operators are often given the blame, but we're just one of many parties. The main source is radio waves. As far as electrosensitivity is concerned, some people believe they're electrosensitive while others really are. Those who really are electrosensitive need to be able to find solutions. In the world we live in, this is

obviously a real problem. But yes, we need to work out how to proceed...

What you say is interesting because, ever since I started working on this subject, I've heard people say, "Exclusion due to electromagnetic pollution? What's that? It doesn't exist..." It's significant that Proximus recognises the problem.

Yes, we're aware that some people have health problems.



Most of the public disbelieve electrosensitives and are totally incredulous when it comes to their suffering and its causes.

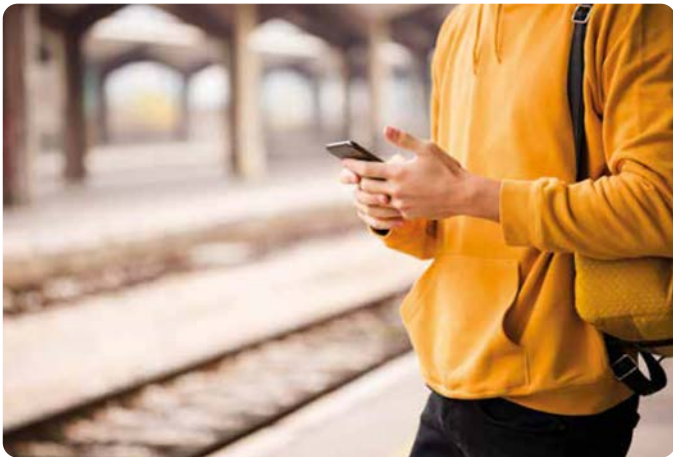
I can imagine people are disbelieved because... Because it's rare and strange.³ I recently went to the home of someone I know. She'd switched off the Wi-Fi, but she's bothered by the Wi-Fi in the house next door that unfortunately adjoins hers. As the source of the emissions was very close to her window, which faced the neighbour, she'd shielded it and was sleeping better as a result. So yes, it's a matter of finding solutions that allow people to... People can ask their neighbours to switch things off, that sort of solution is possible... And we can provide devices that allow people to have wired internet access and to disable the Wi-Fi emissions. This is possible with our modems, and these are the sorts of things we can provide. In the beginning, there was no means of disabling the Wi-Fi but in the end we made it possible.

Did that happen so that electrosensitives could avoid being exposed to wireless radiation?

Because there was a demand for it. People wanted to be able to disable the Wi-Fi.

When you say that people need to get around the table and find solutions, what exactly do you mean?

What I mean is that the operators can't do things alone. Electrosensitives know this better than me: you need to identify where the strongest emissions are coming from. We need to work out how we can find solutions, but with everyone working together, including electrosensitives. You know, when you're on a balcony in Brussels, the strongest emissions don't come from Proximus. Here, in Proximus premises, there are repeaters on every floor so as to boost the signal and reduce the power of each emitter. When you do analyses and calculations to work out who's emitting the most, it's actually the RTBF [Radio-télévision belge de la Communauté française] transmitter on the Finance Tower. This site transmits to the whole of Brussels and the surrounding area.



Are we talking about the same type of emissions?

Yes, indeed. It's the same technology.⁴ And we also need to take into account the taxi network. In fact, all the sources of emissions need to be taken into consideration.

The World Health Organisation (WHO) has provided a definition of electrosensitivity and described the symptoms of 'microwave syndrome.' This dates from 2004, yet two decades later electrosensitive people have seen no change in how they're considered. My interviewees are in desperate situations and have one vital question: How on earth can they possibly continue to function in this environment? I wonder whether Proximus is keeping an eye on this subject.

Yes, internally, we keep an eye on everything. People are looking at the tests done on the technologies we use. A whole series of studies is coming out, some more reliable than others, and they all need to be looked at. Some are not to be taken seriously while others are much more reliable. Everything is being monitored, and the WHO is there to validate certain

research. You also need to remember that Belgium is one of the regions with the strictest exposure limits in terms of emissions. We have a sort of dual-level security. The WHO stipulates that emissions must be below 41.2 V/m, and this is the level operators must abide by in the majority of countries. In Belgium, we're way below that and our country has one of the lowest exposure limits of all. So we're below the limits in most of the European countries where our fellow citizens travel, such as France, for example. Even if they've been raised, we've still got very, very, very..., well, much lower exposure limits than other places. And, again, I'm, just talking about the part of the cocktail that concerns telecom companies. [...]

A video by Proximus with advice on how to use your products was shown in an RTBF programme. The video recommends using an earpiece and also, for example, not using a mobile phone in a train. These recommendations might seem surprising coming from Proximus, a company that sells and promotes these products. There's a gulf between the information given to the general public and the information contained in this video. Where was it shown?

I don't know where this video came from. But it was an external video, I believe, not an internal one, as the RTBF journalist wrongly stated during the programme... It's misinformation. He tried to say that it was only shown to our staff. This wasn't true, and we've rejected that claim. It was shown over a certain period – I don't know where... But you're talking about a programme that was broadcast five years ago⁵, and the video in question dates from five years before that... So, it's from ten years ago. I don't know where it was shown, but now I clearly remember that the journalist showed this video to my colleague when the interview was being done, a video I hadn't seen myself. I contacted my colleagues then and it turned out to be a video that had been shown on our website in the past, for everyone, to... It's a bit of an old video, in fact. We don't make videos like that any more. But we continue to make recommendations on our website... We've always recommended an earpiece, and every mobile comes with an earpiece. What's more – and we're the only ones to do this – our phones are categorised by their emission levels, which are specified on their boxes.



But in your advertising to the general public, this advice doesn't feature at all. The people I interviewed for my investigation consider this video a very cynical move by Proximus. Does its content today form part of Proximus's official advice?

Of course it does. Because we use a certain technology, the testing of which... The only small thing underlined by the WHO is the fact that the phone heats up the area by your ear. At some point, using the phone too much will heat up this area. That was the object of the tests. So it's recommended to keep the phone away from your ear and to use the earpiece or loudspeaker mode. This isn't because of the cocktail of emissions; to be clear, it's a precautionary measure that only concerns our emissions. It obviously doesn't concern radio waves or taxi networks or all the other emissions. Our emissions are weak compared to all the others. It's not the mast that produces the heating effect but the receiving device. The phone will emit more strongly if the mast is further away, so the more masts there are the better it is for electrosensitives.

So the objective is to have less radiation?

Of course.

This remark is also valid for SPF Santé Publique [the Belgian health authority]. This precautionary advice is not widely disseminated⁶, which is surprising. SPF even told me that "none of our experts are currently working on this subject".

There are experts in the WHO and also in Belgium who are working on the subject and can help. A board of experts was established by Wallonia and started looking into a whole series of questions in 2020, when 5G was launched. They gave the go-ahead. The permitted exposure levels are going to have to be raised because otherwise it won't be

possible to deploy 5G.⁷ In Belgium, we've got a double precautionary principle. What's more, the operator and SPF Santé Publique give good advice on how to use the technology healthily, even if there's nothing proving the existence of a danger. If there was the smallest study proving a danger, the technology would be shut down, but there isn't anything...⁸

In Italy, an employee won compensation in a court case after the removal of a tumour from his ear and losing his hearing on one side. The court recognised that the problem was linked to his intense use of his mobile phone. Is Proximus keeping an eye on these sorts of cases in other countries?

I've never heard anything about it...⁹

In the video by Proximus I mentioned just now, you recommend not putting a Wi-Fi emitter in a bedroom. Electrosensitives wonder what difference there is between spending eight hours in a bedroom with Wi-Fi and spending eight hours in a workplace where the Wi-Fi transmitter is sometimes in the same room as the employee. In my investigation, one woman told me about her battle to obtain recognition of her inability to be in her workplace any more, particularly because of the Wi-Fi. The judge agreed with the medical expert's opinion and she now receives financial support from INAMI [Belgian social security] because of her electrosensitivity. This type of scenario doesn't receive much media attention, which is curious, isn't it?

Yes, I hadn't heard about it...

A resolution in the Senate to recognise electrosensitivity was rejected by 29 to 24 votes. Officially, in Belgium, electrosensitivity doesn't exist.

Yes, but that's a political question.

With political recognition, electrosensitive people could obtain benefits, something that would enable them, should they become unable to work due to the presence of technological installations, to avoid seeing their fate hang on a legal ruling that's entirely dependent on whether a judge is receptive to their case or on the expert witness designated by the court. In the absence of recognition, electrosensitives have no rights: they can find themselves without an income and dependent on their partner, or even worse...

Yes, they might have to change jobs...

But it's staggering that electrosensitives have to totally change their lives because of a technology that's being installed everywhere and that they haven't consented to. Where are they supposed to work?

If you work in a networked office, where Wi-Fi is used to connect the office equipment... It's a working environment... It's as if, as if someone was no longer able to tolerate exhaust fumes, for example; he'd no longer be able to work in a garage. Inevitably, in a garage, at one point or another, there are exhaust fumes. Perhaps this person will then go to work in a garage for electric cars... Do you see what I mean? The person needs to change their environment. Because if someone is electrosensitive, they can... I imagine there are plenty of workplaces where you don't have to be next to a Wi-Fi network or work on a computer that needs to be connected. That's what I mean...

But these networks are found everywhere now, and that's not going to change, and the exposure limits and emissions are only going to increase...

Yes... That's why I was saying... In my view, it's a problem that needs to be considered broadly and not just by the operators. That's really important. People are inclined to say, "The mobile operators should do something", but I think everyone should get around the table to see how the small number of people who are electrosensitive can be helped... To see how we can improve our products and services so that they can feel comfortable in their everyday existence.

For such people, having to stop working is a huge loss...

Yes, but we need to look for solutions. For example, distance working allows lots of people to stay at home. For electrosensitives, that's a possibility... Rather than having two days at work and three days at home, they could have five days at home and come to work from time to time, for meetings and things like that...

But without political recognition, these sorts of measures can't be implemented.

They can be put in place thanks to the goodwill of a management team that..., that has a clear understanding of the problem. Then it's a case of seeing how things can be done from a legal point of view, but it's not for the operator to tell you how to

do that. It's either SPF Santé or..., a member of the government. But, um..., in principle, technology can help in lots of ways. With health too. It's clear that technology can help at many levels. For example, the drones designed for the farming industry: they use 5G and survey the land, then the mapping they produce is sent to the tractor, and only the areas that really need it are sprayed, so we spray less.

Yes, but for the drones to work, you still need...

Electricity.

And masts.

And masts. Yes, that's true – the existing 5G masts.

The people I met during my investigation are in desperate situations. When you meet someone who's had to move dozens of times in a few years in search of a healthy place to be and who's finally moved into a gypsy caravan in the countryside but is still not protected from the radiation, it's absolutely shocking. It's an extremely serious state of affairs.

Yes, I understand. It's unfortunate. I can imagine... Now, it's true that we don't hear much about it because there are very few people like this, but we still need to find solutions. The solutions that work for one person won't work for someone else because there are very different levels [of sensitivity]. But I think that technology can provide solutions. I'm not talking about Wi-Fi or 5G but about very, very... fast fibre connectivity. This can reach the countryside because our ambition is to provide 100% of the Belgian population with fibre optic connectivity. That means that electrosensitive people who can work on a computer can perhaps also find solutions thanks to technology. In certain places where there are electrosensitives, the masts can be oriented differently or fibre can be installed. Lots of things are possible, but the mobile phone operators can't do everything on their own.

And the mobile operator is legally obliged to provide coverage. We buy the right to emit, for so many million per year, but with the obligation to cover 30% of the country in two years, 80% in five years and 100% in ten years. We have to meet these obligations. However, let me say again that, working with electrosensitive people and the appropriate bodies, we could put in place special conditions. But there must be oversight. We've always been ready to get around the table to see how we can help.

One woman said that she'd asked a subcontractor for Proximus about electrosensitivity. He'd come to install fibre in her home. He said he couldn't install Wi-Fi in a bedroom. If the customer insists on it, the subcontractor has to have them sign a liability waiver.

Yes, the installer has to ask for this document so that we don't take action against the subcontractor for having put an installation in a bedroom when he'd been instructed not to do this. If it's done at the woman's request, there's a piece of paper attesting that she made the request. That's it.



Her implicit question was also this: If it's not at all dangerous, why can't the equipment be placed just anywhere?

Yes, but, um, I'm not an installer... But, in the end, it's totally logical. It's a device and you don't need... Well, it's like with a radio. I don't have a radio next to my bed. I don't put a phone next to my bed either – I leave it downstairs. And when I phone, I also try to use the earpiece!¹⁰ It's about using it in a healthy way. It's not forbidden, you're not stopped from using it, but you should do so in a healthy way and need to avoid certain places... Even if Wi-Fi is peanuts in terms of electromagnetic radiation.¹¹ The thing that produces the most emissions in a home is a baby monitor, and right next to the baby monitor there's an infant!

• • •

Proximus's video: "Wireless solutions – some smart advice"¹²

Let's point out straight away that the products that Proximus tells its customers to take precautions with become, in the title of this video, "solutions". Proximus doesn't sell electronic gadgets or communication devices but "solutions". This term helps transform a commercial enterprise into an entity working for 'the common good'. This is obviously deceptive because problems

need to be identified before a situation requires solutions.¹³ All sorts of technological novelties are being launched into our lives, and although they're totally altering our way of life, they're presented as self-evident with no societal debate at all. For electrosensitive people, whose lives are completely disrupted by this omnipresent technology, it's obvious that we're not talking about "solutions" but about the cause of their problems. What follows is the complete transcript of the video:

Smartphones, tablets, hotspots, 4G – it's now impossible to do without them. These days, wireless solutions are everywhere. And that's not all – mobile phones, smart TVs, baby monitors, loudspeakers, and thermostats all function using wireless technology. Does this technology impact our health in the long term? We don't know yet because scientific research progresses more slowly than technology. Contradictory affirmations on the subject also make it a cause of concern for a good number of the population. Since long-term effects have not yet been established, Proximus strictly follows the Belgian regulations, which themselves are among the strictest in Europe. Here's some advice for minimising your exposure.

To minimise your exposure, you need to obey one very simple rule: 'Smart use is smart distance!' [in English in the text]. The closer you hold the device to your body, the more signal you'll absorb. By holding the device away from your body, you drastically reduce your exposure. At a distance of ten or so centimetres, your exposure is more than ten times lower. 'Smart use is smart distance'. But 'Smart use is smart distance' also has another meaning: the closer you are to a mobile phone mast or a wireless access point, the better your reception. So your phone will emit less radiation. If your reception is bad, your device has to make more of an effort to maintain a connection, so your exposure is increased.

Let's now see 'Smart use is smart distance' in some specific situations.

1. Calling. *Various studies have shown that people are more worried about mobile phone masts, whereas exposure to devices next to our bodies is actually more significant. Smart use is smart*

distance. Maintain a certain distance between you and your mobile device. Don't put it in your trouser pocket or anywhere in your clothes, but in a bag or on a surface. Don't hold your phone against your ear when you make a call. An earpiece enables you to minimise the impact of mobile signals. If you don't have an earpiece, then use loudspeaker mode. If neither of these solutions is possible, don't hold the mobile against your head but a few centimetres away. Smart distance also means paying attention to your connection. In enclosed spaces where the signal is weak – for example, in a bus, train, a lift or a cellar – only use your mobile or smartphone if necessary. Your reception in such places can be disrupted.

2. On the move. If you're on the move, you might find yourself in places where there's good reception and also places where it's less good. If you want to go online, chat, watch a film or play games, download as much as you can in advance and only enable Wi-Fi and mobile data if you need them. People will still be able to contact you via call and text. If you prefer to stay connected to mobile data, put your mobile in a bag rather than in your pocket.

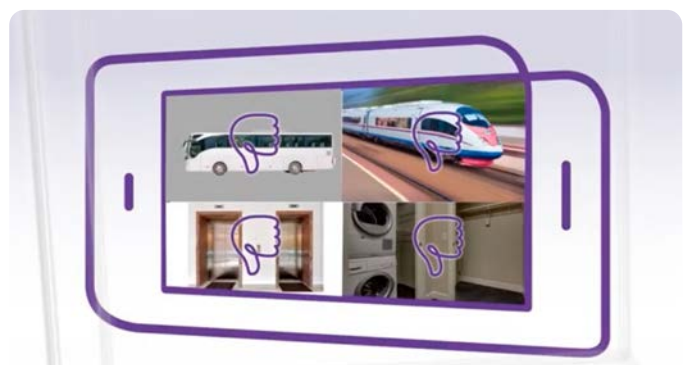
3. At home or at work. Being at home or at work doesn't mean that it's okay to carry your phone

close to your body. If you're expecting a long call, use your landline. That way you'll reduce your exposure to mobile signals and will save battery power.

If you're at home and you want to make a call on your mobile but have poor reception, a mobile coverage extender could be a solution, because better reception reduces your exposure. If you want to use your smartphone or mobile phone as an alarm clock, be sure to put it in flight mode so that it doesn't try to connect, or place it at least a metre away from you. And remember that cordless landline phones also emit signals and shouldn't be placed next to your bed.

If you use Wi-Fi at home, it's important that your devices have a good connection. The more bars you can see, the better it is. Don't put your router on the floor but in an open space close to where you use your devices. Don't put your router near metal objects because they disrupt the connection. Your router shouldn't be placed in your bedroom unless you switch the Wi-Fi off at night. The Bbox 3 by Proximus is equipped with a button that makes it easy to switch the Wi-Fi on and off. If you really want to limit your exposure at home, you should use network cables to connect to the internet.

Children love smart devices, so you should teach them from an early age that smart use is



Stills from Proximus's video (<https://www.youtube.com/watch?v=QG3AI1BKQd0>): "Wireless solutions – some smart advice"

smart distance. Encourage them to disable the Wi-Fi and wireless connections on their devices if they're not using them.

As early as 2013, Proximus decided to equip all its mobile phones with earpieces, and our efforts to guarantee optimal coverage through our network of mobile phone masts also contribute to reducing exposure.

All Proximus solutions respect the strictest exposure limits, but it's still smart to limit your exposure to mobile signals.

You'll have realised that 'Smart use is smart distance'. Always maintain a certain distance between you and your device. And whichever wireless device you're using, make sure you have a good connection. By following this advice, it's very easy to limit your exposure to mobile signals. Please encourage your loved ones to follow it. This way we can all make the best of the fantastic opportunities that mobile technologies give us.

It's signed Proximus Corporate University.

A very discreet video

I should point out that Proximus's spokesman rejected the idea that the video "Some smart advice" had been for internal use only, as if to alert Proximus's employees to the risks of exposure to electromagnetic fields. He stated that this was misinformation. But it was an employee of Proximus who passed this video on to me. Wanting to know more about electrosensitivity,

he exclaimed in the course of our conversation, "Aha, but Proximus are well aware of the risks! They've warned us about them!" Faced with my astonishment, he called up the video via a private YouTube link, whereby the 'smart advice' was hidden from the users of this online video platform. For an ordinary Belgian, it would have been impossible to come across the video by chance. How very strange. Whatever the case, it should be noted that the company's spokesman now assumes responsibility for the video.

Nevertheless, one question remains: Why not disseminate the video as widely as possible? Today, the confidential nature of these recommendations, together with the propaganda on the part of the wireless industry and the intense marketing by Proximus of its products – everywhere, all the time – have this result: ten times, a hundred times, a thousand times a day, I notice this "smart advice" being ignored by Proximus's clients and by those of other mobile phone and internet service providers. It's quite clear that the general public knows nothing about this precautionary advice. Those who dare offer such advice are met with intense scepticism and are even mocked, in much the same way as electrosensitives are when they talk about their lives being ruined due to 'microwave syndrome'. Some examples of reactions I've heard include: "If Proximus said that, we'd know about it..."; "I've had enough of these opponents of everything!"; "That sounds a bit like a conspiracy theory."¹⁴ And: "Are you sure that it's a real Proximus video?"

Endnotes

- 1 [Published in *Ensemble!* 111, November 2023, pp. 86-94: <https://www.ensemble.be/wp-content/uploads/2023/11/Ensemble-111.pdf>]
- 2 #Investigation: 5G, tous cobayes? Benoit Freyt, 20th September 2020. Available on the website www.auvio.be
- 3 Without an appraisal by political and health bodies, and without a public information campaign or any investigation, the assertion that electrosensitivity is "rare" in Belgium is not based on any data. In France, *Le Monde* newspaper referred to a figure cited in the study by the French health agency ANSES: "Given a lack of a consensus about diagnostic and classification criteria that would enable an accurate measurement of the scale of the problem, this estimation is based on the self-declaration of individuals who consider themselves electrosensitive. The ANSES is nonetheless

- able to put forward a figure based on the latest scientific evidence, which suggests a prevalence (number of cases in the population) of the order of 5%, or a – considerable – total of 3.3 million French people, who suffer from varying degrees and forms of sensitivity exacerbated by electromagnetic fields." "Électrosensibles: des symptômes réels qui restent inexplicables", Pierre Le Hir, *Le Monde*, 27th March 2018.
- 4 Here isn't the place to go into the technical details but, in reality, radio and television frequencies are called 'radio frequencies' (RF), go from 10 kilohertz to 300 megahertz and have a wavelength of between 30km and one metre. The frequencies used by the different generations of mobile phone are called 'hyper frequencies or microwaves' (HF) and go from 300 megahertz to 300 gigahertz, with a

wavelength of between a metre and a millimetre (civilian and military radar, microwave ovens, mobile phones, Wi-Fi...) Even if, for certain electrosensitives, the cumulative effect plays a role, it's not exactly the "same technology". It should be noted that the WHO has defined as 'microwave syndrome' the array of physical symptoms experienced by electrosensitive people.

- 5 In fact, it dated from September 2020.
- 6 "Mobile phones and health. Exposure limits, scientific facts and advice for sensible use", www.health.belgium.be. This leaflet doesn't appear to be very familiar to the general public, nor do people seem to follow the advice about using an earpiece. It should be noted that SPF Santé Publique didn't even direct me towards it in the context of my search for official recommendations on the subject. They merely told me: "We don't have an SPF expert who can answer your questions."
- 7 My interlocutor had just said that the aim was to have less radiation. This interview took place in February 2023 and since then authorised exposure levels in Brussels have been revised so that there is less protection than before, all while Proximus's spokesman is talking about precautionary advice. [...]
- 8 In April 2023, I attended a seminar in the European Parliament organised by the [late] MEP Michèle Rivasi. There were European experts there all affirming that there are innumerable studies demonstrating biological effects from electromagnetic fields. See also the [Belgian] Senate auditions during the examination of the resolution about electrosensitivity and its documentation of numerous scientific references, indicated in the article below.
- 9 My interviewee had stated that Proximus had people keeping an eye on developments relating to new technologies. A ruling by the Court of Ivrea from 11th April 2017 recognised a causal link between the development of a neurinoma in a 57-year-old man and his use of a mobile phone for between

three and four hours a day for fifteen years. He was made to use a mobile phone by his employer, a large company. [...] It seems highly unlikely that a mobile phone operator would not keep abreast of legal rulings in Europe. It should be noted that Proximus's video, "Some smart advice", could be used in court to exonerate the company by arguing that the user hadn't respected Proximus's recommendations.

- 10 In the course of our conversation, the Proximus spokesman's mobile phone rang several times – and he answered without using an earpiece!
- 11 ['Peanuts' is in English in the original.] Electrosensitive people will disagree with this. In the course of my investigation, several people told me that they were particularly affected by Wi-Fi or had developed their health issues after having spent time with a Wi-Fi router close to their bodies. Close to the router, the power is far from negligible.
- 12 ["Wireless Solutions: some smart advice" ("Solutions sans fil: quelques conseils malins") is available on YouTube: <https://www.youtube.com/watch?v=QG3A11BKQd0>]
- 13 An American writer of Belorussian origin, Evgeny Morozov, has analysed this tendency in a book published ten years ago, *To Save Everything, Click Here: The Folly of Technological Solutionism* (2013). 'Solutionism' is the ideology whereby answers and solutions are found before questions have even been posed, and even without the problems in question being real problems. I'll present this book in a future issue.
- 14 It also has to be noted that the task of serious investigative journalism is complicated by the existence of news outlets that can be described as 'fantasist', which are characterised by paranoia and belief in imaginary conspiracies and that are particularly active online and on social media. These days, contesting any established situation elicits a dismissive wave of the hand and a disqualification of disturbing information, with those who dare to do so accused of being conspiracy theorists.



Senator Fatima Ahallouch: “We pushed it up the political agenda”



Electrosensitivity was debated in the Senate in the 2020-21 parliamentary session with the aim of getting the subject on the political agenda, but also to initiate measures to help the people affected. Senator Fatima Ahallouch presented to the Belgian Parliament the text of the resolution recognising electrosensitivity.

Just like everything else in our country relating to electromagnetic pollution, to claim that it would have made headlines would be overstating it. Many Belgians have never heard anything about this public health issue. Others have vaguely heard spiteful comments about ‘bonkers technophobes’ or more charitable ones about ‘those poor souls sacrificed on the altar of modernity’. But some rare individuals are aware that a resolution recognising electrohypersensitivity almost got adopted by the Senate. The subject was the object of official debate and was examined in depth, international experts were auditioned, and these proceedings were followed by a vote.¹ Alas, after a vote in favour within the committee, a close vote in plenary failed to get the resolution adopted.

A light at the end of the tunnel

In the course of my investigation into electrosensitives, I realised just how impatient they were – actually a huge understatement – to see this subject debated in the Senate. These people are hardly intensely passionate about the functioning of our parliamentary institutions, nor are they desperate to watch political sparring. But this procedure enabled them to retain some hope of keeping their heads above water, of grabbing hold of a political life raft launched in their direction. One of my interviewees asked me, “Do we really need to go through the Senate to obtain recognition that we exist?” The question is more than legitimate when you look at other countries where electrosensitivity is an ‘occupational illness’ or a ‘functional impairment’. This in turn raises another simple question: Why on earth would people invent health problems that they know are impossible to solve?

It has to be recognised that medicine isn’t always plain sailing. Health conditions are often entangled with economics, politics and ideological positions, besides sometimes being medical controversies



Senator Fatima Ahallouch.

(Photo: Belgian Socialist Party. Reproduced with permission)

too. Relatively recent precedents exist. I’ve pointed out in previous parts of this investigation that some electrosensitives have been classed as suffering from burn-out, chronic fatigue or fibromyalgia by Belgian social security and mutual funds.² For many years, people with fibromyalgia were disbelieved, but their situation was improved by means of a vote in the Federal Parliament in favour of a resolution and an action plan that recognised this disabling condition. That was in 2011. It should be noted that the World Health Organisation (WHO) had recognised fibromyalgia in 1992, twenty years previously. Since this parliamentary vote, “changes are still awaited regarding education about – and recognition of – invisible disabilities and funding for care and research to help patients.” Furthermore, in Belgium today, as in France, “healthcare professionals are identified as ‘fibro-sceptical’, ‘fibro-aware’ and ‘fibro-supportive’ by patient groups.”³

This chronology will hardly be reassuring for Belgian electrosensitives, because a positive vote about electrosensitivity in May 2021 would perhaps have signalled the start of a journey – no doubt long – towards finding solutions. In addition, fibromyalgia

did not point the finger at a colossally profitable industry, a situation that militates against any recognition of the problem. A vote in favour of the resolution was nevertheless absolutely necessary for there to have been any chance of moving beyond this stalemate and its grim denial of the plight of electrosensitives.

In spite of the disappointment, the fight must continue

In outlining the issue of “exclusion due to electromagnetic pollution” I said that I was looking for politicians who wanted to take action, break out of the inertia and end the taboo. Since one courageous parliamentarian had decided to take the bull by the horns, I thought it was logical to stay true to my objective by interviewing her. In the course of our meeting at Parliament, Fatima Ahallouch (PS [Socialist Party]) recalled the different stages of the process and the working atmosphere. She also admitted she’d felt very disappointed when the resolution failed to pass. But she also insisted, more positively, on the relative progress these debates had achieved. No one can now claim that nothing happened on this issue in the Belgian Parliament that year. But for this rejected resolution text to lead to concrete progress, consistency is required on the part of those who voted in favour of recognising electrosensitivity in May 2021. That’s what’s expected of them: consistency and initiatives from their respective parties in view of future technological developments.

For Belgian electrosensitives, the 21st May 2021 was a black day. The life raft drifted away and is now floating out at sea. My interviewees – and indeed anyone else electrosensitive – carry on desperately waving their arms and calling for help, but to no avail. In the swell, they come across others struggling to stay afloat and avoid drowning.

However, after this negative vote, electrosensitive people became more determined than ever to fight at every level – medical, social, political, and journalistic – to get the effects of electromagnetic pollution on their lives recognised. This motivation was reinforced by what Fatima Ahallouch said in her introductory address to her colleagues at the plenary session of 21st May 2021: “Of course, the subject is controversial and the scientific community is divided, but the simple fact that a significant part of this community has issued warnings should suffice

to make us adopt a more prudent stance. It’s not the first time in the history of industry that such a situation has arisen. The European Environment Agency itself has explored whether there has ever been a situation where doctors and scientists had warned of a danger over many years and where there was in fact no danger. In fact, there’s never been a situation like that.”⁴ This historical parallel established by the European Environment Agency can only lead to one conclusion: one day or another the health scandal of wireless technologies will be an established fact. But how long will we have to wait until this happens?

Gérald Hanotiaux: What were your motivations in bringing the subject of electrosensitivity to the Belgian Parliament?

Fatima Ahallouch: On a personal level, I’m generally very interested in public health issues and also in the fact that some illnesses remain neglected and in the dark, notably those involving chronic pain. Physical conditions like fibromyalgia didn’t exist officially until quite recently, and they’re still shoved to one side in a sort of catch-all category. Now that fibromyalgia has been recognised, as soon as we don’t know where to put something, it goes into the ‘fibromyalgia catch-all bag’. It’s very interesting. It’s above all extremely problematic for the people affected, who don’t have an explanation for their situation. More pragmatically, this matter had been left in limbo after the previous parliamentary session, so I decided to defend the draft resolution to the best of my ability and given my personal interest. It was Philippe Mahoux, a medical doctor, who initiated the draft resolution, and this lent the issue weight and credibility.

To be honest, it wasn’t always easy. The first challenge was to be taken seriously. Even as a Member of Parliament, I’ve been publicly stigmatised and denigrated. The subject isn’t a new one, and a lot of elements have accumulated over time, so that electrosensitivity has become a confused and confusing issue. I quickly realised that lots of people wash their hands of it, complaining “There’s so much contradictory information on this subject!” Yes, and so what? Such a statement is meaningless. When I started working on the subject, some people saw electrosensitives as caricatures, as irritating, crazy technophobes who lived like hermits in the forest. By the end, thanks to the auditions in the Senate,

there was unanimous agreement that these people's grievances were legitimate. So I think a useful path was forged during this process, even if the outcome of the plenary session was a negative one.



Ahallouch in the Senate during the debate on electrosensitivity

What were the main stages of the process?

Discussions took place in the Transversal Matters Committee.⁵ The issue in question was examined and detailed there as precisely as possible, notably through auditioning different key figures. Each political group can put forward people it would like to audition and then a schedule of auditions is produced based on consensus. No one was rejected. A first vote on the text to be adopted took place in committee, and then we moved on to the plenary session vote. It's obviously impossible to go through everything here⁶, but we heard from different scientists and, of course, from representatives of grassroots electrosensitive organisations. A Swedish scientist told us about the situation specific to his country. We also heard from Professor Belpomme, who's dedicated to trying to find treatment solutions for electrosensitives in France. He was subjected to predictable attack from the Belgian neurosurgeon Jacques Brotchi, who literally vilified him. This incident put me very ill at ease because it happened in his absence during the following session, so Belpomme was unable to defend himself. Of course, I'm not a doctor and some technical elements escape me, but Professor Belpomme has met with thousands of electrosensitives. I asked the man who attacked him, "How many electrosensitives have you met?" The answer: none. So, in what capacity was Jacques Brotchi being auditioned in this case? In the end Professor Belpomme was given the right to respond

to these attacks and his answer was included in the audition records.

It's not easy to hold passionate debates between scientists within Parliament, and time is not elastic either. One of them will say, "There are no biological markers for electrosensitivity", while another states, "There are enough studies demonstrating biological effects from electromagnetic fields to warrant doing things differently". It's very complex, but I'd like to emphasise that the discussions in committee were generally very constructive. Our aim was obviously not to enter into the controversies on the subject. We want these scientific debates to take place and we wanted to support them, but the text was not about this subject. Our objective, described in the text, was to get the suffering of electrosensitive people taken into account in order to open the door to support.

After the auditions, the draft text was submitted to members for approval.

The voting session began with a discussion about the different amendments proposed by the CD&V [Christian Democratic and Flemish party]. We weren't expecting these amendments, at least not this quantity of amendments, because the debate had seemed to be heading in the right direction. In the beginning, we wondered whether we should negotiate the contents of the amendments, but then we realised that accepting them amounted to emptying the text of all meaning because they'd put the conditional everywhere. For example, in point 7 of the resolution, instead of "Pay particular attention to the specific needs expressed by people suffering from electrohypersensitivity", one amendment sought to replace "suffering" by "who believe they suffer". The first point of the resolution, the request to "officially recognise the existence of electrohypersensitivity and to pay particular attention to the people affected and their needs" was quite simply removed! The justification was that "it's desirable that more in-depth research is carried out on electrohypersensitivity. There is still no convincing scientific proof of the existence of a causal link between electromagnetic fields and these people's health problems. That does not exclude the existence of a link."⁷ We were going round in circles, and if we'd accepted all these amendments, we'd have been back where we'd started. So we decided to maintain our position and keep the vote about the original text asking for the situation of electrosensitives to be recognised.

The day of the vote, certain members of the Flemish parties were absent and, thanks to the votes of the members of the PTB, de Vooruit, the PS and the Ecolo-Groen⁸, all the amendments were rejected. The members of the MR [Reformist Movement] voted against some of them but abstained from the whole, stating that they would maintain this position during the plenary session. So at that point in the committee, we had the upper hand with eight votes to six. I must say we were delighted! And so it was the original text that was put to a vote in the plenary session, where the outcome, sadly, was different.



Why did this happen?

The MR, who had said they'd abstain, changed their minds and voted against it. Out of 53 senators who took part in the vote, twenty-nine voted against the text (Vlaams Belang, N-VA, CD&V, OPEN-VLD and MR⁹), while 24 voted in favour (PS, Ecolo-Groen, Vooruit, PTB and CDH, now known as Les Engagés¹⁰). To justify their rejection of the text, its opponents reproached us for not having accepted the amendments, which could have ended in a compromise. But what would we have obtained? In your work on 'exclusion due to electromagnetic pollution' the entire second part concerns electrosensitives in their professional lives and their workplaces. Without the recognition in point 1, the arbitrariness of the current situation would have persisted. The electrosensitive organisations agreed that accepting a text that had been emptied of its substance made no sense at all.

In my view it's important to underline that none of

the experts we auditioned and none of the members of parliament denied the lived experience of the people affected; no one at all doubted that. Lots of people from all over the place and who've never met each other have had identical experiences... The rejection reflex, in my opinion, stems uniquely from the extremely disturbing conclusion of electrosensitives as to the cause of their symptoms. There's a fear that recognising their reality will put the brakes on technological innovations. I haven't mentioned it yet, but the auditions in the Senate, and this whole process to recognise electrosensitivity, took place in parallel with the roll-out of 5G. That fact was definitely an obstacle. You could see an exacerbated antagonism, as if you had to 'choose which side you were on'. You were either in favour of the technological future or of protecting people. Sometimes we were told that we should 'calm down'... 5G *had* to be rolled out. Without these overlapping agendas, we might have been able to act more easily.

What do you think a positive vote would have achieved?

Firstly – and this element is extremely important – these people would have felt heard and acknowledged. They've been struggling for years, remember. Secondly, we could have conducted front-line information campaigns in medical settings and with social security in order to eliminate arbitrariness in the way people are treated. People with electrosensitivity are forced to spend huge amounts of time and energy trying to get medical help with no certainty as to its outcome. It's absolutely terrible to experience and drives people to despair. Thirdly, we would have been able to implement reasonable adjustments for them. Sweden has no more data than we do, but electrohypersensitivity is recognised as a functional impairment. As a consequence, people are supported and their difficulties heard. It's been going on for twenty years and the country hasn't collapsed. In Sweden, the principle is that you can't prevent someone from enjoying their fundamental rights, which include education, housing and employment. In fact, with this issue, the basis of everything is access to fundamental rights. Today, in the eyes of the members of the organisations auditioned in the Senate, these rights are being violated.

Fourthly and finally, we wanted to encourage research into these questions and above all ensure

broad access to scientific information. We wanted to unblock the situation with an official text. Today, people say there's no 'scientific consensus', so all discussion comes to an abrupt end. We wanted to try and go through the studies officially, because the scientific literature says one thing and its opposite and there's a lot of disagreement. We'd like to look into it, decide which studies are trustworthy, note which are funded by whom, etc, and establish a picture of real knowledge on the biological effects of electromagnetic fields. This is essential in order for our society to make progress, and to make progress in a transparent way. At the moment, things are still very unclear.

That said, to a great extent this lack of clarity and the opposed views of scientists are irrelevant, because everyone agrees that electrosensitives are suffering. So, what should we do? Should we wait for [more] scientific studies, which can take a very long time to carry out, in order to decide to help these people and take them into account? Sometimes, drawing parallels can be revealing. Take autism, for example. There are numerous hypotheses to explain the different forms of autism, and the scientific

world is divided on the matter. If we never manage to establish what's going on, what are we going to do? Never support those with autism? The problem with electrosensitivity is that it can't be seen, but it's obvious that people hate being in this situation. They are plunged into an absolute nightmare when they realise they're electrosensitive: they're cut off from lots of people and lots of activities. It's certainly not what they're looking for and it's not an easy diagnosis to accept. Sometimes you have to point out the obvious: it's difficult to have to fight to be diagnosed as ill when that's not what you want. Electrosensitives simply aspire to a liveable environment.

What was your state of mind at the end of the process?

I was very disappointed of course, but I felt that some progress had been made. We'd managed to get the subject on the political agenda. That doesn't solve anything on the ground, of course, and the situation is still unacceptable because it gives rise to random outcomes. What I find the most difficult to accept is the arbitrary way this issue is dealt with, as you've shown when it comes to GPs and



Belgian Parliament

social security medical officers. Some people are listened to attentively while others aren't. In addition, electrosensitives experience huge inequality. For example, there are those who have the means to protect themselves or to go and live a long way from electromagnetic pollution, and those who don't have the option to do so. Clearly, this state of affairs creates and exacerbates inequalities.

In the longer term, I think this work has brought about an evolution in the way this issue is talked about, even among those who voted against the resolution. In the course of the process, I noticed a definite change. No one, for example, dared confront and contradict those representing electrosensitive people. Yet this was the ideal opportunity to do so for those who deny the condition. Let's remember that the starting point was the stigmatising of electrosensitives as 'crazy people who need psychological help.' In parliament, everyone who was auditioned was listened to attentively and no one denied the experiences of electrosensitives. I honestly think we took a step forward in terms of recognising electrosensitive people. Of course, the rejection of the resolution is scandalous for those affected and they're hugely disappointed, but we did at least have some impact. With a vote of 24-

29, no one can say nothing happened. Everyone involved, absolutely everyone, accepted the reality of electrosensitive people's grievances and the need to support them. This was included in the report produced by the committee: "These auditions revealed something undeniable: the recognition of the patients' grievances. This is crucial in terms of public health and for respecting patients' rights."¹¹ This, at least, is something that's stated in black and white in the report.

How can we move things on now?

We're working on a text on 'mobile health' to contribute to the evolution of healthcare and its digitisation, taking into account the specific needs of electrosensitives. We want their particularities to be recognised in all the public policies that may affect them. The idea is to develop, on many different levels, the special measures these people need and to have them enshrined in health policy. More generally, the idea is to think about how these steps can be inserted into the political agenda so that these people avoid being cast out into the wilderness again. The question needs to be addressed at every level of government, and notably at a local level. After this work is over, I'll be more vigilant and more

santé et exclusion

Fatima Ahallouch : « Nous avons fait avancer le débat ! »

L'électrosensibilité a été discutée au Sénat lors de la session 2020-2021, dans le but d'acter politiquement la situation, mais aussi de permettre d'éventuelles initiatives pour venir en aide aux personnes. La sénatrice Fatima Ahallouch (PS) a porté le texte de reconnaissance devant l'institution parlementaire belge : rencontre.

Gérald Hanotiaux (CSCE)

involved at a local level. The PTB, Les Engagés, the PS and the Greens voted for the recognition of electrosensitivity, so it's no longer possible to brush the issue aside. It must be possible to work with these parties to bring about initiatives in Wallonia, for example. It has to become an unavoidable public health issue.

We've come a long way and I sincerely believe that this process has brought about progress. We were very pleased in committee and very disappointed in the plenary session. But we managed to make this subject credible politically, building on work undertaken in civil society and by grassroots organisations. I don't plan on leaving it at that and I'm going to take my time to work out how we can make progress in the future.¹²

• • •

The text that brought hope

The text of the resolution submitted to a vote by the senators begins with a series of paragraphs summarising the current situation and knowledge regarding electromagnetic radiation. Everything is of course fully referenced, so please consult the Senate documents for details.¹³ I would like, however, to highlight the opening of the text: "In the

1950s, certain East European countries observed numerous health problems such as headaches and insomnia among military personnel whose duties included using, installing and repairing microwave-emitting equipment, mainly radar at the time. These symptoms were grouped together and given the name 'microwave syndrome' or 'asthenic syndrome'. It was studied by local scientists and was the subject of a number of publications. The existence of health effects that did not result from tissue heating remained a subject of research in these countries into the 1960s and '70s." The report then summarises the history of electrosensitivity as a health issue in Belgium, Europe and the wider world, and provides an overview of the scientific debate.

There then follows a list of the reasons for bringing the text to a vote, including appeals from scientists, such as, for example, "the EMF International Appeal, signed in May 2015 by two hundred scientists to ask for adequate protection for humans, flora and fauna from non-ionising electromagnetic fields". Likewise, "a growing number of studies and medical appeals insist on the need to be prudent with regard to electromagnetic fields, which are thought to cause non-thermal health effects, including electrosensitivity."

SÉNAT DE BELGIQUE

SESSION DE 2020-2021

7 MAI 2021

Proposition de résolution
relative à la reconnaissance de
l'électrohypersensibilité

RAPPORT

fait au nom de la commission
des Matières transversales
par
Mme **Ryckmans**

BELGISCHE SENAAAT

ZITTING 2020-2021

7 MEI 2021

Voorstel van resolutie betreffende de
erkenning van hyperelektrosensitiviteit

VERSLAG

namens de commissie
voor de Transversale Aangelegenheden
uitgebracht door
mevrouw **Ryckmans**

The text then lists the points that were subject to the vote.

The resolution asks the government, in collaboration with federal bodies¹⁴:

- 1) to officially recognise the existence of electrohypersensitivity and to pay particular attention to people affected and their needs;
- 2) to develop and encourage independent research aiming to produce an objective scientific overview of electrohypersensitivity and to define its impact on public health in Belgium.
- 3) to raise awareness among healthcare professionals and the management level of public institutions (hospitals, schools, etc) of the existence of electrohypersensitivity and encourage them to take the necessary steps to be able to suitably and safely accommodate affected people or those who may be affected.
- 4) to envisage a certain number of adaptations in urban environments and to establish in public spaces zones without wireless networks in order to protect electrosensitive people and to give them access to public services, including social services, healthcare and education;
- 5) to investigate measures in favour of equipping or adapting housing and public buildings with protection from electromagnetic radiation, thereby enabling electrosensitive people to continue to live and work in areas subject to electromagnetic fields;
- 6) to take into account the fact that part of the population is affected by electrohypersensitivity when developing government policies that might have a direct or indirect incidence on the exposure levels of the population to high-frequency electromagnetic fields;
- 7) to pay particular attention to the specific needs expressed by people suffering from electromagnetic hypersensitivity;

8) to encourage the development of new approaches in public spaces in order to take into account those people most vulnerable to high-frequency electromagnetic fields.

9) to apply the precautionary principle in view of the high degree of uncertainty regarding electromagnetic radiation and adverse health impacts.

Denying a problem does not make it go away

This resolution recognising electrosensitivity was debated in the Senate and rejected by a small majority.¹⁵ It seems that the controversies surrounding the dangers of electromagnetic fields – brought up by some Senators – will ensure that the decades-long lack of clarity on the subject will endure. Yet the objective of the resolution was not to put an end to these controversies but to open the door to support for electrosensitives, as Fatima Ahallouch pointed out in my interview with her.

Still, what if this ‘scientific proof’ never emerges? Given that everyone recognises that these people are suffering, is the plan to let them suffer for ever? I noted at the outset of this interview that this parliamentary initiative was seen as a life raft by electrosensitives. There was a lot of hope that things would change and that some consideration for electrosensitives would result from it. Through this vote against the resolution, Belgium chose not to listen to them. Our politicians should be aware that this vote leaves electrosensitives at the mercy of electromagnetic assault with no hope of a solution. It is as if our elected representatives have shoved the life raft well out of reach of those struggling to avoid drowning and have chosen to ignore their cries for help. When other politicians then vote in favour of increasing exposure limits, everything seems to be conspiring to push electrosensitives underwater to drown. Yet discrediting a problem and making it invisible within society does not make it go away.

Endnotes

- 1 “Proposition de résolution relative à la reconnaissance de l'électrohypersensibilité”, proposed by Mr André Frédéric and colleagues, Document 7-88/1, Belgian Senate, 2019-20 Session, 8 October 2019. [The text of the resolution is available here: <https://www.senate.be/www/webdriver?MltabObj=pdf&MlcolObj=pdf&MlnamObj=pdfid&MltypeObj=application/pdf&MlvalObj=117440874>]
- 2 Fibromyalgia is a chronic condition which is still poorly understood and that's hard to treat. It consists of chronic, long-lasting pain, unexplained tiredness and sleeping problems, and certain symptomological aspects are identical to electrosensitivity. [...]
- 3 “Fibromyalgie. Synthèse et recommandations”, [“Fibromyalgia. A Summary and Recommendations”]. Institut national de la santé et de la recherche médicale (Inserm), 2020.
- 4 The session debate can be viewed online by entering into a search engine “Séance plénière du Sénat de Belgique – 21/05/2021.” The minutes are available on the Senate's website: “7-20. Séances plénières. Vendredi 21 mai 2021. Séance du Matin”. Session ordinaire, 2020-21, Sénat de Belgique: www.senate.be
- 5 As its name suggests, this committee deals with transversal subjects that concern all the legal bodies in the country. [...]
- 6 The debate was a productive one, the minutes of which can be found on the Belgian Senate's website. [The whole parliamentary procedure can be found here: <https://www.senate.be/www/?Mlval=AgendaPlen&ID=117440556&LANG=fr>
The Transversal Committee's report on electrosensitivity can be found here: <https://www.senate.be/www/webdriver?MltabObj=pdf&MlcolObj=pdf&MlnamObj=pdfid&MltypeObj=application/pdf&MlvalObj=117440880>
The 131-page audition report can be found here: <https://www.senate.be/www/webdriver?MltabObj=pdf&MlcolObj=pdf&MlnamObj=pdfid&MltypeObj=application/pdf&MlvalObj=117440940>.]
- 7 Amendment by Ms de Béthune and Ms de Brouwers, Doc. 7-88/2, Sénat de Belgique, session 2020-21, 7 mai 2021: <https://www.senate.be/www/webdriver?MltabObj=pdf&MlcolObj=pdf&MlnamObj=pdfid&MltypeObj=application/pdf&MlvalObj=117440872>]
- 8 [The Workers' Party of Belgium, the Flemish Social Democratic Party, the Belgian Socialist Party and the Belgian Green Party, respectively.]
- 9 [Flemish Interest (a right-wing party), New Flemish Alliance (conservative), Christian Democratic and Flemish party, Open Flemish Liberals and Democrats (now Anders, meaning 'Different'), Reformist Movement.]
- 10 [The Belgian Socialist Party, the Belgian Green Party, the Flemish Social Democratic Party, the Workers' Party of Belgium, Humanist Democratic Centre party (now 'The Committed' party, Les Engagés).]
- 11 “Proposition de résolution relative à la reconnaissance de l'électrohypersensibilité”, Report produced on behalf of the Transversal Matters Committee by Ms Ryckmans, Sénat de Belgique, Document 7-88/3, 2019-20 Session, 7th May 2021: <https://www.senate.be/www/webdriver?MltabObj=pdf&MlcolObj=pdf&MlnamObj=pdfid&MltypeObj=application/pdf&MlvalObj=117440880>]
- 12 There is a compendium available online of some of Senator Ahallouch's media interventions on electrosensitivity: <https://heyzine.com/flip-book/10c11e8488.html>
- 13 [All available on the Belgian Senate's website: <https://www.senate.be/www/?Mlval=AgendaPlen&ID=117440556&LANG=fr>]
- 14 [“Proposition de résolution relative à la reconnaissance de l'électrohypersensibilité”, 7 mai 2021, Texte adopté par la Commission des Matières transversales: <https://www.senate.be/www/webdriver?MltabObj=pdf&MlcolObj=pdf&MlnamObj=pdfid&MltypeObj=application/pdf&MlvalObj=117440874>]
- 15 The plenary session in the Senate and the vote can be viewed here: <https://www.youtube.com/watch?v=idiAKK-n6HM>

Appendix

Before the 2024 legislative elections in Belgium, Gérald Hanotiaux sent a series of questions to the six French-speaking parties in his country, publishing their answers in *Ensemble!* 113 in May 2024.¹ I've translated his questions here in the hope that they might inspire similar ones being asked of the UK political parties:

Will your party officially recognise electrosensitivity at all levels of government and adopt protective measures for electrosensitive people, taking into account their specific needs? Are you ready to recognise EHS as a 'functional impairment' in the work context, as is the case in Sweden, for example?

Will your party ensure that healthcare professionals and the management of public healthcare establishments (hospitals, GP practices, clinics, etc) are informed and educated about electrosensitivity and are encouraged to take the necessary steps in order to safely and suitably accommodate affected people?

Will your party legislate specifically to ban equipment emitting electromagnetic radiation (Wi-Fi, DECT cordless phones, tablets, etc) from public institutions that are frequented by the most vulnerable people in the population, as is the case, for example, to a certain degree in France ('Abeille' Law, 2015)? For example, will you ban Wi-Fi in primary schools, sports facilities and nurseries, i.e. places that cater for children?

Endnotes

1 ["Des engagements politiques contre la pollution électromagnétique?" ("Political commitments to combat electromagnetic pollution?", *Ensemble!* 113, May 2024): https://www.ensemble.be/des-engagements-politiques-contre-la-pollution-electromagnetique-2/#NBP_01]

Will your party adopt a precautionary approach towards the exposure limits for electromagnetic radiation?

Will your party guarantee that there will be no further increase in permitted exposure limits? Public health protection was already diminished in 2014, with the exposure limit going from 3 V/m to 6 V/m, a change that was announced as final, and even as temporary before a return to 3 V/m. However, the 2019-24 parliament saw this massively increased to 14 V/m²

Will your party support independent research in order to develop an objective means of diagnosing electrohypersensitivity and to define its impact on public health in Belgium?

Will your party support an independent analysis of the maximum authorised exposure limits, of the way they were determined and their current pertinence given that thirty years have passed since the appearance of mobile phones?

Will you support the creation of housing suitable for electrosensitives, i.e. housing shielded from high-frequency electromagnetic radiation? (This type of housing exists, for example, in Zurich, Switzerland). Will you support the creation of 'white zones' in Belgium (as in Tintigny, in the south of the country)?

2 [It should be noted that exposure limits in the UK are far, far higher than in Belgium: for 1800 MHz, for example, it's 58 V/m. See: <https://www.powerwatch.org.uk/science/intguidance.asp>]



In June 2020, Belgian journalist Gérald Hanotiaux published a call for testimonies from electrosensitives, noting that “the reality of electrosensitivity is poorly acknowledged despite being widely documented.”

The responses to his appeal showed that there was an immense need on the part of the victims of wireless technologies to be able to talk about their situations. Hanotiaux then spent a good part of summer 2020 travelling around French-speaking Belgium, collecting dozens of hours of life stories from people with electrosensitivity.

This follow-up booklet contains a further four interviews resulting from his investigations.

Electrosensitivity UK, or ES-UK, was founded as a charity in 2003. It has grown steadily since then, as more and more people have become sensitised to electromagnetic energy from Wi-Fi, mobile phones, mobile phone masts, wireless smart meters, cordless phones and other electronic devices. The trustees are mostly electrosensitive themselves.

<http://www.es-uk.info>

