

Social Exclusion due to Electromagnetic Pollution: A Belgian Perspective



By Gérald Hanotiaux

Excerpts selected and translated from the French

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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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Contents

Foreword by the translator	5
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Introduction:	9
Abundant testimonies	9
Health and society	9
Estimating the scale of the problem	11

I Electromagnetic pollution has severe impacts on people's social lives:	12
Electrosensitivity is an 'assault' course	13
Encounters with the medical profession	14
Guilty of being a victim	15
Social isolation	16
Electromagnetic refugees	18

II Excerpts from interviews with electrosensitive people:	21
"The main problem is housing"	21
Electrosensitivity: a doctor's testimony	22

III Interview with Benoît Piedbœuf MP, mayor of Tintigny, Belgium	28
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Appendices	34
Original source documents	34
Recent selected studies on electrosensitivity	34
Other collected testimonies from electrosensitive people	35

Foreword by the translator

Gérald Hanotiaux is a journalist for the Belgian collective Solidarité Contre l'Exclusion [Solidarity Against Exclusion]. Between 2020 and 2023, he produced a series of substantial, in-depth investigative reports about the health impacts of emissions from wireless technology, with a particular focus on the social exclusion experienced by people suffering from electrosensitivity/electrohypersensitivity (ES/EHS), or 'microwave syndrome'. This extraordinarily well-researched series runs to over 130 pages and appeared in several issues of the collective's social review, *Ensemble! Pour la Solidarité, Contre l'Exclusion* [Together! For Solidarity, Against Exclusion]. Hanotiaux's investigations are ongoing as I write these lines.

Hanotiaux's reporting provides a sterling example of the thorough and fearless investigative journalism that this issue merits. Sadly, no reporting approaching this calibre has ever been undertaken by any media outlet in the UK, where ES/EHS continues to be summarily dismissed and its sufferers routinely derided and gaslighted¹; indeed, on the rare occasions when it receives any coverage at all, ES/EHS is most often misrepresented as a psychological disorder rather than as a genuine physical condition. In ES/EHS, physiological injury from exposure to anthropogenic electromagnetic fields (EMFs) manifests in a wide range of symptoms across multiple bodily systems; according to the International Commission on the Biological Effects of Electromagnetic Fields (ICBE-EMF), ES/EHS "is a humanitarian crisis that requires an urgent response."².

The translated list of the different sections of this series of reports that follows provides an overview of the extensive nature of Hanotiaux's research thus far into wireless pollution and ES/EHS, only a fraction of which has been translated and included in this booklet.

Issue 102, June 2020:

Up to our necks in the future: 5G

For a number of years, the prospect of the deployment of the fifth generation of mobile technology (5G) has caused concern all over the world. In Belgium, its official launch took place in the midst of a health crisis, when the population was in lockdown.



Electromagnetic radiation and the lack of health-based exposure limits

In Belgium, the permitted exposure levels are often described as 'severe'. But 'severe' for whom? 'Severe' for what, exactly, and according to what criteria? It's time to consider the reality of these exposure levels and the process by which they were arrived at.

In order to facilitate the roll-out of 5G, the authorities have turned a blind eye to health impacts

The day after 5G was switched on in Belgium, the telecommunications minister attempted to reassure the public by stating, "Holding a mobile phone to your ear has far more of an impact than 5G transmitters", a declaration widely taken up in the media. What follows is a response to the minister.

Issue 104, December 2020-March 2021:

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Social exclusion due to electromagnetic pollution

An exploration of the social circumstances of 'electrosensitive' people, whose bodies and health are adversely affected by the radiation from wireless technologies, something which disrupts every aspect of their lives.

Health impacts and science under industry influence

Given warnings about the health impacts of electromagnetic radiation, it would seem sensible to adopt a more reasonable attitude towards technological innovation, which would mean disregarding scientists with industry connections.

Electromagnetic pollution and health: women from three generations describe its impacts on their health.

Shining a light on the lives of those affected by wireless technologies: interviews with three women about problems with employment, social isolation and housing resulting from their condition.

Issue 105, September 2021:

.....

Taking stock (1): electromagnetic pollution has severe impacts on people's social lives

Part one—of two—about the social circumstance of 'electrosensitive' people, whose lives are totally upended by the biological effects of electromagnetic radiation from new technologies.

Electrosensitivity: testimony from medical doctors

People with electrosensitivity logically turn to their doctors for help, yet receive what can only be described as extremely variable levels of care and understanding. What happens when it's a doctor who's affected?

Issue 107, May 2022:

.....

Taking stock (2): careers on hold or pursued in pain

After evoking people's social lives, the focus here is on the impacts on the careers of the victims of electromagnetic pollution, whose lives are turned upside down by radiation from new technologies.

Issue 110, July 2023:

.....

Institutional perspectives on electrosensitivity (1)

After analysing the social exclusion experienced by electrosensitive people, I wanted to find out the position of certain institutions on the subject.

"Preventing people from participating fully in society is a cause of inequality"

For several years, people with electrosensitivity have been contacting Unia, the organisation charged with defending equality of opportunity, about discrimination. A conversation with Véronique Ghesquière, head of the 'Disability/WHO Convention' service at Unia, about this situation.

"We are stymied by the political and scientific non-recognition of the problem"

Unions play an important role in defending the rights of workers, notably when it comes to health risks. A conversation with Thomas Gérard, prevention advisor with CSC Liege-Verviers-Ostbelgien.³

A small electromagnetic haven in Gaume

On the initiative of its mayor, Benoît Piedbœuf (MR), a small rural municipality in Wallonia has committed to keeping a zone free from the electromagnetic emissions from mobile phone masts, with many electrosensitives in Belgium familiar with this location.

In the three initial sections and the fifth, Hanotiaux examines the dubious, anti-scientific way in which current non-protective safety guidelines were set and are still clung to. Referring in particular to Oreskes and Conway's *Merchants of Doubt* and Martin Blank's *Overpowered*, he also highlights the striking parallels between the obfuscation strategies adopted by the tobacco and asbestos industries in the past and those deployed by the wireless industry today.⁴ Now, as then, the profits of industry clearly take priority over public health. None of these sections has been translated due to space constraints and because the playbook of the wireless industry and the concomitant dereliction of duty by various national and supra-national bodies have been analysed elsewhere in English, most notably, perhaps, in "How Big Wireless Made Us Think That Cell Phones Are Safe" by American investigative journalists Mark Dowie and Mark Hertsgaard.⁵

What follows therefore is a selection of some of the most salient sections of Hanotiaux's extensive investigations, with the main focus of the excerpts chosen being the social impacts of the exclusion experienced by people with ES/EHS as these transcend both national borders and administrative jurisdictions⁶. The final section translated is an interview with a Belgian MP who has ensured the establishment of a low-electromagnetic-emissions zone for people with ES/EHS in the municipality of which he is mayor.

In addition to raising public awareness of ES/EHS and its appalling impacts on those affected, it is hoped that this partial translation of some of Hanotiaux's work will provide UK journalists with a template for conducting future investigations in the field—as well as remind the UK's political classes that the human rights of those with ES/EHS need to be upheld. Hanotiaux's is just the sort of committed

reporting that urgently needs to be undertaken in the UK in the name of fundamental human rights, social justice and public health; currently, the media in these islands continue to turn a blind eye to the terrible plight of approximately 5% of the population.⁷

Annelie Fitzgerald PhD

A note on the text

Please note that there is some slight repetition in the excerpts presented here owing to the fact that Hanotiaux's reports appeared over several different issues of the review and that recaps were therefore considered necessary. An ellipsis in square brackets indicates that some text has been omitted, and text within square brackets has been added by me. Footnotes are by Hanotiaux and translated from the French, except those in square brackets, which are mine.

Endnotes

¹ See, for example, the *Guardian's* review of the recently-released documentary film *Electric Malady*: "The issue [electrosensitivity] has since dropped off the radar but there are still people who believe that they are suffering from electrosensitivity" (<https://www.theguardian.com/film/2023/mar/01/electric-malady-review-real-suffering-as-man-seeks-shelter-from-modern-life-electrosensitivity>). Far from dropping off the radar of its own accord, as implied by the *Guardian*, the issue has in reality been deliberately neglected by the mainstream media in the UK over many years.

² <https://icbe-emf.org/wp-content/uploads/2024/07/EHS-statement-for-ICBE-EMF-website-24-7-27.pdf>. See also Havas, M. (2019). "Electrohypersensitivity (EHS) is an Environmentally-Induced Disability that Requires Immediate Attention". *Journal of Scientific Discovery* 3(1); doi: [10.24262/jsd.3.1.18020](https://doi.org/10.24262/jsd.3.1.18020).

³ The CSC, or Confédération des Syndicats chrétiens (Confederation of Christian Unions), is the largest union in Belgium.

⁴ Naomi Oreskes and Erik M. Conway, *Merchants of Doubt. How a Handful of Scientists Obscured the Truth on Issues from Tobacco Smoke to Global Warming*, Bloomsbury, 2010; Martin Blank, *Overpowered. What Science Tells Us About the Dangers of Cell Phones and Other Wi-Fi Era Devices*, Seven Stories Press, 2014. David Michaels's *Doubt is Their Product. How Industry's Assault on Science Threatens Your Health* (Oxford UP, 2008) and *The Triumph of Doubt. Dark Money and the Science of Deception* (Oxford UP, 2020) are two other seminal works on the subject of industry war-gaming science in its favour.

⁵ Mark Dowie and Mark Hertsgaard, "How Big Wireless Made Us Think That Cell Phones Are Safe: A Special Investigation. The disinformation campaign—and massive radiation increase—behind the 5G rollout", March 29th 2018: <https://www.thenation.com/article/archive/how-big-wireless-made-us-think-that-cell-phones-are-safe-a-special-investigation/>

⁶ See also, on the subject of the social exclusion of ES/EHS sufferers, Gibson, P. R. (2016): "The Hidden Marginalization of Persons with Environmental Sensitivities." *Ecopsychology* 8(2): 131-37; doi: [10.1089/eco.2016.0003](https://doi.org/10.1089/eco.2016.0003). In addition, the "Special Issue on Environmental Sensitivities: Chemical, Electrical and Beyond" (2017). *Ecopsychology* 9(2): <https://www.liebertpub.com/toc/eco/9/2>; in particular, Gibson's "Living on the Margins with Access Denied", pp. 53-59.

⁷ According to estimates of the proportion of the population affected by ES/EHS 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>

Social Exclusion due to Electromagnetic Pollution

By **Gérald Hanotiaux,**
Collectif Solidarité Contre l'Exclusion, Belgium

Introduction¹



Abundant testimonies

In June 2020, at the outset of this investigation, I published a call for testimonies that began as follows: "Some people are adversely affected by the high-frequency wireless radiation present in homes, businesses and workplaces. Sometimes they have had to interrupt their careers or else persevere while suffering an extremely degraded quality of life and health. In this situation, navigating the health system can be very challenging because the reality of electrosensitivity is poorly acknowledged despite being widely documented." I received dozens of responses to my appeal. It is clear that there is a great need on the part of the victims of wireless technologies to be able to talk about their personal circumstances, which have deteriorated owing to a polluted environment that no longer allows them to live 'normally'. With a few written testimonies in hand, I spent a good part of the summer travelling around French-speaking Belgium in order to meet these people, collecting dozens of hours of life stories on the way.

Words are important when exploring any social question.² Unable to tolerate the technology in their workplaces, many people are no longer able to work, with some of them officially off on 'sick' leave. But exactly what 'sickness' are we talking about? It's their modified workplace environment that prevents them from living and functioning normally, so new semantic nuances are required in this context. As one of my interviewees pointed out, "Some people call it an illness, but are we really ill if we're 'just' being burnt a little bit every day?" When they are not exposed to the radiation and therefore symptom-free, most people feel perfectly fine, like this woman: "I've got a powerful desire to live and I have lots of plans for the future—if only I could imagine actually carrying them out. If the transmitters were switched off, my life would become completely normal straight away!" Many of the social aspects of electrosensitivity will be explored here. The condition and its impacts are often not recognised by employers or occupational

health practitioners despite medical certificates attesting to the person's intolerance to the electromagnetic radiation present in the workplace. The many electrosensitives I spoke to would like to know when politicians are going to accept accountability for public health and finally stand up to an immensely powerful industry that deploys invasive propaganda to sell its devices, the production of which seems limitless—besides thoughtless. There is no need to underline the paucity of public debate—almost non-existent upstream—about the profound modification of our lives brought about by devices that are deemed indispensable.



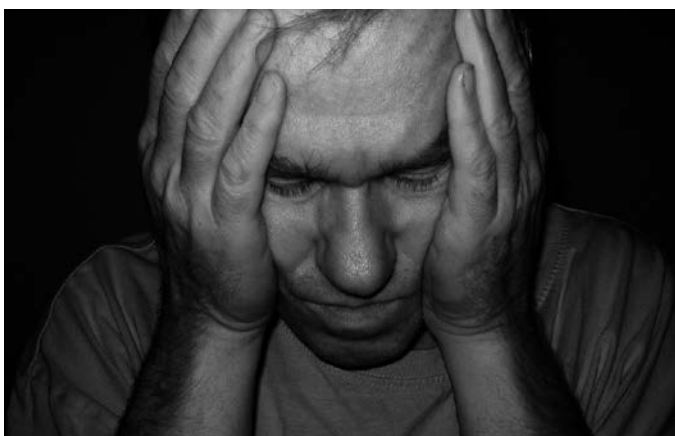
Health and society

For the reader who is not familiar with this (hyper) sensitivity, the public debate that needs to take place should be informed by the following basic facts: after symptoms have developed, it's not a case of dealing with a small inconvenience; on the contrary, the impacts on one's personal life are truly catastrophic. While symptoms generally appear after a massive exposure or when a personal threshold has been surpassed following years or decades of daily exposure, once they have developed, the symptoms never entirely go away again. Avoidance, something which is relatively difficult to achieve, sometimes enables people to manage an everyday existence that has become complicated, but every moment of one's life needs to be thought through and approached differ-

ently because wireless radiation is present everywhere. The most serious cases cause total disruption, resulting in unavoidable professional and social upheaval.

Some people identify their tipping point as coinciding with the introduction of a new generation of technology, like this woman: “I’d never heard of the problem. But in researching what I was feeling, I started coming across lots of identical descriptions of symptoms. When I realised what was happening to me, Belgium was in the process of deploying 4G across the country.” Given the inexorable expansion of wireless technology—and in the midst of the roll-out of 5G—no one can necessarily be considered immune.

Beyond the plight of individuals, the catastrophe is also a collective one. Today, we are all living alongside people who are suffering because of the technological habits of the majority of our society. Of course, we’re not talking about a will or a conscious desire to destroy others’ lives, but what exactly is a society founded upon? On caring about others or on totally disregarding them? A collective dimension is also present when the interviewees speak of their homes being ‘invaded’, because even at home they are subject to wireless radiation from their neighbours’ technology. Absolutely everything has been done to ensure that this technology has become widely accepted and normalised, with massive advertising campaigns on the one hand and, on the other, a dearth of information about the health implications despite long-standing knowledge of their existence.



It’s also a social catastrophe when some of our contemporaries are unable to get around, have to practise permanent avoidance, radically change their lives, seek out ‘safe’ places, and constantly move

house. When places dear to certain people become off-limits to them for environmental reasons, is it still possible to talk about collective freedom? The avoidance required in this case results in health segregation. Total indifference is, however, not the rule everywhere; for example, the City of Lyon has carried out a study into such segregation: “For the metropolis of Lyon, which manages public spaces and has established a commission to examine the city’s accessibility, electrosensitivity is a warning sign that it and electromagnetic fields are issues that must be investigated.”³ This French study contains detailed accounts of the avoidance strategies that some people have to adopt, along with accounts of their exclusion from urban spaces. My aim here is to explore all such societal disruptions in light of the testimonies I collected in the summer of 2020.

Finally, my work will resonate with one of the main concerns of the association Collectif Solidarité Contre l’Exclusion by analysing social inequality in relation to electromagnetic pollution. People’s lives are impacted differently depending on the social circumstances of those who have developed an intolerance to electromagnetic fields. For instance, if a woman works at managerial level for a big supermarket chain then her partner will more easily be able to give up working than if both of them are stacking shelves in a supermarket. When it comes to housing, those lacking the financial means will also be unable to afford the adaptations they require. As one of my interviewees remarked, “You have to be able to afford a detached house located some distance from neighbours’ wireless radiation.” While some are able to find relatively safe housing, others try to protect themselves at home by installing extremely expensive protective materials that—and this should come as no surprise—they have to pay for entirely out of their own pockets.

My investigation also aims to explore the workplace experiences of our interviewees and their exclusion from work through a lack of appropriate jobs and training opportunities. In addition, I will consider exclusion in its broadest sense, namely the wholesale exclusion from cultural and social life that inevitably ends in isolation.[...]

When I said goodbye to my interviewees, more often than not, I was totally overwhelmed by the accounts they had given me. In my reporting, I hope to have proven worthy of their confidence and equal

to the task of telling their stories. No doubt that one day it will no longer be possible to deny this reality. Given the catastrophic social and individual impacts already in progress, however, let's hope that time comes to pass sooner rather than later.



Estimating the scale of the problem

In the absence of a national survey on the subject, it is difficult to ascertain the exact scale of the problem. On its own small level, my work aims to compensate for this lack of initiative on the part of the public authorities. This failing goes some way to explaining the enthusiastic reception given to my call for testimonies, but also explains—and this is extremely grave—many of the difficulties faced by those who are physically harmed by electromagnetic radiation. In the testimonies I collected, on top of challenging social circumstances, people with electrosensitivity have to deal with the scepticism of others and even with discredit and mockery. In some way, the omnipresence of the technology seems to legitimise the denial of any health effects that might exist beyond observable reality. In addition, denial and a lack of

information make it impossible for some people to identify the cause of their problems.

In the face of widespread mockery my interviewees were unanimous: “What would be the point of inventing these symptoms, which have in fact been described the world over?” Yet discrediting people's descriptions of their symptoms clearly furthers industry interests. How come it's still necessary today to spell out such obvious facts?

To try to get an idea of the scale of the problem, we can turn to France, where the number of people affected by ‘microwave syndrome’—a controversial subject—is equally difficult to determine. However, the newspaper *Le Monde* reported a figure cited by the ANSES [French Agency for Food, Environmental and Occupational Health & Safety] in its research: “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.”⁴ Transposing this percentage to the population of Belgium, which counted 11,460,000 inhabitants in 2019 according to Eurostat, gives a total of 573,000 individuals—which is hardly a derisory number.⁵

Endnotes

¹ [From *Ensemble! Pour la solidarité. Contre l'exclusion*, Issue 104, December 2020-March 2021: <http://www.asbl-csce.be/journal/Ensemble104.pdf> (pp. 23-27)].

² [Translator's note: I have elided two of Hanotiaux's sentences given here that the lengthy introduction to this section has had to be omitted due to space constraints.]

³ “L'accès à la ville des personnes électro-hypersensibles. Des territoires mis à la marge [Accessibility of the city for electro-hypersensitive people. Marginalized areas.]”, study coordinated by geographer Elise Roche, Métropole de Lyon, May 2020. Accessible online.

⁴ Hypersensibilité électromagnétique ou intolérance environnementale idiopathique attribuée aux champs électromagnétiques [Electromagnetic Hypersensitivity or Idiopathic Intolerance Syndrome Attributed to Electromagnetic Fields], Expert Scientific Report, ANSES, March 2018. Accessible online.

⁵ [Translator's note: This percentage would translate to 3.35 million people in the UK.]

Electromagnetic pollution has severe impacts on people's social lives¹



As mentioned above, having one's life restricted by wireless radiation and electrosensitivity is far from a minor inconvenience and in fact has catastrophic personal and social impacts. When your body is no longer 'welcome' or at home in an environment that is denatured by increasingly powerful radiation, you are also unable to frequent most public spaces and therefore inevitably become isolated. Besides avoiding the emissions from the masts that are operational everywhere outside, you also need to stay away from enclosed spaces where Wi-Fi and smartphone users are present. While people's levels of sensitivity and suffering seem to vary, it is never a matter of a slight inconvenience that can be avoided, and every moment of every day needs to be approached differently.

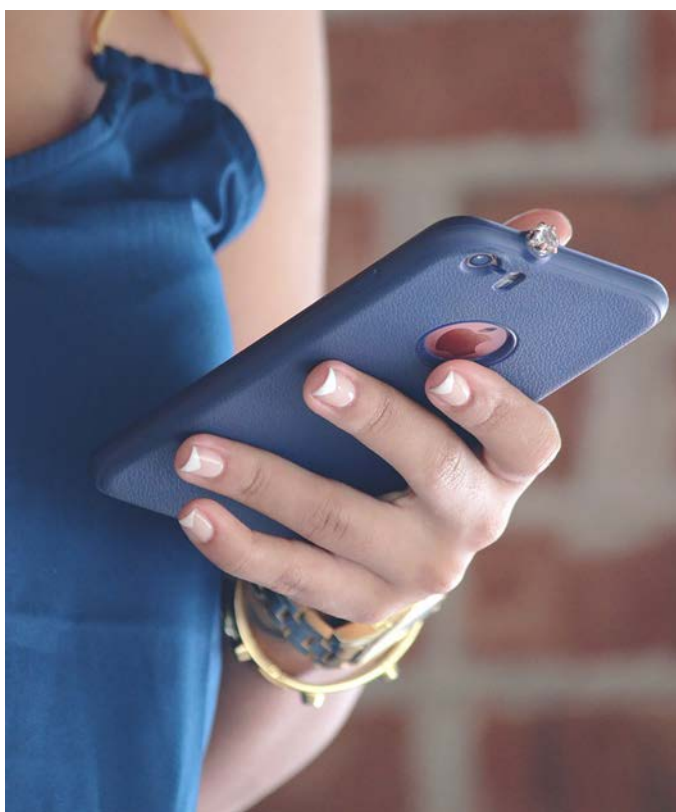
The main aim of this investigation is to shine a light on the social exclusion caused by electromagnetic pollution and microwave syndrome in a society in which everything seems to *have* to be digitised. Naturally, every technological novelty is hailed by its promoters and marketers as representing the zenith of innovation. Moreover, we are told that this constitutes necessary progress that doesn't even need to

be debated despite the enormous human and social changes it entails. While the social exclusion of people can take many forms in different circumstances, the impossibility of people retaining their jobs is a crucial element in such exclusion.

My aim is to document reality in order to bring about an awareness of the effects of electromagnetic pollution. In other words, I am trying to accelerate the inevitable arrival of the time when everyone will accept the effects as self-evident and exclaim: "It's incredible! We didn't listen to them, we sometimes made fun of them, and we forced them into mind-blowingly difficult situations. But they were simply alerting us to a harmful form of pollution and urging us to pay attention to ourselves."

My interviewees come from a broad variety of backgrounds and comprise all ages and many different professions, though many among them have had to stop working. They include a train driver, an architect, a factory worker, an administrative worker, a computer scientist, a European civil servant, a primary school teacher, an airline pilot, a corporate trainer, an actress, a social worker, an author-composer-interpreter, a consultant, a retired freelancer, a film director—and even medical doctors. Gender is a significant factor: out of 43 interviews, 34 were with women, while fewer than ten concerned men. Are women more affected by electrosensitivity, or were they just more inclined to respond to my appeal? Without our health authorities actually getting to grips with the issue and conducting a national survey on electrosensitivity, we can't be sure of anything.

Before presenting some of the experiences of my interviewees, I should say a word about those I didn't meet. The isolation of some people is such that an appeal published in a review about social issues or online is unlikely to reach its target audience. Other reasons also exist, such as those outlined by one young woman: "You probably won't be able to meet the people in the worst situations. Some people are living in cars or caravans, with friends or in sparsely populated areas and just don't receive post or email. Others have taken refuge in woodlands, have practically disappeared, and no longer have any contact



with anyone. They are like homeless people but worse, because the homeless are at least still visible.”

This young woman had been in touch with this type of person, including “two women who were in a bad way physically. I tried to put them in touch with each other but they were very reluctant. My impression is that, coming from affluent backgrounds, they felt they’d fallen on very hard times and were ashamed of the desperate situations in which they found themselves. The first absolutely refused to give me her address. I imagined her dying without my being able to help. It was terrible. The other was looking for somewhere so she could leave her partner, a really unpleasant character, but she was embarrassed to have to call on family for help. In the end I lost touch with both of them. Who knows what has happened to them.”

It should be noted at this point that the social exclusion caused by electromagnetic pollution can exacerbate other social problems, in this case being unable to walk out of a bad relationship. While most of my interviewees had understanding partners, that is far from generally the case. The lack of official recognition of the condition can have an impact on relationships; if the relationship nevertheless endures, it is subject to plenty of challenges because all normal everyday activities are affected or come to an end, such as going to cultural events or staying in hotels and other holiday accommodation. In addition, the supportive partner will still find it difficult to understand to what degree their other half is being physically impacted by this ubiquitous yet invisible form of pollution. Some single people evoked electrosensitivity as a factor in their remaining single, either because the living conditions are hard to put up with or because of drastically reduced opportunities of even meeting someone to have a relationship with.



Electrosensitivity is an ‘assault’ course

In the course of my interviews, I invariably began with the same question: “How did you realise you were electrosensitive?” The first and fundamental factor to note is that almost all of the interviewees had never heard of microwave syndrome/electrosensitivity before experiencing symptoms. In order to discredit the health warning that electrosensitives represent, it is sometimes claimed that this explanation was ‘suggested’ to them, thereby putting them on the ‘wrong track’ as far as finding the cause of their health problems is concerned. However, before identifying the source of the problem, people have generally explored all avenues, often without obtaining any conclusive answers from health professionals from different disciplines. This situation ushers in a long and chaotic period of uncertainty.

By the same token, those who complain of health impacts from electromagnetic radiation are often portrayed as ‘retrograde’ and as opposed to progress and new technology. This does not fit with my interviewees at all; on the contrary, before seeing their health impacted by their wireless gadgets many of them were fervent users of them, something that helps explain the frequency and intensity of their exposures. [...]

So, what symptoms do people experience? For one young woman, the main ones are “numb limbs that feel as though they have disappeared. It feels as though my head is having concrete poured on it while it heats up inside. This is all accompanied by a colossal loss of energy that makes me feel empty from exhaustion. My body is constantly fighting this assault.” Another young woman told me she felt “large areas of inflammation at the back of my head, to the extent that I couldn’t lay my head on my pillow at night because it was burning so much. It was painful to look at my computer screen, and I had spasms in my hands and feet, prickling sensations and facial paralysis. One day, in the train, it felt as though my entire side was paralysed. I was afraid it was something serious and went to hospital but they had no idea what was happening to me.”

Realising you are sensitive to electromagnetic radiation induces feelings of impending disaster because “it is present absolutely everywhere. You wonder how on earth you’re going to manage. Alas, everything subsequently confirms that your premonition of catastrophe was correct.” In an environment

where this pollution is ubiquitous, there is no escape and no way to obtain respite. You are totally exhausted and the symptoms often worsen over time. As for what provoked their developing the syndrome, people talk about reaching a tipping point beyond which the total exposure bearable by your body has been surpassed, and the daily tolerance threshold then seems to diminish progressively. To describe the effects of an invisible, colourless and odourless pollution that also has unseen impacts on the body, my interviewees often resorted to metaphor: “When I wake up it’s as if I’m in a bathtub where the water is my morning quota of energy, which I need for the day. Each encounter with the radiation is like the plug being pulled, and my energy gradually diminishes. It can go down very quickly, depending on the intensity, the proximity and the duration of the exposure, but some mornings there is simply no water in the bathtub and I can start the day in a very bad state. It’s been going on for years and I’m totally exhausted.”

Discovering what is happening takes time and is a process beset with doubt and uncertainty. Some people experience months or years of unexplained symptoms, with no support or information forthcoming from the medical profession. Exposure at work often plays a significant role in the development of the syndrome. [...] It is clear that early awareness and diagnosis, along with medical support, would prevent drastic deteriorations in people’s health, together with life-changing consequences, from continued harmful exposure. Widespread information campaigns on the subject of electrosensitivity are therefore urgent. While you are reading these lines, some people find themselves in a situation of diagnostic limbo and are suffering without knowing the cause of their symptoms. Lacking information, they carry on using wireless gadgets and are thus exposed to close-proximity radiation. In sum, denying the existence of the condition means that public authorities are complicit in the harm that people continue to inflict on their health.

Encounters with the medical profession

After exploring the ways in which people became aware of the cause of their problems, we discussed their relationships with their doctors, who were logically one of their first ports of call when it came to dealing with their health issues. Doctors naturally have a crucial role to play in getting this ‘emerging’

health problem to be taken seriously. In the experiences of our interviewees, their relationships with medical professionals were extremely varied but generally fit into three basic categories.

First, there are GPs who are fully aware of the biological effects of microwaves. In order to support their patients, they sometimes provide medical certificates that can play a vital role in determining electrosensitives’ future social circumstances. The second category of doctors admit that they know little about the issue and that there is not much they can do to help but nevertheless listen sympathetically to their patients. In my view, this represents a bare minimum and indicates possession of a basic degree of personal curiosity about the way society is evolving. Alas, members of the third category react problematically to a patient’s description of the impact of microwave syndrome on his or her life. Indeed, given the important social role of doctors, some of their reactions are quite simply scandalous. [...]



What percentage of health professionals are currently aware of the symptoms of microwave syndrome? It’s impossible to know, and they don’t seem to have received any official information on the subject either. Electrosensitives have to conduct their own research—when they have the ability to do so—and then cross their fingers when they talk to their doctors. Given the reactions of certain medical professionals, it should be emphasized that some patients simply decide not to talk about their condition any more. “When I talked about it to my doctor, he listened to me politely but, as it seemed to be a

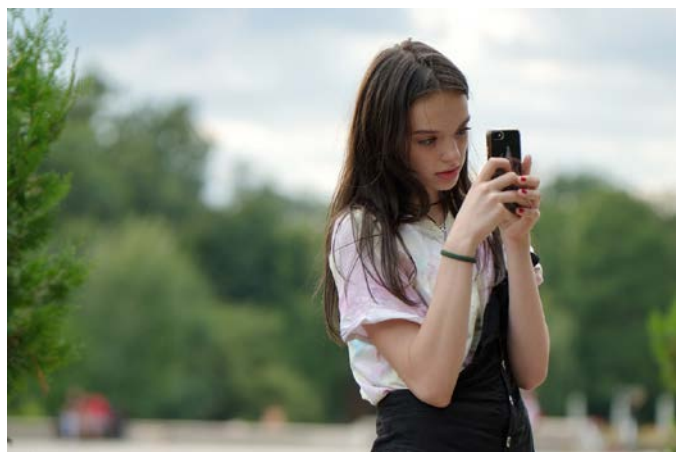
laughing matter to him, I didn't mention it to any other doctors. After doing my own research, I soon realised that there is no treatment for electrosensitivity and that you are on your own." That's just one explanation for the general lack of awareness and recognition of the scale of the problem.

This lack of support and recognition on the part of the medical profession can have dramatic consequences. [...] About ten of my interviewees admitted having thought about 'ending things' in the course of their medical limbo. Sufferers have a desperate yet unfulfillable desire to recover their previous good health and to be free of electromagnetic assault—even if just for a few days. One's body, health and everyday existence are often harmed to the point that putting an end to everything appears to be the only way to achieve any relief and solace. To put it bluntly: denial on the part of health professionals is itself a serious public health problem. [...]

Guilty of being a victim

Alongside describing their experiences with medical professionals, my interviewees brought up the reactions of their friends and families, revealing that social exclusion can begin within the family and circle of close friends. Just after the arduous battle to find out what's wrong has finally been won, another one often begins, with electrosensitives then having to deal with the reactions of others.

The problems generally result from the incomprehension and incredulity of other people, but also from more 'practical' questions such as family members who wish to continue using wireless devices, something that electrosensitives are physically unable to tolerate. The disrupted sleep patterns of electrosensitives can also create problems within a couple or a family. A young woman explained: "People's reactions are terrible. I experienced rejection—for the first



time in my life, by the way. I was naïve enough to state openly what was wrong with me, and I saw people's attitudes change. Even talking about it with you today, eight years later, upsets me because it's a bit like a double, even triple, penalty. You suffer terribly, are given no recognition or medical support, and also get rejected by society. I was sidelined at work, something which exacerbated the suffering and trauma I was already experiencing. I still don't understand this rejection, which sometimes came from people who worked in organisations providing social and psychological support. I was totally unprepared for this sort of reaction."

Electrosensitives continually have to face scepticism—not to say vehement denial—from others. The more violent the reaction encountered, the more incomprehensible it is for the affected person: why on earth would he or she invent such a negative experience? This absurd state of affairs simply makes the situation even more difficult. The omnipresence of the technologies and the intense publicity surrounding them seem to have made them 'unassailably normal', with the general public reluctant to believe that harmful products could possibly be promoted in this way. As a result, denying the experiences and observations of electrosensitives becomes 'legitimised'. This discredit, on top of the need to avoid places where there are high levels of radiation, often leads to social isolation.

The 'rejection reflex' is sometimes more intimate because the existence of these health problems conflicts with practices that have become both ingrained and widespread. It is hard for people to question their habits, with many unable to imagine getting by without their gadgets—especially the young, who have known nothing else. One young woman said: "My family had enough and things became very difficult. Strangely, the most positive reactions came from people outside my family. You couldn't imagine all the things people have said to me in order to avoid questioning their own habits, because recognising my problem would mean acknowledging that the same thing could happen to them one day. [...] I didn't feel as if I was heard or taken seriously. Others said they understood but that they could do nothing to help me."

While it is impossible to totally escape the radiation, some minimal actions can help reduce the effects, like switching off the closest sources such

as Wi-Fi and smartphones. During my visits, I would sometimes come across notices featuring crossed-out phone logos on my interviewees' front doors. This 'request' is not always respected, however, because, as one interviewee explained, "Others consider that I am infringing on their freedom and their 'comfort' by asking them to switch off their devices, even though it's my health that's at stake! If I am intensely exposed, the effects persist even after people have left because my body takes some time to recover. In spite of this, either they won't switch their devices off and you just have to put up with it, or they agree to switch them off and you gradually lose touch with these people, who stop coming to see you. All that has a real impact on your social life and you end up being excluded." Sometimes, the social pressure is such that electrosensitives simply stop discussing their situation with anyone. Not being taken seriously—or worse—encourages you to keep quiet. In addition, the fact that it is not visible in social contexts further limits awareness of the health scandal in progress.

One person evoked her 'before' and 'after' electrosensitivity: "I am extremely pessimistic about the future because I know what I was like before: I would smirk. In the time before I became electrosensitive, whenever I heard electrosensitives talking about their plight, I always thought they had a mental health problem. I imagined that they were attributing their issues to the wrong cause instead of questioning themselves. I especially thought this when I saw the behaviour of some people. When it happened to me, I understood the scale of the problem one faces. I'd talk about it and encounter the same reactions as I'd had myself in the past, but sometimes worse." Everything suggests, however, that the body is reacting in a healthy way, as one woman explained: "As long as people don't feel anything, they think it's all fine. I no longer try to alert them even though it would be in their interest. Electrosensitives feel pain, so in a way our bodies and brains are functioning well. If people encounter a visible danger, they move away but in this instance the danger is invisible yet very present. Electrosensitives can sense the danger; our bodies apprehend it and tell us to move away. Despite explaining this to others, I still have problems getting them to switch off their devices when they enter my home. Although they say they understand me, they implement no changes for their own sakes—none at all!"

[...] An older woman observed: "In fact, we are simply not heard. As long as people are not affected, they don't believe it's true. But why is this? We are all different. My sister-in-law has an allergy: when she eats rocket she gets angioedema, which risks killing her. I'm not affected by this problem but I still believe her. I have to believe her because that's how things are; that's the reality. I'm not going to tell her she's crazy because she develops this oedema." As far as electromagnetic pollution is concerned, there always seems to be a need to repeat the obvious.

It may seem over-dramatic, but one person went so far as to say, "It would have been easier to have had a cancer diagnosis because it's more socially acceptable."



Social isolation

All the factors evoked above inevitably result in social isolation, with fatigue alone playing an important role: "Often when you haven't slept, you have to cancel arrangements, something which annoys people—justifiably, by the way. But as you can't really go into the reasons behind cancelling because people either don't know about them or reject them, sometimes violently, you inevitably become isolated and cut off from others." Another factor is the place where you live, especially if it has to change. Obviously, when people have to move house in order to seek some semblance of relief elsewhere, they end up cutting ties. If a person has to leave their home environment and move a long way away, they will have to give up their leisure activities and cease frequenting their social groups. Their social life can shrink drastically and become limited to the family or circle of close friends—but sometimes to nothing and no one.

Isolation was mentioned by plenty of my interviewees, such as this woman: "When it comes down

to it, I'm in pain and distress. I don't see my son any more because he thinks his mother is crazy". Or this man: "I'm very isolated. The lack of understanding causes exclusion. I am no longer able to go to family gatherings because the more people there are present who are not very close relatives, the more difficult it is. The closer someone is to me, the more tolerant they will be of my grievances, needs and requests. Out of sympathy, maybe the party has been told that I'm coming and that they have to switch off their phones but, inevitably, sooner or later a smartphone will appear, or a young child will start playing with his mother's or father's phone. So, in the end, after years of this scenario being repeated, you get tired of it and stop going." Expressing his incomprehension of others' lack of precaution, he continued, "Despite this, there are still people very close to me who don't seem sufficiently aware through what's happened to me that they need to make changes in their own lives. My children don't think it's nonsense, I know that, and they certainly sympathise with me, but this still doesn't mean that they'll do anything differently from what has become the norm. For example, I'm scared for one of my daughters, who's pregnant and who continues to use her smartphone as if there are no health effects."

I have already mentioned that close friends sometimes progressively distance themselves from their electrosensitive friend. One explanation for this is the

frenetic pace of modern life and a concomitant shift in expectations. With wireless technologies, people put themselves in a position of 'permanent emergency' where everything has to happen as quickly as possible. For mobile phone aficionados, the person who cannot keep up is sometimes considered 'uncontactable' even though he or she simply can't be contacted in the context of a lifestyle that has accelerated to an excessive degree. "In the transitional phase, when I still had a mobile but couldn't use it, I'd sometimes find completely unbelievable messages waiting for me when I got home: someone had called me, called back, then got annoyed and sent me furious text messages. All in a single afternoon! He'd had a sort of falling out with himself but in the end I was the one who bore the brunt of it. I've even counted fifteen or so calls from the same person in fewer than fifteen minutes! It's utter madness. People expect you to be available and at their disposal immediately. Alongside my electrosensitivity, this helped me realise that these devices are really not what you want in a normal life."

Before this technology became omnipresent, when people wanted to get together socially they made arrangements in the evening or at weekends. If a person wasn't in, you called back later or left a message. The fact that electrosensitives are forced to function like this was something that several interviewees mentioned, such as this gentleman:



“People call me on my landline but no longer leave messages. It rings and, if there is no answer, it seems inconceivable to them that they could have an answer later. Little by little, you no longer feature in people’s mindsets; you are not contactable so you don’t exist.” While this modified pace of life is experienced first and foremost by users of wireless devices, its consequences affect the quality of life of the whole of society. Given its headlong pace, this culture of immediacy engenders stress that affects others, in addition to increasing the general level of stress in society, in a never-ending downward spiral. [...]

To conclude, I’m going to be precise in stating the obvious: when you have to avoid wireless radiation, this means avoiding cultural events, sports events, shows, festivals, exhibitions, etc. In other words, social exclusion is accompanied by cultural exclusion. It should be clear that there is not enough space here to discuss every aspect of this unprecedented public health issue, the magnitude of which is also unprecedented. But avoiding the sources of wireless radiation present everywhere in both public and private spaces—as well as in the pockets and bags of our peers—means that it becomes impossible to attend any events where (connected) human beings are present.

We need to understand that complaining to an electrosensitive, “It’s a real drag that you can’t be contacted”, thus highlighting his or her physical limitations, is akin to telling someone in a wheelchair, “It’s a real drag that you can’t walk”!

Electromagnetic refugees

Let’s finish this overview with a look at one of the principal problems associated with electromagnetic pollution: housing. How and where can you live when such aggressive pollution is everywhere and even passes through walls? It’s no exaggeration to say that it’s barely possible to find a healthy environment—i.e. one not subject to radio-frequency electromagnetic fields—anywhere any more, so totally escaping the pollution is no longer an option. What can be done in this case? To help you, the reader, grasp the situation, imagine that you can never feel well in your home—the place where you live alone or with your family, and where you are perhaps reading these lines. What would you do in that situation?

Elsewhere [see below], I highlight the situation of a young woman who had moved about fifty times in

three years, renting holiday cottages for a few weeks or months at a time, and who had found the experience of being nomadic difficult to bear. With what remained of her savings, she finally bought a traditional gypsy caravan, which in turn caused other problems such as obtaining permission to locate it somewhere. She was not the only one to mention being itinerant; another young woman explained: “I can no longer stay in the flat I rent because of the intense exposure to masts, so I have become a homeless electrosensitive. I manage to hang on by staying in different places, and my friends and family are clear about what they can offer. This enables me to know where I can stay and for how long, so I can get organised. I have had to give up all my social activities and my life has been completely torn apart by this technology. I still haven’t moved out of my flat because it is so difficult to find a new one. I’ve totally given up on Brussels because there are simply too many masts. In Wallonia, things are a bit better, but in general there are always masts 1.5km away at most, so in fact very close. Armed with my EMF detector, I’ve been looking for eight months, but it’s impossible to find places that aren’t too exposed. I can’t take it any more. Housing is obviously one of the most fundamental needs for survival. If you don’t have a base, a roof over your head and a nervous system that can recover while you sleep, everything else remains out of kilter.” Her extreme distress is palpable: “I don’t know where to go and live for the next few years; it’s disastrous. I’m scared of being uprooted and I don’t want to go and live in the back of beyond and have to leave behind my friends and the life I have. When I come across reports about refugees, I see them as heroic figures. In my own small-scale way, I really feel I am becoming one of them.”



As far as housing is concerned, the experiences of my interviewees varied. With regard to social exclusion, the principal subject of this investigation, the question of inequality is particularly salient. After developing electrosensitivity, the ways in which you react will differ depending on whether you are a tenant or a homeowner. For the former, electrosensitivity tends to signal the beginning of a nomadic life. As a young single mother explained, "The biggest problem is housing. We need to live a long way away from the sources of the radiation, in a detached house at some distance from neighbours. But most electrosensitives have lost their jobs. It's impossible to find housing in this situation. The first thing that letting agencies ask for is your employment contract. If you don't have one, it's goodbye. I've had fifty or so rejections of this type. Even having a guarantor is not enough. I know several people who are stuck like this. Clearly, if you don't have a family to help you, you're out on the street. Some electrosensitives are forced to stay with their ex-partner because of this, even though they no longer get along. It's extremely stressful; we are in very precarious situations and have to be put up by others or house-share. But not many people are willing to accept the constraints linked to electrosensitivity, and this can create problems too. We basically have no freedom when it comes to the way we live."



The search for housing is therefore another challenge and has to be conducted armed with an EM field detector, something which means bringing up the subject of electromagnetic pollution with the potential future landlord. In addition, some landlords are aware of the issue and are unsympathetic to electrosensitives out of fear of bad publicity for their properties, which could turn out to be exposed to high levels of radiation. [...]

One electrosensitive tenant, who contacted me at the end of 2020, five months after I had started collecting testimonies, said that one day that she began to have very serious sleeping problems, along with other physical and cognitive symptoms, and that something in her environment seemed to have changed. After looking up the registry of mobile phone masts, she realised that in the space of six weeks, two months previously, three new mast sites had appeared in her neighbourhood. The installation dates provided by the operators corresponded with the onset of her symptoms. The result was the same as for other interviewees: she was forced to leave her home and search for somewhere better, a period during which she had to stay with other people. Subsequently, the symptoms did not entirely disappear; although her exposure was lower, once triggered her sensitivity remained. In this particular case, the former landlady was keen that no one else should know what had happened.

For someone who is electrosensitive, being a homeowner is still no protection from becoming nomadic. One couple I met was living in a metal shipping container in the middle of the Walloon countryside despite owning a house which they could no longer inhabit. Other homeowners sell up in order to buy somewhere else outside town. But the countryside is not always synonymous with well-being: mobile phone masts exist there too and may well appear after you have moved in, while neighbours can also have equipment. Other electrosensitive people decide to remain in their homes and paint their walls with shielding paint² and shield their windows and their beds with protective fabric, all of which is extremely expensive. Are we really going to carry on emitting pollution that increasing numbers of people are having to shield themselves from, creating their own 'bunkers' in the process?

To carry out one of my interviews, I walked for an hour and a half from a railway station in order to meet up with a young woman living in a camper van. She is living this new type of nomadic life, searching for places which are not too exposed and whose owners will allow her to stay and perhaps use the toilet and washing facilities. [...]

To conclude this overview, another person wrote to me five months after our interview. Her electrosensitivity was triggered during the initial period of

working from home in the first lockdown of March-April 2020, when she was working on the ground floor of her Brussels home right next to a Wi-Fi router. “Please write that one of the people you interviewed has left the city to live in a camper-van on land far away belonging to someone she knows. Life in the city and symptoms like headaches, tachycardia, restlessness and chronic fatigue simply became unbearable. Here, whenever I have to go to the shops and enter an area with masts, I can feel it. It seems to me completely anti-constitutional that there should no longer be any places to live where the environment is not hostile to life. And that’s exactly what they want to do with 5G—cover as much of the country as possible.”



In our society today, a growing number of people have become nomadic in order to try and find places where they can simply continue to exist and where the environment remains a little more natural than elsewhere. They have to move house, often multiple times, break their social ties and leave everything behind in order to find somewhere that is healthier—or simply a little less unhealthy. In certain countries, where the environment and geography allow, groups of electrosensitives can be found living in caravans in what remain of ‘white zones’.³ Other electrosensitives have plans to create collective accommodation in buildings constructed on the principle of the Faraday cage, whose walls cannot be penetrated by the radiation from wireless technologies. It should be obvious that such projects require colossal financial means. In the end the questions are eminently simple ones: Will we all end up having to protect ourselves from this pollution? Is it illegitimate to want to live in a healthy environment?

Let’s give the last word to a young woman whose state of mind was summed up in a few words: “Sometimes I feel like a soldier in the First World War: in the trenches, with no right to complain, he just has to shut up and face the grenades! He risks losing a leg, an arm—or his life.”

Endnotes

¹ [From *Ensemble! Pour la solidarité. Contre l'exclusion*, Issue 105, September 2021: <http://www.asbl-csce.be/journal/Ensemble105.pdf> (pp. 42-60)].

² [Translator’s note: Paint that blocks high-frequency electromagnetic fields usually contains carbon and is, needless to say, very costly.]

³ A ‘white zone’ [from the French, ‘zone blanche’] is an area where there are no artificial wireless electromagnetic fields. In other words, an area where the environment is natural in terms of electromagnetic radiation.

Excerpts from interviews with electrosensitives



"The main problem is housing"

I interviewed this young woman in the middle of a wood, with only the faint noise of traffic to disturb us—along with a squirrel that was no doubt attracted by the crumbs from our picnic.

In an ideal world, what is the first thing that needs to be done?

We should create immense 'white zones'. The lack of housing is catastrophic. Having somewhere to live really is the basis of everything. If you live somewhere where you feel well, you can develop a social life, be creative, have projects and find your place. If you don't have that, it's really complicated. In my opinion, the solution would be to have 'white zones' that are big enough for the creation of activities on site and for people to come to visit or stay, under certain conditions of course, such as no smartphones, etc. In fact, it's my ambition to try to create a place where I can actually do things, but with other people because it's obviously impossible on one's own. Sometimes people object that it would be a 'reservation', but when I refer to a 'white zone,' I mean a really big area! I appreciate that it might well be difficult to imagine, but I just want to be able to live! When I heard about the launch of 5G, I totally panicked and saw it as a death sentence. So I don't care if it looks like a 'reservation for electrosensitives' because something needs to happen; it really is a question of survival.

So that's the short term priority: to have some safe havens, even for people who are unable to live there all the time, but somewhere they can come to get some respite. Because even in the depths of the countryside there are hardly any low radiation places left. Out of respect for humanity, for diversity and for freedom—and because some people wish to live in places without man-made radiation, even if they aren't forced to do so like me—this fundamental right needs to be upheld. Without a 'white zone', we no longer have any freedom of choice at all. Creating 'white zones' should be a priority for politicians.



What experience have you had trying to find housing?

It was terrible. In order to leave the town where I was living I had to find somewhere else to live. From the outset I was never able to find the right combination of a place with little wireless pollution at an affordable rent. In the beginning I moved house every year. It was manageable at the time but I spent all my time looking for somewhere to live. Having modest means with this condition is impossible because you need to be able to afford a detached house with some distance between it and your nearest neighbours. Four years ago I separated from my partner and found myself on my own from one day to the next. From then on I moved about fifty times in three years and used my savings to rent holiday cottages and other short-term accommodation. I was generally given a good reception. I could stay somewhere for a few weeks or months and then I would move on. Either the holiday season arrived or the owners wanted to be able to use their property again.

With this type of property, I would look for places with as little radiation as possible. Sometimes I could negotiate with the neighbours and owners so that they would agree to switch off their Wi-Fi at night. Basically, I checked out all the different types of accommodation in the region—at least everything that was suitable. The most difficult thing to cope with at the time was getting used to seeing myself as homeless because you have to be able to admit this to other people: I would arrive with my car full of boxes and say, "Well, it's like this: I have nowhere to live." And it was also hard for me to accept being jobless.

At one point I was exploring the option of social housing, a solution for people of modest means. I would explain my situation and that fact that it was impossible or very difficult for me to live in a flat with near neighbours, etc. But nothing they offered me was suitable and they simply didn't understand. Even with a medical certificate that stated that I needed to be away from Wi-Fi, they wouldn't take my electrosensitivity into account, saying, "You can hand in your certificate, but it won't be any use." I don't know if they were aware of the problem, and they didn't say anything in particular, except for "Oh, good gracious, you'll never be able to find anything." I heard that several times. When someone turns up in a wheelchair and asks for a flat on the ground floor, everything is clear and the person's needs are obvious. But here, because everything about the situation was invisible, the answer was always negative despite the medical certificate proving the validity of my request. Having a family justifies the size of your housing, while a learning disability also warrants adaptations in your accommodation, yet needing to be isolated because of your electrosensitivity doesn't fit with their criteria.

In parallel, I was looking for classic rental accommodation too. If, using my EM-field detector, I managed to find a house without too much radiation exposure, the landlord still had to agree to rent it to someone without much income and, in any case, without a job. In general, they want people with a job and a salary, to ensure the rent will be paid. In fact I had several problems: I was single, with little income and also with health problems. After all these comings and goings, I had to come up with a more sustainable solution and bought a traditional gypsy caravan with what remained of my savings. [...]



However, my problems still weren't over because the caravan is quite large and difficult to move. I took

it to a place where I had managed to reach an agreement with someone. I thought I'd finally solved my problems but when I went to register with the local authority a week later they refused and I am going to have to leave the land I'm on. I view plots of land regularly, but land without radiation is rare. The legal criteria for tiny homes are very complex, even more so when you're dealing with the constraints of electrosensitivity as well. It's hard to be constantly searching, and you have to be strong to carry on. And if I decide to set myself up somewhere without being registered I will lose all my benefits, including medical cover. It's very complicated.

Now I stop myself from thinking too much about the future—about 5G and all the anxiety-inducing news. There are already so many things to cope with, so one problem at a time. We don't know what's going to happen, and everything is in flux. A year ago, a woman with EHS told me that she could no longer do her shopping but I didn't really understand what she meant. Today, I'm in the same situation and I understand. Before, when I heard about people having gone to live in caves, I found it unbelievable and couldn't imagine ever thinking of doing that, but now I understand where they're coming from. If it's a matter of dying young or doing that, then it's the latter. It's a question of survival.

Electrosensitivity: a doctor's testimony²

The young woman interviewed is a doctor with electrosensitivity. She describes the disruptive impacts of her health problems, focusing on their effect on her career.

A standard question to kick off: how did you first become aware of your electrosensitivity?

I started having more and more problems sleeping. At the time, I was unaware of electrosensitivity. I had never heard of it and wasn't concerned at all. It all started with my sleep getting worse and worse. I noticed that after doing certain things in the evening, I would have a sleepless night. If I went to the cinema or a restaurant, I wouldn't sleep. Little by little I had to restrict my life, without knowing exactly why, but going out in the evening meant that my sleep would then be very poor.

Then I started having heart problems, especially at work. I had been working in a clinic for ten years. Over

this period, we started having to use computerised medical records and got wireless internet connections. Laptop computers became commonplace and both patients and staff were using more and more connected devices. As a doctor, I managed to get a few electrocardiograms done, which showed an intermittent problem with my heart-rate, something that was subsequently confirmed by a cardiologist. Then my symptoms suddenly got a lot worse, with no explanation: there was clearly a 'before' and an 'after'. Later I realised that this corresponded with the installation of Wi-Fi in our house. My insomnia became horrific. In November 2017, I reached a tipping point and my disturbed sleep became a total absence of sleep. It happened night after night, despite my trying to treat it temporarily with sleeping pills.



During this period I continued working, and my husband—also a doctor—and I had to continue looking after our children in a context of extreme exhaustion. It was hell. Sometimes I would manage to sleep for an hour or an hour and a half per night. I even had hallucinations caused by extreme sleep deprivation. I was in such a bad way that I wanted to throw myself out of the window. It was too much to bear and I would be in tears before going to bed. Fortunately, my family was there to give me a reason to continue to fight.

As a doctor, how did you diagnose yourself?

I wanted to understand and started to note things down in a calendar. In this way, several things pointed me towards the diagnosis. When I didn't sleep, I didn't just stay awake but also felt sick, had tachycardia, hot flushes, became dehydrated and felt as though I was cooking and being heated up. Thanks to my notes, I noticed a systematic 'pause' in my symptoms in the night between Thursdays and Fridays, when I would sleep relatively well. In fact, on Thursdays I worked elsewhere, and I realised

later that this place was less exposed to wireless radiation.

After a while, of course, my body couldn't take it any more. I couldn't cope and I had to resign myself to taking a week off work. I decided to put myself in someone else's hands and went to see a GP. He did what I would have done in his position and encouraged me to get some rest, suggesting that I was overworked and in burn-out. But I didn't feel overwhelmed with work or depressed. I loved going to work and enormously enjoyed my job, which made me very happy. I didn't feel at all burnt-out or disillusioned—far from it! But something wasn't right and I followed his advice—"Take a break and get some rest"—to the letter, even though I didn't really think it would help. I went home and sat down in my living room for quite a while—and felt awful. My symptoms became more acute and I had an oppressed chest and problems breathing. But I wasn't anxious, just exhausted. I was really at the end of my tether and in a modified state of consciousness. After six or seven months of hardly any sleep, everything was awful. At some point, I had an intuition and switched off the Wi-Fi router, which was just opposite me in the living room. After a very short time—a minute perhaps—I felt a sort of relief, as if something had gone away. And my heart-rate slowed.



I was on track to understanding what was happening to me but at that point I didn't imagine that I was 'electrosensitive'. I got a step closer to diagnosis when I went away to the Vosges. We had had this trip planned for a while but I told my husband to go without me as I didn't feel well at all. I was in tears a lot because I was so exhausted and I didn't want to force that on the children. He insisted, however, and that evening I managed to sleep without taking a sleeping pill or anything else. The next night was the same, and then the whole week. It was unbelievable. Being

somewhere else was clearly beneficial and I supposed and hoped that I had got better. But when I got home, that very evening the problems started with the same intensity. It was then that I started to put all the pieces of the puzzle together.

Did you go back to work?

I was off work two or three times but without any beneficial effect because at that point I still had Wi-Fi on the solar panel inverter, something I didn't know about. I went back to work until the day when I felt immediate effects on just walking into the building. All my sensations were different. I switched on the computer and felt my face burning; I picked up my phone and had to switch on the loudspeaker because it was hurting my ear. I felt panicked because I was reacting to everything, straight away and everywhere. I rushed outside and felt immediate relief as soon as I went out through the door. And I asked myself: what am I going to do? Once again, I thought it might have something to do with stress. I tried several times to go back into the building but I understood it was 'too late' and that I had developed an extreme sensitivity. The hospital had become inaccessible to me, off-limits for my body. That day, it was as though I had sneaked off like a thief—some of my possessions have been there for three years now. I had worked there for over ten years and had loved it, but my career ended just like that.

I called a colleague of mine from home. We were working together at the time and I explained what was happening to me and how it was impossible for me to go back. He said, "Just wait and see." Then we gradually lost touch. Losing my career was the first traumatic event, and having to draw a line under the profession and workplace I loved was really hard. The most difficult thing was being unable to say goodbye to my patients, some of whom had been in hospital for a year and whom I'd see every day and give support to. From one day to the next, they no longer saw me. I tried to obtain adjustments. I explained everything and provided documentation, along with scientific and medical information. And then one day the medical director said to me, "Look, we can't do anything. People need Wi-Fi everywhere and we're also going to increase coverage by installing new equipment."

I tried to draw her attention to the situations of the patients, some of whom had head injuries and were

being subjected to radiation that caused cognitive problems. Hospital patients like these often have trouble sleeping, while my own experience, along with what I had read in the scientific literature, had shown me that this radiation could cause serious sleep disruption. Just imagine—there was Wi-Fi in the wards! The medical director didn't seem concerned by this and mentioned competition between hospitals, saying that people wouldn't come here and would go elsewhere if there wasn't Wi-Fi in the wards. I asked, "So if people want to smoke in the wards, we should just let them?", but it was difficult to get any further in the discussion. There was such competition between hospitals that Wi-Fi seemed indispensable in order to attract patients. In fact, as far as the health impacts of radiation from wireless devices are concerned, it seems impossible to get doctors to reflect scientifically on the matter, so the discussion is over before it has even begun.



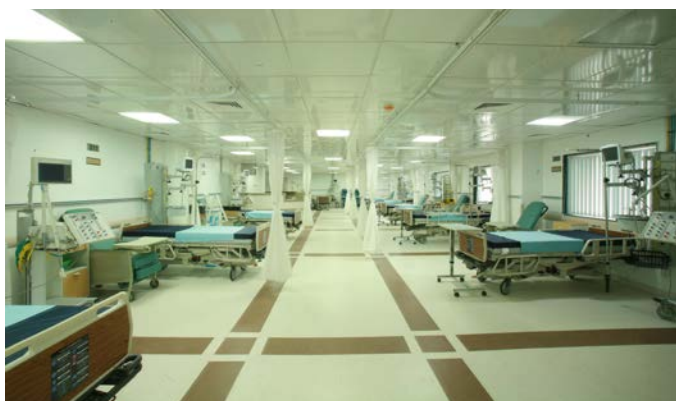
Did she accept that the radiation caused biological effects?

That's a good question. In fact, I don't know because the discussion did not take place. This is almost always the case, by the way, and I find that things often remain unsaid. People change the subject or stay silent. People can be over-polite, condescending—and also, maybe, hypocritical. I provided lots of scientific references so they could learn about the issue, but they never talked about it again to me. In any case, it certainly didn't make them envisage modifying conditions at the hospital for the benefit of their patients and staff. I still haven't really come up with an explanation for this avoidance behaviour. Either they are so swept up in everyday life that they have no energy left to engage in self-questioning, so

it's effectively a form of denial; or they consider the problem to be psychological. You have the impression that they are saying, "Whatever the case, I'm not interested, but I'll tell her I believe her because I won't be seeing her again." So everyone stays entrenched in their certainties. Besides my personal case, I am also concerned for my colleagues. More and more people are off work, some for reasons that could well signal the onset of electrohypersensitivity.

Electrosensitives dread having to go to hospital. They risk ending up there due to their health problems yet the pollution that affects their health is also heavily present in hospitals.

It's clear that the exposure in a place as intensely exposed as a hospital can lead to a rapid deterioration in the health of an electrohypersensitive person. I've been trying for almost three years to engage with certain hospitals in order to try to put in place a care pathway specifically for electrosensitives. It would be pretty simple to implement; well, let's say not too complicated. It would just mean having a couple of patient rooms that were not too exposed to the radiation and where a protective bed canopy could be installed³, and asking members of staff to leave their phones outside. Other measures could also be useful, such as unplugging the bed from the electricity circuit and being aware of a higher risk of allergic reactions. There is already a leaflet for hospitals that would enable them to understand quickly, and that would be a good start. But above all, they need to be able to hear the words "I am electrosensitive" and then put the patient on the appropriate care pathway from the outset, rather than question what they are saying and label them as having a psychiatric problem.



What has been the result of your efforts?

For now, nothing concrete. In fact, I have the impression that we are stuck in a system of dogmatic

dominant thinking in which electrosensitivity simply cannot be considered a real health problem. There doesn't seem to be any movement towards acceptance of a condition that is nevertheless well documented by the scientists who have looked into it. In addition, with coronavirus, everything has come to a halt. Today it's even more difficult to find people in hospitals to talk to because they are all involved in tackling the pandemic. I managed to make a tiny bit of progress with Unia [an independent public institution that fights discrimination and promotes equality⁴], because having access to healthcare and being able to go to hospital are fundamental rights. On arriving at hospital, the person can declare themselves electrosensitive and ask for adjustments to be made. If this request isn't met with action, the person can contact Unia, who will contact the hospital ombudsman. Obviously, if you arrive with acute appendicitis, all these procedures take too long, so I would also like Unia to organise a large-scale awareness campaign.

You are a doctor and your nearest and dearest are aware of your expertise. Generally, how did they react to your condition?

Apart from very close family and two or three friends, the attitude of my circle of family and friends remains difficult to understand. For example, no one asks me how I am; no one asks anything because it's taboo. It's become a subject that can't be broached, so officially I'm fine, because electrosensitivity can't be seen: therefore everything's fine and my life is going well. [...] Sometimes I set myself small challenges in order to see how certain people will react, by broaching the subject with a little question, for example. In some contexts, I have the impression that I've thrown a grenade across the table. There is a huge, awkward silence. Everyone looks down, no one replies and then someone changes the subject. There is no empathy—nothing at all. At the same time, not being able to tolerate the radiation from smartphones or that present in most ordinary homes means that my opportunities of meeting people like these have been drastically reduced.

You're constantly having to fight—to find a dentist, a gynaecologist, or even a psychologist with a practice that's tolerable for the length of a consultation. It's always the same—for everything. In a waiting room, people are all on their smartphones, so you

have to leave and wait outside in the street, sticking your head through the door to see when it's your turn. We are like plague victims. Holidays, dealing with the administration, going to the shops—it's all impossible. You can't do anything any more. There is 'free Wi-Fi' in almost all public spaces. The more exposed I am in the day, the more difficult it is at night. My night is the reflection of what has happened during the day.

And then there are the friends I no longer see because I can't go out any more. Being electrosensitive means no more going out to eat because restaurants often have Wi-Fi and the customers all have smartphones. It basically means that you can't do anything; I don't even know if there are any places where you can meet people any more. It means staying in touch without a smartphone or WhatsApp. It means using email and landlines, which bizarrely gives people the impression that I can't be contacted.

What bothers them, do you think?

I don't know exactly because people don't like talking about it. Maybe there are several interconnected explanations. Some people clearly don't believe electrosensitivity is real and think we have a mental health problem but they won't say so. Others are probably in denial because they are scared and can't face the fact that what they are doing every day could be so harmful. People are also uninformed and kept in ignorance. When we mention 'waves' or 'fields'⁵ to them they think we are talking about aliens. I'm hardly exaggerating. The forces ranged against us are so powerful that denial is tenacious. The wireless industry is so busy filling people's heads with the idea that this technology is indispensable that hearing a contradictory point of view disrupts their frame of reference. They are already locked in a routine, and we call into question their habits. In fact, we unsettle their 'identity'. Everyone is constantly bombarded with advertising for connected devices. Open a newspaper and on every other page you will see an advert for a smartphone. It's also non-stop on the radio. That shapes reality, unfortunately. Unless they are personally affected, people are not concerned. In general they are no longer capable of standing back and considering the facts objectively.

That said, I should stress that I have met some open-minded and understanding people who, despite



the fact that they are not affected, are interested in the subject and are even trying to take action. But they are few and far between. Some people have supported me, sometimes just with a little word or two—because sometimes it just takes a word—and I'm profoundly grateful to them for that. I've also met an outstanding doctor—with a close relative who is affected—who's been immensely supportive. We've become close friends, and she was one of the people who helped me carry on in the most difficult times.



As far as rejection is concerned, you might think things would be simpler between doctors.

No, in general it's the same with doctors. I have been shocked by the reactions of some of them to this problem because they are supposed to be scientists. Even when you provide them with substantial scientific evidence, they avoid the subject. I'd say to them, "Question me and argue with me. Let's talk about it",

but they would refuse to do so! They don't even want to open, let alone read, any documents on the subject. Because the problem is not merely one of not knowing: information about the effects of electromagnetic fields is out there, in thousands of studies. I've been delving into the question for three years: there are literally thousands of scientific studies out there. In serious scientific journals, doctors and scientists have outlined the mechanisms that could explain electrosensitivity, so I've got an idea as to how it works at the bio-chemical, molecular and neurotransmitter levels. People say we need proof but there are already lots of indicators. In addition, for half of medical pathologies you don't need proof. Above all, you need common sense. The conclusion is unavoidable: medicine and science are no longer independent enough. These fields have been polluted by lobbies that have infiltrated them at every level. It's not just a matter of influencing power but of shaping thought itself, with the result that certain subjects have become taboo in our society.

Inhospitable hospitals

One of the greatest problems electrosensitives face is hospital treatment given that EM radiation is ubiquitous in these institutions. As is the case in all public spaces, many people carry mobile phones on them, often switched on, and although most hospitals have signs forbidding the use of mobile phones, no one—including hospital staff—heeds them. On top of that, there are internal Wi-Fi networks and DECT phone systems, and entire hospital wings can often also be irradiated by masts located on other wings. All in all, hospitals are home to a sinister cocktail of microwaves.

Going to hospital is therefore a real concern for electrosensitives. Some of my interviewees are unable to remain in waiting rooms and have to arrange to stay outside until their appointments. Furthermore, all my interviewees were worried about having to be hospitalised at some point in the future. Are they going to have to give up their right to hospital treatment?

Endnotes

¹ [From *Ensemble! Pour la solidarité. Contre l'exclusion*. Issue 104, December 2020-March 2021: <http://www.asbl-csce.be/journal/Ensemble104.pdf> (pp. 40-45)].

² [From *Ensemble! Pour la solidarité. Contre l'exclusion*. Issue 105, September 2021: <http://www.asbl-csce.be/journal/Ensemble105.pdf> (pp. 69-73)].

³ Protective fabrics can be used to make bed canopies. So long as this is totally hermetic, high-frequency radiation is blocked by the metallic thread and the level of exposure is dramatically reduced to something that is closer to natural levels. Protective canopies cost between 1,000 and 2,000 euros.

⁴ [<https://www.unia.be/en>]

⁵ [Translator's note: In French, the most commonly used colloquial term for radiofrequency electromagnetic fields is *ondes*, which translates as 'waves', as in 'radiowaves'. I have added 'fields' here as the term 'waves' is perhaps more commonly associated with water than with electromagnetism.]

A small electromagnetic haven in Gaume¹

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On the initiative of its mayor, Benoît Piedbœuf (MR)², a small rural town in Wallonia has committed to keeping a zone free from the electromagnetic emissions from mobile phone masts, with many electrosensitives in Belgium familiar with this location.

The municipality of Tintigny is located about 15km north of Vitron and about 20km west of Arlon. In other words, it's situated in the southernmost part of Belgium, in Gaume. Its mayor, Benoît Piedbœuf (MR), has made a commitment that some might find surprising: a zone of the municipality, situated in Poncelle, is to be protected from the installation of mobile phone masts so that electrosensitive people can stay there in relative physical comfort. This measure was unanimously voted through by the municipal council in February 2022. This is a surprising commitment considering that the official line in Belgium is that mobile phone operators are supposed to provide 100% 5G coverage as quickly as possible. It's also surprising given that Belgium does not officially recognise the existence of electrosensitivity. It's even more surprising still because members of Mr Piedbœuf's party, the Mouvement réformateur (MR), were amongst the twenty-nine senators who voted against recognising electrosensitivity after a debate in the Senate in 2021.



I found out about this unprecedented situation from the press, in the middle of 2022. A report told the story of a woman who had sought refuge in an area within this municipality, which "is not a total 'white zone' but where emissions are very low. I can go for a walk in the woods without being assaulted

by electromagnetic pollution", explained this electrosensitive (EHS) person. She had joined a co-housing project where the other members had agreed to live without Wi-Fi. Although many people seem to have forgotten this, it's still possible to access the internet without microwave emissions by means of a simple cable connected to a computer. The inhabitants of the project have also agreed not to use mobile phones near the housing. In addition, "Tintigny Municipal Council has ratified the protection of this area, keeping it a low-EMF zone. No mobile phone masts will be installed nearby in order to keep this area EHS-'friendly' for people who want to live there", added the mayor Benoît Piedbœuf.³

In the current context where electrosensitives are ostracised, some people might well not believe what they are reading... Nevertheless, this liberal politician has shown even more empathy by declaring on national radio and television: "We can't simply discard people when they do not correspond to the usual model. While just about everyone is on their tablet or their smartphone, others are suffering. As politicians, we're elected to find solutions to problems, so that is what I've done."⁴ In this country nowadays, true 'white zones'—where the environment is in its natural state and not subject to radio-frequency electromagnetic radiation—hardly exist any more, except perhaps marginally and in tiny areas. Although this is just a relative 'solution', it's also a sign of great despair given that these people are forced to go into exile and leave their lives and their loved ones behind simply in order to try to survive.

This measure needs highlighting because, in Belgium today, demanding a healthy environment free of electromagnetic pollution seems incongruous to certain people. Elsewhere in Europe, on the other hand, this has been an issue for many years. Michèle Rivasi, MEP for the French Green Party, was already talking to the press about the need for 'white zones' in 2015. "In France we're very logical and need to understand everything before taking action. The Swedes ask fewer questions: if someone has impairments and is suffering, they are recognised as dis-

abled and receive support. In Sweden, where mobile phones were in use very early on, people with EHS aren't marginalised and also have access to respite centres. Likewise, in Germany, electrosensitivity is recognised as an occupational disease. A refuge for people with EHS and multiple chemical sensitivity (MCS) was opened in Zurich with the support of the council in 2013."⁵

The motion voted on in Tintigny is simple, brief and precise, with the title: "Decision to preserve white zones within the municipality for the benefit of electrophysensitive people." It presents the decision in the following terms: "Given that electrosensitivity is a growing phenomenon, the ambition of improving networks and pursuing the technological revolution (notably 5G) must be undertaken while also paying attention to those who need a protected zone. Given that the co-housing initiative on the site of the Veillée in Poncelle is suitable for this type of project", the text resolves that "the Municipal Council unanimously decides to officialise this existing situation and to ensure that all future decisions are made in accordance with its maintenance."⁶ If, in the short term, electrosensitives understandably need protection, what does the decision in Tintigny mean in the long term? What sort of society causes some people to have to isolate themselves from physical assault by polluting industrial devices that are installed everywhere? Given this, the general title of my investigation, "Exclusion due to electromagnetic pollution", seems more relevant than ever.

I wanted to know more so met up with the liberal politician for a discussion that was anything but banal. Very early one morning, I met with Mr Piedbœuf in his office at the Lower Chamber, where he carries out his duties as an elected member of the federal parliament.

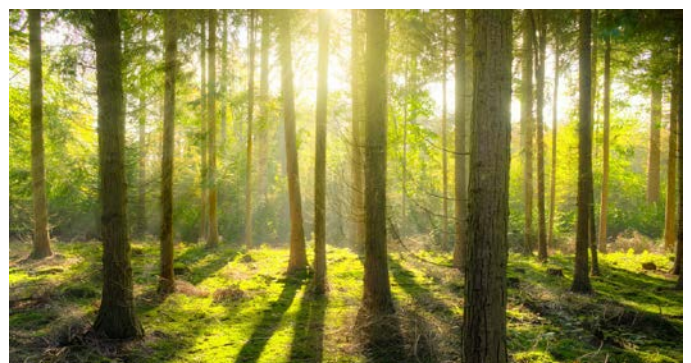
Together!: Following on from my investigation into exclusion owing to electromagnetic fields, it seems important to discuss your local initiative with you. The failure of politicians and health authorities at the national level to address this issue means there is only room for local and personal initiatives. Could you tell me about your convictions and what motivated your project in Tintigny?

Benoît Piedbœuf: First of all, I would like to underline that I am not to be 'suspected' of being opposed to new technologies. At the start of the current parlia-

ment I created 'Tintigny 4.0' in my municipality in order to improve connectivity in the whole area. We got there, notably through discussions with Proximus⁷, and with fibre being installed in various places. We also participated in the 'WiFi for You' initiative and had hotspots installed throughout the municipality as I wanted to improve connectivity for the inhabitants who were asking for it. But I was also contacted by electrosensitives who had realised that one area of the municipality had poor coverage and therefore wanted to be able to live there. I met with them and began to take an interest in the subject. I also met a woman from Brussels who had to move to Tintigny because she was unable to tolerate the radiation in the capital.

Firstly, after having met these people, I started putting my phone into 'airplane mode' during the night while I was sleeping and noticed a difference. As mayor, however, I need to be contactable, so I was told that I should disable the Wi-Fi and Bluetooth—in fact, everything except the simple telephone function—which drastically reduces the radiation emitted. And I myself noticed that something happened when I did that, something to which the majority of the population is not sensitive. Others, on the other hand, are very sensitive.

In addition, as a local representative, when people come to see me with specific needs, it's my duty to listen to them—even more so when they have a medical certificate attesting to their electrosensitivity. There was a female teacher whose profession was no longer accessible to her owing to the Wi-Fi in schools. She simply couldn't manage any more and had developed speech problems and other symptoms. I was stupefied at first, and then said to myself that you can't just banish all these people and park them in a desert. Personally, to return to your question, my conviction is that when you are confronted with real problems, as a responsible elected politician, you have to find solutions.





What did you do?

I met with the electrosensitive people again and went to have a look with them. They had meters with them that emitted a horrible noise in the presence of radiation, which was very practical for revealing the presence of mobile phone masts. We went and tested different sites that I'd thought of in the municipality. I cycle a lot and had noticed that I had no signal in various places. In several sites, I thought to myself, "It must be good here!", with the idea of defining the largest zone possible. After checking with the meters, alas, this wasn't always the case: one area can be covered by another operator than the one you have a subscription with. In this case, even if you can't make a phone call, the radiation is still present.

On the other hand, we found one area in the middle of the woods where there was nothing—no radiation at all. The place is called Baraque Payat and I participated in a report for TV Lux there.⁸ The electrosensitives explained that a site like this is extremely rare in Belgium. I decided to take care of it and preserve it. The site includes an old hunting lodge that was lived in during the First World War; it's a place full of history. It had been a bit vandalised but I'd had several requests to try to renovate it. One of the projects entailed someone living there who also wanted to create accommodation for electrosensitives who could go and stay there for a week or two in order to get some respite. Apparently, with electrosensitivity, there are times when it's simply too much; you reach a threshold and simply must get away for some respite. This seemed an interesting idea; if there was a way of helping people in this very difficult situation, I wanted to do so.

So I drew the following conclusion: since this zone is unpolluted, we will make sure it stays that way. I was pretty confident that a decision like this would

be approved of by the municipal councillors. I discussed it with them and they were immediately supportive, so later, in council, we discussed making this site a sort of sanctuary.

So it was voted on?

Yes. Since there are people who have health problems owing to radiation and there is an area where there isn't any radiation, let's keep it that way! After deliberating, the Council decided unanimously to keep this zone radiation-free. In effect, this means that the future installation of any mobile phone masts in the surrounding area will be conditional on their having no impact in that zone. This decision might seem surprising to some people, but it's above all pragmatic. When a woman from Brussels has to move to my municipality, saying "I can actually live in this place", the only conclusion possible is that we need to allow people to live; it's as simple as that.

Have you heard about any similar initiatives in neighbouring municipalities?

Not exactly the same measures, but a friend who is mayor of Bouillon was made aware of the issue via the press and we've discussed it. There are undoubtedly potential areas in his municipality, which is rich in wooded zones. I don't know what stage the project has reached today, but there was mention of setting up a campsite there for people with ES. Some colleagues who have installed 'WiFi for You' tell me they take the precaution of switching it off between 11pm and the next day so that sensitive people can sleep better. So there's a certain receptivity to the subject, but this hasn't necessarily translated into active measures such as in Tintigny. To some extent, I'm lucky, if I can put it like that: if the electrosensitives hadn't come to see me about that zone, we would probably have created a community centre there and no doubt the first thing that would have been installed would have been Wi-Fi. Now we know, we won't do that and will instead install wired internet during the building works, specifically for the EHS. There are solutions; and if solutions exist, then we must put them into practice.

In my municipality there's another woman living in a low-impact dwelling in a zone that is apparently more or less unpolluted as well. Several years ago, she contacted me saying she was EHS. I wasn't particularly sceptical, but I was not familiar with the

ins and outs of the situation. She was wondering whether she'd be able to find somewhere to live that was tolerable for her. In the beginning she couldn't find anything, but then she managed to find some land that was more or less protected. She lives there illegally but I have left her alone; I'm not going to evict someone who has this health problem. Again, this is the pragmatic attitude of a local politician: confronted with a problem, I've got to find solutions.

[...]

Electrosensitives are relatively surprised that someone is paying attention to their existence...

Yes, it's true. I've noticed this reaction: "Here's a politician who understands our problem and wants to find solutions." [...] But it's basically just the managerial reflex of finding a solution to a problem.

In the course of my investigation, I met a woman who had received compensation after a ruling by a work tribunal.

Yes, she is one of the few. On this question, I've discussed with my colleague Willy Borsus (Wallon Minister of Urban Planning and Development) the subject of isolated tiny houses. I suggested that people who have a medical certificate attesting to their handicap should be allowed to live in their tiny houses outside permitted development zones. Alas, too few electrosensitives have a medical certificate because there is still a lot of scepticism in the medical world.

As far as your party is concerned, how did all this go down? Do you have support or are they wondering what you're up to?

[...] I don't really care about what my party thinks; I'm dealing with the problems I'm faced with. If someone disagrees—well, they disagree. And the person who disagrees at the moment will perhaps follow in my footsteps subsequently. Having been there for thirty-three years, I know my municipality and am used to dealing with whatever comes up. When someone turns up in a wheelchair, explains her problem and shows you the places that are inaccessible to her, the problem gets resolved, doesn't it? In that case, everyone finds it normal that a ramp is provided, because everyone can see that someone's in a wheelchair...

Your analogy using the ramp is identical to how Unia, the federal Centre for Equal Opportunities, expressed it. They'd been contacted by electrosensitive people who'd been discriminated against. In contrast to people in wheelchairs, the problem of electrosensitivity can't be seen and people therefore face rejection.

Of course. It's a case of Doubting Thomas, isn't it? They can't see the problem, so the problem doesn't exist. That is, until you show them that it does exist. [...]

As for the gradual growth in awareness, does the parallel seem pertinent to you regarding other aspects of the problem of electrosensitivity? You mentioned the possibility of seeing initiatives for electrosensitives implemented elsewhere, with a campsite in another municipality.

I've read quite a bit on the subject. In Switzerland there is a block of flats designed for electrosensitives that is completely shielded. One must be pragmatic: if there's a problem, you have to find a solution even if it's not straightforward. So I think that things are possible, but there is a huge problem with wireless networks: they already exist and are being reinforced. In my opinion, they won't be getting reduced anytime soon and in fact will continue to be developed. Will these new technologies one day be able to operate without new masts being installed? Will the evolution of the technology enable the number of masts and their power to be reduced? At the moment, we simply can't say.



[...]

How do you see this issue evolving? As there is no scientific consensus on the dangers, and given the health alerts, don't you think we should be applying the precautionary principle?

Yes, certainly. But statistically, at the moment, only a small part of the population is concerned while the rest complains as soon as there is a network problem. Just a small minority is affected, whereas the general public wants coverage and Wi-Fi everywhere. And it's a matter of education. If this hypersensitivity becomes a more widespread problem then it will be a case of imposing new norms. If it's a case of reducing the intensity by multiplying access points, then we'd have to do that. The problem, of course, is that we'd be taking this action after the harm had been caused, but it's a learning process, unfortunately, through trial and error. [...]

A report written by two members of the European Parliament investigated the conflicts of interest of the International Commission on Non-ionising Radiation Protection (ICNIRP), the reference organisation widely relied upon for setting exposure guidelines.⁹ Two thirds of the member scientists have links to industry. Don't you think that such a report on such a huge issue of public health should have elicited some reactions?

Yes, that's a problem. You can always find experts who will say the opposite to other experts. [...] It's constantly changing in accordance with vested interests. It is clear that experts are well paid to say what they say. That's what society's like: some peo-

ple make a living from science; others make a living saying what science means.... Unfortunately, there's lobbying underway. In parliament now, we have a register of lobbyists and we are supposed to exercise prudence in that regard.

In other countries there have been legal proceedings, with consumers being indemnified. On the internet there's a video by Proximus in which the operator's discourse differs radically from the information given to the public, especially considering the intense advertising by the company. For example, Proximus advises against using a mobile phone in a train and against putting it in a pocket, among other things...¹⁰

Really? That's very interesting. Yes, there are health and safety recommendations but no one's really paying attention. But I imagine they want to avoid legal proceedings. It's like with asbestos, when people were compensated after working in an environment where they'd handled asbestos. With regard to the video, that reminds me of an anecdote. In a previous life I was a financial advisor. One day, I went to a butcher's in a neighbouring town. After working on his accounts with him, I wanted to buy something from him on leaving, as I usually did when dealing with shopkeepers. I wanted some meatballs but the butcher said to me, "I wouldn't choose them if I were you!" This story has some parallels with the end of our discussion: a company markets a product while knowing there could be a danger and then, at some point in time, it decides to make safety recommendations. As for the butcher, he went bankrupt!

Endnotes

¹ [Ensemble! Pour la solidarité. Contre l'exclusion, N° 110, juillet 2023: https://www.ensemble.be/wp-content/uploads/2023/07/Ensemble_110.pdf (pp. 112-117).

² [Translator's note: The Mouvement réformateur, or 'Reformist Movement' is a centre-right, conservative-liberal French-speaking political party in Belgium.]

³ "Electrohypersensibles: Ces Belges qui ne supportent plus les ondes" ["Electrohypersensitive Belgians who can no longer tolerate wireless emissions"], Michel Bouffieux, *Paris Match*, 1st May 2022.

⁴ "Tintigny: une zone préservée des ondes à Poncelle" ["Tintigny: a zone in Poncelle protected from wireless emissions"], Anne Lemaire, rtbe.be, 23rd June 2022.

⁵ "Environnement. Il faut créer une zone refuge pour les électrosensibles" ["Environment. We need to create a refuge area for electrosensitives"], Daphne Mongibeaux, *Paris Match*, 12th February 2015.

⁶ "Excerpt from the minutes of the Municipal Council", Province of Luxembourg, District of Virton, Municipality of Tintigny, session of 15th February 2022.

⁷ [Translator's note: Proximus is a well-known mobile phone operator and internet provider in Belgium.]

⁸ The report and the site visit with the mayor can be seen on the website *Ma vie en mode avion* [My life in 'airplane mode'], "EHS. Carte blanche aux électrohypersensibles" ["EHS: electrosensitives are given carte blanche"], 25th Nadine Urbain, tvlux, 2023. www.mavieenmodeavion.com/medias.

⁹ “The International Commission on Non-Ionizing Radiation Protection: Conflicts of interest, corporate capture and the push for 5G”, Michèle Rivasi and Klaus Buchner, 19th June 2020. www.michele-rivasi.eu

¹⁰ The next issue will feature an interview with the spokesperson of Proximus, in which I will discuss electrosensitivity as portrayed by the mobile phone operator and the contents of the video. [Translator’s note: Hanotiaux’s reporting in issue 107 of *Ensemble!* included a sidebar titled “‘Smart Distance’ according to Proximus”. Hanotiaux points out that, in the video, Proximus advises its employees to avoid carrying a smartphone in a

pocket, to use an earpiece (the one shown is wired) and to avoid using a smartphone in a train. The video also informs Proximus’s employees that “Smart use is smart distance” and recommends against placing a Wi-Fi transmitter in a bedroom. If the technology is so safe, as Proximus claims, then why, wonders Hanotiaux, should its employees exercise caution? Why is Proximus employing such doublespeak? The video in question can be viewed by following the link at the bottom of the article “Proximus advises its employees to take care while using its products!” linked here: <https://ieb.be/Proximus-invite-ses-travailleur-euse-s-a-la-prudence-au-contact-de-ses-produits>]

Appendices

Original sources

For those who can read French, Gérald Hanotiaux's complete original reports can be found using the following links:

"Dans le future jusqu'au cou"; "Rayonnements électromagnétiques: aucune norme sanitaire n'existe"; "Pour favoriser la 5G, les autorités ignorent la situation sanitaire", *Ensemble! Pour la solidarité. Contre l'exclusion*, Issue 102, juin 2020:

<http://www.asbl-csce.be/journal/Ensemble102.pdf> (pp. 26-37).

"L'exclusion sociale par la pollution électromagnétique"; "Problèmes sanitaires et science sous influence industrielle"; "Pollution électromagnétique et santé: trois femmes exposent les impacts sociaux", *Ensemble! Pour la solidarité. Contre l'exclusion*, Issue 104, décembre 2020-mars 2021:

<http://www.asbl-csce.be/journal/Ensemble104.pdf> (pp. 22-45).

"Etat des lieux (I): une vie sociale à rude épreuve"; "Electrosensibilité: des médecins témoignent", *Ensemble! Pour la solidarité. Contre l'exclusion*, Issue 105, septembre 2021:

<http://www.asbl-csce.be/journal/Ensemble105.pdf> (pp. 42-73).

"Etat des lieux (II): une vie professionnelle à l'arrêt, ou poursuivie dans la souffrance"; "L'électrosensibilité au tribunal du travail", *Ensemble! Pour la solidarité. Contre l'exclusion*, Issue 107, mai 2022:

<http://www.asbl-csce.be/journal/Ensemble107.pdf> (pp. 50-81).

"Numérisation rime avec déshumanisation", *Ensemble! Pour la solidarité. Contre l'exclusion*, Issue 108, novembre 2022:

<http://www.asbl-csce.be/journal/Ensemble108.pdf> (pp. 54-61).

"Regards d'institutions sur l'électrosensibilité (1)"; "Faire obstacle à la pleine et effective participation à la société provoque des inégalités"; "Nous som-

mes bloqués par la non-reconnaissance politique et scientifique du problème"; "Un petit havre de paix électromagnétique en Gaume", *Ensemble! Pour la solidarité. Contre l'exclusion*, Issue 110, juillet 2023:

https://www.ensemble.be/wp-content/uploads/2023/07/Ensemble_110.pdf (pp. 86-117).

Selected Recent Studies on Electrosensitivity

Michael Bevington, a trustee of the charity Electrosensitivity UK, has compiled a select list of studies on ES/EHS: "Some 30 Key Studies on Electrosensitivity and Electromagnetic Hypersensitivity":

<http://www.es-uk.info/wp-content/uploads/2019/04/02.5-Key-Studies-on-ES-and-EHS.pdf>

Belpomme, D., et al. (2021). "The critical importance of molecular biomarkers and imaging in the study of electrohypersensitivity. A scientific consensus international report." *International Journal of Molecular Science* 22(14), 7321;

doi: [10.3390/ijms22147321](https://doi.org/10.3390/ijms22147321)

Belpomme D., Irigaray P. (2022). "Why electrohypersensitivity and related symptoms are caused by non-ionizing man-made electromagnetic fields: An overview and medical assessment." *Environmental Research* 212(Pt A):113374.

doi: [10.1016/j.envres.2022.113374](https://doi.org/10.1016/j.envres.2022.113374)

Bevington, M. (2019). "The Prevalence of People With Restricted Access to Work in Man-Made Electromagnetic Environments." *Journal of Environment and Health Science*.

doi: [10.15436/2378-6841.19.2402](https://doi.org/10.15436/2378-6841.19.2402)

Bevington, M. (2021). "Proof of EHS beyond all reasonable doubt'. Comment on: Leszczynski D. Review of the scientific evidence on the individual sensitivity to electromagnetic fields (EHS)." *Rev Environ Health* 2021; doi: [10.1515/reveh-2021-0038](https://doi.org/10.1515/reveh-2021-0038). Online ahead

of print: *Reviews on Environmental Health*, vol. 37, no. 2, 2022, pp. 299-301.

doi: [10.1515/reveh-2021-0101](https://doi.org/10.1515/reveh-2021-0101)

Hardell, L., Nilsson, M. (2023). "Case Report: The Microwave Syndrome after Installation of 5G Emphasizes the Need for Protection from Radiofrequency Radiation". *Annals of Case Reports*. 8: 1112;

doi: [10.29011/2574-7754.101112](https://doi.org/10.29011/2574-7754.101112)

Nilsson, M., Hardell L. (2023) "Case Report: A 52-Year Healthy Woman Developed Severe Microwave Syndrome Shortly After Installation of a 5G Base Station Close to Her Apartment" *Annals Clin Med Case Rep*. V10(16): 1-1:

<https://acmcasereport.org/pdf/ACMCR-v10-1926.pdf>

Nilsson, M., Hardell, L. (2023). "5G Radiofrequency Radiation Caused the Microwave Syndrome in a Family Living Close to the Base Stations." *Journal of Cancer Science and Clinical Therapeutics* 7: 127-134;

doi: [10.26502/jcsct.5079203](https://doi.org/10.26502/jcsct.5079203)

Nilsson M., Hardell, L. (2023). "Development of the Microwave Syndrome in Two Men Shortly after Installation of 5G on the Roof above their Office." *Annals of Clinical Case Reports* 8: 2378;

doi: [10.25107/2474-1655.2378](https://doi.org/10.25107/2474-1655.2378)

Nilsson M., Hardell L. (2023). "A 49-Year-Old Man Developed Severe Microwave Syndrome after Activation of 5G Base Station 20 Meters from his Apartment." *Journal of Community Medicine and Public Health* 7: 382:

https://www.gavinpublishers.com/assets/articles_pdf/A-49-Year-Old-Man-Developed-Severe-Microwave-Syndrome-after-Activation-of-5G-Base-Station-20-Meters-from-his-Apartment.pdf

Stein Y., Udasin, I.G. (2020). "Electromagnetic hypersensitivity (EHS, microwave syndrome) - Review of mechanisms." *Environmental Research*. Jul;186:109445.

doi: [10.1016/j.envres.2020.109445](https://doi.org/10.1016/j.envres.2020.109445)

Other collected testimonies from electrosensitive people

Black on White: Voices and Witnesses about Electrohypersensitivity. The Swedish Experience. Compiled by Rigmor Granlund-Lind and John Lind. Trans. Jeffrey Ganellen. Mimers Brunn Kunskapsförlage: 2004. (Originally published in Sweden in 2002 under the title: *Svart på vitt - Röster och vittnesmål om elöverkänslighet*.) Available online:

<https://altered-states.net/barry/newsletter538/blackonwhite-complete-book.pdf>

Ladberg, Gunilla. *Forced to Disconnect. Electrohypersensitive fugitives in Sweden.* Trans. Agnetta Jonsson. Gunilla Ladberg Pedagogik & Språk: 2010 (2008). Available online:

<http://emfsafetynetwork.org/wp-content/uploads/2009/09/Forced-to-Disconnect-Electrohypersensitive-fugitives.pdf>

Websites featuring ES testimonies:

<https://electroplague.com/ehs-stories/>

<https://www.emfanalysis.com/emf-refugee/>

<https://es-ireland.com/ehs-stories/>



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.

Excerpts from the extensive outcomes of his investigations have been translated into English and feature in this booklet.

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>

