

EMR Syndrome,
5G,
Outdated EMR Guidelines,
and
NOTICE OF LIABILITY
to those in authority

An overview, summarising
the science,
and social exclusion
of EHS persons

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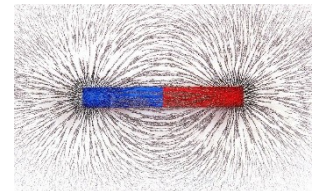
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1. INTRODUCTION

1.1 In February 2023, I wrote to my MP, Craig Mackinlay, with concerns about 5G, together with a letter containing the Electrohypersensitivity (EHS) diagnosis and information from Dr Downing about EHS. Mr Mackinlay forwarded it to the Department of Health and Social Care (DH) “to help inform their work in this area.” I received a response from Ms Maria Caulfield MP, the then Parliamentary Under-secretary of State for Mental Health and Women’s Health Strategy, and Parliamentary Under-secretary of State for Women, dated 5 April 2023. As she denied the existence of EHS, it appears my letter did not inform the DH very well. Please accept this comprehensive overview refuting the government’s claims and detailing the scale of Electromagnetic Radiation (EMR) adverse effects. This document includes some quotes from the scientific studies referenced in the body of this letter for convenience. There are hyperlinks to the references.

1.2 We are electrical beings. Every part of the human body relies on electrical impulses to work e.g., brain function, nerve conduction, muscle contraction and cell function. When these signals weaken or fail, there follows ill health, and ultimately, death. When the natural signals from the Sino-atrial node supplying the heart fail, medicine can implant a pacemaker to instigate the heart beat signals.

Many factors can disrupt the body’s electromagnetic field e.g., nutritional deficiency, emotional stress, trauma, and stronger electrical signals in the environment that overwhelm and interfere with them. School science experiments with a bar magnet and iron filings demonstrate that when a stronger magnetic field is in proximity, the pattern in the iron filings is disrupted.



This overwhelm by a stronger electromagnetic field is what happened to me.

Figure 1



*Figure 2 House near the masts
(Google maps)*

1.3 When we were living in a town centre, on a small hill immediately adjacent to the roof of the old telephone exchange, we were within 50m of 6 cell mast arrays each with 4 antennae. We lived 24 hours a day in the primary boom of the nearest which was just 30m away. We were exposed to $2,862 \text{ W/m}^2$ which is 382 times higher than the 212 W safety guidance for a woman of my size before tissue heating and damage is expected to occur. It was 57 times higher, and 240 times longer, than the occupational 6-minute limit, as it was on a 24-hour, 7 days a week basis.

The masts could not be seen from street level as the trees hid them from view. **The property did not come with a radiation warning.** I had a near death experience - waking in the night without a heartbeat because I had stopped breathing, was taken to hospital where I was told they could not find anything wrong. Even after being removed from that house, I spent two years bed-bound, being fed and carried to the toilet. The GP diagnosed Chronic Fatigue Syndrome but offered no explanation or treatment. There was some improvement with natural therapies and the Lightning Process. However, due to relapses from stress and high exposure episodes, I still have ME, CFS, Electrohypersensitivity and am unable to work. I am housebound, cannot travel on public transport or in taxis; I can only go to medical appointments in cars without Bluetooth (which limits me to an old, family, petrol car); I need to wear protective clothing and a face visor covered in 5G shielding window film or the pain through my eyes and brain is completely debilitating; I suffer severe headaches as a result of brain inflammation from even minimal, low level EMR

exposure – an indication of tissue heating even at so-called non-thermal levels of radiation. This resulted in numerous food and environmental allergies, weight loss, nutritional deficiency, and diabolical menopausal symptoms for which I cannot take any therapeutic agents due to the allergies. The neighbour's Wi-Fi is so strong that I wear protective clothing indoors and must sleep with shielding around my head or I get severe insomnia. It took me 5 years to work out the cause of my symptoms. I have a medical degree, over two decades clinical experience so I experimented thoroughly on myself. Even with unexpected EMF exposure, I develop symptoms - thereby eliminating the nocebo effect.

1.4 My personal priorities are:

- Being able to use a copper landline in an emergency as I cannot use a mobile phone to make calls and VoIP does not work in a power failure.
- Being able to travel safely to medical appointments by taxi or private car without exposure to Bluetooth or Radar, especially after the ban on new diesel and petrol vehicles comes into force.
- Being able to receive medical treatment without exposure to Wi-Fi in the clinic.
- Remove AMR and smart meters from the water supply to be able to bathe using tap water. Currently, my water supply is irradiated with EMR from masts on the water tower, and neighbour's meters so I must distil rain water in order to wash.
- Preventing 5G installation in my street or along the railway line onto which my property backs. I have had an incredibly traumatic few years with significant household work undertaken to account for my disability and I do not have the financial resources, emotional or physical stamina to contemplate moving house to avoid signals *again*.
- Being able to access the special tariff for Air Source Heat Pumps as it is only offered to households with SMART meters, all of which emit wireless signals.
- Having access to Bluetooth-free hearing aids should the necessity arise.
- Ensure ongoing access to wholegrain (brown) rice. Climate change has dried out the paddy fields in Spain, and India announced cessation of non-white rice exports in 2023. White rice has had all the beneficial nutrients stripped away to leave the starch core. It has a higher glycaemic index than sugar. Refined grains contribute towards obesity and B vitamin deficiency-related depression.
- Highlight the unlawful discrimination against EHS sufferers and make sure other people do not have to endure the same living hell that is being inflicted on me by current government policy.
- Provide lawful notice of liability for radiation abuse (designed to be used as evidence in court if needed), to enlighten you, and register my non-consent to 5G radiation on a health and safety grounds.

2. INTERNATIONAL COMMISSION ON NON-IONISING RADIATION PROTECTION (ICNIRP) GUIDELINES.

2.1 According to the government website, the UK Health Security Agency (UKHSA) is listed under the Health Minister's responsibilities. They say that, "*UKHSA advises that exposures should comply with the guidelines published by the International Commission on Non-Ionising Radiation Protection (ICNIRP).*"

2.2 The ICNIRP website contains the following disclaimer:

*"ICNIRP e.V. undertakes all reasonable measures to ensure the reliability of information presented on the website, but **does not guarantee the correctness, reliability, or completeness of the information** and views published. The content of our website is*

*provided to you for information only. We do not assume any responsibility for any damage, including direct or indirect loss suffered by users or third parties in connection with the use of our website and/or the information it contains, including for the **use or the interpretation of any technical data, recommendations, or specifications** available on our website."*

2.3 The ICNIRP and WHO guidelines only refer to radiation from one device at a time and to the thermal (heating) effects of radiation because they claim they are the obvious and "undisputed effects." The Court of Turin has ruled (January 2020) that the ICNIRP guidelines, as used by Public Health England and the WHO, rely on biased, industry-funded research, and therefore should not be followed.



ICBE-EMF 2022.pdf

<https://ehjournal.biomedcentral.com/articles/10.1186/s12940-022-00900-9>

2.4 Please find above a document forwarded by Dr Downing from the International Commission on Biological Effects of EMF (ICBE-EMF), published in 2022, entitled **Scientific Evidence Invalidates Health Assumptions Underlying the FCC and ICNIRP Exposure Limit Determination for Radio Frequency Radiation: Implications for 5G**. The abstract in this paper highlights, *"that twenty-five years of extensive research on RFR demonstrates that the assumptions underlying the FCC's and ICNIRP's exposure limits are invalid and continue to present a public health harm."*

2.5 On page 2, it explains that, *"these guidelines were made long before widespread use of wireless devices in which emitting antennae is typically held close to local body organs such as the brain. These assumptions were not supported by scientific evidence. The assumptions include:*
a) electromagnetic waves used in wireless communications do not have a sufficient energy to break chemical bonds or ionised molecules,
b) RFR could not damage DNA,
c) tissue heating was the only possible biological effect of non-ionising radiation."

2.6 In 1996, the FCC set exposure limits relying on criteria recommended by the National Council on Radiation Protection and Measurements (NCRP) and the Institute of Electrical and Electronic Engineers (ANSI/IEEE). These bodies said that, *"when further understanding of biological effects of RF radiation becomes available, exposure guidelines will need to be evaluated and possibly revised, and... effects of chronic exposure or evidence of non-thermal interactions could result in revising exposure standards. **But these recommendations were never implemented.**"*

2.7 The ICNIRP reissued its guidelines in 2020 without substantial revision of exposure levels. They have not yet updated their guidelines to include non-thermal effects, low-level exposure, or prolonged exposure. The government letter stated that studies, *"failed to identify any substantiated effects of exposure."* Without indicating to which studies they were referring. Therefore, we do not know who funded them or if their accuracy can be guaranteed. Tech Industry funded studies often have results favourable for the industry just as early tobacco industry studies did with regards to smoking safety. As the ICNIRP was a self-appointed body which has technology industry ties there is an obvious conflict of interest and their information

cannot be trusted. Furthermore, the study referenced above, admits that the ICNIRP do not account for any impact of differing signal characteristics such as carrier wave modulations or pulsing the signal.

2.8 The ICB-EMF paper says, on page 5, that,

“although many studies did not observe significant changes in neurological effects in humans and several studies did not observe increased permeability in the blood-brain barrier in animal models, differences in EMF frequency, modulation, duration of exposure, and direction of incidents waves to the exposed object, as well as difference in dielectric properties and the size and shape of the exposed subject likely account for differences in observed effects.”

2.9 Did you know that cell phone standards were created in the 1990s based on the battery pack portable phones that were available during the 1980s? The initial study was performed on a water-filled plastic model based on a 15½ stone male military recruit with an enormous head. Further studies were done on subjects making one mobile call per week for 6 months. The parameters were so low that the only possible outcome would be favourable for the industry. Analogue mobile phones emit signals during turn-on, turn-off, receiving texts or during calls. SMART phones have far higher radiation and emit signals 900 times per minute (15 times per second) to communicate with the cell tower creating a constant electro-smog around the user. There can be no comparison.

Do you feel that basing today’s phone standards on outdated technology could be irresponsible?

3. GUIDELINES DO NOT OFFER PROTECTION.

3.1 The government statement that, *“The ICNIRP guidelines address EMF exposure and provides protection for the whole population”* is categorically untrue. They only offer threshold guidelines for an adult male with 6 minutes’ exposure to prevent thermal effects of electric shock, burn or tissue heating. They selected Schwann’s level set in 1953, ignoring all electromagnetic vectors. No guidelines exist for non-thermal effects of non-ionising radiation (NIR).

3.2 The ICNIRP occupational exposure guideline is 50 W/m² for six minutes before damage is expected to occur. The guideline for the general population is 10 W/m² for the average man who is regarded to be 1.75m tall, weighing 70.46kg (11 stone) with a skull thickness of 2mm. This is based on a Specific Absorption Rate (SAR) of 4W/kg of body weight.

- Calculations $70.46 \times 4 = 282 \text{ W/m}^2$ **total exposure for a man before tissue heating/burns are expected.**
- Using this SAR for a woman weighing 53kg, the result is a toleration level of 212 W/m² of radiation (75% of the male level).
- A 12-year child weighing 35kg, embarking to secondary school, with a brand new iPhone, has a skull thickness of 1mm, can tolerate 141 W/m² (50%).
- A 7lb newborn infant (3.2kg) has a skull thickness of 0.5mm and a toleration level of 12.8W which is just **4.5% of the adult level.**

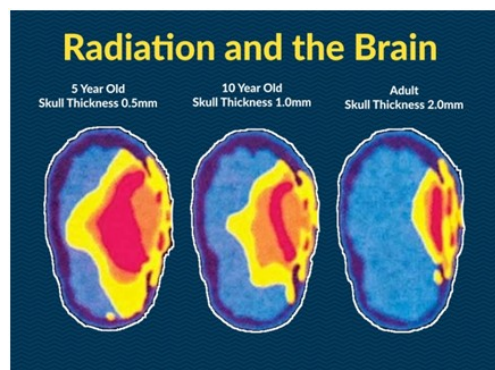
A baby monitor radiates with a power level of 2,000 – 100,000 µW/m² (0.002 – 0.1 W/m²) at a frequency of 2.4 GHz.

A SMART phone in the pocket of a breastfeeding mother can radiate from 644,032 to 2,925,163 µW/m² (just under 3 W/m²) which is 23% of radiation a baby can tolerate before tissue heating i.e., **microwave cooking**, will occur.

There has been a huge increase in household appliances now using wireless technology e.g.,

Wi-Fi, DECT cordless phone, mobile phone, multiple mobile devices, TV, RING doorbell, voice activated assistants, washing machine, fridge, kettle, toaster, bathroom mirror, HIVE heating, security system, SMART meter, SMART watch/Fitbit etc., as well as environmental radiation from cell phone masts, satellites, Starlink, and neighbour's EMR signals.

Can you see that a baby (and other vulnerable groups) could easily reach their threshold and be at serious risk of tissue damage from overheating?



3.3 Figure 3 This picture shows thermographic imaging of brain tissue from an analogue mobile phone held against the right side of the head. This demonstrates that tissue heating does occur below ICNIRP guidelines and that children are substantially more affected than adults.



ICNIRP rf guidelines
2020.pdf

<https://www.icnirp.org/cms/upload/publications/ICNIRPrfgdl2020.pdf>

3.4 The ICNIRP never claim that their guidelines offer protection for everyone:

*“However, some exposure scenarios are defined as **outside the scope of these guidelines**. Medical procedures may utilize EMFs, and metallic implants may alter or perturb EMFs in the body, which in turn can affect the body both directly (via direct interaction between field and tissue) and indirectly (via an intermediate conducting object). For example, radio frequency ablation and hyperthermia are both used as medical treatments, and **radio frequency EMFs can indirectly cause harm by unintentionally interfering with active implantable medical devices** (see ISO 2012) or altering EMFs due to the presence of conductive implants. As medical procedures rely on medical expertise to weigh potential harm against intended benefits, ICNIRP considers such exposure managed by qualified medical practitioners (i.e., to patients, carers and comforters, including, where relevant, fetuses), as well as the utilization of conducting materials for medical procedures, as beyond the scope of these guidelines (for further information, see UNEP/WHO/IRPA 1993). Similarly, **volunteer research participants are deemed to be outside the scope of these guidelines, providing that an institutional ethics committee approves such participation following consideration of potential harms and benefits.**”*

This will be shown to be relevant in 4.16 about 5G, page 11.

3.5

*“ICNIRP considers people exposed to radio frequency EMFs as a result of cosmetic treatments without control by a qualified medical practitioner to be subject to these guidelines; **any decisions concerning potential exemptions are the role of national regulatory bodies**. Radio frequency EMFs may also interfere with electrical equipment more generally (i.e., not only implantable medical equipment), which can affect health indirectly*

by causing equipment to malfunction. This is referred to as electromagnetic compatibility, and is outside the scope of these guidelines (for further information, see IEC 2014)."

3.6 On p. 11 of the ICB-EMF document, it states,

"While recognizing that some vulnerable groups may be more susceptible to effects of NIR exposure, ICNIRP acknowledged that their guidelines may not safely accommodate these sensitive subgroups: "children, the elderly, and some chronically ill people might have a lower tolerance for one or more forms of NIR exposure than the rest of the population. Under such circumstances, it may be useful or necessary to develop separate guideline levels for different groups within the general population, but it may be more effective to adjust the guidelines for the general population to include such groups."

3.7 Dr Downing highlights that people with Ehler's Danlos Syndrome (EDS) and Benign Hypermobility Joint Syndrome (BHJS) are more susceptible to radiation damage, especially non-thermal effects. Stress has also been recognised as a major predisposing factor to radiation damage or sensitivity. Do you know anyone who has recently experienced a traumatic event, accident, or prolonged emotional stress e.g., moving house, divorce, mental or emotional abuse, school, a pandemic etc.? They are also at risk and more vulnerable.



Arthur Firstenberg
Radio-Wave-Packet.

<http://www.softlights.org/wp-content/uploads/2022/08/Firstenberg-Rev.-8-2022-Radio-Wave-Packet-What-you-Need-to-Know-about-Wireless-Tech.pdf>

3.8 Arthur Firstenberg explains that,

"Biological effects are found at 10, 0.01, 0.00001, 0.000000001, and 0.00000000000001 micro watts per square centimeter. (ICNIRP guidelines are 10 W/m².)

As Allan Frey wrote, living organisms use electromagnetic fields (EMFs) for everything from cellular communication to nervous system function. "Electromagnetic fields are not a foreign substance to living beings like lead or cyanide. With foreign substances, the greater the dose, the greater the effect—a dose-response relationship." Instead, he said, a living being is like a radio receiver. "The EMF signal the radio detects and transduces into the sound of music is almost immeasurably weak." Similarly, even an immeasurably weak radio signal can interfere with biological functions. (Frey 1990, 1993)

(You may have experienced the antenna effect when altering a radio aerial and getting improved reception whilst holding it.)

Dr. Ross Adey, at Loma Linda University School of Medicine, wrote that our cells "whisper" to each other with electromagnetic signals. He said that EMFs act at the atomic level and that "a threshold might not exist" for the effects of radio waves. (Adey 1993)

Biophysicist Neil Cherry, at Lincoln University in New Zealand, wrote that radio signals "can interfere with hearts, brains and cells at extremely low intensities, approaching zero exposure" (Cherry 2000). He later presented "conclusive evidence" that "the safe level of exposure is zero." (Cherry 2001)

For some effects, there is even an inverse dose-response, i.e., the lower the exposure level, the greater the harm. In other words, the more the external signal approaches the infinitesimal strength of our bodies' own internal signals, the more it is recognized by the body, and the more it interferes with life."

3.9 Other countries have set their own limits based on Health and Safety, much lower than ICNIRP limits.

Figure 4:

Comparison Exposure Guideline Level	$\mu\text{W}/\text{m}^2$	W/m^2
UK & US	10,000,000	10
Canada	4,390,000	4.4
Russia	100,000	0.1
Salzburg	1,000	0.001
EU Parliament	100	0.0001

3.10 Therefore, the EMR exposure guidelines adopted by the UK, are dangerously high and do not protect most of the population from thermal effects, nor do they protect anyone from non-thermal adverse effects.

4. 5G

4.1 Ms Caulfield said, *“In relation to 5G, it is possible that there may be a small increase in overall exposure when it is added to an existing network or in a new area; however, the overall exposure is expected to remain low, relative to the guidelines.”*

4.2 This level of ignorance could be excused from a member of the public, but not from the minister with responsibility for environmental health including radiation. The guidelines do not protect against toxic, man-made, biologically active, harmful, pulsed radiation at current, microwave 4G levels. Overall exposure cannot be *“expected”* to remain low due to the upgrade to millimetre beams.



ES-UK

Summer-2019-vol.17

Do you know the difference between microwave waves and millimetre laser beams? Please see page 19 of this newsletter:

<https://www.es-uk.info/wp-content/uploads/2019/08/Summer-2019-vol.17-no.2.pdf>

4.3 Figure 5

Year Of Introduction	Generation	Frequency
1991	2G	1.9 GHz
1998	3G	2.1 GHz
2008	4G	2.5 GHz
2020	5G	95 – 60 GHz

4.4 Currently, 4G signals are being broadcast in the 5G setup to provide 5G. The true 5G signal has not yet been implemented in the UK. 4G is the carrier wave for 5G, therefore increasing load. 5G has multiple frequency bands: Low 450 MHz – 1 GHz, Medium 1 – 7 GHz, High 24 – 52 GHz which are millimetre wavelengths. These mm Wave frequencies are significantly higher than anything to which humans have yet been subjected and are acknowledged to be more harmful. 55 and 73 GHz are known to cause significant arrhythmias. One pulse of 60 GHz can break the strands of human DNA. This is the frequency at which humans absorb oxygen. A microwave oven agitates water molecules, heating them up, 5G could do the same to oxygen making it harder to breathe.

Are you able to find proof it does not?

4.5 Nature is remarkably resilient and can adapt with successive generations but these changes to the electromagnetic field around the earth are happening too fast. Humans, nature, wildlife, and the planet have not yet adapted to the current levels. We all need time to assimilate and integrate what has already happened before being thrust into the next G. When change occurs too much too fast, it creates an overwhelm of the nervous system which is experienced as trauma. Time is required to bring our nervous systems and life force back into the calm, parasympathetic state before progressing. Unless this happens, the disease processes, climate change, and mental health problems already being experienced will exponentially worsen because trauma begets trauma.

4.6 The group Legal Action Against 5G and Michael Cavanagh KC are currently bringing a case against the government,

“to challenge the Government’s interpretation of scientific evidence,” but that the, *“peer-reviewed science we presented remained unexamined and unacknowledged.*

Adopting a ‘guideline’ which describes ‘expectations of safety’, whose authors confess their guideline is based on incomplete research of multiple possible health outcomes does not translate to ‘5G is safe’. The description ‘5G is safe’ even without the qualification ‘within the guideline’ was never employed in the ICNIRP’s literature upon which the Government claimed it had based its advice to the public.

*‘5G is safe’ is blatantly at best a misleading oversimplification even when argued from the extremely narrow grounds we were granted when our peer-reviewed science and expert reports confirming biological and health effects remain in the wings. **The most the Government can say is that they do not know what the likelihood of harm is.**”*

4.7 In September 2021, the US Federal Communications Commission (FCC) was found guilty in court of ignoring 11,000 pages of scientific evidence demonstrating that EMFs and electropollution are harmful to health.

How long do you think it will be before the same happens in the UK?

4.8 ICBE-EMF Discussion on page 19 poses questions about 5G. Due to the shorter wavelength and reduced ability to penetrate the body, does this have implications for skin and testicular cancers; oral and dental issues; retina and visual problems? Dr Magda Havas, Professor Emerita, has said that 5G penetrates sweat glands. The imprint of the signal on bodily fluid would then be communicated throughout. It also tracks along nerves with nerve endings acting as antennae. It causes cataracts (especially with gaming devices and virtual reality headsets), ocular pathology and antibiotic resistance.

4.9 Dr Havas’ studies found a **28,000% increase in exposure in an apartment below a mast antenna updated from 4G to 5G.** Both occupants became severely ill, the wife more so, and they were forced to abandon their home.

4.10 New York city streets in Brooklyn and Manhattan averaged a **233% increase in readings. The biggest difference was a 505% increase.** The highest value recorded was 1,690,000 $\mu\text{W}/\text{m}^2$ (1.7 W/m^2). This is 39% of the Canadian limit, 1,700% higher than the Russian limit, and 13% of a baby’s tolerance. This demonstrates a significant increase in radiation exposure.

Is the government prepared to stand by its claim of only a *“small increase, without consequences for health,”*?

4.11 5G coverage will be total with no escape or respite. It requires extraordinary amounts of electricity to function – which contributes to climate change through Carbon dioxide emissions. Its signals are blocked by foliage. 40,000 huge, old trees are due to be removed in the UK to make way for the installations. This reduces the water cycle, causing droughts. Trees defoliate on the side nearest to 5G antennae. These will both considerably add to the speed of climate change, threaten the atmosphere and levels of oxygen available for breathing. The planet is already wrapped in a microwave jacket and, as you know, microwave ovens heat things up. The new satellites beaming 5G from space will dangerously increase these warming levels. Due to the pressing nature of climate change and ground swell from the public against harmful practices that are speeding this change, would an intelligent government consider it reasonable to study the relevant, scientific evidence? If they did, they would conclude that this layer of electrification could be **more significant than carbon dioxide levels** and implement appropriate changes with legislation. Ironically, 5G is not even a resounding success – people prefer the service and reliability of 4G.

4.12 My own **two-decade-long study** of EMR, and 5G has revealed the following facts:

- The risk of a brain tumour increases by 5% for every 100 hours of analogue mobile phone use.
- The risk of a brain tumour increases by 400% in teenagers with SMART phone use.
- DNA damage caused by man-made EMR is irreversible.
- EMR causes sperm damage, reducing motility by 80%.
- Bee hive colony death only occurs where there are cell phone masts, due to immune destruction.
- Butterfly Conservation Charity reveals an 80% decline in butterfly numbers since 1970.
- The RSPB states that there have been significant additions of endangered birds added to the red list in the last 25 years – exactly the time frame since mobile phones came into widespread use.
- Scientists have discovered that birds use the magnetic field of the planet for migration, and insects use it for navigation. When disrupted, it leads to disorientation, exhaustion, and death.
- Cows with wearable GPS collars yield less milk.
- Adverse effects from EMR have been noted in the following areas: human health, addiction, social skills, safety, security, privacy, flora and fauna, energy consumption, global warming.
- In COP 15, the UN Biodiversity Conference held in Montreal, December 2022, it was revealed that there has been a 69% global decline in wildlife since 1970. This corresponds to when the microwave (wireless) network started. The UK only has 53% biodiversity left. Although there are other, more recognised reasons for biodiversity loss e.g., disease, habitat loss, industrialisation, and carbon emissions. EMR is a common denominator. Populations are ignorant of the wireless factor as governments continue to deny the dangers even though it is clearly causing the destruction of our planet and life on earth.

4.13 Furthermore, EMR is a significant health risk regarding infectious diseases as it reduces immune function. Dr Beverly Rubik's review comparing symptoms of EMR exposure with Covid 19 infection found remarkable similarities. Most of the studies she looked at were Russian from the 1970s – 80s. You may remember that Russia has one of the lowest exposure limits globally. Most of the Long Covid symptoms are **exactly the same** as EHS. Isn't that curious?



<https://www.medicdebate.org/files/C%2B%2B%2Bd-5%2Beneration.pdf>

4.14 The Magda Havas & Angela Tsiang study: **COVID-19 Attributed Cases and Deaths are Statistically Higher in States and Counties with 5th Generation Millimeter Wave Wireless Telecommunications in the United States** showed 2,556 excess cases per million – an 80% increase in infection rate in 5G areas compared to non-5G areas. All the initial outbreak centres were in 5G hub areas. The lowered immune function caused by EMR is likely to have proliferated the pandemic contagion.

4.15 5G is a directional energy stealth weapon. The MoD uses EMR signals to mentally incapacitate protesters. Barrie Trower, a retired Royal Navy microwave weapons expert, revealed it was used during the Greenham Common women protests in 1981 with the intention of causing neurological damage and cancer. Due to the low doses, it is impossible to know you are being targeted. However, he said the lower doses are more dangerous. Therefore, the government is not ignorant of its dangers. Despite being untested on humans or wildlife, the government is relying on irrelevant, and completely out-of-date assumptions for health and safety levels for this new application of millimetre wavelengths.

4.16 As there is no control group it constitutes an experiment on the entire population without consent or opt-out. Therefore, the introduction of 5G contravenes the Nuremberg Code 1947, the Human Rights Act 1988, and the Equalities Act 2010. The impacts of 5G are exponential, affecting every aspect of life and is an existential threat for humankind and the planet. Would you be happy supporting the government's stance?

5. SMART METERS

5.1 *"Similarly, exposures associated with smart meters comply with the guidelines, thus the meters do not pose a risk to health."* Ms Maria Caulfield

5.2 A guideline is a principle directing action. A limit is a point or level beyond which something may not extend. The ICNIRP has only provided guidelines, not a legal safety limit, and it is unjustified to assume that because something complies with a guideline that it is safe. Furthermore, it was an arbitrary figure set by the US Defense Intelligence Agency in 1976 saying, ***"If nations of the West are strict in enforcement of exposure standards there could be unfavourable effects on industrial output (profit) and military function."*** Would you be happy to claim that EMF signals below the guidelines are safe?

5.3 The guideline of 10 W/m² at 2 – 300 GHz is only set to prevent burning or electric shock at high intensity exposure. The EMF exposures experienced by the population are low intensity for prolonged duration. There has been a steady increase in the amount of radiation both within the home (SMART technology in appliances), environment, and as wearable devices e.g., hearing aids, diabetic monitoring. Did you know that SMART stands for Secret Military Armaments in Residential Technology?

5.4 The IntelliSense automated meter reading device (AMR) used by Southern Water can be read on a drive-by. They claim it radiates at 0.01 µW/cm² (100 µW/m²) and at a frequency of 433 MHz.

In fact, it is above $0.1 \mu\text{W}/\text{cm}^2$ (between $1,000 - 9,999 \mu\text{W}/\text{m}^2$). The signals emitted every 10 seconds imprints the water with its energetic frequency. Magnetic systems are often used as water softeners as they cause the limescale (calcium) build up to be released. When imprinted water is applied to the skin or ingested, this frequency is absorbed by, and communicated into, the cells. EMR causes calcium ions in the calcium channels (used for nutrient and waste transportation) to leak into the cells mimicking a cell danger response. When prolonged, the cells do not recover and damage occurs.

5.5 Andrew Goldsworthy is a retired lecturer from Imperial College London who spent many years studying calcium metabolism in living cells and how cells, tissues and organisms are affected by electrical and electromagnetic fields.



7022311211
Biological effects of

<https://ehtrust.org/wp-content/uploads/Goldsworthy-2012.pdf>

5.6 In his paper, The Biological Effects of Weak Electromagnetic Fields, March 2012, he explains:

“This phenomenon occurs with both ionising and non-ionising radiation and is called radiation hormesis. Gland cells are a good example of this, since short term exposures stimulate their activity but long-term exposures cause visible damage and a loss of function. Damage to the thyroid gland from living within 100 metres of a cell phone base station caused hypothyroidism and may be partially responsible for our current outbreak of obesity and chronic fatigue.”

*Cell phone base station radiation also affects the adrenal glands and stimulates the production of adrenalin and cortisol. Excess adrenalin causes headaches, cardiac arrhythmia, high blood pressure, tremors and an inability to sleep, all of which have been reported by people living close to base stations. The production of cortisol weakens the immune system and could make people living near base stations more susceptible to **disease and cancer**.*

*Inward calcium leakage in the neurons of the brain stimulates hyperactivity and makes it less able to concentrate on tasks, resulting in **attention deficit hyperactivity disorder (ADHD)**. When this happens in the brains of unborn babies and young children, it reduces their ability to concentrate on learning social skills and can cause **autism**. Leakage of the cells of the peripheral nervous system in adults makes them send false signals to the brain, which results in the symptoms of electromagnetic intolerance (aka **electromagnetic hypersensitivity**). Some forms of electromagnetic intolerance may be due to cell phone damage to the parathyroid gland, which controls the calcium level in the blood and makes cell membranes more inclined to leak. Further exposure could then tip them over the edge into full symptoms of electromagnetic intolerance.”*

5.7 Other conditions he associates with EMR are: **Diabetes, Alzheimer’s disease, liver disease, allergies, autoimmune disease, mitochondrial dysfunction, DNA damage, epileptic seizures, thyroid disorders, infertility, dementia, asthma, multiple chemical sensitivity, and Grave’s disease.**

5.8 However, he also offers a possible solution:

“Even now, it may be possible reverse their effects by burying the pulses in random magnetic noise, as proposed by Litovitz in the 1990s or by cancelling out the pulses using balanced signal technology but, at present, The Industry does not seem to be interested in

either of these.

The principle (of balanced signal technology) is very simple and involves transmitting two complementary mirror image signals on different carrier frequencies; i.e., when one has a pulse, the other has a gap. The base station would have no problem with this since they would look like two separate phone calls. However, living cells would be unlikely to distinguish between the two carrier frequencies and the pulses on each would cancel and it would look like a relatively harmless continuous wave. It would need very little extra bandwidth since only one of the signals need to be used, with the other one being effectively thrown away and they could all be dumped on the same frequency. In theory, this technology could be applied to both handsets and base stations, but has not yet been tested.”

5.9 Goldsworthy also makes recommendations to make electrical infrastructure and household wiring safer for health. They are included in section 15, Recommended Actions.

5.10 Arthur Firstenberg, author of *The Invisible Rainbow*, shows there is a “pandemic” each time there is an increase in global electrification. This selection of figures is taken from his paper on biological effects of radio waves page 2. You will notice that there are adverse effects from radiation even lower than that employed by the AMR:

5.11 Figure 6

Power density $\mu\text{W}/\text{cm}^2$	Reported Biological Effects	References
0.0000000001	Threshold of human sensitivity	Kositsky 2001
0.000000001	Altered EEG in human subjects	Bise 1978
0.002	Sleep disorders, abnormal blood pressure, nervousness, weakness, fatigue, limb pain, joint pain, digestive problems, fewer school children promoted: controlled study near a short-wave transmitter	Altpeter 1995, 1997
0.2	Childhood leukaemia up to 12km from TV tower	Hocking 1996
0.4	Breakdown of Blood-brain barrier by cell phones	Eberhardt 2008
4-10	Altered white blood cell activity in school children	Chiang 1989
10	Damaged mitochondria, nucleus of cells in hippocampus of brain	Belokrinskiy 1982a
10	Impaired memory and visual reaction time in people living near transmitters	Chiang 1989
10	Redistribution of metals in the lungs, brain, heart, liver, kidney, muscles, spleen, bones, skin, blood	Shutenko 1981
1,000	FCC’s Whole Body Exposure Limit	
17,000	Exposure to Genitals from Wireless Laptop on Lap	FCC 2018, Racini 2015
20,000	Exposure to Brain from any cell phone against head	

5.12 You can see how an AMR water meter radiating at $0.01 \mu\text{W}/\text{cm}^2$ ($100 \mu\text{W}/\text{m}^2$), is higher than the threshold of human sensitivity; can alter brain function detected by an electroencephalogram (EEG); and can affect sleep, blood pressure, digestion, and mood.

SMART meters can blast 60,000 $\mu\text{W}/\text{m}^2$ (6 $\mu\text{W}/\text{cm}^2$) every 30 seconds, using advanced meter interface (AMI) technology which can transmit data back to the company. EMR has an accumulative effect, and some meters may have higher radiation, at levels that damage mitochondria, memory centres of the brain and by mobilising metals around the body could move toxic heavy metals to more sensitive areas (e.g., aluminium to the brain causing Alzheimer's disease); remove beneficial ones away from target organs producing nutrient deficiency (e.g., zinc and copper, which are necessary for adrenal and pancreatic function respectively).

5.13 A Review of Metal Exposure and Its Effects on Bone Health by **Juliana Rodríguez** and **Patricia Mónica Mandalunis J Toxicol.** 2018; 2018: 4854152., Published online 2018 Dec 23. doi: [10.1155/2018/4854152](https://doi.org/10.1155/2018/4854152) Pub Med Central <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6323513/> states:

*“Metal intoxication has a negative impact on human health and can alter different systems depending on metal type and concentration and duration of metal exposure. The present review focuses on the most common metals found in contaminated areas (cadmium, zinc, copper, nickel, mercury, chromium, lead, aluminium, titanium, and iron, as well as metalloid arsenic) and their effects on bone tissue. **Both the lack and excess of these metals in the body can alter bone dynamics.**”*

5.14 Bone is a crystalline structure that makes electricity when it is compressed – e.g., during weight bearing exercise which helps maintain bone density. Therefore, SMART meters, and all man-made wireless signals, could contribute towards developing arthritis, osteoporosis, and other bone disorders.

5.15 Vini Khurana, an associate professor of Neurosurgery had this to say:

*“A wireless smart meter produces radio frequency microwave radiation with two antennas in approximately the same frequency range (900 MHz to 2.4 GHz) as a typical cell tower. But, depending on how close it is to occupied space within a home, a smart meter can cause much higher RF exposures than cell towers commonly do. If a smart meter is located on a common wall with a bedroom or kitchen rather than a garage wall, for example, the RF exposure can be the same as being within 200 to 600 feet distance of a cell tower with multiple carriers. **With both cell towers and smart meters, the entire body is immersed by microwaves that go out in all directions,** which increases the risk of overexposure to many sensitive organs such as the eyes and testicles. With a (analogue) cell phone, people are exposed to microwaves primarily in the head and neck (unless using speaker mode), and only when the device is turned on or in standby mode.”*

5.16 It is illegal to install electronic monitoring devices onto a property without the owner's permission. IntelliSense and SMART meters are an electronic surveillance device that intrudes into the householder's privacy. It constantly monitors use of gas, electric or water. Data is sent to the company every minute, even though readings do not need to be made this frequently. The information could be abused; intercepted by criminals to determine when occupants are on holiday; supply of vital services could be remotely turned off (legitimately or not) which could disproportionately affect disadvantaged households; a single powerful pulse of EMR could disable the meters and cut utility supplies to an entire neighbourhood which puts communities at risk of possible terrorist activity, or foreign sabotage tactics.

6. EHS

6.1 “Regarding electromagnetic hypersensitivity (EHS), UKHSA advises that some people report real and unpleasant symptoms that they attribute to EMF exposure, however, the scientific evidence suggests that this exposure does not cause symptoms.” Ms Maria Caulfield

6.2 Do you understand the term gaslighting? How would you feel if someone refused to believe you were having a heart attack because they had not updated their equipment? Your life is on the line but you are not going to get the help you need because they are too busy looking at the read out instead of you, the patient!

I am here to tell you that exposure *does* cause symptoms. I am living proof.

6.3 Dr Downing would like you to consider the following evidence:

*“A growing number of countries are beginning to acknowledge that Electrohypersensitivity (EHS) exists and a few countries have classified it as a disability or a functional impairment attributable to the environment. Epidemiological studies and in vivo experiments show that exposure to non-ionizing radiation (NIR) from extremely low to microwave frequency electromagnetic fields (EMF) at exposure intensities far below the maximum limits in international guidelines increases **anxiety, depression, and physiological stress and impairs cognitive functions that include concentration, memory and learning.** Furthermore, exposure to NIR contributes to neurodegenerative diseases including **dementia, Alzheimer’s disease, amyotrophic lateral sclerosis, multiple sclerosis, Parkinson’s disease, attention deficit hyperactivity disorder and autism spectrum disorder.** Exposure of the fetus to NIR (mobile phone) affects the neonatal heart and can lead to emotional and behavioral problems in human offspring. Similar exposures in laboratory studies report impaired cognitive performance, neuronal losses and pathological changes in the brain of rat offspring. **The scientific and medical communities have repeatedly sent out urgent warnings, in the form of appeals, declarations and testimonies, that exposure to NIR needs to be reduced from a public health perspective. These warnings have been largely ignored.** With continued development of wireless technology and the imminent roll out of new and densified technologies (e.g., 5G technology, satellite constellations, repeaters, wearables, Internet of Things), society will pay an enormous price for disregarding these warnings. **It is long overdue for those responsible for public health, the health of children and health policy to take these warnings seriously and to provide a refuge for those afflicted by EHS. EHS is real, it is exacerbated by exposure to NIR, it is increasing among the population and when severe it becomes a disability.** Action is long overdue to minimize exposure to NIR and to provide a safe environment that all can enjoy.”*

6.4 This paper also provides scientific evidence for EHS, lists the countries already recognising EHS (p.7), highlights the appeals from scientists who study EMF asking governments to improve protective guidelines (p.11), and lists the physical and social restrictions of someone with EHS:

*“The concept of white-zones is extremely important for persons who have EHS, as their symptoms become worse when they are exposed to electrosmog. This makes it difficult, or impossible, for them to use public transit and, in some case, to be in a vehicle on roadways that are frequented by cellular network antennas or in high-traffic areas where ever more vehicles are equipped with ever more always-on RF emitting antennas. Cycling, walking or using assistive mobility equipment in such areas can be intolerable due to electrosmog exposure. **All of this provides a significant barrier to employment and providing oneself with the necessities of life. Simple tasks like shopping in stores located near cellular network antennas or hydro fields***

or equipment with public or private Wi-Fi, cordless phones or pagers, Bluetooth, wireless HVAC or anti-theft systems becomes increasingly challenging. Electrosmog provides a barrier to travel by train or airplane (or even enter an airport or train station), especially those equipped with Wi-Fi; to stay in hotels; to go to schools, libraries and community centres, as many of these (and other) venues have converted Ethernet cables to Wi-Fi routers for Internet connectivity; to visit parks and open spaces that have “city-wide” Wi-Fi; to access buildings that house public services or government offices; and to attend facilities for routine medical or other health care. For many with EHS, even living in their own homes, whether in multi-unit dwellings (apartment buildings and condominiums) or single-family dwellings on small lots, due to the proximity of neighbors who have any of the various cordless or wireless technologies (in their houses, yards or parked vehicles), large solar panel installations, automobile charging stations or so-called “smart” utility meters (for electricity, water or natural gas) becomes unbearable. All of this is likely to get much worse with 5G (5th Generation) technology currently being tested in select communities with rollout scheduled to begin in 2020. Persons with severe EHS who are no longer able to live in their own homes, unwillingly but out of necessity, sleep in forests in cars or move to rare, remote communities for “EMF Refugees”.

6.5 Therefore, by quoting the UKHSA who say exposure does not cause symptoms, the government had the audacity to imply that Dr Downing (a Harley Street Specialist), hundreds of doctors and scientists who are specialists in this field, and I, are lying or mistaken. After the incredible effort to authenticate my condition by getting an official diagnosis, asking my MP for help in bringing this issue to the attention of Parliament, I found the minister’s comments deeply insulting. It makes a mockery of the political system and what passes for democracy in this country.

7. IDIOPATHIC ENVIRONMENTAL INTOLERANCE ATTRIBUTED TO EMF

7.1 *“A small portion of the population attributes non-specific symptoms to various types of radio frequency EMF exposure; this is referred to as Idiopathic Environmental Intolerance attributed to EMF (IEI-EMF).”* Ms Maria Caulfield.

7.2 Again, without referencing the studies that reportedly fail to identify a relationship between EMF and IEI-EMF it is impossible to determine their validity. Please refer to paragraph 13.18 for the actual numbers of sufferers – 25 million is not a small portion. Idiopathic means a primary disease without apparent cause. If there are so many people all claiming that they can relate their symptoms to their mobile phone, Wi-Fi, or SMART meter, that there is even a name for the condition, could it be time the DH and other authorities start trying to find an explanation for, and the cause of, IEI-EMF?

Or, better still, could they pay us attention and be open to the possibility that EMR causes disease instead of dismissing and discrediting us?

8. ROLE OF GOVERNMENT

8.1 The Home Office website says, *“The first duty of the government is to keep citizens safe and the country secure.”*

Public Health England (PHE), the executive agency of the Department of Health and Social Care, website says, *“it exists to protect and improve the nation’s health and wellbeing and reducing health inequalities.”*

The Department of Health and Social Care (DHSC), *“support(s) ministers in leading the nation’s health and social care to help people live more independent, healthier lives for longer.”*

The Guide to the Department of Health's (DH) role and purpose post-April 2013 includes: Page 4, *"The health and care system must **keep evolving in order to deliver a service which responds to the nation's changing health and care needs.**"*

Page 6, *"To make sure we put patients at the heart of all we do."*

*"Creates national policies and influences **global leadership** in health and care policy."*

*"Provides transparent governance and **evidence-based decision-making.**"*

Page 7, *"The DH helps people to live better for longer. We lead, shape and fund health and care in England, making sure people have the support, care, and treatment they need, with the **compassion, respect, and dignity they deserve.**"*

*"Providing the long-term vision and ambition to **meet current and future challenges**, putting health and care at the heart of government, and being a global leader in health and care policy."*

*"To champion innovation and improvement – by supporting research and technology, **promoting honesty, openness and transparency, and instilling a culture that values compassion, dignity, wellbeing** and the highest quality of care above everything."*

Page 8, *"Our priorities ensure that the ... system delivers ministerial priorities, such as: living longer – reducing avoidable premature mortality."*

Page 9, *"The Department also sets national priorities... We: call for action, **make the case for change** and give licence to new approaches; **reduce inequalities, improve efficiency, and protect and improve the public's health.**"*

Page 16, *"Our four values underpin the culture of our organisation... People – **we care about people** and put their health and wellbeing at the heart of everything we do; ... Accountability – **we are open to challenge and take responsibility.**"*

*"The Department need to connect more with patients and service users and **generate a positive culture around listening to and understanding patients' needs and expectations, taking account of their experiences, and being open about deficiencies.**"*

*"...and demonstrate that we put **their views at the heart of all that we do.**"*

8.2 Is the government responding to the rapidly changing health needs of the nation? Willing to admit deficiencies in government policy and make amends? Reducing inequality for EHS sufferers? Are they willing to consider my plight with compassion? Treating me with the dignity and respect I deserve? Are the ministers and councillors informed, and providing leadership or just listening to the civil servants and toeing the party line?

The scientific evidence would indicate that the government, and local councils are seriously failing to acknowledge the dangers of EMR, failing in its duty of care to protect the public and failing to live up to its own values, vision, aim, and purpose.

8.3 Regarding global leadership, the UK is far behind other countries in recognising EHS e.g., Canada, EU, Germany, France, Israel, Australia. The UK is failing to recognise the emerging primary disease of EHS which was documented as early as 1866 after the introduction of the electric light bulb.

9. MENTAL HEALTH AND BRAIN TUMOURS

9.1 The Parliamentary Under Secretary of State for Mental Health and Women's Health Strategy is **responsible for mental health and environmental health** (air quality, chemicals, **radiation**).

9.2 Brain tumours claim 5,300 people annually. Cancer Research UK says there are 12,288 cases diagnosed each year (2016-2018), over 4,000 of them in children, with 5,456 deaths. There is

only a 12% survival rate for 5 years after diagnosis. IBB Law claims the rate is over 2% higher than in 1970. Although survival rates have improved, death rates are also rising. Dr Alisdair Philips has shown that incidence of brain gliomas has doubled since 2000. As endocrine gland tumours are not grey or white matter, 40,000 cases are removed from brain tumour statistics annually to hide the true figures.

9.3 Autism, ADHD, mental health problems, thoughts of suicide (even in under 11s) and anxiety have increased dramatically, especially in young people over the last two decades, whereas thirty years ago, they were rare. Awareness of these conditions, improved diagnosis, and willingness to report symptoms may have improved but cannot explain the dramatic increases in mental health problems alone. The media regularly inform us that the NHS is at breaking point. Mental health services have been overwhelmed by a mental health crisis, especially amongst young people. There is inadequate provision and a two-year waiting list.

Has anyone in DH been asking why there has been such a sudden surge in people needing help with anxiety and depression?

9.4 Dr Gemma Lewis, a Psychiatric Epidemiologist from University College London, studies the distribution patterns of mental ill health in the population. Dr Lewis was interviewed by Horatio Clare on Radio 4's "Is Psychiatry Working" series. She explained that anxiety and depression have increased amongst young people, especially girls, over the last twenty years, *"It cannot be changes in genetics or biology so we are looking for environmental changes in that time period."* Dr Lewis cited possible effects from austerity and education system changes, but concluded that they do not know the cause.

9.5 The most significant environmental change in that period is the addition of the microwave network to environmental radiation pollution and use of mobile phones. Social Media is often associated with anxiety. However, it must be remembered that 100% of the time teenagers are using social media on a SMART phone, they are also exposed to EMR signals. This has caused chemical and biological addiction to the signals. Referring to the Arthur Firstenberg table, this can cause: sleep disorders, abnormal blood pressure, nervousness, weakness, fatigue, limb pain, joint pain, digestive problems, fewer school children promoted, childhood leukaemia, breakdown of the blood-brain barrier, altered white blood cell activity.

Then add in the radiation from: Wi-Fi, TV, Stereo, voice activated assistants, SMART meter, Fitbit, tablet, burglar alarm, Digistat thermostat, Hive heating control, baby monitor, washing machine, fridge, neighbour's Wi-Fi, 4G and 5G broadcasts. They are probably overwhelmed at thermal (tissue heating) levels, let alone non-thermal, safety levels.

9.6 Just treating the symptom of the problem, trying to deal with patient's ailments once they are ill, will only become more challenging as patient numbers increase with fewer NHS resources.

PREVENTION IS BETTER THAN CURE. Finding the cause is half way to finding the solution – it is more effective to **TREAT THE CAUSE, NOT THE SYMPTOMS**. Thankfully, science has already proved the cause as being demonstrated here.

9.7 Dr Martin Pall has done extensive work on this subject. Please see the link below for his paper: **Microwave Frequency Electromagnetic Fields (EMFs) Produce Widespread Neuropsychiatric Effects Including Depression.**



Dr M Pall
Microwave (EMFs) p

<https://www.sciencedirect.com/science/article/pii/S0891061815000599>

9.8 The following link is entitled: **5G: Great risk for EU, U.S., and International Health! Compelling Evidence for Eight Distinct Types of Great Harm Caused by Electromagnetic Field (EMF) Exposures and the Mechanism that Causes Them.**



M Pall
EU-EMF2018-6-11US

<https://www.radiationresearch.org/wp-content/uploads/2018/06/EU-EMF2018-6-11US3.pdf>

9.9 Please check out the 9-minute video:

Dr. Martin Pall to the NIH: "The 5G Rollout Is Absolutely Insane."

<https://www.globalresearch.ca/dr-martin-pall-5g-rollout-absolutely-insane/5680544>

9.10 Our young people, and their parents, **deserve to know the risks of their activities**, to be protected from government-endorsed toxic air pollution, and be given **appropriate mitigation advice**, not just symptom management.

Will you provide that for them?

10. GP

10.1 *"The UKHSA's main advice to people who consider their health to be affected by EMF exposure is that they should discuss their health situation with their GP who is best placed to decide on what investigations should be carried out and what treatments may be possible."*

Ms Maria Caulfield.

10.2 My GP said that GPs are not able to make such a diagnosis (of EHS) either for the initial radiation injury despite the existence of the diagnosis code for non-ionising radiation: W90.0XXA, subsequent encounters (W90.0XXD) or the consequent sequela of EHS (W90.0XXS).

Apparently, he could not find a specialist willing to put their name to it either. There is no Education or Continuing Professional Development on the subject, no diagnosis pathway, no reliable tests, and no authorised treatment, because they are **only allowed to follow the Government directed protocols**. As there is no government recognition of EHS, the UKHSA's advice is worthless and designed to ensure no-one can be diagnosed with EHS.

10.3 The medical profession has been constrained for decades due to its over-reliance on medical science and insensitive biological tests instead of combining them with the Art of Case History taking. My profession taught us to treat the patient, not the X-ray or test results. It is true that there is no definitive test for EHS yet and clinical presentation varies from person to person. However, the symptoms brought on by EMR include oxidative stress, behavioural disruption (ICBE-EMF p.17) and a stress response. Therefore, there are parameters which could be measured e.g., tachycardia, low blood pressure, increased sympathetic tone, skin moisture, feelings of anxiety et cetera.

Thermographic imaging has been used in tests to demonstrate tissue heating of the brain after mobile phone use – see *Figure 3*, on page 3. There are also biomarkers which can be assessed

such as Heart Rate Variability, Biofield mapping, blood rouleaux formation, electrophotography, and functional MRI.

Figure 7 The left image shows fMRI of EHS brain, the right shows normal fMRI



Figure 5: Lateral view of case no. 5.

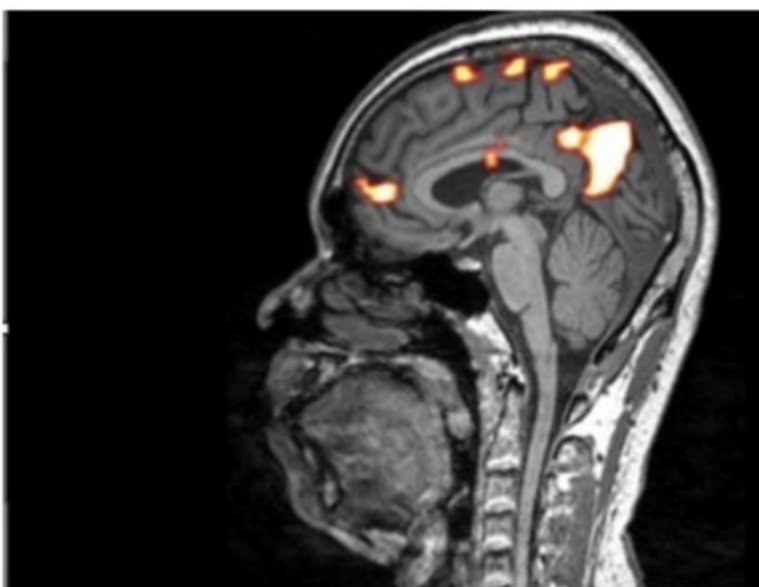


Figure 11. Lateral view of a normal fMRI. Note absence of abnormal white areas seen in our patient group.

10.4 Despite numerous letters to my MP, Craig Mackinlay, he refused to help unless I had a diagnosis from my doctor. As the NHS is completely impotent on this matter, I had to see Dr Downing, the Harley Street specialist privately. This was a huge undertaking, getting a lift into London and enduring the mast signals there. Craig said that the government had yet to see evidence that was “*persuasive*”. Has the government been looking at any of the evidence? It appears to be solely relying on the WHO and ICNIRP, without understanding this type of radiation at all. This way they can deny the existence of EHS. The legal action against the government is based on the fact that the government have been ignoring the science. The governments’ adherence to inappropriately applied ICNIRP guidelines displays a profound level of wilful ignorance. **Doctors and all healthcare providers need to be better informed as a matter of urgency.**

11. WORLD HEALTH ORGANISATION (WHO)

11.1 “*The World Health Organisation treatment guidance, which focuses on the health symptoms and the clinical picture, may also be helpful.*” Ms Maria Caulfield.

11.2 The WHO advice to only focus on the symptoms is patronising and condescending. Many people, with this genuine illness are only being treated with antidepressants for their stress response symptoms. When they complain that it relates to their mobile phone, they are told categorically that it is not and therefore lifesaving information is withheld. Treating symptoms is not a cure. In my experience, the cure is slow, challenging and getting ever more difficult as EMR signals multiply and intensify in the environment. **Remember: prevention is better than cure.**

11.3 The UK government pays the WHO to protect us. And yet, their 1973 Warsaw conference paper declaring EMR as a definite carcinogen (Class 1), was labelled Top Secret and the information is still suppressed. In 2011 the WHO said EMR was a Class 2 (possible) carcinogen.

In 2018, the National Toxicology Programme (NTP) study funded by the National Institute for Health (NIH) showed EMR is a Class 1 carcinogen alongside Arsenic, Asbestos, Mustard Gas and X-rays. Therefore, it is not a case of “if” someone will get cancer from EMR, but “**when**”.

Does the WHO suggesting symptomatic relief for an illness caused by a Class 1 carcinogen have alarm bells ringing?

It should do.

11.4 The WHO is an unelected influence whose main funders include The Chinese Communist Party (CCP) who have a poor human rights track record. China is using 5G for facial recognition payment and social credits. It means they can track everyone, everywhere, applying credits and perks for good behaviour; punishments for unhealthy purchases e.g., by prevention of travel, buying food; and could be used to place discriminatory restrictions on religious communities or groups who the Communists perceive as a threat to their regime.

Do Britons really need this style of communist control? The UK government recently removed Huawei from the 5G roll out amidst security concerns. Allowing the CCP to influence our health care via the WHO constitutes governance infiltration and domination by stealth.

11.5 There is a lawyer who stated that: *“allowing the WHO to dictate UK government policy represents Treason by denying the UK the ability to decide what happens within our borders; could jeopardise national security; undermine the health of this nation; and would be a subtle, coercive and undemocratic form of global governance.”*

Do you still trust the advice from the WHO? Or, do you view them with scepticism now?

12. DISPARAGING REMARKS

12.1 *“The scientific evidence suggests (EMF) exposure does not cause symptoms. This conclusion does not disparage the importance of the symptoms that people experience, but it does **suggest causes other than those directly related to EMF exposure be considered.**”* Ms Maria Caulfield.

12.2 This thinly-veiled insult is a medical term which implies that EHS sufferers are imagining it, making it up or mentally unstable. We are frequently dismissed as malingerers, labelled as hypochondriacs, or conspiracy theorists, and ridiculed by people (even family members) who are less sensitive and not yet ill from EMR. However, it will be only a matter of time - **the radiation affects everyone whether they can feel it or not.**

Dr Magda Havas says 3% of people will get severe symptoms, 35% moderate or serious, 100% will get some adverse health effects e.g.: headaches, tension, tinnitus, insomnia, restlessness.

12.3 EHS sufferers are simply the canary in the cage. At least miners down the pit listened to their canaries, who sang until the unseen, unheard, untasted, toxic gas took the birds’ lives. You cannot hear, see, taste, or feel EMR, until you have been damaged by it, and then it **really hurts**. The severe pain, brain fog, headaches, breathlessness, tachycardia, and fatigue are utterly debilitating.

12.4 Compare this situation with other toxic substances:

- Asbestos was first used in 1858 and not regulated until 1970. It takes 20 years for asbestos-related mesothelioma to develop.
- Smoking started in Europe in 1531 but was not banned in public spaces until 2007. Smokers are 15 – 30 times more likely to get lung cancer.

12.5 Like smoking, EMR toxicity can take years for symptoms to be evident and so far, is not even being recognised as the true cause. Denying the possibility of harm from EMR means that the government is not recognising the harm that is being done. Refusing to listen to those who are claiming harm from exposure is a flagrant violation of their human rights under the Equalities Act 2010 due to their protected characteristics.

12.6 The governments' refusal to acknowledge the dangers of EMR despite the evidence, leads intelligent people to suspect there may be some hidden agenda behind their denial. Silence is acquiescence. Inaction supports the genocidal abuse perpetrated by technological companies. **Please could you legislate for the use of non-pulsed waves only at non-biological active frequencies?**

13. DISCRIMINATION, EXCLUSION AND VULNERABLE GROUPS

13.1 Technology has advanced with increasing rapidity over the last 2 decades. Scientists who study EMF for a living are alarmed at how it is being used and have issued signed statements to that effect:



2020-NIR-Consensus
s PHIRE, Dr DD etc.p

[2020-Non-Ionising-Radiation-Consensus-Statement.pdf \(phiremedical.org\)](https://phiremedical.org/2020-Non-Ionising-Radiation-Consensus-Statement.pdf)

13.2 VULNERABLE GROUPS

The Consensus Statement 2020 highlights that some people are more vulnerable to radiation: children, the elderly and the chronically ill, as has already been explained.

Other groups include:

- Pregnant Women and their babies: EMR exposure causes shorter pregnancies, increased foetal heart rate variability, smaller head, and chest circumferences. This is on a par with maternal smoking and foetal alcohol syndrome. During the first 100 days of pregnancy, the developing foetus will be growing genetic material for the grandchild of the pregnant woman. The 40,000 developing eggs in a baby girls' ovaries are at maximum risk of damage as they are more susceptible to gene damage at this stage. Genetic damage may not show until the granddaughter of the pregnant woman conceives. Science predicts that in 60 years, only one in 8 children born may be normal. In China, pregnant women are required to wear abdominal EMF shielding covers.
- Mitochondrial DNA in girls' developing ovaries have no protection and is ten times more susceptible to radiation than any other DNA and is easily damaged.
- Girls are more at risk of hormonal dysfunction from EMR as it is a hormone dysregulator thereby causing menstrual cycle irregularities, difficulty conceiving/fertility issues and menopausal symptoms.
- Everybody, but particularly girls, are already vulnerable to hormonal dysfunction from glyphosate (Roundup) weedkiller, PFAS, BPA, Fire retardants, and other chemicals which are known hormonal dysregulators. The addition of EMR damaged hormone function from cell phone radiation could be a possible explanation for the sudden surge of gender dysphoria amongst teens, especially girls.
- Baby boys are already at risk of infertility due to the plastics in disposable nappies heating the testicles. Male genitalia are intentionally external to keep them cool, but EMR increases heating thereby further increasing the risk of infertility.

- School children are at risk from Wi-Fi in schools as they are less resilient to signals. Despite advice that under 16s should only use mobiles for emergency calls, they are irradiated by Wi-Fi in the classroom and being forced to do homework on laptops.
- Women who carry a phone in their bra are at greater risk of breast cancer. Use of toxic aluminium-containing, underarm deodorants and antiperspirants; and wearing underwired bras, with synthetic material, already prevent lymphatic drainage and adequate sweating through skin pores causing an increased risk of cancer. The metal underwire in a bra acts as an antenna (as may the aluminium lodged in sweat glands), magnifying EMR signals and further increasing the risk of cancer.
- Women are more at risk of abuse and attack from men as the symptoms of EMR include aggression, which in men has been particularly demonstrated as sexual aggression.
- Women experience hormonal changes as a natural part of the menopause. Bone loss frequently occurs so they will be more at risk of greater bone loss from EMR exposure.
- People with pacemakers may find that the artificial heartbeat regulation is affected by EMR signals.
- Patients with metal medical implants e.g., hip replacements, will also suffer from the antenna effect increasing their exposure to EMR and risk of cancer.
- Diabetes is one the diseases triggered by EMR. And yet, the latest blood monitoring device for diabetics is wireless and is worn on the skin.
- The elderly suffer natural processes of cognitive decline and other ageing signs including deafness. Battery operated Hearing aids create an electric field behind each ear. Now, Bluetooth compatible devices funnel microwave signals along the ear canal straight into the brain at brainstem and pituitary gland level. Bilateral signals sandwiching the brain, promotes Rapid Ageing Syndrome, anxiety, depression, Alzheimer's Disease, and early-onset senile dementia.
- Wireless earbuds have a similar effect but will predominantly affect the younger generations.
- Light Sensitive individuals <https://lightaware.org/changing-the-narrative-on-digital-exclusion/>

13.3 DISCRIMINATION AND EXCLUSION

Despite this era of greater awareness of disability and equality, there is growing discrimination towards people who choose not to, or for medical reasons cannot, use EMR technology with the result that they are gradually being excluded from society and treated as second-class citizens:

- people who cannot afford a SMART phone or mobile phones adversely affects lower socio-economic and deprived areas;
- Electrohypersensitive community;
- The elderly who do not understand the technology;
- Those who are mentally incapacitated, autistic etc.

13.4 HOSPITALITY & ENTERTAINMENT

Every aspect of this sector is now a challenge for ES sufferers:

- Cultural events now require booking online or a QR code scanned for tickets;
- Restaurants require ordering via SMART phone at the table;
- Small shops use tablets instead of a till which has extra-strong Wi-Fi, often in a very small area;
- Theatres ask people to turn off their mobile phones but they only put them onto silent which does not stop the signals;
- Hotels, Bed and Breakfasts advertise free Wi-Fi, imposing signals on all their patrons without asking consent and without designated quiet or safe rooms, or communal areas.

13.5 ELECTRIC CARS

Electric cars (and new petrol and diesel cars) come with Bluetooth and radar as standard which, in most cases, cannot be turned off or disabled, magnifying the signal within the metal bodywork. Being able to locate charging points for electric cars requires an app which is only available on a SMART phone. Whilst I have advocated and welcomed the move to electric cars for many years, it is possible that EHS sufferers may never be able to travel anywhere, even to attend medical appointments, ever again.

13.6 TELECOM

The telecoms network is moving away from copper landlines to fibre-optic cable because copper cannot cope with the increasing Internet speeds. However, with Fibre to The Property (FTTP), the only way to use a landline is Voice Over Internet Protocol (VoIP) which does not work in a power failure. This leaves vulnerable people who cannot use a mobile phone unable to call emergency services.

Ironically, during a power failure, the mobile network has been known to drop which would render even mobile phone users stranded. VoIP has only one phone port, therefore assuming people use DECT cordless phones for multiple handsets. Someone with a disability often needs more than one handset throughout the house for ease of access, safety in the house, and to prevent accidents caused by rushing through rooms, up or downstairs. Making the old copper landline system obsolete endangers lives, health and safety for wireless-free householder that cannot use DECT cordless phones.

Would it be possible to upgrade the copper and keep it for phone lines only, and use the fibre optic for Internet only?

13.7 INTERNET ACCESS

Modems for computers used to be wired via an ethernet cable. Now, they are all wireless without the option to purchase wired-only. Turning the Wi-Fi function off does not always render it completely silent. Someone with EHS cannot be in the room to change the necessary settings online and turn the Wi-Fi off, therefore relying on others to do so. BT can remotely turn a households' Wi-Fi back on. They use these signals as part of their WiMax network.

It would be easy for manufacturers to provide routers without any Wi-Fi capability whatsoever or, at the very least, for initial setup to be in wired mode, requiring the Wi-Fi to be turned on. A straight forward switch "on or off" on the side would also make it easier and prevent remote control. Thereby, eliminating any discrimination against EHS customers.

13.8 TELEVISION

All new televisions are SMART TVs. As electronic items wear out and need replacing, there is now no consumer choice available for the EHS sufferer or someone who has discovered a sensitivity and wishes to reduce their exposure to signals. Retailers are ignorant of the radiation levels of products. Although some people may feel able to reject the information and entertainment available on TV, it is an enforced isolation for those affected.

13.9 HOUSEHOLD ITEMS

Many appliances now include Bluetooth and connectivity to mobile apps. **If it does not move, it does not need a wireless signal.** Static appliances, utility meters etc., could be wired to a central communication centre or send feedback via the cabled network.

13.10 BUILDING REGULATIONS

The building industry builds houses to minimum safety levels required by law e.g., to prevent electric shock. There is no interaction between them and Building Biologists, or any understanding of what makes a house healthy or not. It is difficult and expensive to retrofit measures, reduce Geopathic Stress, and mitigate harmful effects from Ring mains and Dirty Electricity. There are simple strategies which could, through adequate regulation, improve the health of people's homes at the time of building e.g., encapsulated/shielded wiring, twisting live and neutral wires together, Dirty Electricity entry filters on the inbound supply at the fuse box etc.

13.11 LIGHT BULBS

The EU banned incandescent lightbulbs which produce heat and are therefore deemed inefficient. However, this heat helps to clean any dirty electricity on the household wiring, making it safer. The original energy-saving lightbulbs were too dim, the flickering caused eye and brain strain. They could not be recycled because of the mercury in the coil. These have been mostly superseded by LED lightbulbs which are expensive to produce and purchase, do not last very long (2 to 3 years) and are not recyclable. Both styles of energy saving bulbs fractionate the human biofield. By contrast, incandescent bulbs were cheap to make, every component could be recycled, they lasted for decades, emit light that is harmonious with the human biofield, and the heat they generate helps to clean dirty electricity from large electricity consuming devices in the home.

Now we are out of the EU, it would be possible to reverse the ban and return to healthier lighting.

13.12 BLUE LIGHT

Blue light has become popular in LED lights, car headlights, backlighting for household products and in street lights. It radiates at 450 – 250nm. The eye picks up this light radiation into the retina where it adversely affects enzymes in the hypothalamus causing mood suppression, slowing the brain, and extending the circadian rhythm by two hours. Conversely, the sulphur, orange-coloured street lighting is more harmonious with the brain. The new LED street lights being installed could easily have an orange filter over them to make them safe and blue light changed to red.

13.13 MUSIC

Back in the 1930s, the tuning of the musical note A was changed from 444 Hz, which is a harmonious frequency, to 440 Hz. This was the frequency used by the Nazis for mind control and sleep deprivation. Unfortunately, the tuning was never changed back so, all our music has disruptive qualities and is unsettling to the human spirit. It would be relatively simple, but highly effective to change this back. Although 432 Hz would be even more harmonious.

13.14 HEALTH AND SAFETY

Health and safety laws exist to protect people from harm – the first duty of governance. It is excessive and crippling in some sectors, but illegal to complain about planning for cell phone mast sites and their signals on the grounds of health and safety. This disparity makes an utter mockery of HSE law. Telecoms companies are getting away with manslaughter, grievous bodily harm, and mental abuse. This leaves government open to criticism of compliance with this murderous activity.

13.15 COULD UK BE LEADERS IN SAFE COMMUNICATION TECHNOLOGY?

In September 2023, the French regulatory body ANFR imposed a sales ban on the iPhone 12,

following tests that revealed the device's Specific Absorption Rate (SAR) exceeded legal limits. According to ANFR, the iPhone 12 demonstrated a SAR value of 5.74 watts per kilogram in tests that mimicked the phone being held in a hand or carried in a pocket. This surpasses the European Union's legal threshold of 4.0 watts per kilogram. Apple is currently prohibited from selling the iPhone 12 in France due to this **non-compliance with radiation level standards**. This shows that the UK is lagging behind other countries in terms of monitoring products and imposing existing criteria.

13.16 In her book Zero Point Field, Lynn McTaggart describes how Quantum Physicists used to remove the background energetic noise from their calculations but, despite this, nothing seemed to work out. Then they started including these signals into both end of the equations and found they were able to prove their formulae. This background energy is called the Zero Point Field (ZPF). There is enough energy in 1m³ of air to boil all the oceans of the world. It does not make sense to overlay and destroy this energy with man-made, pulsed signals that are toxic to life. The energy that already exists could be utilised for communication systems instead. The ZPF is the mode by which telepathy works. It is the human equivalent of the mycorrhizal fungi network that connects tree roots to each other below ground. If the UK wanted to be cutting edge and at the forefront of the technology market, **with a safe and sustainable communication network**, the ZPF is where they could pay attention and put the funding.

13.17 HUMAN RIGHTS BREACHES

According to Michael Bevington, in his book Electromagnetic Sensitivity and Electromagnetic Hypersensitivity (also known as Asthenic Sickness, EMF Intolerance Sickness, Idiopathic Environmental Intolerance – EMF Microwave Syndrome, Radio Wave Sickness) A Summary, p.53,

“a) Health Rights as regards to ill health from involuntary EM exposure include:

- 1. The right to homeostasis in our own bodies.*
- 2. The right to normal central nervous system function.*
- 3. The right to natural environmental cues which synchronise our circadian rhythms.*
- 4. The right to sleep.*
- 5. The right to heal.*
- 6. The right to hear.*
- 7. The right to reproduce.*
- 8. The right to learn and retain memories.*
- 9. The right to an intact genome.*

b) General rights: under the United Nations’ Universal Declaration of Human Rights the following articles seem to apply to ES people.

- 3. Everyone has the right to ... security of person.*
- 5. No one shall be subjected to ... degrading treatment.*
- 21. Everyone has the right of equal access to public service in his country.*
- 23. Everyone has the right to work, to ... favourable conditions of work.*
- 25. Everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including housing.*
- 27. Everyone has the right freely to participate in the cultural life of the community.”*

13.18 Every one of these points is compromised under current Government Guidelines. The roll out of the untested millimetre wave 5G frequencies will both increase the level of effect in these

individuals and increase the number of individuals affected. **This contravenes the Equalities Act 2010 and constitutes a serious Human Rights abuse.** It also breaches the UN Convention Articles 6 and 19 protecting children.

13.19 SCALE OF THE PROBLEM

One person's misery might be considered collateral damage. However, applying Dr Magda Havas' conclusions to population statistics for England from the 2021 census:

3% with severe symptoms is 1,694,694 people;

35% with moderate or serious symptoms is 19,771,430 people;

A total of nearly **21.5 million people were seriously affected in 2021.**

This equates to 24,746,246 (nearly 25 million) of the UK population, according to population estimates for 2023. So, **25 million Britons are experiencing Human Rights abuses and exclusion from society because of carcinogenic radiation pollution.**

13.20 POLLUTER (DECISION MAKER) PAYS FOR CLEAN-UP

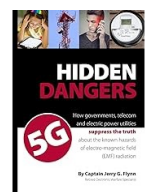
An UK company that supplies EMF testing and shielding products have described a "tsunami of interest" from people suffering serious symptoms since 2020 (since the start of the 5G rollout). Under the **Rio Declaration, principal 16, the polluter pays for environmental damage** if a strategic environmental assessment was not carried out. When the Wi-Fi/5G bubble bursts, which it will (because it has already started), on which side do the individuals in Parliament wish to be seen: Greedy tech companies or vulnerable people? It is common that, when found lacking, institutions protect themselves, scapegoating the individual who had responsibility at the time. (We have seen this in recent political history.) Will that be you?

13.21 Will the Minister, councillor, or civil servant with responsibility for environmental EMR radiation be willing, or able, to pay for the current levels of GBH, manslaughter and environmental damage? The scientific evidence does not support the government's stance, nor is there any insurance. Lloyd's of London refuse to insure against EMR damage due to the known dangers. Please ensure the Technology companies take responsibility for the toxic radiation and liability for damage caused.

13.22 The book Hidden Dangers of 5G by Captain Jerry G Flynn has a chapter on advice for decision makers.

figure 8

https://www.amazon.co.uk/Hidden-Dangers-governments-utilities-electro-magnetic/dp/1775394514/ref=sr_1_1?crid=SVQOF68GDTXC&keywords=hidden+dangers+of+5G&qid=1700075223&sprefix=hidden+dangers+of+5g%2Caps%2C78&sr=8-1



13.23 This information is not new. Since 2004, **Eileen O'Connor** Director of EM-Radiation Research Trust (RRT) has presented information to successive governments. In 2019, RRT served notice on the government regarding 5G and, in April 2020 they called on Boris Johnson PM to halt 5G deployment.

<https://www.radiationresearch.org>

13.24 Please would you consider making the most of your time in office to act on this matter? To officially recognise EHS, and update the EMR exposure guidelines for long-term, non-thermal effects? It could be your legacy for the health of the nation.

14. CONCLUSION

14.1 UK and International Medical and Scientific Experts on Health Effects of Radio frequency Radiation (RFR) conclude, in their 2020 NIR Consensus statement that:

“Public Health Crisis:

- 1. RFR has been proven to damage biological systems at intensities below ICNIRP guidelines.*
- 2. Public exposure to RFR is already harmful and will rise with the deployment of 5G.*
- 3. Exposure is unavoidable, contravening the Human Rights Act for those who do not consent.*
- 4. Multiple international governmental health advisory groups are biased by conflicts of interest.”*

14.2 Man-made, non-ionising, pulsed, electromagnetic radiation is considered air pollution and toxic to all life even at non-thermal levels. Low-level, prolonged exposure of pulsed radiation has a cumulative effect with long-term, adverse health outcomes. It is the biggest existential threat to health, wildlife, agriculture, and the climate that humankind has ever experienced.

14.3 The ICNIRP and WHO guidelines only refer to radiation from one device at a time and are limited to thermal effects of radiation because they are the obvious and “undisputed effects”. However, they have not included safety limits or effects of low-level, prolonged EMR exposure at non-thermal levels. Twenty-five years of scientific evidence shows that the ICNIRP guidelines, followed by the government, are inadequate to protect populations from the dangers of EMR.

14.4 In January 2020, the Court of Turin ruled that the ICNIRP guidelines, as used by Public Health England and the WHO, rely on biased industry-funded research, and therefore should not be followed. No safety tests have been done on 5G. Therefore, the introduction of 5G constitutes an experiment on the global population without consent from participants and no control group. As such, it contravenes the Nuremberg Code 1947, the Human Rights Act 1988, and the Equalities Act 2010.

14.5 Governments are attempting to ignore and suppress this information in favour of the apparent short-term financial benefits despite it causing the extinction of all life as we know it. The UK government is failing in its own values, vision, and purpose to keep citizens safe and help people live more independent, healthier lives for longer.

14.6 It is incomprehensible that a government would put short-term financial gain above the health and well-being of its taxpaying electorate. Sadly, this is all I have ever seen any government do – from any country and any political persuasion. You cannot protect the economy, or the viability of the NHS, whilst simultaneously irradiating the workforce on which it relies with a Class 1 carcinogen. Furthermore, in early 2024, hospital patients were issued with digital capacity trackers to enable better use of beds. This increases the amount of radiation in contact with skin and will exacerbate the condition for which they were admitted.

14.7 Institutions instinctively protect their own when criticised. Nevertheless, it would be more politically advantageous, less damaging to the economy and more honourable to admit mistakes quickly and change direction with immediate effect. It would be cheaper to cut the installation losses; and pay damages to those (like myself) who have been injured, and to families of the bereaved; than pay for the escalating costs to the economy with a diminished work force, and to the NHS for the explosion of serious diseases and mental health illness. How do they expect to get tax revenue without a healthy work force?

14.8 Do you remember when Michael Fish denied there was a hurricane coming on 15th October 1987? The truth was self-evident and undeniable by the morning of the 16th to clamours of “Why weren’t we warned?” It is predictable the same will happen with EMR.

15. RECOMMENDED ACTION

15.1 WE RESPECTFULLY REQUEST THAT THE GOVERNMENT FULFIL ITS DUTY OF CARE TO PROTECT THE PHYSICAL AND MENTAL HEALTH OF THIS NATION’S CITIZENS FROM THE DANGERS OF EMR AND MAKE OUR ENVIRONMENT SAFE. WE DO NOT CONSENT TO THE 5G EXPERIMENTATION.

15.2 Establish Cross-party Acceptance of The Consensus 2020 which says, “*Urgent action is required to protect the health of humans and wildlife.*”



2020-NIR-Consensus
s PHIRE, Dr DD etc.p

[2020-Non-Ionising-Radiation-Consensus-Statement.pdf \(phiremedical.org\)](https://phiremedical.org/2020-Non-Ionising-Radiation-Consensus-Statement.pdf)

Required Urgent Actions:

1. Immediate moratorium on 5G, wireless smart metering, and any other new RF emissions.
2. Establishment of public safety limits to be biologically protective against adverse health effects.
3. Withdrawal of Wi-Fi, wireless phone and other RFR emissions from within / near all schools.
4. Designation of low EMR areas to protect those who are unwell or do not consent to exposure.
5. Education programmes to inform medical professionals on EMR related illnesses / effects.
6. A zero tolerance approach to industrial influence on public health policy and assured exclusion of those with conflicts of interest from official advisory bodies.

15.3 Implement the Precautionary Measures Recommended by The International EMF Scientists Appeal



International EMF
Scientist-Appeal.pdf

https://emfscientist.org/images/docs/International_EMF_Scientist-Appeal.pdf

- 1) Priority should be given to protect children and pregnant women
- 2) Guidelines and regulatory standards should be strengthened
- 3) Manufacturers should be encouraged to develop safer technologies
- 4) The public should be fully informed about the potential health risks from electromagnetic energy and taught harm reduction strategies
- 5) Medical professionals need to be educated about the biological effects of electromagnetic energy and be provided training on treatment of patients with electromagnetic sensitivity
- 6) Governments need to fund training and research on electromagnetic fields and health that is independent of industry
- 7) The media should disclose experts’ financial relationships with industry when citing their opinions regarding health and safety aspects of EMF-emitting technologies
- 8) Radiation-free areas need to be established, especially for individuals with EHS

15.4 Update Electromagnetic Radiation Exposure Guidelines

- Acknowledge non-thermal effects of non-ionising EMR;
- Update and reduce guidelines to be a safety limit to protect the youngest and most vulnerable in society. Include effects of, and protection from, low-level, 24-hour exposure from non-ionising radiation, multiple household wireless items, and telecoms infrastructure;
- Legislate against pulsed signals at biologically active frequencies;
- Regulate unlicensed radio frequencies to only use non-biologically active frequencies;
- Advise pregnant women to avoid cellphone use, keep it in flight mode, and wear shielding chest and abdominal clothing;
- SMART phones, tablets, Fitbits, and other personal devices to be sold with a health warning and age restriction of 21 years.

15.5 Halt 5G

- Place a national moratorium on the roll-out of 5G – on the grounds of potential risk;
- Complete unbiased, health and safety tests on 5G;
- People in the test area should be warned of the dangers, asked to give consent, and protected if they do not consent;
- Develop an alternative, safer communications format using the naturally occurring frequencies in the Zero Point Field (ether/atmosphere) as used in Quantum Physics.

15.6 Telecoms Infrastructure and Power lines

Figure 9

- All mobile telecommunications must only use biologically safe frequencies and have radiation warning signs on each mast and antenna site, especially hidden ones;
- Reverse the recent easing of planning restrictions for 5G masts;
- Enable local councils to reject cell masts or 5G installations on health and safety grounds;
- Masts and Power lines to add a random (noise) magnetic field, superimpose a balanced signal and low-frequency magnetic field on the signal to mitigate effects of frequencies e.g., microtesla random noise field;
- Provide incentives to manufacturers to provide safer products;
- Provision made to prosecute any element of the telecoms industry not complying with (yet-to-be) updated exposure safety measures listed above;
- Companies legally obliged to pay compensation to people injured or suffering EHS (or families of deceased) due to their products or installations;
- Ban WiMax;
- Ban Wi-Fi in schools and masts from nearby, ethernet cables can provide internet access;
- Require SMART meters to send data electronically via cables e.g. copper phone line;
- Designate White Zones within communities, residential areas and across the country;
- Houses near masts to be tested for radiation levels and issued with a health hazard warning and shielding grant if they exceed the safety limit;
- Turn down mast signals so they can only be used for emergency services as originally intended.



15.7 Domestic Wiring

Regulate for an industry-led strategy in conjunction with Building Biologists to ensure all new build properties (and when retrofitting) for the following:

- Make ring mains illegal;
- Stop PME grounding from allowing current to circulate around household wiring;

- Make the magnetic fields of live and neutral wires cancel each other out by twisting them together, with each room having its own there-and-back connection to the main distribution panel;
- Add a Kill Switch in each room which stops electricity at night until next demand;
- Shield and enclose wiring in earthed metal conduits or within an earthed screen;
- Regulate double insulated electric products to make sure they are earthed.
- Provide ethernet ports throughout the house as standard to reduce the need for Wi-Fi or enable localised ports with small range which could be turned on or off as needed;
- Install Dirty Electricity entry filters to the fuse box to clean the electricity coming into the house from the grid affected by neighbour's installations e.g., solar panels, Air Source Heat Pump;
- Reverse the EU ban on incandescent light bulbs;
- House design should include an office/computer room as standard so parents can better monitor children's online content viewing, and keep wireless devices out of the bedrooms.
- Build a Faraday Cage into the fabric of the building to decrease exposure to satellites. A non-transmitting receiver on the roof could bring the signal into the home for those who desire it.

15.8 Household & Personal Wireless Items

- All products should add a low-frequency electromagnetic noise to balance the signal;
- Manufacturers should be required to provide adapters to make existing products safer;
- Telecoms companies required to provide wired modem/routers without any Wi-Fi capability whatsoever (as they used to be) for EHS sufferers. For standard routers, initial set up to be without signals on but with ability to turn Wi-Fi on if desired. This should be via a manual switch so it cannot be remotely turned back on;
- All products should have an automatic switch-off function after a short period of inactivity;
- Cordless and mobile phone signals to go dormant when not in use;
- One-touch disablement of Bluetooth, especially in cars;
- Electric cars should not rely solely on SMART phone, Bluetooth, or Radar use;
- **Ban wireless baby monitors.**
- Protect children and vulnerable individuals from radiation by providing homes with suitable protection and screening e.g., grants for shielding window film, shielding paint and Faraday cages;
- Provision for non-wireless hearing aids and Diabetic monitoring.
- Make it possible for customers to refuse AMR meters as they can with SMART meters, and to do so without needing a GP certificate.
- Stop regulatory bodies from imposing fines on companies who swap out working wireless meters for their EHS customers.
- Make it illegal for households to allow their Wi-Fi/SMART meter signals to penetrate a neighbour's property, so the onus of shielding is on the abuser rather than the benefit-dependent, disabled EHS sufferer.

15.9 Officially Recognise Electrohypersensitivity (EHS)

- Officially recognise EHS as an environmental illness;
- Facilitate NHS and NICE guidelines for diagnosis, treatment, and prevention of EHS;
- Provide education for GPs and mental health services on symptoms of EMR exposure and EHS;
- Ensure support and appropriate protection for EHS sufferers e.g., through grants for shielding themselves and their homes;

- Prevent discrimination against EHS sufferers in line with the Equalities Act 2010;
- Ensure that EHSs can access safe work places.
- Anywhere that requires online booking, SMART phone ordering or payment, to have in-person, cash, or card alternatives, wired tills and payment machines;
- Remove Wi-Fi from all public and hospitality spaces e.g., Hospitals, medical centres, dental and other health practices; exercise premises; public transport - trains, buses, taxis, planes, ferries; schools, education establishments, churches; pubs, restaurants, and theatres; public libraries, local government buildings; accommodation - hotels, B&B; town centres, beaches, parks, and places of natural beauty.

15.10 Other

- Return the tuning of the musical note A to 444 Hz, or to 432 Hz the harmonious frequency;
- Warn against use of blue light, especially in products used at night which could have a red filter. Street lighting, backlighting, and fairy lights to use warm white, daylight or amber toned light.

16. FINAL WORDS

Take Notice: you have been fairly and equitably fore-noticed and fore-warned of liability for radiation abuse, and non-consent to 5G experimentation.

MPs and Local Councillors are voted in to be our representatives, an advocate to plead for our defence, a voice for the voiceless. Will you be that voice?

"The chief purpose of government is to protect life. Abandon that, and you have abandoned all."

Thomas Jefferson retirement papers (US President 1801 – 1809)

"People should not be afraid of their governments. Governments should be afraid of their people."

Alan Moore, V for Vendetta

Fiat justitia ruat caelum, "Let justice be done though the heavens fall."

LET RIGHT BE DONE.

Miss J Arnheim.

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