

The Challenges

There are several major challenges facing the people who suffer from ES. These can be generally put under the following general headings:-

- **Recognition by the general public**
- **Recognition by the medical professions**
- **Action by the policy makers**

The general public seem to be largely unaware of the existence of electrical hypersensitivity. Those who have heard of it may describe it as 'all in the mind', like the early responses to ME. This is one of the most unhelpful attitudes which the person with ES may have to deal with; at worst ignored, or treated as an object of ridicule, certainly they are likely to be disbelieved. As their symptoms are related to environmental pollution, this makes it hard when families and friends refuse to change the home and social environments to make the ES person's physiological reactions less likely. It is also hard to establish the link between exposure and symptoms, when these can take quite some time to diminish after the offending source is removed.

There are not many GPs who have heard of, or acknowledge electrical sensitivity. The subject is unlikely to have been covered in the training of even the most recently qualified practitioners. The symptoms are so variable, that they may be forgiven for seeking out alternative diagnoses first. Where neurological and cognitive problems predominate, the first person the GP may think to refer the patient to may be a psychiatrist. Psychiatrists seem to be as lacking in knowledge as most others in medical practice, so it leaves the person suffering from ES with little option than to turn to private health care and complementary health practitioners. By and large they are more open minded, some GPs in private practice have shown a healthy interest in the subject, but the quality of training and experience of practitioners can be very variable, and they may offer no better help and support than the more traditional healthcare practices, at a significant cost.

The DSM, published by the American Psychiatric Association is a manual describing and defining psychiatric disorders. 16 of the 28 members of the group overseeing the revision of the manual have disclosed financial ties to drug or medical device companies. Whilst this has some logic to it, that these people may be better informed than most about *accepted* medical conditions and their treatment, it may beg the question about who represents the patients who have a condition which does not readily respond to medical drugs, such as ES. It is almost guaranteed that their particular medical symptomatology will neither be described nor acknowledged.

Meanwhile, the result of non-recognition can lead to problems at work, even losing jobs, reduced income, maybe a home that continues to radiate you, difficulty in visiting friends and family, lack of access to transport and leisure facilities, and a general reduction in quality of life.

What can the ES person do?

Recognition by the general public

There are various organisations, both in this country and abroad which have been set up to support people with ES. You might try **ES-UK** <http://www.es-uk.info/> tel: 0845 643 9748, or **Circuit** ~ Ann Ermel, PO Box 1UZ, Newcastle upon Tyne NE99 1UZ. They can provide

information for you to give to family, friends, medical personnel, schools and colleges, doctors' surgeries, employers, MPs and councillors, the local paper, libraries, leisure centres, etc. Write lots of letters to whoever you think might listen. The only limit to where you can send letters or put leaflets is the limit on your energy imposed by the condition. It is a thankless task and the dividing line between enthusiasm (being listened to) and obsession (not being listened to) is a fine one. Persistence however, can pay off. The French Authorities removed WiFi from their public libraries because of EHS symptoms among the staff.

There has been a recent judgement by a High Court in Italy that an employer who forced his staff to use mobile and cordless phones has been held legally responsible for a brain tumour and instructed to pay compensation to the person concerned, plus legal costs.

There have been some demonstrations on behalf of people with ES. The two pictures here are from Stuttgart in Germany, and there was one in the previous section from Nantes, in France.



A study by Schreier, as long ago as [2006](#), concluded that *“the large proportion of the population who is concerned or attributes own symptoms to EMF may cause societal conflicts given the ubiquity of EMF in our everyday life.”* They found a prevalence of 5% for ES in our study sample. The most common health complaints were sleep disorders (43%) and headaches (34%), which were mostly attributed to power lines and mobile phone handsets. In addition, 53 percent were worried about adverse health effects from EMF, without attributing their own health symptoms to them.

Employment and benefits advice

At the moment ES people usually cannot get entitlement to the special benefits available for people with disabilities or get any financial support for reorganising their home, without accepting some form of psychiatric diagnosis. The US National Institute of Building Sciences' Indoor Environmental Quality Project in its 2005 report stated that *“The Board recognizes that multiple chemical sensitivities and electromagnetic sensitivities may be considered disabilities under the ADA (Americans with Disabilities Act) if they so severely impair the neurological, respiratory or other functions of an individual that it substantially limits one or more of the NIBS IEQ Final Report 7/14/05 individual's major life activities. The Board plans to closely examine the needs of this population, and undertake activities that address accessibility issues for these individuals.”*

Disability Discrimination Act 1995

Those who suffer from ES and are experiencing difficulties in accessing their employment and/or education due to WiFi or other people's mobile phones switched on at work/use of cordless phones etc. might want to explore whether their rights are protected under the Disability Discrimination Act 1995.

www.direct.gov.uk/en/DisabledPeople/RightsAndObligations/DisabilityRights/DG_4001068

Advice and help can be obtained from the Equality and Human Rights Commission
www.equalityhumanrights.com

On the Equality and Human Rights Commission website it states that *“If you have an impairment or a long-term health condition that has an impact on your day-to-day life, you are likely to have rights under the Disability Discrimination Act (DDA)”*.

Words (or phrases) defining disability according to the DDA

- **A physical or mental impairment** ~ A physical impairment is a condition affecting the body, perhaps through a mobility difficulty or a health condition. A mental impairment is a condition affecting 'mental functioning'.
- **Substantial** ~ Means more than 'minor' or 'trivial'. When carrying out day-to-day tasks, does your condition make them more difficult (compared with those without the impairment) in terms of:

The time taken to carry out an activity; the way in which an activity is carried out; the overall cumulative effect if the effects of more than one activity are taken together.

If changing your behaviour reduces the adverse effects of your impairment on day-to-day activity, then you may not be covered by the DDA. If the success of any coping strategies you use to reduce the adverse effect of your impairment is lessened by 'environmental factors' (such as extreme heat, humidity, how tired you are or how stressed you are), then this should be taken into account.

- **The effects of treatment** ~ In most cases, the treatment or **equipment** that you may use for your disability or health condition should not be considered in deciding whether you are 'disabled' in terms of the law.

People who have progressive illnesses are subject to special provisions in the DDA. A progressive condition is regarded as having a substantial adverse effect from the moment any impairment resulting from that condition has some effect on your ability to carry out normal day-to-day activities.

- **Long-term** ~ Long-term means that an effect of the impairment has lasted, or is likely to last, 12 months or more from the onset, or for the rest of your life.

Normal day-to-day activities

The following photo was shown by Next-up in November 2010.



These include (among others):

- mobility
- memory or ability to concentrate, learn or understand

Sometimes it is clear that if you have difficulty with one of the activities, it will affect your ability to carry out many day-to-day activities.

The information that follows can only identify whether you *may* be defined as disabled under the DDA: only the courts can categorically decide whether you are covered.

Mobility

This includes using public transport or getting around in an unfamiliar place (e.g. where the existence of WiFi exposure may be unknown).

For example, if you have difficulty in:

- travelling a *short* distance in a car as a passenger
- using one or more forms of public transport

Memory or ability to concentrate, learn or understand

You need to consider your ability to remember, organise thoughts, plan a course of action and carry it out, take in new knowledge, understand spoken or written instructions, as well as the speed at which you are able to learn. You should also think about your ability to read and use numbers.

Examples of a substantial adverse effect include:

- random loss of consciousness and confused behaviour
- persistent difficulty remembering the names of family or friends
- difficulty coping with minor changes in routine after a reasonable time
- not being able to write a cheque without help
- big problems following a short sequence such as a cooking recipe or a brief list of things to do in the house

It is not reasonable to say there is a substantial adverse effect if you:

Sometimes forget the name of a familiar person; are not able to concentrate on a task for several hours or are not able to fill in a long, detailed, technical document without help; are not able to read faster than normal speed; have minor problems with writing or spelling.

However the government is proposing to cut disability living allowance (DLA) and attendance allowance to fund the new National Care Service. The benefits are intended to meet the additional costs of living with an impairment or long-term health condition (approximately 2.87 million people in the UK), many of whom are not eligible for social care services. The government announced that DLA for people under 65 will not be scrapped.

Policy makers abroad

In April 2009, 5 French senators presented a bill restricting EMF exposure. The following are excerpts from the 21 articles.

1. Every person has the right to health and to protection from the harmful effects of electromagnetic radiation.
- 1.2 Public exposure levels to EMFs cannot exceed 0.6 V/m.
- 2.11. Advertising mobile phones to children under 14 is prohibited.
- 2.12. All mobile phones must be sold with a reliable hands-free kit.
- 3.14. The WiFi function of all WiFi-equipped devices is deactivated by default.
- 3.15. Where possible, in public buildings wired connections will be obligatory for all new communications networks, except in special circumstances which are in the public interest. Where possible, existing WiFi installations will be replaced by wired networks within 5 years of the promulgation of the present law.
- 3.16. WiMAX roll-out is suspended for 5 years from the promulgation of the present law and will be replaced by wired broadband.
- 4.17. Within a year of the present law's promulgation, a report on electrohypersensitivity will be submitted to parliament and will include an epidemiological study carried out with transparency.

The resolution called on Member States to recognise persons that suffer from electrohypersensitivity as being disabled so as to grant them adequate protection as well as equal opportunities.

Housing needs

For those people whose ES makes them react to RF radiation (rather than to powerfrequency radiation *only*), finding a home in which they can feel as well as they can is getting harder. With digital TV and radio broadcasting adding to the ubiquitous telecommunications signals supporting mobile phones and wireless internet, most homes now are subject to RF radiation often at very high levels.

A landlord in Canada has begun action for arrears of rent. The tenant, a single parent with a 14-year-old child, withheld the rent, asserting the premises were unfit for habitation because in December 2009 the landlord permitted the installation of numerous mobile phone masts on the roof (reported in ES-UK newsletter September 2010). The tenant is seeking a 100% abatement of the rent as she has been unable to live in her apartment since January 2010. In July, the court of appeal in Tunis ordered the removal of an antenna on a roof of a villa in a residential area of the capital because of health risks.

Finding an unexposed property in a city or large town is virtually impossible. There are still some isolated pockets of rural living that can offer minimal exposure, but these are few and far between and go nowhere near meeting the needs of people with ES, even if they could afford to move there, or persuade their families of the necessity to do so.

Italy is the only country we know of that has a small basic community, which has minimal radiation specially for people with ES. There was one in France, but the people there were told to leave as the appropriate permissions to live there had not been granted.

Transport needs

Transport for people with ES is getting more and more difficult. Cars are likely to have both powerfrequency and radiofrequency emitting sources. We have always suggested that a guideline for buying cars is 'the older and simpler the better'. However, these are old enough now to be becoming unreliable and expensive to keep on the roads, and may be made illegal if they do not conform to low emission technology.

Trains, trams, buses, planes; all are being equipped with state of the art WiFi, making them impossible for ES people to use without suffering severe consequences. Electric cars are likely to be extremely problematical.

The future looks very challenging unless ES is recognised as the 'functional impairment' that it is and society begins to spend money to ensure that the increasing numbers of people so affected can maintain a reasonable quality of life.

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