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Press enquiries to: phiremedia@protonmail.com

59 year old social worker wins 'early ill health retirement' for disabling 'Electromagnetic Hypersensitivity (EHS):

"I have worked in Health and Social Care for 35 years, supporting some of the most disabled and vulnerable members of our society and advocating to ensure their rights have been upheld. To have been on the receiving end of societal prejudice, discrimination, ignorance and misunderstanding, has been devastating", says the 59 year old social worker, Sally Burns.

Mrs Burns is sensitive to non-ionising radiation (NIR) such as Wi-Fi and mobile phone emissions. She experiences dizziness, headaches, palpitations, sleep disturbance, vibrating sensations and sensitivity to noise and light. She feels pain in body areas which are most proximal to the radiation sources, such as heat and pain at the ear from mobile phone use and abdominal pain from computer use. Her reaction is severe enough to have caused her to have to avoid using mobile phones and computers and even to try to avoid public exposures such as phone masts and public Wi-Fi / phone emissions. You can imagine how disabling that is within a society that has become so dependent upon use of these technologies in all areas of public life. She is disabled by electromagnetic hypersensitivity (EHS).

Sally's professional life has been prematurely ended by growing dependence upon radiofrequency radiation (RFR) in the workplace: "My work has been important to me, I hoped to be able to work well past retirement age, not to go early".

In relation to EHS, the Independent Registered Medical Practitioner (IRMP) report concludes: "*Mrs. Burns has a medical condition that renders her permanently incapable of undertaking any gainful work. There currently are no treatments available for her condition; avoidance of emissions is the only way to significantly reduce her symptoms.*"

Whilst such emissions were historically presumed to be biologically inert, and are still purported to be safe by many to this day, there is now highly credible evidence to the contrary.

About EHS:

EHS is a multisystem medical condition characterised by physical symptoms such as headaches, sleep disturbance, dizziness, palpitations, skin rashes and multiple sensory up-regulation associated with anthropogenic NIR exposure. Similar constellations of symptoms may also be seen in the general population in cases of relatively high exposure.

Some have suggested a 'nocebo response' (symptoms induced by fear of exposure) as the mechanism behind the reaction, but this explanation does not withstand scientific scrutiny. EHS is proven to be a physical response under blinded conditions^{1,2} (which rules out that possibility in those cases), biomarkers are being identified,³ and mechanisms that may explain the reaction are evolving⁴⁻⁷.

Advice from multiple international medical doctors groups⁸⁻¹⁷, scientific panels¹⁸⁻²⁹ and governmental bodies³⁰⁻⁴⁰ is to decrease exposures and, additionally, guidelines for EHS diagnosis and management have been peer-reviewed and published, which make clear that the mainstay of medical management is avoidance of anthropogenic NIR⁴¹⁻⁴³. Disability and compensation cases for those with EHS have been won in many different countries and will continue to escalate. Some legal teams are so certain of negative health effects that civil suits for Wi-Fi and other wireless injury are now being offered on a 'no win no fee' basis,⁴⁴ and insurance underwriters consider related risks to be 'high'.^{45,46}

Medical diseases associated with NIR exposure in peer-reviewed scientific publications:

In addition to the development of EHS, risks associated with exposure to non-ionising radiation in the peer-reviewed scientific literature are: increased cancer risk, cellular stress, increase in harmful free radicals, genetic damage, structural and functional changes of the reproductive system, learning and memory deficits, neurological disorders, and negative impacts on general well-being in humans.⁴⁷

Mounting human epidemiological evidence of increased cancer has now been corroborated by 'clear evidence' of carcinogenesis from animal studies. These include the two largest investigations ever undertaken globally, from the widely respected 'National Toxicology Program' (USA)^{48,49} and Ramazzini Institute (Italy)⁵⁰. Law courts continue to validate such causal links as compensation for tumours from mobile phone radiation are also being won in a growing number of cases internationally.⁵¹

Hundreds of peer-reviewed scientific studies have demonstrated adverse biological effects occurring in response to a range of NIR exposures below current safety guidelines⁵², however emissions continue to escalate.

Medical and scientific efforts to reduce exposures here in the UK:

In addition to the copious international declarations as referenced above, two years ago UK based Physicians' Health Initiative for Radiation and Environment (PHIRE) in collaboration with the British Society for Ecological Medicine (BSEM) released the 2020 Non-Ionising Radiation (NIR) Consensus Statement. The document has been signed by multiple Environmental Medical Associations from across the globe and represents thousands of international medical doctors. The peer review panel for this document includes experienced clinicians and widely published and respected scientists who are experts in this field, such as:

- **Professor Anthony Miller:** eminent physician and expert in preventative medicine, scientific advisor to various scientific and health authorities, and former Senior Epidemiologist and Senior Scientist at the World Health Organisation's (WHO) International Agency for Research on Cancer (IARC)
- **Professor Yuri Grigoriev:** MDr Sc. biology and hygiene of non-ionizing radiation of Federal Medical Biophysical Center. Chief Researcher of laboratory of radiobiology and hygiene of non-ionizing radiation of Federal Medical Biophysical Center. Deputy chairman of the Scientific Council of Radiobiology RAS. President of Russian National Committee on Non-Ionizing Radiation Protection. Member of Int. Advisory Committee of WHO "EMF and Health"

Such experts have gone a step further than simply peer reviewing this document; they have signed in order to formally, publicly endorse it.

Dr. Erica Mallery-Blythe – Founding Director of Physicians Health Initiative for Radiation and Environment ([PHIRE](#)) and author of the 2020 NIR Consensus Statement states: "We will continue to witness escalating, preventable morbidity and mortality from rising NIR exposures, until we take serious steps to reduce emissions and educate the public. This is entirely feasible, but is currently being held back by ignorance and political conflict. Biological safety guidelines are urgently required to reduce risk of both EHS and also many disease endpoints of rising public health importance".

This statement declares current safety guidelines inadequate and highlights some of the disease processes linked with NIR exposure in peer-reviewed publications; it points out the vulnerabilities of children⁵³ and other groups such as those with EHS; it highlights contravention of Human Rights and Equalities acts, and requests urgent responses from governments and health authorities to halt further deployment of emitting technology and address current public health failures. This document was sent to Prime Minister, Boris Johnson, together with UK health agencies, a number of other responsible Ministers in Her Majesty's Government and the devolved administrations of the UK. However, to this day there have been no meaningful responses to indicate that action will yet be taken to protect the public.

The 2020 NIR Consensus Statement remains open for signing by further experts, medical doctors and scientists in agreement, together with members of wider society who wish to register their concern. To read and sign the statement click here: [Read the 2020 NIR Consensus Statement – PHIRE Medical](#)

As it happens, 'World Electrohypersensitivity Day' is this Thursday 16th June 2022. Please support friends and family with electromagnetic hypersensitivity by sharing these simple exposure reduction strategies which will optimise health for all, not just those who are acutely sensitive.

Simple NIR Reduction Strategies: (printable leaflet at the bottom of this webpage):
[Radiofrequency Radiation Reduction How To? – PHIRE Medical](#)

Mobile phones: Do not use mobile phones except for emergencies. Store them in 'airplane' or 'flight' mode (with all wireless services disabled) and switched off. They can also be used via a wired Ethernet adaptor to access the internet whilst in flight mode. If you feel you must use them wirelessly then speakerphone or an air tube headset will allow you to keep the phone at a greater distance from your body, reducing the intensity of radiation.

Wireless internet: Swap your wireless internet for a hardwired system by using wired Ethernet connections (adaptors are available for tablets also). Remember that because RF radiation is emitted from both devices and routers, you'll need to disable all wireless services on your router, as well as

your devices. You can reduce emissions from computers by disabling the wireless card in the device manager, by using airplane/flight mode, or by turning off wireless services (e.g. Wi-Fi and Bluetooth) in network settings.

Landline phones: Swap your cordless landline for a corded speakerphone. If you must have wireless capability, get an ECO DECT phone with a good quality speakerphone, so that it can be used away from your brain, and use ECO mode. This will ensure that at least wireless radiation is emitted only when the phone is in use, rather than continuously – as with other models.

Smart meters: Request a hardwired (non-RF emitting) smart meter or analogue meter to ensure you and your neighbours are not subject to additional wireless radiation.

Other sources in the home: Other common household exposures may come from baby monitors, wireless security systems, smart TVs, printers and other ‘smart’ appliances, and smart watches, among various other IoT devices and wearables etc. In most cases there are hardwired alternatives which can be used in replacement, or flight modes which disable emissions when desired.

Sources outside the home: Emissions such as publicly placed antennas and sources from neighbours’ homes might be possible to shield against, but expert advice and metering is recommended to best help reduce exposures.

Thank you,
PHIREmedical

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