



## **Further detail re: Press Release 15<sup>th</sup> June 2022**

Press enquiries to: [phiremedia@protonmail.com](mailto:phiremedia@protonmail.com)

### **‘Early ill-health retirement’ and ‘Employment Support Allowance’ awarded on the basis of Electromagnetic Hypersensitivity (EHS):**

**Sally Burns, a 59 year old social worker successfully won her appeal for early ill-health retirement and will now receive full pension due to disabling Electromagnetic Hypersensitivity (EHS).**

Mrs Burns states, “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. My career has been important to me and I'm disappointed to be having to retire early instead of working beyond retirement age as I'd planned. I am grateful to the doctors, other professionals and my ex-colleagues, who have been open-minded enough to take EHS seriously and who have had the courage to speak its message. It is thanks to them that I can move forward with greater security and hope.”

Mrs Burns was employed by her County Council, for whom she had worked for nearly 20 years. She is sensitive to non-ionising radiation (NIR), such as Wi-Fi and mobile phone emissions. When exposed she experiences dizziness, headaches, palpitations, sleep disturbance, vibrating sensations and sensitivity to noise and light. She feels pain in body areas which are nearest 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 to do what she can to minimise public exposures such as phone masts and public Wi-Fi / phone emissions. You can imagine how disabling that is in 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).

‘Reasonable adjustments’ were made in her workplace to accommodate her in 2017, but increasing dependency on electromagnetic technology (particularly increased during the pandemic in order to facilitate social distancing) rendered these adjustments inadequate to control her symptoms over time. Her initial request for ill-health retirement was refused, so she appealed this decision and subsequently won her appeal.

Sally's professional life has been prematurely ended by a 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.*"

The appeal that Mrs. Burns has won cannot set legal precedent here in the UK, but it is nonetheless a very important step forward for overall recognition and support of EHS. This award paves the way for many others who are similarly unable to work in the ever increasing levels of EMF now measured in workplace environments.

#### **Additional award:**

Although it was also initially refused, Mrs. Burns has now also been awarded Employment Support Allowance (ESA) from the Department for Work and Pensions (DWP). It can be very hard for persons with EHS to achieve the much needed financial support that they deserve as the traditional models used to assess common disabilities often do not apply to this environmentally triggered condition. Sally encourages others with EHS to pursue their legal right to support where they are eligible, "I scored 'zero points' but the tribunal recognised that putting me in a work situation was going to cause unacceptable risk to my health. I'd encourage anyone with EHS who feels they may be eligible for ESA to apply, and if necessary take it to the tribunal stage. Understanding regarding how debilitating EHS can be is finally being recognised".

### **Further detail from the outcome statement re 'Early Ill Health Retirement':**

**Stage of case:** Internal Resolution Dispute Procedure Stage 1

#### **Outcome statement excerpts:**

"I am now able to respond to your Internal Resolution Dispute Procedure Stage 1 XXX Your appeal is on the basis that XXX did not award you early ill health retirement following the decision made by XXX."

"Following receipt of your appeal, my decision was for a second opinion by a different Independent Registered Medical Practitioner (IRMP) to include specialist information and to include any updated medical reports."

"The medical report was completed by XXX. I have now had the opportunity to fully review this report."

"For current members of the XXX, to meet the criteria for ill health retirement, the Independent Registered Medical Practitioner (IRMP) who acts on behalf of XXX County Council has to confirm to us that your medical health condition meets the following two regulations:

The first criteria is that the member is, as a result of ill-health or infirmity of mind or body, permanently incapable of discharging efficiently the duties of the employment the member was engaged in.

The second criteria is that the member, as a result of ill-health or infirmity of mind or body, is not immediately capable of undertaking any gainful employment.”

“XXX concludes the medical report by saying:

*‘Ms 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. She is 59 years of age and although it is possible that some treatment could become available before her 65th birthday, which could render her capable of work, I consider that this is very unlikely.’*

The IRMP has the option of awarding you one of three Tiers, and the definition of these are as follows:

Your Early Ill Health Retirement certificate was completed as follows:

B7: Is UNLIKELY to be capable of undertaking (3) gainful employment (4) before her normal retirement age (5).(Tier 1 – see below full scale)

|               |  |
|---------------|--|
| <b>Tier 1</b> | No prospect of other gainful employment at any age before normal retirement age. You will get a pension and normally a lump sum based on the membership you have built up so far, PLUS all the extra membership you would have built up if you had remained a member to normal retirement age. *   |
| <b>Tier 2</b> | No prospect of other gainful employment now or any time in the next 3 years; but there IS good prospect before age 65. You will get a pension and normally a lump sum based on the membership you have built up so far PLUS 25% extra membership you would have built up if you had remained a member to normal retirement age. *  |
| <b>Tier 3</b> | Good prospect of other gainful employment straight away or any time in the next 3 years. You will get your lump sum (if applicable) to keep. But your pension will only be paid for a limited <u>time</u> , and will be reviewed after 18 months.<br><br>The pension is paid for a maximum of 3 years but may stop earlier following the <u>18 month</u> review or taking up gainful employment. * |

#### **Previous similar UK award provided for a teacher with EHS:**

In 2012 a claim was successful in the Social Entitlement Tribunal as a result of disablement resulting from exposure to EMF radiation. The claimant was awarded Employment and Support Allowance (ESA) under ESA Regulation 29 (Exceptional Circumstances) ESA Regulation 29 (Exceptional circumstances):

“(b) the claimant suffers from some specific disease or bodily or mental disablement and, by reasons of such disease or disablement, there would be a substantial risk to the mental or physical health of any person if the claimant were found not to have limited capability for work.”

The Judge stated that “were it not for EMR the appellant would lead a normal life with little or no functional impairment”. Further, that “... the condition described was not one commonly found but the Tribunal considered the reality of life ... Considerations included the fact that the appellant would be unable to work in any ‘normal’ working environment indoors or outside- anywhere there was Wi-Fi, mobile phones or mobile phone masts ... the jobs where this could be done were few and far between and even then such jobs would almost inevitably entail use of computer Wi-Fi which the appellant could not tolerate. Taken together the prospects of the appellant being able to ‘work’ ... were effectively nil.”

Teacher awarded early retirement on ill health grounds because of Wi-Fi in school:

In 2016 the UK teacher was awarded early retirement pension on ill health grounds by way of “Total Incapacity”, after being totally incapacitated when Wi-Fi was installed at the school.

Total incapacity – is defined by the Teachers Pensions etc (Reform Amendments) Regulations 2006 as meaning that (in addition to being incapacitated) the person’s “ability to carry out any work is impaired by more than 90% and likely permanently to be so”.

The teacher commented that “a doctor, nurse, teacher, or someone in charge of dangerous machinery who suffers illness/injury as a result of exposure to Electromagnetic radiation from Wi-Fi, mobile phones, i-pads, DECT, fit-bits etc in their place of employment is at serious risk of harm to themselves and others. EMF Hypersensitive people can be totally incapacitated by very low intensity exposures inducing such severe symptoms as visual disturbance, severe lapses in concentration and cardiac events. The only treatment is complete avoidance of EMF radiation. This is now almost impossible as schools, hospitals and work places have installed Wi-Fi and mobile phone use as standard, without any health and safety risk assessment for vulnerable patients, pupils and staff. Every medical facility and work place should have a ‘Low EMF Zone’ available for EMF Hypersensitive patients, pupils and staff to enable them to continue to study, work and receive safe medical treatment.”

### **Background regarding EMF Health Effects:**

Whilst the non-ionising emissions which make Sally Burns unwell 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<sup>1,2</sup> (which rules out that possibility in those cases), biomarkers are being identified,<sup>3</sup> and mechanisms that may explain the reaction are evolving.<sup>4-7</sup>

Advice from multiple international medical doctors groups,<sup>8-17</sup> scientific panels,<sup>18-29</sup> and governmental bodies<sup>30-40</sup> is to decrease exposures; and, additionally, guidelines for EHS diagnosis and management have been peer-reviewed and published. These guidelines make clear that the mainstay of medical management is avoidance of anthropogenic NIR.<sup>41-43</sup> 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,<sup>44</sup> and insurance underwriters consider related risks to be ‘high’.<sup>45,46</sup>

### **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 include 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.<sup>47</sup>

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)<sup>48,49</sup> and Ramazzini Institute (Italy).<sup>50</sup> Law courts continue to validate such causal links as compensation for tumours from mobile phone radiation is also being won in a growing number of cases internationally.<sup>51</sup>

Hundreds of peer-reviewed scientific studies have demonstrated adverse biological effects occurring in response to a range of NIR exposures below current safety guidelines,<sup>52</sup> however emissions continue to escalate.

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

In addition to numerous 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 Environmental Medical Associations from around the world and represents thousands of international medical doctors. This extensively peer-reviewed document is endorsed by 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:** President of Russian National Committee on Non-Ionizing Radiation Protection. Member of Int. Advisory Committee of WHO “EMF and Health”. 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.
- **Professor Devra Lee Davis:** Founder and President of Environmental Health Trust, Visiting Professor of Medicine at The Hebrew University Hadassah Medical School, Jerusalem, Israel, and Ondokuz Mayis University Medical School, Samsun, Turkey. Previously: Founding Director, Center for Environmental Oncology and the University of Pittsburgh Cancer Institute and Founding Director of the Board on Environmental Studies and Toxicology of the U.S. National Research Council, National Academy of Sciences, Senior Advisor to the Assistant Secretary for Health in the Department of Health and Human Services, and appointed to the US Chemical Safety and Hazard Investigation Board by President Clinton. Board of Scientific Counselors of the U.S. National Toxicology Program.

Dr Erica Mallory-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 children<sup>53</sup> and other groups such as those with EHS; it highlights contravention of Human Rights and Equalities acts; and it 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, and 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](#)

Please support friends and family with electromagnetic hypersensitivity by sharing the following simple exposure reduction strategies which will optimise health for all, not just those who are acutely sensitive.

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

**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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The AAEM Statement on WiFi in Schools

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<sup>12</sup> International Scientific Declaration on EHS & MCS, 2015. Brussels

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