



Press Release – August 2022

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Education Health Care Plan (EHCP) awarded (July 2022) for UK child on the basis of Electromagnetic Hypersensitivity (EHS)

Statements from parents, child and excerpts from 3 Tribunal Hearings included below:

Parents have now won a 5 year legal battle against 2 local authorities to have their child accommodated in school for EHS. They won in the Upper Tribunal, thus the ruling is also precedent setting. We believe this is the first case in the world where a government body is legally mandated to make low-EMF educational provisions to accommodate a child with EHS.

The family wishes to protect the anonymity of their child, however they (and their child) hope that the ruling may begin to facilitate a better future for other children and adults with EHS:

The parents share, “Going through this process has opened our eyes to some shocking truths regarding the ways in which families can be treated within the current system. We recognised that it would not be easy to navigate such novel and politically charged territory, but the bar was elevated to a higher degree than even we anticipated. Our daughter was put through misery that no child should have to endure. Nonetheless, finally justice has been served and we hope that our daughter can move forward with her education whilst also being allowed a healthy environment. We are proud of how optimistic she has remained. We are aware that currently other children with EHS in the UK are unable to access school and some of them are profoundly isolated given that even home schooling groups can be inaccessible to them due to prolific use of Wi-Fi and mobile phones in the community. Legal recognition, that some children can be adversely affected by these exposures in a serious and debilitating way, is the first step to making schools healthier for all pupils in our digital age and allowing equal opportunities for those who are acutely affected”.

The schoolgirl wanted to share her thoughts with other children who have EHS, “I am a 13 year old girl with EHS. I have headaches, insomnia and other symptoms sometimes when exposed to Wi-Fi or other kinds of EMF (electromagnetic fields). These can become very severe. If you are reading this, you may experience these symptoms yourself, you may recognise them and are perhaps starting to think you may have this condition, or maybe you are doubtful it even exists. Maybe I would be too, if I hadn't felt the effects firsthand. EHS has dramatically affected my life, but maybe not in the ways you might think. Of course there are places I can't go, or things I don't have, but I live a very “normal” life in most ways. I can message my friends through email or Skype on a hardwired system as long as I don't spend too long and I can go to school now that I have one without Wi-Fi and mobile phones. Some people have more severe EHS and can't do these things that most take for granted. I

appreciate how much they suffer, but believe that even those people, can recover in a low EMF environment. I can feel things and sense things most people can't. This has protected my health, and I like to think of it as a superpower. Of course sometimes, when I can't sleep, or can't go to school, it doesn't feel like that, but in my stronger states, I recognise that it is kind of amazing. I have previously been unable to go to school, as the school I went to put in Wi-Fi, but people fought for me, comforted me, and welcomed me, despite how weird or crazy our situation may have been. These people were my family, my friends, teachers and sometimes near strangers, and they didn't just fight for me, but for anyone and everyone with EHS. They are the people we need more of, those with open minds and hearts. Thank you, to all of them. If you have EHS, and are struggling to stay in good health, or can't go to school, or work, don't give up, because everything will get better. People are becoming more aware of this condition, and even if right now it seems like nothing will ever change, it already is".

Further detail from the outcome statements (in date order):

Excerpts from 2018 Decision Letter (First Tier Tribunal - FtT):

"on balance we concluded, in the face of considerable evidence produced by the parents, that the impairment existed and that child XXX met the definition of disability within section 6 of the Equality Act 2010: that is that it had substantial long-term effect on day-to-day functioning."

"Recognition by Public Health England was not the issue and the Equality Act 2010 contains no reference to acknowledgement by any medical board"

"We take into account that Public Health England doesn't recognise EHS, but there is a credible body of evidence that on balance establishes the impairment."

"It was therefore submitted that as there was ample global evidence and credibility of the existence of EHS, the medical investigation format used by way of history taking was entirely appropriate and ethical and the balance of the evidence gleaned from the parents, family and other medical professionals was that Child XXX is negatively affected by EMF. The impact was plainly beyond the minor or trivial."

"There is no issue that child XXX is a bright and capable child and, but for the impairment, can easily manage normal day-to-day activities....The description of life by the parents, and indeed by child XXX, shows that the effect on life is very substantial."

Excerpts from 2021 Decision Letter (First Tier Tribunal FtT):

"In 2018, the Tribunal found, when considering the parents' disability discrimination claim and appeal against XXX's refusal to assess, that XXX did have a disability. Those findings are not binding on us and we have decided the issue of whether XXX has a disability afresh based on the arguments and evidence put to us."

"We consider that XXX does have a disability within the meaning in the Equality Act."

"On balance, we find that some individuals are sensitive to electro-magnetic fields in the way described by the parents."

"We decided, on balance that XXX's symptoms are caused by electro-magnetic fields"

“We consider that XXX has an impairment by reason of her sensitivity to electro-magnetic fields”

“we have no doubt that XXX’s sensitivity to EHS meets the test in the Equality Act.”

“XXX needs a low electromagnetic environment or she will become unwell.”

Excerpts from 2022 Decision Letter (Upper Tribunal – UT):

https://assets.publishing.service.gov.uk/media/62f3997ed3bf7f5c11330ea3/ua-2022-000328-hs_002_.pdf

Note that ‘Upper Tribunal’ is ‘High Court’ Equivalent: [Upper Tribunal - Wikipedia](#)

“The tribunal found that the child was disabled within the definition in section 6 of the Equality Act and section 20(2)(b). I accept and adopt its analysis”.

“Coming to the Code, the child’s problems lie with: (a) communication (paragraph 6.28) that now takes place through the programmes rather than with the teacher; and (b) sensory needs (paragraph 6.34) that prevent or hinder her using the computers. The use of the computers and their programmes is now an integral feature of how education takes place in schools. Their use is no longer marginal or peripheral”.

“The child’s problem with electro-magnetic radiation affects her life generally and limits her normal day-to-day activities – the Equality Act test. It applies at school, at home, and when she is out in the world. When at school, her problems with communication and making use of the computers are a direct result of the use of wifi in schools. The only solution available has to be provided in the school. It is not transferable to any other location, although it may need to be replicated elsewhere. I cannot see what other provision would be effective to avoid the problem or overcome its consequences. This is not simply a case of a child being unwell and finding it difficult to concentrate. There was evidence from two educational psychologists both of whom found her and her parents credible in describing her symptoms. The tribunal (paragraph 47) accepted their evidence too and described her symptoms as ‘debilitating when they occur’, which they did to such an extent that she ‘was out of education for a whole academic year.’ Those symptoms were not unique to a school environment. But when they occurred in that environment they arose from the school’s choice of the medium for providing education. In those circumstances, some provision is required to render the education effective.

For those reasons in combination, I find that the child requires special educational provision. No one factor has been decisive in my analysis and I have not attached any particular significance to the factors individually.”

“The decision is: the local authority must secure that an EHC plan is prepared and maintained for the child.”

Background regarding EMF Health Effects:

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 evolving.⁴⁻⁷

Advice from multiple international medical doctors groups,⁸⁻¹⁸ scientific panels,¹⁹⁻³⁰ and governmental bodies³¹⁻⁴¹ 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.⁴²⁻⁴⁴ 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,⁴⁵ and insurance underwriters consider related risks to be 'high'.^{46,47}

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.⁴⁸

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)^{49,50} and Ramazzini Institute (Italy).⁵¹ 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.⁵²

Hundreds of peer-reviewed scientific studies have demonstrated adverse biological effects occurring in response to a range of NIR exposures below current safety guidelines,⁵³ 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.

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 are witnessing increasing severe injustices to those with EHS here in the UK as well as abroad. Medical education regarding environmental illness generally needs to improve but it has been almost non-existent with regards to EHS. As a result patients with EHS are often misdiagnosed and time, effort and money is wasted on inappropriate treatments which don't work and often pose health risks of their own. The crises faced by people with EHS will continue to escalate until medical education is improved, general awareness increases and legitimate biologically based safety limits for non-ionising radiation exposures are in place. This is an emergency which must be rapidly addressed".

The document has been signed by Environmental Medical Associations from around the world and represents thousands of international medical doctors. This extensively peer-reviewed paper 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:** Professor Devra Lee Davis: Founder and President of Environmental Health Trust, 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.

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 children⁵⁴ 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](#)

Dr. Damien Downing, PHIRE member and President of the British Society for Ecological Medicine (BSEM) comments: "We are all exposed now to profoundly higher intensities of non-ionising radiation from phones, WiFi and Bluetooth than ever existed from natural sources. There is categorical scientific evidence that this radiation can harm people, animals, and even plants. It contributes to cancer, heart disease, dementia and infertility, among many diseases. But you will probably never know what harm it has done to you, because most people can't consciously sense it.

Nobody asked your permission to irradiate you thus; nobody explained the health risks from installing that super WiFi system. No regulator appears to give a damn about evidence of harm to whole populations that has been published for years; indeed PHE continued to rely on hopelessly out-of-date reports to deny the facts.

The young person in this case was born a year after the first iPhone – into a world already dangerous to her and to more and more others. But she is brave and determined, and she is right about her

“superpower” – the ability to detect EMFs by the symptoms they cause. Only if you can detect EMFs can you take steps to avoid them. The rest of us just keep on getting sick.”

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 exposure.

Wireless internet: Swap your wireless internet for a hardwired system by using wired Ethernet connections (adaptors are available for tablets also). Remember that because radiofrequency radiation (RFR) 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 at least ensure that wireless radiation is emitted only when the phone is in use, rather than continuously – as with other models.

Smart meters: Request a hardwired (non-RFR emitting) smart meter or analogue meter to ensure that 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, smart watches and some car keys 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. For items such as car keys which are not easily disabled they can be wrapped in aluminium foil or placed in a metal biscuit tin (with well fitting lid) as a short term solution to protect persons with EHS.

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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