

Proposal to apply Code powers to Digital Infrastructure Ltd

Ofcom Consultation Response Electrosensitivity UK

1. Objection to 3.6 Deployment of Fixed Wireless Access

3.6 The Applicant may deploy a Fixed Wireless Access (FWA) network in locations where fibre deployment is not feasible. It may also deploy its FWA network in locations where it deploys its FTTP network in order to offer wireless connectivity as an additional service.

This proposal, 3.6, Deployment of Fixed Wireless Access, should be rejected.

- (a) The Deployment of Fixed Wireless Access will knowingly harm the health of the 1.2% of the population, over 800,000 people in the UK, who are severely affected by wireless radiation.
- (b) The adverse effects of wireless radiation have been established for 90 years. Established effects, proved beyond all reasonable doubt, from the weight of scientific evidence, include electrosensitivity symptoms, such as cancers, electromagnetic hypersensitivity, infertility, and cardiovascular and neurological harm.
- (c) The weight of evidence from the hundreds of peer-reviewed scientific studies supports the established harm from low-level wireless radiation. This has been known for nearly a century. However, Ofcom states that it follows Public Health England (PHE) but PHE does not follow the weight of scientific evidence but instead follows the unscientific private cartel of ICNIRP. ICNIRP was set up by the wireless radiation industry in Germany in 1992 as a 'front'.
- (d) The ICNIRP is not allowed to admit to electrosensitivity and similar harm because the ICNIRP is used by the World Health Organization to provide wireless radiation guidelines and since 1959 the World Health Organization (WHO) has been legally required to defer on all matters of radiation to the radiation industry. The radiation industry therefore controls the WHO, forcing it to deny the established detailed science since the 1930s on electromagnetic hypersensitivity. In turn, the WHO requires the ICNIRP also to deny the established science on electromagnetic hypersensitivity, despite the overwhelming weight of scientific evidence proving that 100% of humans and all other life forms are electrosensitive and some are hypersensitive. Instead, since 2005 the wireless radiation industry has deliberately confused the three separate conditions of adverse electrosensitivity, known since 1733, electromagnetic hypersensitivity, known since 1746, and electrophobia, known since 1903. This has allowed PHE, ICNIRP and the WHO EMF Project to pretend that real electrosensitivity and electromagnetic hypersensitivity do not exist, although it has been known for centuries that all humans like other life forms are electrosensitive and some hypersensitive.
- (e) Ofcom says that it has no health expertise and therefore follows advice from PHE. PHE follows, and advises the UK government to follow, the ICNIRP. In fact, the ICNIRP has recognised that there are people especially vulnerable to wireless

radiation who need limits below its own short-term heating guidelines (March 2020) and has instructed governments to provide such long-term and non-thermal guidelines. Ofcom should do so, ignoring the unscientific advice from PHE. PHE has no experts experienced in real electrosensitivity. Ofcom should instead follow appropriate international long-term and non-thermal guidelines, not ICNIRP's. The EU parliament in 2008 voted that ICNIRP's guidelines were obsolete and the majority of expert scientists regard ICNIRP's guidelines as unscientific and not protective of the health of the general population.

- (f) This issue of the need to adopt long-term non-thermal guidelines was known in the 1930s when the first wireless radiation guidelines were issued. These were long-term and non-thermal guidelines. ICNIRP's short-term heating guidelines came later, based on Schwan's mistake of 1953. In 1957 Schwan's mistaken short-term heating-only hypothesis, still used by ICNIRP, was considered by the US official responsible for imposing wireless radiation guidelines as 'arbitrary' and lacking scientific evidence. It was not protective for the known consequences of chronic wireless radiation exposures, such as electromagnetic hypersensitivity, cancer, infertility and cardiovascular and neurological harm. The majority of scientists still hold this mainstream viewpoint, as shown in the numerous appeals for governments to abandon ICNIRP's unscientific and unprotective guidelines. Experts in 2020 stated that ICNIRP is clearly guilty of scientific misconduct.

Back-ground (safe) levels	Majority mainstream guidelines			ICNIRP minority industry guidelines		
	<i>Long-term (and short-term)</i>			<i>Short-term only</i>		
	<i>Non-thermal (and heating)</i>			<i>Heating only</i>		
	<i>Peak (and averaged)</i>			<i>Averaged over 6 or 30 minutes</i>		
$\mu\text{W}/\text{m}^2$	Date		$\mu\text{W}/\text{m}^2$	Date		$\mu\text{W}/\text{m}^2$
0.000001	2012	Bioinitiative	3	1953	Schwan's mistake	100,000,000
	2018	IGNIR	*1	2020	ICNIRP	40,000,000
<i>*Children, pregnant women, people with electromagnetic hypersensitivity, the elderly, the sick</i>						

- (g) PHE, of course, has unacceptable conflicts of interest with ICNIRP, because it has always had PHE employees as members of ICNIRP. Thus PHE helps set ICNIRP's unscientific and unprotective guidelines, then assesses them, and then recommends them to the UK government. Until 2017 the UK government pretended that this process and its disbanded AGNIR committee were 'independent'. AGNIR was another 'front' committee like ICNIRP, and it was run by PHE including staff paid by PHE.
- (h) Most scientists see the effects of PHE's conflicts of interests with AGNIR and ICNIRP as blatant bias and technical maladministration. This also applies to PHE's omission of relevant established facts on the dangers of wireless radiation from its public statements. Such omissions are unacceptable in scientific peer-review processes and contravene the reasonable expectation of government to give citizens impartial and unbiased scientific advice. The dangers PHE refused to admit included IARC's 2B carcinogen classification for wireless radiation. Mainstream scientists regarded this classification by the world's top scientists as vital information for citizens to possess in forming their own accurate assessment of wireless radiation dangers.

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- (i) ICNIRP has not yet changed its unscientific and unprotective approach. The 2020 EU Report by two MEPs, K Buchner and M Rivasi, concluded that ICNIRP's false claim of no harm from wireless radiation was "playing with the truth' or simply a lie".
 - (j) In addition, the EU Report noted an Australian analysis which showed that "what is actually going on is best described as 'money laundering' by the Telecom industry through government and onto WHO's International EMF Project and ICNIRP". The use of wireless industry funds in producing documents favouring the wireless industry began in the 1990s and channelling of funds through a hospital in Adelaide where he once worked has been admitted by M Repacholi, the first chair of ICNIRP and the first leader of the WHO EMF Project.
 - (k) The wireless radiation used in the Deployment of Fixed Wireless Access is regarded as harmful by financial concerns other than the wireless industry, as well as by the majority of mainstream scientific experts. The insurance industry refuses to underwrite wireless radiation risks, or instead categorises them as high risk, like asbestos and other known carcinogens.
 - (l) The IARC classifies wireless radiation as a 2B human carcinogen.
 - (m) ICD-10 codes accept harm from wireless radiation as a valid classification.
 - (n) The World Health Organization classifies electrosensitivity as an environmental intolerance. EMFs used in wireless radiation are similar to other environmental pollution such as air particulates and chemicals, in that they also harm the health of some or all members of the general population, although this is denied by PHE and ICNIRP, against the mainstream scientific evidence.
 - (o) The official specialist Report on U.S. diplomats' ill health, released on December 5 2020, confirmed that radio frequency radiation seemed the likely cause for their ill health. These electrosensitivity symptoms included damage to the brain, shown in MRI scans, and damage to the central nervous system, typical of effects found in other people with electromagnetic hypersensitivity. Hostile engenderment of adverse electrosensitivity symptoms with some fatal consequences has been deployed within the diplomatic community since 1945. In this year the USSR directed radio frequency wireless radiation at the US Moscow embassy at levels well below ICNIRP's 2020 short-term heating-only guidelines, causing cancers and other electrosensitivity symptoms.
 - (p) Ofcom should be actively seeking the urgent replacement of all wireless radiation installations, such as fixed wireless access points, masts, routers, Wifi, wireless connected devices and antennas, with, instead, fixed fibre optic cables. Alternatively, Ofcom should adopt the appropriate guidelines which are long-term and non-thermal, not the inappropriate, unscientific and non-protective ICNIRP guidelines.

2. Objection to Ofcom's failure to adhere to its Community Obligations and Ofcom's failure to adopt a valid Equality Impact Assessment

Specific duties for fulfilling Community obligations

2.20 *The function of giving a direction to apply the Code would involve us exercising functions falling under the EU regulatory framework. As such, section 4 of the Act requires us to act in accordance with the six European Community requirements for regulation.*

2.21 *In summary, these six requirements are: ...c) to promote the interests of all persons who are citizens of the European Union; Equality impact assessment*

2.27 *Section 149 of the Equality Act 2010 (the 2010 Act) imposes a duty on Ofcom, when carrying out its functions (which includes giving a direction to apply the Code), to have due regard to the need to eliminate discrimination, harassment, victimisation and other prohibited conduct related to the following protected characteristics: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex and sexual orientation. The 2010 Act also requires Ofcom to have due regard to the need to advance equality of opportunity and foster good relations between persons who share specified protected characteristics and persons who do not. 2.28*

Section 75 of the Northern Ireland Act 1998 (the 1998 Act) also imposes a duty on Ofcom, when carrying out its functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity and regard to the desirability of promoting good relations across a range of categories outlined in the 1998 Act. Ofcom's Revised Northern Ireland Equality Scheme explains how we comply with our statutory duties under the 1998 Act.

2.29 *To help us comply with our duties under the 2010 Act and the 1998 Act, we assess the impact of our proposals on persons sharing protected characteristics and in particular whether they may discriminate against such persons or impact on equality of opportunity or good relations.*

3.25 *... We are also of the view that the effect of our proposal is not likely to be to the detriment of any protected group within society.*

This refusal by Ofcom to adhere to its Community Obligations and to adopt a valid Equality Impact Assessment should be rejected.

- (a) Ofcom's claim that "the effect of our proposal is not likely to be to the detriment of any protected group within society" is patently wrong: over 800,000 people in the UK are already detrimentally affected by RFR. The weight of scientific evidence and established ill health caused by wireless radiation shows that protected groups such as people with electromagnetic hypersensitivity, along with children, pregnant women, the elderly and the sick, are all especially adversely affected and thus treated detrimentally with regard to their health if exposed to ICNIRP's high levels of wireless radiation, as explained above (Objection 1).
- (b) Ofcom should reject PHE's minority viewpoint based on ICNIRP's reliance on Schwan's 1953 invalidated short-term heating hypothesis. This still denies all

established adverse effects on people in these protected groups. Instead, Ofcom should adopt an unbiased and independent source of information following the mainstream and majority science for the last few centuries, such as the Bioinitiative Report or EUROPAEM. PHE, like Ofcom, has no experts on real electromagnetic hypersensitivity, nor has ICNIRP or WHO, for the reasons explained above, so none can conduct a valid Equality Impact Assessment.

- (c) Courts and tribunals in the UK and abroad have accepted since 2012 that people with real electromagnetic hypersensitivity are genuinely functionally impaired by wireless radiation. Such people experience ill health from wireless radiation which is detrimental to their interests and to their rights as a protected group within society. Ofcom should be protecting such people, not knowingly harming them.
- (d) The UK's Equality Act 2010 covers all long-term functional impairment, such as electromagnetic hypersensitivity. Ofcom should follow the Equality Act 2010, not PHE's minority viewpoint trying to deny the established science of harm from wireless radiation published in detail since 1932 in the scientific literature.
- (e) For several decades some other countries, such as Canada, Sweden and the USA, have specifically listed electrosensitivity, electrical allergy or environmental intolerance in their disability accommodations and legislation. The UK Equality Act 2010 covers all functional disability in general terms of health outcomes rather than listing specific causes and conditions. This reliance on functional outcomes is one way in which courts and tribunals in the UK recognise electrosensitivity. Ofcom ought to follow this established legal recognition of electrosensitivity, especially since Ofcom admits that it lacks its own health expertise and therefore relies on other groups with appropriate competence which have set a precedence, in this case courts and tribunals concerned with health matters.
- (f) Ofcom should comply with the Health and Safety at Work Act 1974. Under this Act, UK employers since 2006 have removed wireless radiation, as from Fixed Wireless Access points and Wifi routers, and banned the use of mobile phones, in order to protect their employees who have electromagnetic hypersensitivity.
- (g) Ofcom should not facilitate contravention of the Health and Safety at Work Act 1974 by knowingly allowing Fixed Wireless Access points which contravene international long-term and non-thermal wireless radiation guidelines designed to protect protected groups within society. Instead, they should ensure that employers adopt safe working practices which enable all their employees and all visitors to their premises to have equality of access without discrimination. Ofcom should not, by allowing the deployment of Wireless Access points or adopting the inappropriate and obsolete ICNIRP guidelines, encourage or allow employers to adopt practices which do not safeguard people with protected characteristics, in addition, for instance, to vulnerable groups like children and the elderly.
- (h) Recent UK and worldwide court cases have fined employers who have been slow to remove wireless radiation to protect employees. Ofcom should not seek to be party to what courts regard as delays in removing unacceptable discrimination.

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- (i) There have been legal cases, so far outside the UK, fining employers or those responsible for maintaining safe levels of wireless radiation where their irresponsible actions in following ICNIRP levels, rather than appropriate long-term non-thermal levels, have led to people becoming sensitised to wireless radiation and thus electromagnetically hypersensitive, and belonging to a group with protected characteristics. This form of assault with a known injurious and carcinogenic substance at ICNIRP levels contravenes principles of health and safety legislation and prevents the protection of protected groups.
- (j) Ofcom should be actively seeking the urgent replacement of all wireless radiation installations, masts, routers, Wifi, Bluetooth, wireless connected devices and antennas, by requiring the use of fixed fibre optic cables, or Ofcom should be requiring businesses deploying wireless radiation access points to follow the appropriate guidelines which are long-term and non-thermal, not the inappropriate, unscientific and non-protective ICNIRP guidelines. Both approaches would allow greater and eventually full access to all areas, buildings and locations for all those with protected characteristics, including the 800,000 people with electromagnetic hypersensitivity in the UK, and allow Ofcom to comply with the Health and Safety at Work Act 1974 and the Equality Act 2010.

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