

Electromagnetic & Chemical Sensitivity:

Access to care and treatment at medical facilities is essential to reduce health disparities.

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Transcript

At this moment, I want to welcome Elizabeth Kelley, who is the executive director of the Electromagnetic Safety Alliance in Arizona and her colleagues to the council meeting to

11:44:56 talk about the need for federal policy and guidance to address environmental toxins existing in healthcare facilities and in housing. As I mentioned previously, these toxins in the form of electromagnetic smog and fragrance chemicals that have a devastating neurological and

11:45:16 physical effect upon persons with electro and fragrance sensitivities. The effects can be life-threatening and can preclude persons from obtaining much needed healthcare, oral care, and other health-related services. Ladies, I yield to you and welcome.

11:45:22 >> MAGDA HAVAS: Thank you.

11:45:31 >> ELIZABETH KELLEY: Is Susan Molloy on the call? Could you unmute yourself?

11:45:40 >> SUSAN MOLLOY: Hello!

11:46:06 >> MAGDA HAVAS: You can start, Susan.

11:46:30 >> SUSAN MOLLOY: My name is Susan. I am a white woman in my mid-70s. I use she/her. My disability began in earnest by my late 20s. It is neurological and immune in nature. I live in a remote high desert of Northern Arizona between Navajo Nation and the White Mountain

11:46:30 Apache.

11:46:46 Now a few opening words... to the National Council on Disability and Chair Gallegos, thank you for the opportunity. It means more to us than you will ever know.

11:47:11 The dynamic persistent visionary coordinator for numerous of our efforts for the last 35 years, director for the National Center for Environmental Health Strategies, Mary Lomeo, we thank you. And to the hundreds of people we know and the thousands or millions more we don't know

11:47:30 yet, who live and die with this disease, our most sincere thanks from the heart to all of you. But I'm entrusted to speak our urgent needs to the council. I only hope to do you justice.

11:47:41 I now have the honor of introducing Dr. Magda Havas. Dr. Havas.

11:47:46 >> MAGDA HAVAS: Thank you very much, Susan. Can I have the next slide, please?

11:47:59 I'm a 70-year-old white female with silver hair and hazel eyes and I'm going to be talking about the problem, past, protect and future. Next slide.

11:48:20 I'm going to present an historical overview of electrosmog and electrohypersensitivity. Here we have a graph of various inventions from 1900 to the present showing electromagnetic exposure along the Y axis and in time along the X axis. It all started with electricity and the

11:48:45 telephone exchange at the turn of the last century. We had radio in the 1920s, radar in the 1930s, television in the 1950s and the microwave oven in the 1960s. 40-year period, we saw invention of computers, cell phones, cell phone towers, fluorescent light bulbs,

11:48:56 WiFi, solar and wind power generation and smart meters. All these emit electromagnetic pollution. As of 2020 we experienced the 5G rollout and the Internet of Things, which is still progressing.

11:49:23 With each invention, there were health effects that generated similar symptoms with different names. Next. The first is neurasthenia, weakening of nervous system with sloop board operators. And a radio wave sickness experienced by radar operators during the second world war.

11:49:42 In 1980 the term electrohypersensitivity was introduced and 2004 the World Health Organization recommended the term idiopathic environmental intolerance attributed to electromagnetic fields be used instead. Currently electromagnetic illness is commonly use, which is EMI, or

11:49:49 electromagnetic injury for legal cases. All of these are referring to the same illness.

11:50:08 Electromagnetic radiation is a form of air pollution. Here we compare smog that is chemical with electrosmog that is electromagnetic. Black silhouetting represent stationary sources like smokestacks for chemical pollution and antenna farms for electromagnetic pollution. We

11:50:27 also have mobile sources like cars that generate both chemical and electromagnetic pollution, indoor air quality involves both chemicals and radiation. Behavior like smoking and talking on a cell phone, as well as wearables like perfume and Smart watches, and especially hearing

11:50:30 aids expose us to this pollution.

11:50:31 Next?

11:50:56 Electrosymptom magnification exposures are increasing exponentially. Here we see a world map showing a few purple dots in North America and Europe that are WiFi hotspots in 2005. Within 15 years by 2020, WiFi hotspots have spread across the entire planet. This map does not

11:51:14 include 5G smart devices or cell towers and is an underestimate of our current electrosmog exposure. Common symptoms include difficulty sleeping. Note all the symptoms I'm talking about are represented by cartoon characters. Chronic fatigue, chronic pain often starting with

11:51:33 headaches. Mood disorders. Cognitive disorders. Visual disorders. Hearing problems. Mostly ringing in the ears. Movement difficulties, like dizziness. Skin problems. And eating problems. Next.

11:51:53 These disorders are associated -- electrohypersensitivity is an environmentally induced disability. Electrosmog is a neurotoxin. It should not surprise anyone that electrosmog contributes to neurodegenerative disorders. I write about this in a paper published in 2019. These

11:52:13 disorders are associated with adults and the elderly. They include... next... Alzheimer's disease, dementia, neurodegenerative diseases, amyotrophic lateral sclerosis, Parkinson's and multiple sclerosis. These are normally associated with young people. They include

11:52:30 attention deficit hyperactivity disorder, autism spectrum disorder, cognitive disorders affecting concentration, memory and learning. Stress response, mood disorders like anxiety and depression. And fetal exposure and effects on offspring.

11:52:53 We know electrosmog triggers symptoms of electrohypersensitivity, but what causes it in the first place? There are common precursors for EHS that may be causal in nature. These include physical trauma to central nervous system as represented by a drawing of the head injury.

11:53:10 Number 2, chemical exposure as shown here with mercury fillings. Number 3, electrical exposure consisting of multiple shocks, acute or chronic exposure. Biological trauma. In the form of tick bites leading to Lyme disease, for example.

11:53:28 Number 5, impaired immune system common among the elderly and very young and those taking certain medications. This information is critical for doctors treating patients with electrohypersensitivity as treatments would be based on the precursor involved in that sensitivity.

11:53:51 Next. How many people are affected by electromagnetic hypersensitivity? According to a paper published in 2019, 0.64% of the population can't work. 1.5% of the population have severe symptoms. 5% have moderate symptoms and 30% have mild symptoms.

11:54:13 Our research confirms 30% for mild symptoms but the severe symptoms may be an underestimate. If we use Beighton values to the United States that has a population of 331 million, 2.2 million people can't work, 5 million are severely affected and these two categories qualify as

11:54:26 disabilities. 16.6 million have moderate symptoms and almost 100 million have mild symptoms. Clearly electrosmog has the potential to adversely affect a very large population.

11:54:51 The time to ask is long overdue. By 1971 the U.S. Government was aware of the harmful effects of radiation and published a report citing more than 2,000 scientific studies that documented harmful biological effects attributed to radio frequency radiation. These papers are

11:54:54 available on a website.

11:55:18 2015, scientists from 44 countries signed the EMF appeal submitted to the UN and WHO. Recently manufacturers are telling consumers to keep devices like cell phones at least one inch from the body. And as of 2015 and possibly earlier, insurance agencies stopped ensuring against

11:55:20 radio frequency health effects.

11:55:40 In 2012, the American academy of environmental medicine stated that radio frequency guidelines are inadequate to protect children. And recently governments in various countries are removing and replacing WiFi in schools with fiberoptics, is a far superior technology.

11:55:59 Here we have six able-bodied cartoon characters of different heights standing in water. The height to have water represents their electrosmog exposure. Two shorter characters are submerged and this represents electrohypersensitivity. This is where we find ourselves today.

11:56:00 What does the future hold?

11:56:22 Next. If we do nothing about radio frequency guidelines, if we allow WiFi everywhere, schools, marks, public transit, hospitals, etc., if we allow smart meters, smart appliances and smart homes, if we have 5G everywhere, including driverless cars, and if we have wireless

11:56:30 wearables -- next -- then our exposure is going to increase and many more people will be adversely affected by this radiation.

11:56:50 Alternatively, if we establish radio frequency zones or green zones similar to smoke-free environments, if we lower radio frequency guidelines. If we have wired routers everywhere, including schools. If we use wired smart meters, smart appliances, and if we place a moratorium

11:57:02 on WiFi, then our future looks much better with lower exposure and fewer people adversely affected by this radiation. My mantra is if it doesn't move conditioning it doesn't need to be wireless.

11:57:03 Next?

11:57:16 The future depends on us and how the National Council On Disabilities and other agencies respond to this issue. Now, I would like to turn it back to Susan Molloy.

11:57:36 >> SUSAN MOLLOY: Thank you, Dr. Havas. There are a few points I would like to share concerning urgent unaddressed elements of the access we need, and to which we have been guaranteed by law and by principle, as they are the people with all disabilities.

11:58:03 To begin, elements of equity in healthcare. Eliminate fragrance in all forms and adopt fragrance-free cleaning products for medical facilities. This includes fragrance disseminated through the heating ventilation and air conditioning systems, the stickups, the plugins or the

11:58:23 FEDs, fragrance emission devices and systems in rest rooms. Medical office clinic and treatment areas. Install signage and pictograms in certain areas to designate the safest for us wheelchair accessible areas for parking and all other elements of the path of travel,

11:58:52 including entryways, halls, waiting rooms, classrooms, examination treatment areas and the wired telephones. Next. Hard wire buzzers and intercomes. So we can step outdoors or the lobby for paperwork to assess our vitals if required and to escort us if we ask to the safest

11:59:08 waiting and exam room. Provide daylight through windows and sky lights to areas we are meant to occupy. So fluorescent lights can be eliminated.

11:59:30 Do not install the new WiFi devices through which to detect air pollution. They will address contaminants of only one kind. Using a technology which may add contaminants of the kind that is equally dangerous: Electromagnetic fields.

11:59:58 During construction or renovation, install separate electrical wiring with kill switches to our safer areas, so we have a safer room without shutting down equipment in the entirety of the facilities. Install metal-free fiber optics and ethernet connections in EMF-safe areas.

12:00:24 Next is transportation. We call on designers and manufacturers of transportation vehicles and terminals to shield electrical components of all vehicles designed for easy adaptation and retrofitting, facilitate removal of electronic and WiFi components, allow them

12:00:31 to be fully disconnected and replaced with safe alternatives, modular if that works for simplicity.

12:00:56 Shielding of similar kinds gets done routinely for military equipment and oversees banking, for example. Designate low EMF fragrance-free seating for passengers in airplanes, trains, Metros, and buses. Provide for the safety measures for service animals as well. It is critical

12:01:01 that they remain safe, sharp and attentive.

12:01:28 The fourth I'll touch on briefly is Fair Housing Act. We request that training procedures be put in place for HUD decision makers and staff now, from the top to the bottom, about what constitutes accessible housing and modifications, appropriate funding opportunities and

12:01:34 enforcement mechanisms for us under the federal Fair Housing Act.

12:01:59 We urgently advocate accessible housing for all low income people with all disabilities. Most particularly at this time for those who are functionally impaired due to chemical and EMS exposures. With that we'll hear from Sheena Symington, director of the electrosensitive

12:02:01 Society of Ontario. Sheena.

12:02:20 >> SHEENA SYMINGTON: Thank you. Thanks so much for the opportunity to speak you today. I'm a white woman in my early 50s and I hazel colored eyes and long light brown hair that is getting more and more silver highlights each day. Providing access to those with environmental

12:02:37 sensitivity. The accessibility for Ontarians with disabilities act requires a fully accessible Ontario by 2025. This includes environmentally induced disabilities such as EHS and chemical sensitivity. The city of Peterborough Ontario has electromagnetic hypersensitivity tip

12:02:56 sheet which is used to accommodate those with EHS during meetings. The examples include eliminating wireless devices and use of natural lighting rather than fluorescent lighting. We have been successful in helping hospitals provide EHS accommodation, including a six-week

12:03:09 in-patient visit for cancer treatment, emergency room visits and also diagnostic assessments. We need to create chemical and radiation-free spaces similar to how we have created smoke-free spaces.

12:03:33 Next. It is important to treat the environment in order to provide access, we need to eliminate electrosmog to effectively reduce exposure, you must first measure it. User-friendly hand held radio frequency meters are readily available, and please visit my website,

12:03:49 www.ElectroSensitiveSociety.com for tips to electromagnetic hygiene the publication entitled the 2016 European guidelines for the prevention, diagnosis and treatment of EMF-related health problems and illnesses recommends: The primary method of treatment should mainly focus on

12:04:03 prevention and reduction of EMF exposure. If a detrimental EMF exposure is reduced sufficiently, the body has a chance to recover and EHS symptoms will be reduced or even disappear. End of goat.

12:04:04 Next.

12:04:24 Practical steps to provide EHS access within hospitals, schools, doctors offices include measuring the environment and eliminating sources of electrosmog within schools a radio frequency meter is provided to the teacher. Within hospitals the meter should be provided to

12:04:36 occupational health and safety officer. By translating wireless signals into sound, this radio frequency meter identifies the sources to eliminate rather than the student or patient having to do so.

12:04:55 Mobile wireless devices are turned off or placed into airplane mode with WiFi and Bluetooth off and the WiFi routers are turned off. In one school situation, the WiFi router was turned down to 16% power, which allowed continue to function but the radiation emitted didn't

12:05:14 negatively impact an adjacent classroom. WiFi is replaced with wired Internet access such as fiberoptic or shielded ethernet cabling. In hospitals already accommodate chemical sensitivities and currently eight hospitals in Ontario also accommodate EHS. We hope to make the

12:05:33 EHS accommodations a province-wide policy. Often an obstacle to providing accommodation to those with environmental sensitivities is facility are unaware of how to provide this access. We want to make this how-to process easier for hospitals and other medical facilities. Next.

12:05:50 We document the steps required to provide access within a hospital setting and also available at www.ElectroSenseTivity.com

12:06:05 We need low EMF, chemical friendly and mold-free housing. one approach is maintain service areas. Where there are no cell towers, keep these areas free from cell towers.

12:06:24 Many people with environmental sensitivities opt for mobile housing as these homes can be easily moved if a cell tower goes up next door. However, zoning bylaws and the cost of land can limit placement of these tiny mobile homes. Upon an initial diagnosis many individuals must

12:06:38 give up homes in order to reduce their electrosmog exposure. We need to establish low EMF emergency shelters within each community to provide a safe place for individuals to go until more permanent affordable housing can be obtained.

12:06:48 Many are unable to work due to this disability. Others become homeless and are forced to live in cars in order to avoid exposure.

12:07:05 Next, over the last few years outdoor living options have been further compromised due to COVID closures of camping facilities, eliminating the option of showers and washrooms. Again, there is an absolute critical need to create safe affordable housing options for those with

12:07:06 environmental sensitivities. Thank you.

12:07:10 I'll turn it back to Susan now.

12:07:14 >> SUSAN MOLLOY: Thank you, Sheena.

12:07:38 >> ELIZABETH KELLEY: My name is Elizabeth Kelley and I'm a mid-70s white woman with white hair and hazel eyes and I'm wearing a blue and white Britain blouse. I highly commend the council for your visionary health equity framework. It is a game changer. We sent you a

12:07:56 timeline before we made this presentation on the proposed active public policies dating back to 1968 relating to this category of disability. Up until 2005 the National Council on Disability and the U.S. Access Board did recognize that the environment can induce chemical and

12:08:17 electromagnetic sensitivities that are disabling. We are heartened to see that disabling effects of chemicals is recognized by this framework and by other federal policy proposals. But the disabling effects and civil rights of people who are sensitive to electricity and

12:08:19 wireless technologies continues to be ignored.

12:08:40 And I want to credit Mr. Gallegos in his opening statement for recognizing these unmet needs. Therefore, we have some recommendations. First of all, we recommend that National Council on Disability asks the U.S. Access Board to fund the U.S. National Building Institute of

12:09:06 Building Sciences, NIPS, to revise the 2005 indoor environmental quality report, EIEQ to barriers to access and accommodation for people with chemical or electromagnetic sensitivities. That report needs to be updated. It's been 15 years.

12:09:33 The NCD health equity framework includes additional component number 6, and we requested it be revised because it speaks to the needs of people disabled by exposure to low level chemical, electromagnetic and other environmental exposures, but what is missing is a reference to the

12:09:50 electromagnetic sources that are causing harm. Therefore, we request you insert the phrase as a result of result of wireless communications technologies. This would ensure the intention is to achieve parity between those who are chemically sensitive and those who are

12:09:52 electromagnetically sensitive.

12:09:54 Next.

12:10:15 And a logo for the National Council on Disability. My next slide is that new building codes will create barriers to access and accommodations. EPA's environmental protection plan supports use of wireless sensors to control lighting, heating and cooling levels in new buildings

12:10:36 and to regulate chemical levels in new buildings. FCC's digital equity plan includes new rules to combat digital discrimination and to promote equal access to broadband across the country. These policy proposals all with good solutions have not taken into account what NCD's

12:10:56 health policy framework is about and they will create systemic barriers to access and accommodation for people who are chemically and electromagnetically sensitive to lek test and wireless technologies. Logo for the EPA and FCC.

12:11:05 Furthermore, there is a slide missing... well, I think we go back one slide. Would you mind?

12:11:08 There should be another slide after this one.

12:11:25 Okay, I'm going speak what the next slide said. It says we ask for federal agencies -- no, excuse me, I'm going to go forward. This is the right slide. I'm sorry.

12:11:43 We are calling and ask you to join in this call for an independent sustained federally sponsored EMF research program. This should involve an all-government response, just like the executive order that President Biden signed which you are responding to be your framework. FDA is

12:12:05 presently authorized to be the lead federal agency for regulating electronic products. EPA was the lead agency to develop radio frequency radiation safety limits until 1995 when it was defunded, the research program was defunded. Congress should reauthorize and fund federal

12:12:21 agencies to conduct ongoing EMF research and investigations that serves the needs of all categories of disability and to ensure the safety and well-being of workers and the public in the United States. And here I have the logos for FDA, Environmental Protection Agency and the

12:12:23 U.S. Congress. Next.

12:12:47 Furthermore we have the federal health agencies work with the FCC and National Institute of Standards and Technology to prepare radio frequency radiation human exposure guidelines that are biologically based or based on the ILARA principle, which means as low as reasonably

12:12:58 achievable on an interim base SSI definition until more is known through science. EMF effects on nature must be taken into consideration here. Next.

12:13:20 I represent the Electromagnetic Safety Alliance, and we have two projects operating right now. We held an EMF medical conference in January 2021 that was attended by 800 people or more from 30 nations. The program was designed to fill the gap by educating health practitioners

12:13:39 on how to prevent, diagnose and treat EMF-associated illness. We are still offering two courses based on this conference for health practitioners who can earn up to 24.5 continuing medical education units, but in fact anyone can enroll. We would like to offer these courses to

12:13:59 National Council on Disability and your colleagues. Secondly, I manage the international EMF scientist appeal to the United Nations, and all of you member nations which has been signed over 240 scientists and 44 nations who all have published papers in professional journals

12:14:07 showing biological and health effects far below the FCC's radio frequency radiation human exposure guidelines.

12:14:27 I'm working with concerned scientists to publish a paper on this topic very soon. I cannot underscore enough as the previous speakers have said here today, this is an urgent matter. There are people being harmed. There are people being left out and unable to access not only

12:14:44 medical care but education and other economic venues that would benefit them. They are being marginalized and we need to help them. We look forward to continuing the conversation with you and I just want to add I have three logos on this page. One for Electromagnetic Safety

12:14:51 Alliance, one for EMF medical conference and one for EMF scientists. Thank you.

12:15:21 >> SUSAN MOLLOY: Thank you, Libby. Now I will summarize some of the recommendation that is were made today. Revise the indoor environmental quality, IEQ report, and work with those in the disability community who live with chemical and electromagnetic field sensitivity to

12:15:50 ensure our access and accommodations. Coordinates with the Environmental Protection Agency. And the Federal Communications Commission about their digital equity plans. The plans of both agencies proposed wireless infrastructure that will create a new systemic barriers for

12:16:14 those with electromagnetic field hypersensitivities. Create a sustainable federally-sponsored EMF research program to serve the needs of people with all categories of disabilities, including those with electrical hypersensitivity syndrome. Thank you. We would like to open it

12:16:17 up for questions now.

12:16:32 >> ANDRES GALLEGOS: Great. Ladies, thank you so very much for the presentation. Let me ask my council members if they have any questions coming or reactions. David.

12:16:52 >> DAVID D'ARCANGELO: Hi, thank you for the presentation here today. When I was previous - my previous role, before I was commissioner of the Commission for the Blind was director of the state's office on disability. And unfortunately many people with disabilities that are

12:17:10 experiencing either electromagnetic or because of fragrances are getting discriminated against not only for their disability but the nature of their disability. And I just think that is so wrong, and I want you to know I am with you and I feel for you, and just because it hasn't

12:17:31 been in anybody's best interest to study this more fully, to be more conclusive with you know, data of this causes that, I don't think any of you were saying that by the way. I think what you're saying is -- and for my colleagues, many of the things that they have brought to

12:17:54 light here, whether it be difficulty sleeping or whatever, all of the things that come as a result of it, any one of those could be disabled. If you couldn't sleep at night and people would function, well, you know, it wouldn't be

12:18:10 considered disabled. In the workplace, ask Jan the documentation that's given out by federal agencies is to accommodate people experiencing this. This is very real. Sure, it impacts a small amount of people, but I just want you to know I'm with you. This is very challenging.

12:18:37 I would think the next step for you all should be to get that good rigorous academic review and/or governmental review, either by the NIH or, you know, FDA, some government entity to actually take a stand and say you know what, this is real and it impacts X amount of the people

12:19:03 differently, and it leads to these other things. I abhor discrimination and I know the discrimination that people face, not only because of disability but because of the

12:19:08 Mary or Dan, any comments or questions?

12:19:31 >> MAGDA HAVAS: Mary, the ear buds you're wearing are actually wireless and it's something we recommend people not do because of the exposure of your brain to that radiation. You might consider having it monitored to see how high the levels are coming from those ear buds.

12:19:41 >> MARY VOUGHT: Thank you. I wondered about that.

12:19:43 >> ANDRES GALLEGOS: Dan, you're going to make a comment?

12:19:58 >> DANIEL SCHRECK: Nothing material to add. I concur with David's comments, and interestingly, this has been a bit of a -- not a pastime exactly for me, but I do think some of these things are quite interesting because, again, they don't make the headlines. So if you're ahead

12:20:18 of the curve on these things, maybe at first people think it's maybe not the most materiality, but there are a lot of people who walk around with these disabilities that, you know, don't make the headlines so to speak. I commend you all for your work.

12:20:38 >> ANDRES GALLEGOS: Ladies, I have a couple questions. Number one, the fact that Ontario has adopted this issue and addressed this issue legislatively, what is it about the province that is so progressive in this? And how can we replicate that here?

12:21:01 >> SHEENA SYMINGTON: It's a good question. Legislatively, the Canadian human rights and Ontario human rights, they have to accommodate a disability no matter what it is. An invisible disability, a visible disability, and these environmental sensitivities are considered and an

12:21:22 environmentally induced disability, which requires legal accommodation. And there's an awareness that from physicians here in Canada and in Ontario that have diagnosed these environmental sensitivities and the disability that it causes, so that, coupling with educating hospitals

12:21:44 and educating a number of doctors and facilities, they're adopting the need, when they see the impact that these frequencies and fragrances have on people to provide access within their facilities. So it's a long road of awareness and education, I think.

12:21:47 >> ELIZABETH KELLEY: I also would like to...

12:22:05 >> MAGDA HAVAS: I also would like to add to that. I would like to add to that that we have a hospital here in Ontario where they have a two-year waiting period for people who want to be assessed. There are too few medical doctors who are doing this type of assessment, and part

12:22:20 of what we're doing with the electrosensitive society is educating the medical profession, and eventually we would like to get it into medical schools as well, so that they're trained on environmental sensitivities right from the get-go, and that this is part of the vocabulary.

12:22:35 If it's not part of your vocabulary, if you're not aware of it, you're not going to diagnose it, and very often patients are being misdiagnosed, they're given treatments to deal with insomnia, for example, or the pain, and they just continue to get worse.

12:22:53 >> ELIZABETH KELLEY: I would like to take a swing at that question, Andres. We have talked about this among ourselves. Why is it that Magda and Sheena Symington are making much more progress there in Ontario than we have been able to make in the United States dealing with the

12:23:12 healthcare delivery system? And this would require a whole conversation on its own, but I think it had a lot to do with the structure of how healthcare delivery regulated in the United States. The AMA has a strong role in this, and they are conservative and they do not

12:23:32 recognize electrical sensitivity. The Joint Commission on the hospital accreditation, the Joint Commission, by their own rules they don't seem to recognize environmental illness or taking precaution and creating safe places. The priorities that are set by the

12:23:50 White House Council on Disabilities, NCD, NCIL don't reflect an interest yet in this issue. We have tried. We have twice applied to speak at the NCIL annual meetings and have been denied, including this year. Because this is not a priority issue for them. And I think they're

12:24:10 looking towards you and the White House to see what the priorities ought to be too. Uniformly there needs to be an awakening and more receptivity, plus the money that David mentioned, putting funding into doing a major federal study of this type of environmental illness, so that

12:24:28 people can understand the state of the science, the effects, get some numbers, and then start to work on solutions, but we're up against an avalanche of technology that is wireless that is invading our homes, is per mutating every part of society. As time goes on, more people

12:24:32 are going to be harmed.

12:24:52 >> ANDRES GALLEGOS: Thank you for those responses. I know this is -- I see this more -- what I've been learning about this is with the diagnosis for multiple chemical sensitivities. One, it's not uniformly recognized as a condition by the medical establishment, at least here in

12:25:11 the United States. Number two, there's no code for that in medical billing, and therefore, again, it's not recognized as the diagnosis. But oftentimes -- there's very little case law on this, but the case law that exists is in the employment context. And in the employment

12:25:21 context, employers tend to view this as a psychological condition as opposed to a physical condition manifesting into a disability.

12:25:27 Can you speak to that and how you combat that?

12:25:44 >> MAGDA HAVAS: Perhaps I can address that to start with. We have done studies with people who may or may not be electrically hypersensitive. And the type of studies we have done include both provocation studies, where we're testing some physiological function, whether it's

12:26:01 brain wave activity or the autonomic nervous system, and we expose them to the radiation blindly in the sense that they're not aware of when they're exposed, and simply monitoring their physiological reaction. And some percentage of the population, in our research, it turns out

12:26:20 to be about between 30-35% roughly react to this radiation. So some people have heart palpitations. And we can pick that up quite easily. They're just sitting there, their heart beats about 65 beats per minute. We turn on the radiation from a WiFi router or from a cordless

12:26:39 phone, and within seconds it jumps to 100 beats per minute and they're not moving. And they feel anxiety and they go into a flight-or-fight stress response physiologically without being aware of it cognitively. This is not psychologically. It's physiological, that has

12:26:42 eventually psychological consequences.

12:27:00 >> ELIZABETH KELLEY: I would like to add -- you mentioned the diagnostic codes. There is a diagnostic code now for electrical injury in the international classification of diseases initiated by the World Health Organization and adopted by the U.S. Department of Health and Human

12:27:18 Services. The W90 code does cover electrical injuries, and then if you add code modifiers to describe the type of radiation, whether it's electricity or wireless or something else, and the duration of exposure, whether it's rapid onset or chronic, you then have a disease code.

12:27:39 And we are telling people to use these codes. Secondly, my doctors, I speak to them all the time, and they have the impression that in order to have electronic record keeping, they need to have it wireless, so that means their offices must be wireless with WiFi. And I have

12:27:55 difficulty understanding that. Maybe that's a condition of sign up for electronic record keeping, but this is so embedded now in our healthcare delivery system, it's going to take time to change it, but we need to start now.

12:28:13 >> ANDRES GALLEGOS: Great. I would like to make a midpoint now that I didn't make during my own presentation, and that is real close to my heart.

12:28:44 That is that many of us with multiple disabilities have as a trigger for all of them electrical exposure, WiFi exposures, chemical exposures. Without those we might be in much better shape. Also, the folks who have a disability and recognize it and acknowledge it and their

12:29:11 doctors know about it might be experiencing less problems with it. It's an unplugged, didn't sleep right next to the battery for their wheelchair. They're just all kinds of things that we have learned and are being isolated from the rest of the

12:29:28 disability community doesn't serve any of us. And we're awfully concerned about the use -- I think the overuse of WiFi and technology that is unshielded for some of our colleagues with different disabilities too. Thank you.

12:29:43 >> ANDRES GALLEGOS: Susie, I appreciate that. Ladies, thank you for the presentation. Thanks for coming and sharing this critically important information with us. I can assure you it's not going to be our only conversation with you, and we hope to have a conversation soon on

12:29:47 what we can do internally to try to help address this issue.

12:29:51 So, again, thank you so very much.

12:29:53 >> ELIZABETH KELLEY: Thank you.

12:30:10 >> ANDRES GALLEGOS: You're welcome. And we're going to be moving on to our next segment, and, again, because of time constraints, we're just going to jump into the public comment phase of the meeting.