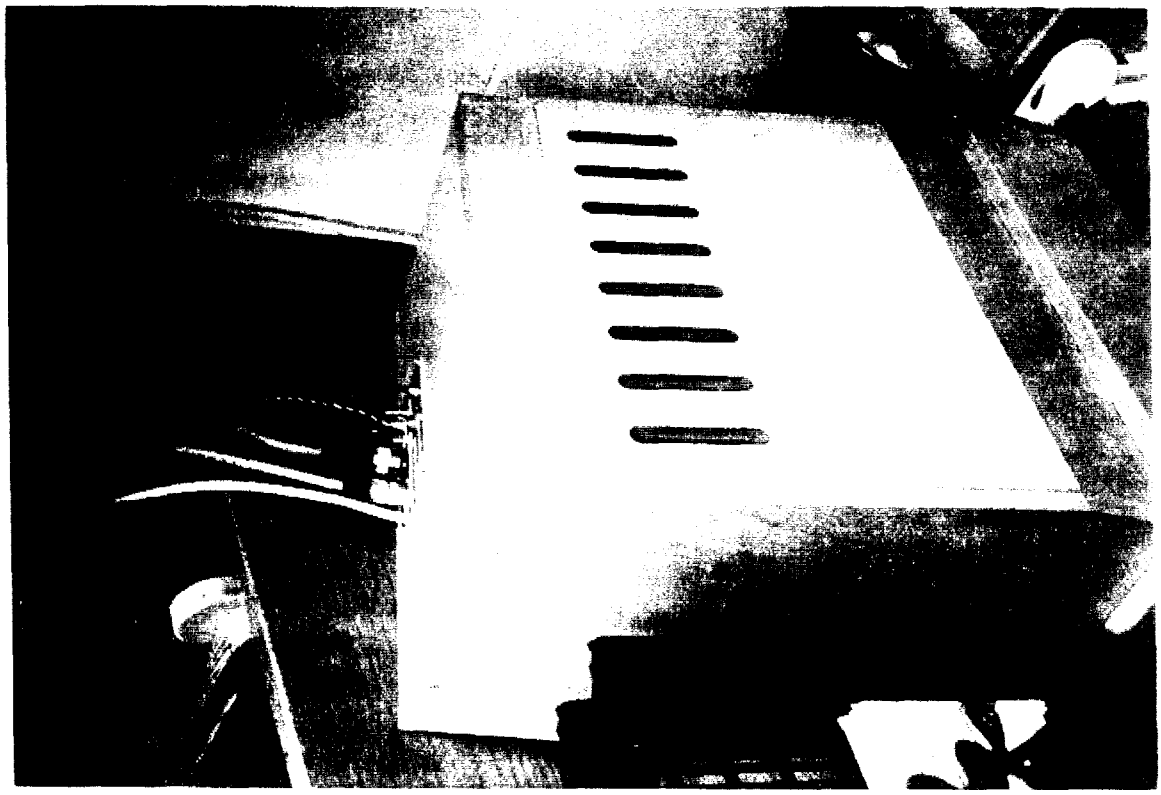
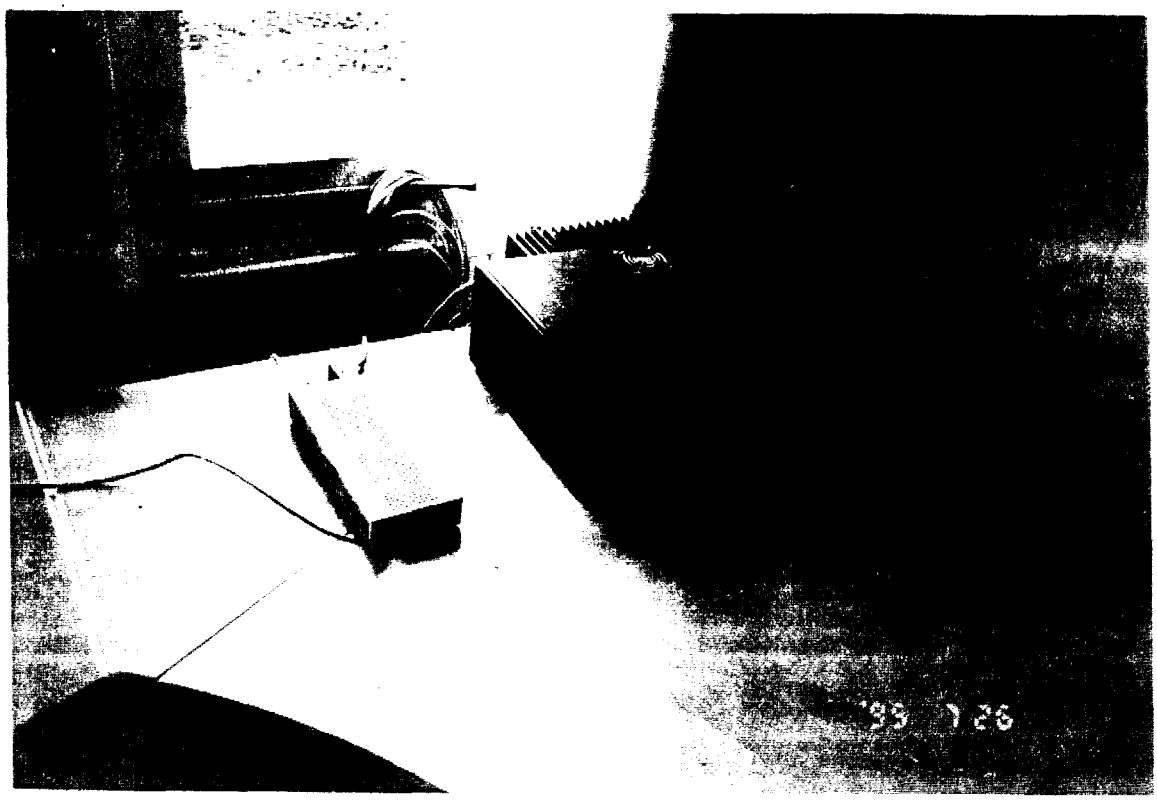


Photo 1



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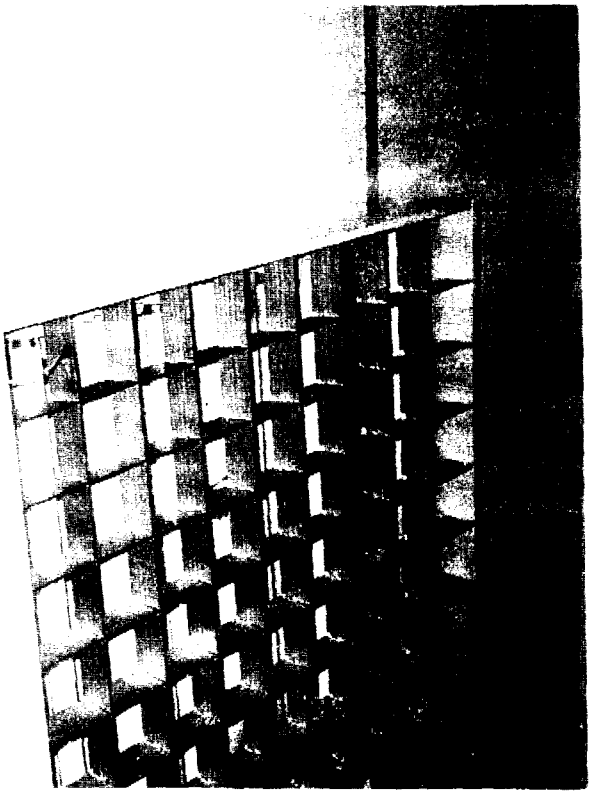

Photo 3

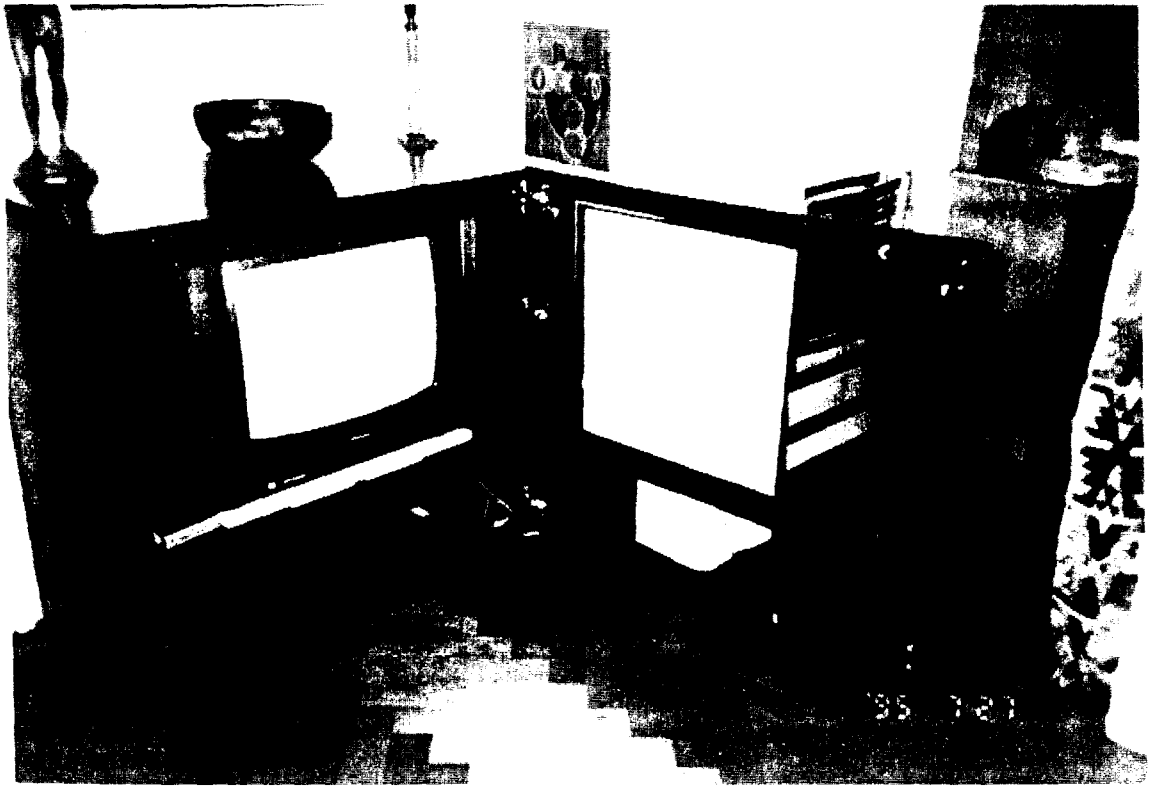

Photo 4

helpful tool. Title I of ADA provides for guidelines of "reasonable accommodation" in the workplace for those with disabilities. The definition of disabilities under ADA is very broad:

"A person with a 'disability' is an individual who:
- *has a physical or mental impairment that substantially limits one or more of his/her major life activities;*
- *has a record of such an impairment; or*
- *is regarded as having such an impairment."*

"A physical impairment is defined by the ADA as: '[a]ny physiological disorder, or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genito-urinary, hemic and lymphatic, skin, and endocrine.'"

The ADA considers work a "major life activity" and to be "substantially limited in working" fits their disability definition, as they provide in the following example:

"For example: a computer programmer develops a vision impairment that does not substantially limit her ability to see, but because of poor contract is unable to distinguish print on computer screens. Her impairment prevents her from working as a computer operator, programmer, instructor, or systems analyst. She is substantially limited in working, because her impairment prevents her from working in the class of jobs requiring use of a computer."

"Under the ADA, when an individual with a disability is qualified to perform the essential functions of a job except for functions that cannot be performed because of related limitations and existing job barriers, an employer must try to find a reasonable accommodation that would enable this person to perform these functions."

"Reasonable accommodation is a modification or adjustment to a job, the work environment, or the way things usually are done that enables a qualified individual with a disability to enjoy an equal employment opportunity."

ES employees currently seeking protection at work under the Americans with Disabilities Act may find stonewalling by their employer stating that ADA does not cover environmental illnesses. That statement is incorrect. In many cases, chemically sensitive employees are using ADA to retain or obtain a job with "reasonable accommodation" suited to their chemical avoidance needs. ADA does not specifically exclude environmental illness or electrical sensitivity. A valuable document outlining the employment provisions of ADA is available free from the U.S. Equal Employment Opportunity Commission (EEOC): "A Technical Assistance Manual on the Employment Provisions (Title I) of the Americans with Disabilities Act." Contact EEOC at 1-800-669-3362 for your free copy of this document. For further clarification, consult the ADA Manual in its entirety, a lawyer familiar with ADA laws and accommodations, and/or your labor union.

- Part One of Two -

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ENDNOTES

- **AAEM Document** - The American Academy of Environmental Medicine (AAEM) is a medical group specializing in diagnosis and treatment of environmental illnesses. I recently asked them whether they formally recognize electrical sensitivity and, if so, their currently approved treatment methods for ES. In response, I received a copy of their booklet "An Overview of the Philosophy of The American Academy of Environmental Medicine". This booklet discusses the model of environmental medicine including AAEM-recommended diagnosis and treatment techniques for food and chemical sensitivities.

Overview of AAEM philosophy:

"First, AAEM believes that optimal, cost-effective health may be best attained by providing a clean and healthy environment (specifically less contaminated food, air, and water) and by stressing preventive maintenance and augmentation of the body's own homeostatic healing mechanisms as much as possible. In other words, a strong body and a healthy environment and food supply are the best ways to prevent applicable illnesses

from occurring in the first place, keeping people out of the health care system.

Second, the Model of Environmental Medicine offers many valuable insights into the dynamics of how many cases of applicable illnesses develop. Thus it is now possible to recognize many problems in their early stages when they are easier to detect and easier (and cheaper) to treat. Indeed, these insights offer both the practitioner and the patient a wide spectrum of opportunities to interdict applicable illnesses at several different levels, from adopting preventive lifestyles to earlier recognition and treatment, which can prevent advancement to more severe and chronic stages. Over time, this then results in significantly less chronic reliance on expensive symptomatic drugs, surgery, and hospitalizations and much less morbidity for the patient.

Thus, in contrast to the inexorable upward spiral of health care costs that are occurring with exclusive use of the current model, augmenting care by skillfully applying the principles of the new model in appropriate cases offers an immediately available powerful tool that can actually, effectively, and rapidly decrease the cost of health care while simultaneously increasing the quality of life.

This powerful tool will reduce the costs of health care most effectively if it is adopted on a nationwide basis by all groups of society that are involved with the health care system—patients, health care providers, the health insurance industry, all private and public industries, and all local, state, and federal governmental agencies that regulate these other groups. Continuous pressure from a powerful coalition of enlightened members from all of these groups will make adoption of the new model's valuable insights inevitable."

Their list of "environmental stressor(s)" includes electromagnetic fields, noise, and ionizing/nonionizing radiation.

"ENVIRONMENTAL STRESSOR

Any substance or situation that has the POTENTIAL capacity to de-stabilize homeostasis in a SUSCEPTIBLE individual. Possible examples would include biological substances such as dusts, molds, pollens, danders, venoms, foods, and infectious organisms; inorganic and organic chemicals of all types; nutritional excesses or deficiencies; trauma; psychological stresses; and physical phenomena such as heat, cold, humidity, barometric pressure, vibration, noise, ionizing and nonionizing radiation, and electro-magnetic fields."

When these factors are contributing to a patient's illness, avoidance or minimization of these exposures is their primary recommended treatment.

"TREATMENT OF ENVIRONMENTAL PHENOMENA

Environmental phenomena include such things as heat, cold, humidity, barometric pressure, vibration, noise, ionizing and nonionizing radiation, and electro-magnetic fields.

When environmental phenomena have been found to be contributing to the patient's illness, appropriate treatment would include avoidance of the phenomena or minimization of exposure to safe levels, and/or protection of the patient from the identified phenomena through the use of appropriate protective devices and techniques."

This booklet is available from AAEM, 4510 W. 89th St., Suite 110, Praire Village KS 66207-2282 (Cost $5.00); Phone: (913) 642-6062. A free AAEM listing of member doctors in your area is also available. (The preceding items quoted from the AAEM booklet "An Overview of the Philosophy of the American Academy of Environmental Medicine" Copyright © 1992, 1990 by Gary R. Oberg, M.D. Reprinted by permission of Dr. Oberg and The American Academy of Environmental Medicine.)

- **Phone and Housing Surveys** - The MCS Support Group of the Capitol District (New York) is undertaking two surveys. One relates to those having MCS and/or ES symptoms from phones. They are gathering this information as part of a claim filed with the U.S. Consumer Product Safety Commission about chemicals outgassing from plastic phones. Their housing survey is designed to develop builder interest in a large-scale housing complex for the environmentally ill. For more information about either survey, write Peggy Magidson, PO Box 6015, Rotterdam Square Mall, Schenectady NY 12306; enclose a stamped, self-addressed envelope with your inquiry.

Hum Survey

Some people sense a hum. Do you? (Check one)

_____Yes _____ No

If you answered **Yes**, please answer the remaining questions and mail the completed form to:

Ms. Schatzie Hubbell
10201 Highway 80 West
Fort Worth ,TX 76116

Your Birth Date _____/_____/_____ Sex (Check one) _____F _____M

When did you start to sense this hum? (Check one)

_____ Within the last six months
_____ Between one and two years ago
_____ More than six months but less than a year ago
_____ More than two years ago

Where were you when you began sensing it?

Identify site _____

_____

How often do you sense it now? (Check one)

_____ All the time
_____ Some part of every day
_____ Every few days
_____ Once a week or less

When do you sense it most?

_____ Before 9 am in the morning
_____ Between 9 am and 4 pm
_____ Between 4 pm and 8 pm
_____ After 8 pm

Where do you sense it the most? _____

_____

Can you describe what the hum sounds or feels like?_____

_____

_____

Have you sensed the hum more than 50 miles from home? (Check one) _____ Yes _____ No

If you checked yes, where?_____

_____

If you are willing to participate in further research related to this hum, please complete the following:

Name _____

Address _____

Town _____ ZIP _____ Telephone _____

Thank you very much for your help.

ELECTRICAL SENSITIVITY NEWS

An international newsletter about the latest environmental illness—electrical sensitivity from electromagnetic fields

May - June 1996 Vol. 1, No. 3

GROUND CURRENTS:

An important contributor in electromagnetic exposure

Duane A. Dahlberg, Ph.D.
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Moorhead, MN 56562

STRAY VOLTAGE

For a period of over forty years the dairy industry has been aware of the need to maintain a trouble-free electrical system in the environment of the dairy farms. Dairy cows are known to experience a set of behavioral, health and production effects when an electrical problem exists proximate to dairy farms where electricity is short-circuited into the earth. Farm experience indicates the effects as a general attack on the well-being of the cows. Veterinarians knowledgeable about electrical effects describe the effects as an apparent destruction of the cows' immune system. Farmers, dairy equipment suppliers, power suppliers, agricultural extension specialists, veterinarians, feed suppliers, and electricians all attest to the effects associated with electrical exposure from ground faults. In addition, an important recent empirical discovery is an association between the effects in dairy herds and the grounding of the electric utility neutral on the farm.[1,2] The general title describing the electrical environment and effects is stray voltage. The results of stray voltage research may offer some guidance in the overall understanding of how electricity is affecting animals and people. Frequently the dairy cow has been described as the "canary in the mine". In light of this description, one observes that many work spaces including schools, factories, shopping centers, etc. have similar physical characteristics to the dairy barn. The fundamental difference is the milking equipment.

The traditional theory emanating from the stray voltage research rests on the assumption that a cow will be affected when receiving a current of one milliampere or more when contacting conducting elements in the barn. This theory assumes that the animals are receiving a shock when touching a conducting material in the barn but otherwise are safe from effects caused by electrical energies. The results of research have shown no significant health and production effects from shocking the cows intermittently. These research results precipitated the conclusion that the health and production problems are the result of the dairy operator's management of the behavioral problems. There is, however, no research that tests this conclusion. The traditional theory is not consistent with the dairy operator's observations nor does it take into account possible effects from continuous exposure of cattle to lower levels of currents and possible currents from electric, magnetic and EM (electromagnetic) fields in the barn. In addition, during approximately ninety-five percent of the time the cows are in the barns, they are only in contact with the floor.[2]

Whether associated with dairy cows or humans, a gulf exists between the observations of dairy farmers, field experience of those investigating the

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WARNING: Environmental illness is a complex topic.
Methods or treatments that benefit some people may harm you. Readers are advised to consult appropriate medical, legal, or other professionals for personal guidance prior to making changes in their current program.

problems and theory. Even though field experiences abound relating electrical exposure to effects in livestock and humans, the fact that no solid scientific theory has been established to explain the effects has caused the field experiences to be considered anecdotal without scientific bases. The reports continue to abound, however, resulting in a serious conflict between observation and theory.[3,4,5]

Experience in problem solving encourages a "systems" methodology be used as a first approach for a problem as complex as the effects of EM energy on living organisms. A good example of the systems methodology is that used in the NASA organization as they worked on the challenge of landing people on the moon. The information provided subsequently is based on this research methodology.

Observations of the actions and responses of cows in the dairy barns revealed that cows sense some adverse stimulus seeming to be continually present in the barn. Frequently the cows also respond to a random event that appears to be present only for a relatively short period of time and then disappears. The effects are observed in stalls where the only cow contacts are the hooves of the cows as the cows stand on the floor of the barn. Noted especially is the appearance of effects from a continuous exposure which can impact the animal chronically. Usually the effects are a sudden onset of a number of bacterial diseases as well as a gradual deterioration of the muscle and skeletal structure of the body. In severe cases cows suddenly fall to the floor of the barn and frequently die immediately. The overall well-being of the animals tends to degenerate in direct relationship to time spent in the barn. Housing the cows in elevated facilities which are electrically isolated from the earth significantly improves both the production and health of the dairy animals.[2]

The results of surveys assessing the perceptions of the dairy farmers revealed that for stray voltage farms a strong correlation exists between effects in cattle behavior, health and production, human health effects, the malfunctioning of electrical equipment and a rapid deterioration of metals in contact with the earth. If there is a stray voltage problem on the dairy farm causing problems for cattle, there are commensurate health problems for the dairy operators and unusual effects in electrical equipment used on the farm.[6] Using PROBIT as the analytical tool, there is also a suggestion of a double track connecting human health directly to the electrical exposure and indirectly through stress brought about by the livestock problems. Significant correlations were found between human and animal symptoms and proximity to transmission lines. However, there was a weak correlation between human and animal symptoms and proximity to a natural gas or oil pipeline. Stray voltage problems also exist at long distances from either electrical transmission or pipe lines. It seems appropriate to assume that transmission lines and pipelines are sources of stray voltage but certainly are not the only sources of electricity associated with the assessed symptoms. From these surveys, one can conclude that the mitigation methods developed as solutions to the problem have on the average only served as Band-Aids with short term benefits. The mitigation procedures help some dairy operations, while for others the problems are made worse. These studies suggest that underlying assumptions about stray voltage problems need revision.[2]

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Brandy: Two Dogs Become ES

Name withheld by request

There have been two Brandy's in our home. Big Brandy was a lovely Labrador girl dog who developed grand mal seizures at age 3 and died eighteen months later. Young Brandy is another lovely Labrador girl dog, now 2 years old, who developed electromagnetic sensitivities and grew up as an

ADD/ADHD (Attention Deficit Disorder) "neurologically-challenged child" in our home.

Eventually Young Brandy suffered spontaneous rupture of both crucix ligaments in her hind legs (an autoimmune disorder at the cellular level, according to the veterinarian). Recovery crises were especially linked to ungrounded ("stray") voltage and rfi/emi (radio frequency interference/electromagnetic interference) coming in the utility lines. To date Young Brandy is doing well, under home management for ES.

Both dogs were universally sensitive to electromagnetic influences. Craft magnets held near them would make them cry. Young Brandy would leave the room if the computer was on. Both were affected by ordinary dc alkaline batteries. The addictive/-adaptive process of chronic EMF exposure was sufficiently strong to produce a striking withdrawal pattern (change in symptoms) when interrupted. Often (transitional) symptoms appeared within half an hour; at other times they were delayed. Grounding the house and yard produced withdrawal peaks (foaming, behavior changes, lameness). The medical tools that appear to work are: (1) nutrition (cod liver oil, brewer's yeast, Mesotrace natural minerals), (2) home management (electrical grounding, filtering with surge suppressors/"noise" filters, balancing). My basic balance for the house is full-spectrum fluorescent lamps—KIVA, a modified Vita-Lite. (3) exercise (especially walking and flexibility for reducing "handedness"—changes in right brain or left brain predominance), and (4) neutralization (homeopathics for radiation and the biological clock). All in all, then, they have been very"human" in their ES.

Last Thursday, as the weekend approached and the in-coming frequencies in the house began to rise (extra static, noise on small radio test), Brandy was losing the use of her right rear leg. She had inflammation in the hip which could be felt as a large lump on either side, but especially on the right.

By Friday night things were worse, and we were awake a fair amount of the night. We were quite sure the problem was related to the electricity, as we had been adding surge/rfi/emi filters weekly all winter, and similar low-grade symptoms had responded. This time, however, Brandy could not stand without crying in pain.

Brandy spent Saturday on a quilt in the living room, with aspirin and an infrared pad on her back. (**Editor's note:** A hot water bottle is a preferable ES alternative to an infrared pad.) She was comfortable lying there, but still could not walk more than a few steps.

Saturday night we moved a single Curtis SP550 plug-in filter from the shed to the brown socket adjacent to the main electrical panel. Clear relief followed in ten minutes.

We left lighting on all night Saturday to provide steadiness of warmth in the house, and to continue the balance we had obtained by moving the SP550.

By Sunday morning inflammation in the hips was clearly reduced. Brandy was able to walk much better than for the previous days. On Wednesday she was running full tilt after her ball.

The Curtis filters we have installed for Brandy's hips are:

SP550 x4 along the north wall, one in each socket on that wall, near where the gas pipes come in. It appears that Brandy's left leg is benefited. (She had similar trouble earlier this winter with the left leg, too.)

SP550 x3 are installed along the south wall, one in each of the three circuits closest to the main electrical panel, where we perceive electrical changes on the weekends. It appears that Brandy's right leg is benefited, but all three circuits had to be filtered for that benefit to take effect.

My husband and I are proud to have known these dogs. We are sorry that they have had problems. We didn't bring them home with us so they would get sick. We didn't buy our home so we would get sick, either. Some things just happen.

Nonetheless we have all developed a special bond in working together. The vets have been pleased and helpful as they see the successes. Human doctors have been interested as the people get better, too. The implications for all living creatures are clear with this one; they needed our help and we needed theirs. Maybe the right people will do some studies before long. Both Brandy's would like that.

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Chemical Crisis - Part 2

Diana Crumpler, Victorian Coordinator of Australian Chemical Trauma Alliance (ACTA)

Back in 1989 or so, my reactions to EMR were mainly cerebral—a blow-your-mind sort of zap, and sunlight made an intense burning in several spots around certain moles and where a skin cancer had been removed. Somehow, the effect was systemic: the sun didn't have to shine directly on that spot—a chink of light falling, for example, on my left leg would cause the intense burning on the skin cancer site on my right arm! (Yes, I know. It sounds crazy, but that is how it was.) Now, however, the reaction

is different. That area on my right arm gets a weird indescribable sensation, and is followed by pain, burning, and swelling in the right lymphatic system—up the arm, under the armpit, across the right breast, and down across the ribs, terminating in the abdominal area. Sunlight—even a chink—does the same, as well as producing a feeling in my head like an internal explosion. To use the phone, even momentarily, triggers this lymphatic reaction, but also brings up a cluster of skin cancers on the right arm. Even brief exposure to sunlight (even with a hat and heavy clothing) outside in the daytime, brings up skin cancers, which I have had removed from time-to-time.

In my own situation, I guess it's obvious that there is some synergistic element at work, a multiplicatory effect between chemical and electromagnetic incitants. Both, one would conclude, are potent environmental stressors acting in concert. All this is empirical observation, of course, as I have not been able to interest anyone here in EMR sensitivity, nor do any of the clinical ecologists seem interested.

One interesting incident occurred a while back, which actually pinpointed a specific frequency. However, I would imagine that, as with chemicals, one reacts to various frequencies and that UV (ultraviolet) and others are almost certainly involved. In the said incident (when I could still tolerate the TV) I was in the lounge while my husband was watching TV. As I got up to move across the room, I was hit with a tremendous zap through the back and into my abdomen. It's hard to describe the sensation—maybe like being shot, at first without the pain, then slowly, with a coldness that progressed to dull, then later, acute pain. Behind me, my husband had pressed the infrared channel changer and I got in the way of its beam. It was interesting, as it gave us both clear indication of a definite reaction to EMR. Until then, I had been doubting my own observations as my EMR sensitivity escalated, almost on a daily basis. It seemed so bizarre that it could not be possible.

It may be coincidence, but it almost seems as if the areas of worst EMR reaction target zones are also areas that have had previous heavy EMR exposure. That spot on my arm, for example, where the skin cancers sprout so readily (some already removed, some controllable by megadoses of Vitamin C plus laying off the triggers) is where I once wore a digital watch with battery; the area in my abdomen that responded so dramatically to the infrared zapper was once the target for numerous x-rays and scans.

- UPDATE -

(**Editor's note:** Since typing this last letter, Diana suffered two electromagnetic events that intensified her electrical sensitivity to a most extreme level. In the first instance, she tried a product promised to modulate EMFs to increase her tolerance of EMF producing appliances. The opposite resulted.

This first event caused her to lose use of a manual typewriter, her only means of independently communicating with the outside world. She previously lost use of pens or pencils (i.e. ink, paper, plastic, paint exposures) after the pesticide exposure to seed grain. Now both typing and writing produce reactions similar to use of the phone. Writing upsets her lymphatic system and induces a skin cancer cluster, while typing has the same effect on the lymph system and triggers severe abdominal pain. As a result, her husband writes letters for her as she dictates them.

Another consequence of this reaction was the need to triple shielding on the house windows to further reduce sun exposure. Also her chemically safe bed caused an EMF-type reaction: muscle spasms, feeling hyper, lymphatic burning, headaches, and a tingling sensation. The metal bed springs were found to be the problem, although they had not bothered her before.

Sounds have also begun to bother her; not as a conventional startle response, but rather simulating an EMF reaction with the addition of another phenomenon—seeing a massive explosion of light even in the dark of night.

The second electromagnetic event further sensitizing her involved a delayed reaction to television camera equipment in her home as part of a film documentary related to her book, *Chemical Crisis*. This exposure leaves her unable to tolerate the friction of sweeping the floor, brushing her hair, water running in a pipe, cutting and peeling vegetables, or skimming through pages of a book. These activities now produce the same lymphatic reaction as using the phone.)

(Diana Crumpler is author of the book *Chemical Crisis*, an analysis of multiple chemical sensitivity and how chemical exposures have devastated her family's health. *Chemical Crisis* is available from: Diana Crumpler, RSD Tennyson, Victoria 3572, Australia; Cost-check/money order for $US 18.75 plus $US 7.65 airmail postage, or by sending her an international money order in Australian currency: $A 24.95 plus $A 10.20 airmail.

Dental Amalgam Removal

Lucinda Grant

When environmental illness develops, avoidance of neurotoxic substances becomes of paramount importance to reduce the risk of further neurological problems.

Some MCS and ES consider dental amalgam removal as a way of reducing heavy metal exposure, particularly mercury—a well known poisonous and neurotoxic substance found in silver mercury amalgam dental fillings. In a Swedish study at Chalmers University of Technology, an engineer and an orthodontist determined that exposure to certain computer monitor EMFs increased the dissolving of mercury amalgams, which increases mercury exposure.[1] Also, the ES may consider removing all metal fillings to reduce contact with metals in general, which can attract and transmit EMFs. Does amalgam or other dental filling removal assist the environmentally ill in regaining health?

Sometimes removing amalgam fillings produces an increased sense of well-being and sometimes no change is apparent. Occasionally, the process of amalgam removal further sensitizes the person to chemicals and/or EMFs due to heavy metal contamination during the removal process. Also, filling replacements non-allergic to that individual are necessary to keep from developing new problems.

According to the DePaul University (Chicago) MCS Treatment Evaluation Survey completed in 1995, 112 MCS patients out of about 300 did undertake mercury amalgam removal.[2] Of those who did, the following statistics were derived indicating how their health status was affected:

Effect Unclear	30.4%	50.9%
Was Harmful	7.1%	
Didn't Help	13.4%	
Slight Help	21.4%	49.1%
Major Help	12.5%	
Enormous Help	15.2%	

These statistics indicate that about 50% were noticeably benefited to some extent, while the other half were not. This survey considered general health changes under various medical treatments as reported by MCS patients, about one-third of whom were also ES.

The Electrical Sensitivity Network survey of ES patients specifically asked "Did replacing your amalgam fillings reduce your electrical sensitivity?".[3] Although our survey results are still being tabulated, preliminary results indicate that for the majority of American ES patients who underwent dental amalgam removal, the majority did not notice a significant reduction in their ES thereafter related to that event.

Questions come to mind:

- What amalgam removal techniques are most likely to enhance the patient's health?
- What amalgam removal techniques are used in the U.S. versus Europe?
- What have European survey results indicated about the success of their amalgam removal techniques in improving health and reducing ES?
- Would an international survey of people who had dental amalgam removal find answers to some of these questions?

Varying methods of removing amalgams may make the difference between better health attained and no benefit. In the U.S., The International Academy of Oral Medicine and Toxicology (IAOMT) has established specific recommended protocols for dentists who do amalgam removal. As of February 1996, their approved procedures cover clinical guidelines for reducing mercury vapor exposure of the dental staff and the patient during the amalgam removal process and other dental procedures. Also, an oral megadose Vitamin C protocol is IAOMT approved for use with amalgam removal. For further information about IAOMT procedures, your dentist may contact: IAOMT, Dr. Richard D. Fischer, 4222 Evergreen Lane, Annandale VA 22003.[4]

In addition to IAOMT peer-reviewed and approved dental amalgam removal procedures, other methods are in use by some American dentists that do not yet have a protocol formally recommended by IAOMT. Some of these methods include use of DMPS chelation therapy, selenium supplementation, and sequential amalgam removal.

Chelation therapy using various drugs is a treatment method recommended by conventional medicine for detoxification from heavy metal poisoning.[5] However, the use of DMPS (sodium 2,3-dimercaptopropane-1-sulfonate) as a chelating agent for treatment of dental amalgam patients currently appears to be uncommon and experimental in the U.S.[6]

The mineral selenium is known to help facilitate mercury removal from the body over time, but no IAOMT protocol is in place for use of this mineral as part of the amalgam removal treatment process.

Of the foregoing alternative treatment methods, perhaps the most interesting is the sequential amalgam removal process. According to the work of Dr. Hal Huggins, a U.S. dentist in the forefront of the controversial mercury amalgam issue, electrical current in metal dental fillings can be measured with an ammeter. He considers electrical current in dental fillings "... probably the single most damaging stressor."[7] Huggins reports that defining the electrical current in each filling as to polarity (positive or negative) and strength prior to removal and using these measurements to determine filling extraction sequence significantly improved his patients success rate. He advocates removal of the fillings sequentially from negative to positive, removing the strongest negative charge first down to the weakest negative charge then extracting the strongest positively charged filling down to the weakest positively charged one.

Huggin's experiences with electrical measurement of fillings leads him to propose that the negatively charged fillings predispose a greater risk of serious neurological diseases including epilepsy and multiple sclerosis (MS). He interprets the improvement in patients after amalgam removal as a consequence of both mercury removal and changes in their body electricity thereafter.

For further information about dental amalgams which includes a regional contact list of dentists who do amalgam removal, send $7 to the amalgam support group Dental Amalgam Mercury Syndrome (DAMS) Inc., 6025 Osuna Blvd., Suite B, Albuquerque NM 87109-2523.

Those who have a keen interest in developing a survey to assess the benefits of various amalgam removal techniques may write to me at ESN, PO Box 4146, Prescott AZ 86302 USA.

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Amalgam Recovery

Name withheld by request
Scandinavia

My story is probably "normal", as odontological (dental) practice has triggered ES.

I'm a female, born in 1940, under influence from my mother's fillings from day 0. I got the first amalgam filling in 1948. Declining health without obvious reason lasted till all amalgam was removed, with remarkable results, in 1989.

Five years later I was by accident exposed to a strong EMF: the bed was about 1 meter away from a (fluorescent) light bulb (with mercury gas and up to 10000 Hz EMF), which I didn't notice. Instant pain in all teeth disappeared when the light was turned off. However, later I could not stay near that sort of electric equipment without getting heavy headaches and often irregular heartbeat. The source could be in a different room, out of sight. My psyche has luckily been strong all along.

The cavities were filled with a two-component alternative to replace amalgam, Coltene hardened outside the mouth. There have been no problems.

However, one tooth was replaced by palladium/porcelain fixed on titanium "poles". Last month the dentist recommended removing the palladium. During her work, my heart started beating at high speed, 147 beats per minute. It lasted for about 20 hours.

I have taken zinc, magnesium, selenium plus Vitamin E, a vitamin/mineral supplement, and also Vitamin C to bind free radicals, and for 4 weeks homeopathic magnesium carbonate (mag. carb. 200).

Now everything works just fine. I can stay in stores under artificial light with no consequences. The headache is gone, the heart works perfectly. For months I had grown more and more sensitive, fearing I would soon have to stay away from all EMF.

In my case it is obvious that heavy metal has been involved in causing ES, along with lots of other damaging effects of toxification.

Reasonable Accommodation of the Electrically Sensitive in the Workplace - Part 2

Lucinda Grant

If the electrically sensitive (ES) employee is in the early stages of this illness or has recovered sufficiently after a leave of absence, returning to work may be possible with reasonable accommodations at the worksite jointly planned by the employee and the employer. When available, the assistance of a labor union representative to mediate this process may be helpful. Also, medical monitoring of your condition during a trial return to work could be useful to document your level of disability if the accommodations are found inadequate. In that case, another type of job or avenues of income replacement such as Social Security disability, private disability insurance, or worker's compensation need to be considered instead.

The Americans with Disabilities Act (ADA), Technical Assistance Manual (Title I - Employment Provisions) defines federal law regarding reasonable accommodation and provides general examples of changes considered reasonable to accommodate a disabled worker:

> *"Reasonable accommodation is a critical component of the ADA's assurance of nondiscrimination. Reasonable accommodation is any change in the work environment or in the way things are usually done that results in equal employment opportunity for an individual with a disability.*
>
> *An employer must make a reasonable accommodation to the known physical or mental limitations of a qualified applicant or employee with a disability unless it can show that the accommodation would cause an undue hardship on the operation of its business.*
>
> *Some examples of reasonable accommodation include:*
>
> - *making existing facilities used by employees readily accessible to, and usable by, an individual with a disability;*
> - *job restructuring;*
> - *modifying work schedules;*
> - *reassignment to a vacant position;*
> - *acquiring or modifying equipment or devices;*
> - *adjusting or modifying examinations, training materials, or policies;*
> - *providing qualified readers or interpreters."*

The ADA Manual provides a step-by-step guide to analyzing the job for assessing reasonable accommodation needs:

> ***"A process for identifying a reasonable accommodation***
>
> 1. ***Look at the particular job involved. Determine its essential functions."***
>
> *"To identify essential job functions under the ADA, a job analysis should focus on the purpose of the job and the importance of actual job functions in achieving this purpose...The analysis may include information on the work environment (such as unusual heat, cold, humidity, dust, toxic substances or stress factors). The job analysis may contain information on the manner in which a job currently is performed, but should not conclude that ability to perform the job* ***in that manner*** *is an essential function, unless there is no other way to perform the function without causing undue hardship. A job analysis will be most helpful for purposes of the ADA if it focuses on the* ***results*** *or* ***outcome*** *of a function, not solely on the way it customarily is performed...*
>
> 2. ***Consult with the individual with a disability to find out his or her specific physical or mental abilities and limitations*** *as they relate to the essential job functions. Identify the barriers to job performance and assess how these barriers could be overcome with an accommodation.*
>
> 3. ***In consultation with the individual, identify potential accommodations*** *and* ***assess how effective*** *each would be in enabling the individual to perform essential job functions. If this consultation does not identify an appropriate accommodation, technical assistance is available from a number of sources, many without cost."* (See the ADA Resource Directory that accompanies the ADA Manual for general disability resources.)
>
> 4. *If there are several effective accommodations that would provide an equal employment opportunity consider* ***the preference of the individual*** *with a disability and* ***select the accommodation*** *that* ***best serves the needs of the individual and the employer.****"*[1]

When considering the technical aspects of accommodating the electrically sensitive, consultation

with an electromagnetic field technician experienced in EMF workplace assessments would be appropriate. (For the U.S. and Canada, the National Electromagnetic Field Testing Association will provide EMF technician contact information for your area; Phone: 847-475-3696.)

In a paper prepared by employees representing Sweden's white-collar labor union TCO, and Sweden's occupational health agencies, the following top-to-bottom risk management agenda was prescribed as a way for employers to reduce EMF-related health risks:

"...'Risk' should be read as electric and magnetic fields:

- Identify the risk
- Eliminate the risk
- Modify the risk
- Reduce the exposure
- Reduce the consequences
- Move the risk
- Ensure the risk"[2]

This paper, entitled "Electric and magnetic sanitation of the office", also recommended all employees avoid 50 or 60 Hz magnetic field levels at or above 2 milligauss. For the ES, they endorse a policy of also reducing electric fields (E-field) and including higher frequencies in the EMF reduction program. They cite that all new Swedish governmental buildings now use a five conductor wiring system to reduce building EMFs.[2]

Examples of reasonable accommodation for the electrically sensitive employee might include the following, depending on the person's level of sensitivity:

1. After a worksite location is proposed or to propose one, do an on-site professional measurement of ELF (extremely low frequency) and VLF (very low frequency) electric and magnetic fields (E and H fields) plus higher frequency measurement of radio/microwaves. This test will determine expected exposure levels and should assess EMF mitigation possibilities. The analysis may uncover EMF problems that cannot be "reasonably" shielded such as proximity to an indoor transformer or wireless communications equipment. The recurrence rate of building power surges or the use of cellular phones by other building occupants can make commercial building worksites off-limits to the ES. Even though ES can be frequency-specific, continual exposure to non-symptomatic frequencies could in time further sensitize the ES person to those frequencies also. A different worksite location may need to be proposed based upon the EMF evaluation. Allowing the employee to work at home instead may be the most suitable solution.
2. Correcting a worksite to accommodate the ES necessitates removing all computer equipment as far away from the ES employee as possible—at the very least allowing a two-room buffer between them. Computer monitors are the most common ES worksite problem. Currently there is no conventional AC computer monitor with radiation emissions low enough for an ES person to use without risking further development of ES into a more chronic, disabling stage. Any computers used by the non-ES employees ideally would meet TCO radiation standards, either from the manufacturer or through shielding upgrades. (Contact the computer monitor manufacturer's engineering department to determine whether monitors meet TCO (or MPR2, a lesser standard). Also, TCO in Chicago provides a list of monitors available in the U.S. that meet their standards-Phone: 312-781-6223. Labor unions should take a proactive role in assessing and reducing EMF exposures of all union members to diminish the risk of future ES cases emerging.)
3. Removal of all electrical equipment (copy machine, soft drink machine, refrigerator, etc.) outside of the ES employee's work area as far as possible, allowing at least a one room buffer between the person and the equipment.
4. Allowing the option of leaving fluorescent lighting turned off in their work area and substituting instead an incandescent-bulb lamp (preferably grounded with a shielded, grounded cord).
5. Providing a wooden desk or bench instead of a metal one. Also reducing other metal in the ES employee's work area would be beneficial (unless the metal is grounded and part of the shielding project to reduce EMFs).
6. Allowing handwritten reports, or use of a secretarial service when typed materials are required. Use of a manual typewriter may be another option.
7. Providing alternative phone equipment, if necessary to the job. This equipment might be a speaker phone or headset that has very low EMFs and is suited to the individual.

8. Use of a battery-operated LCD calculator, if tolerated, rather than plug-in models.
9. Use of computer print-outs on paper if the employee needs to review computerized items (client accounts, computer programming, etc.). Also, in a professional capacity having a computer assistant to handle input and printouts may be appropriate.
10. Restructuring tasks that cannot be done in the previous way with on-going support of the management.
11. Allowing the ES employee a different work schedule (evenings, weekends, etc.) that minimizes EMF exposures at work.
12. When chemical sensitivity is also present, allowing further reasonable accommodations to include assessment of worksite furnishings, carpet, pesticide use and other potential chemical exposures.[3]

It is critical to evaluate your job situation carefully when you become ES. If the accommodations mentioned here do not sound do-able for you as the employee, other options may need to be considered, preferably with the assistance of medical and legal counsel. Worker's compensation, Social Security disability insurance, and/or private disability insurance are traditional options when disabled; however, the ES in America have historically found these avenues next to impossible to access solely on the basis of electrical sensitivity.

Removing yourself from an unhealthy environment as early as possible reduces the likelihood of ES and/or MCS progressing into the severe, chronic stages. Either making your need for reasonable accommodations known early on or finding other safer work early in the illness provides the best hope for keeping a job without becoming severely disabled in the process.

The employer has the right to refuse accommodations they consider an "undue hardship" under ADA:

*"**Undue hardship** is defined by the ADA as an action that is:*
'excessively costly, extensive, substantial, or disruptive, or that would fundamentally alter the nature or operation of the business.'"

As a financial incentive for employers to follow through with reasonable accommodations for qualified disabled employees, a federal tax credit is available to smaller businesses who comply.

The ADA Technical Assistance Manual regarding employment provisions is available free from the U.S. Equal Employment Opportunity Commission (EEOC) at 1-800-669-3362. For further clarification, consult the ADA Manual, a lawyer familiar with ADA laws and accommodations, and/or your labor union.

References

1. U.S. Equal Employment Opportunity Commission. A Technical Assistance Manual on the Employment Provisions (Title I) of the Americans with Disabilities Act. Washington, D.C.: GPO, 1992.
Contact: EEOC, Phone: 1-800-669-3362.
2. Blomkvist, Anna-Christina et al. "Electric and magnetic sanitation of the office." Work with Display Units 92. Ed. H. Luczak, A. Cakir, and G. Cakir. Berlin: Elsevier Science Publishers B.V., 1993, pp. 77-84. Selected Proceedings of the Third International Scientific Conference on Work with Display Units, Berlin, Germany. 1-4 Sept. 1992.
3. The Labor Institute. Multiple Chemical Sensitivities at Work: A Training Workbook for Working People. New York: The Labor Institute, 1993.
Contact: The Labor Institute, 853 Broadway, Room 2014, New York NY 10003. (USA price $3.00, foreign price $5.00.)

SUMMARY OF THE ASSESSMENT OF THE ELECTROMAGNETIC SITUATION IN AND AROUND THE OFFICE OF RUTH SWISHER

M. Spark Burmaster
Electrical Engineer - USA

Ms. Swisher reported a decline in her general health which coincided with the installation of the high-efficiency lighting at her place of work (office work in a clinic). Her research led her to focus on AC electric and magnetic field exposures. As a result, she brought in M. Spark Burmaster, an Electrical Engineer, Electrical Ecologist who specializes in working with environmental concerns related to electricity. His focus is on site investigation and the determination of options for exposure reduction.

Experience has shown wiring configurations (either common practice or wiring errors) are frequently found to produce elevated field exposure of both AC magnetic and electric fields.

As Ms. Swisher had become hypersensitive to electricity, she began to experience problems in her home as well. Current flow found on the home grounding system was taken care of. She now can tolerate the home through source avoidance by a combination of shutting off appliances and circuits, the use of a grounded electric field shield under her bed and avoidance by distance from operating appliances.

OFFICE SITE INVESTIGATION

On June 27, 1994, a site visit was made to her office to assess the situation there and to explore what could be done to reduce her exposure to AC magnetic and electric fields. The investigation was made by her husband Jim Schultz and M. Spark Burmaster.

AC ELECTRIC FIELDS

As the readings on the No-Rad Electric Field Meter rose dramatically when the instrument was brought near the ceiling fluorescent light fixtures, it was decided to experiment with metal screening as a way to reduce electric fields. The experiment involved placing metal screening on top of the plastic diffusers and grounding the screen to the metal frame of the light fixture. This was intended to be a scoping experiment. More definitive controlled experiments with more standardized testing instruments and protocols would be needed to fine tune this technique of electric field shielding.

Large diameter (2" x 4" hole) fencing screen was first used. Large (80% range) reductions in electric field levels were shown to be attainable. The extent of the help which these reductions would be for Ms. Swisher was not able to be ascertained during the short time available for experimentation on that day.

AC MAGNETIC FIELDS

As current flow on grounding systems can produce elevated and erratic magnetic fields throughout a building, initial work was performed to investigate building distribution system related sources. The cover of the service panel across the hall from Ms. Swisher's office was removed so that current flow measurements could be made. A Leader 300 Oscilloscope connected to a Fluke 80i-600 current clamp on and Fluke 87 Multimeter was used to look at the waveforms which indicated currents rich in harmonics. This is typical for a commercial building which has numerous non-linear (i.e. electronic) loads. The panel did not have a dedicated grounding conductor (the conduit was used as the grounding conductor), so a direct grounding conductor current flow measurement couldn't be made. Any further analysis of the grounding system (to find current flow on it) would require the shutting down of the building electrical system and running further tests. This was not possible during a normal working day, but could be coordinated to be done during off hours such as a weekend or an evening.

NEXT STEP REMEDIATION ACTION

As Ms. Swisher has now returned to work on a trial basis, as prescribed by her physician, it is suggested that an electromagnetic monitoring protocol be set up. This is so that she can assess her electromagnetic environment using instruments. The effectiveness of any changes can then be determined from an electrical perspective. The usual instruments and protocol are intended to detect AC magnetic and electric field sources but will not necessarily be able to detect all the biologically relevant electromagnetic parameters due to such issues as instrument frequency response and time domain issues. Ms. Swisher was able to take defensive action through avoidance based on her being educated on source recognition.

For AC magnetic fields, avoidance of AC magnetic field emanating devices (basically any electrical appliance) either through shutting them off or distancing oneself from them is the first line of defense in prudent avoidance. To detect intermittent and not obvious sources (mainly referring to building wiring issues) a Gaussmeter could be used connected to a recording multimeter (maximum, minimum, average). A more sophisticated version to show the number of occurrences is to monitor with a datalogger or strip chart recorder. These are readily available. Due to budget constraints and political reasons, a monitoring system was not set up. Any intermittent source mitigation would involve a building grounding and wiring system evaluation.

For AC electric fields, from a measurement perspective, the inherent problem is coming up with a repeatable protocol, as any measurement of an electric field changes the field by the presence of the meter and observer. In response to this mea-

surement problem, the technique of "Body Voltage" measurement was developed. It is a repeatable surrogate measurement to assess AC electric field exposure. This protocol consists of placing a 2 ft. x 6 ft. sheet of Velostat (a carbon impregnated plastic sheeting developed for the electronics manufacturing industry) at the place of exposure interest. The only advantage of using the test sheet instead of a person is for the repeatability of measurement. The AC voltage (using a 10 Meg Ohm input impedance digital multimeter) is then measured between the sheet and a dedicated ground rod driven into the earth. (Refer to the building cross section diagram.)

The design goal is to measure less than 20 millivolts AC, in the sleeping area of an electrically sensitive person. The mitigation focus is on the sleeping area as that is when the body is trying to regenerate and thus is the most vulnerable. Our experience with working with electrically sensitive people is that the AC electric fields have the most immediate effect on people, the most common health issue being quality of sleep.

For Ms. Swisher's sleeping area, less than 10 millivolts was achieved via the shutting off of circuits and the use of a shielding cloth grounded to a dedicated ground rod.

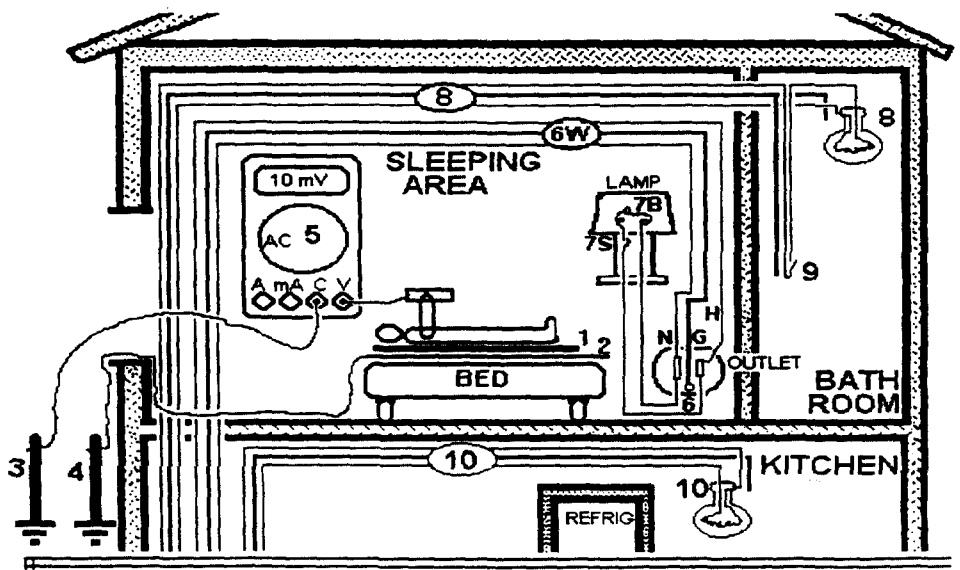
Electric field shielding is a possibility in her work environment. Mitigation at work mainly involves having all appliances have three-wire cords (ideally shielded cord) so that the appliance frame is grounded. The main and largest offenders are lamps as they virtually always have two-wire cords and they are frequently close to the person. For the mitigation of the electric and magnetic fields from the ceiling fluorescent lights, she leaves the lights turned off and brought in her own incandescent lamp.

Recent research has indicated that short bursts of radio frequency (10 to 100 micro-second pulse width range) are commonly found on grounding systems. Fifty and 100 Volt pulses are not uncommon. Dairy farm "stray voltage" mitigation research has indicated that wiring corrections made to eliminate these pulses have a definite positive affect on the well-being of the dairy cattle. The intention is to apply these findings to the city situation and electrically sensitive people. One limitation is that the measuring instruments used for the dairy mitigation work are extremely expensive so research is being pursued to come up with more reasonable cost instrumentation so it can be available on the residential scale.

All of the above descriptions are intended to provide an overview of mitigation options. They are part of a comprehensive electromagnetic evaluation and mitigation of a site protocol. Actual implementation/mitigation of building wiring issues requires on-site investigations coupled with education of the people involved and many times the services of an electrician working with the person who is familiar with the electromagnetic and wiring issues.

FACTORS IN BODY VOLTAGE MEASUREMENTS

1- Mattress pad
2 - Body Voltage Shield
3 - Testing ground rod
4 - Ground rod for Body Voltage Shield
5 Voltmeter
6W - Wires in wall and ceiling to outlet in bedroom
6 - Wall Outlet in bedroom
7 - Lamp
8 - Wires in wall and ceiling to light in bathroom
9 - Wires in wall to switch for light in bathroom
10 - Wires in ceiling of room below bedroom



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EMF Report - England

Ann Ermel, Founder of Circuit

I became sensitive to electromagnetic radiation approximately ten years ago and developed other sensitivities, to a lesser degree, along the way. For over six years now I have lived without mains electricity and battery operated equipment which in itself is quite a challenge. I lost all my thirties to this illness and my expectations of those years too.

I founded Circuit, a support group for electromagnetically sensitive people, four years ago making it the first of its kind in the U.K. Circuit recognizes electricity as a valuable form of energy which benefits society in many ways but knows that just as people can be sensitive to pollen there are those who are sensitive to electromagnetism (electricity). Sadly in the U.K. an electromagnetic sensitivity may well still be responded to with skepticism and ridicule but let us put this in context and remember other sensitivities/allergies have yet to receive full recognition. The fact that we are all unique and therefore differ in our sensitivities and degree of sensitivity seems often not to be taken into consideration. If it's happening to you, it is possible! However, in the U.K. we also have some of the most knowledgeable and caring experts with whom Circuit works providing a much needed light.

In February of this year a Channel 4 (television) Dispatches programme stirred considerable interest: "... a professor of physics, Denis Henshaw, believes that he and his team at Bristol University may have found a strong candidate for the link (between power lines and cancer). His claim is controversial: he thinks that the electrical fields that surround power lines attract and concentrate a cocktail of pollutants including radioactive particles produced when atoms of radon disintegrate."[1]

However, a statement from the National Radiological Protection Board (who advises the government about radiation risks) cast doubt on the plausibility of the causal connection and concluded: "The paper from Bristol University, which is purely speculative on the issue of radon and EMFs, does not change the Board's view."[2]

So there we are. In the meantime those of us who are sensitive to/affected by electromagnetism, the experts who assist us and the worldwide web of support groups need to continue to pull together in the same direction for the good of all.

References

1. "Dispatches: Electricity and Cancer" published by Channel 4 Television.
2. "Radon and Electromagnetic Fields Seen as Separate Health Issues" published by the National Radiological Protection Board.

(**Editor's note:** This study headed by Henshaw measured up to eighteen times more radon alpha particles near power cables and home appliances (50 Hz). For the electrically sensitive who experience skin changes near computers and/or other EMF sources, this quote from the study's report may be of interest: "A clear implication of the experimental results is that a person situated near a source of electromagnetic fields would receive a higher (radon) skin dose and that this is likely to be appreciable...". They further extrapolated that non-radioactive aerosols (chemicals, bacteria, etc.) may also have an affinity for electromagnetic field sources. The study team emphasized the need for further investigation of all particle movement under the influence of EMFs.)

Reference

Henshaw, Denis L. et al. "Enhanced deposition of radon daughter nuclei in the vicinity of power frequency electromagnetic fields." (paper)
Contact: Denis L Henshaw, H.H. Wills Physics Laboratory, University of Bristol, Tyndall Avenue, Bristol BS8 ITL, UK.

ENDNOTES

- **Medical Conference on EMFs** - Dr. William Rea's next annual medical conference will focus on the health aspects of electromagnetic fields. Entitled "The 15th Annual International Symposium on Man and His Environment in Health and Disease", *Bioelectricity* is the conference topic scheduled for February 20-24, 1997 in Dallas, Texas. While this is a medical conference, one day (Saturday the 22nd) is open to the public. For specific information regarding the conference cost, location, etc., write or call David at the American Environmental Health Foundation, 8345 Walnut Hill Lane, Suite 225, Dallas TX 75231; Phone: 1-214-361-9515 or 1-800-428-2343, Extension 131.