

[REDACTED]
[REDACTED]
3 Park Avenue
Wolverhampton
WV1 4AH

Mid-Sussex District Council
Oaklands
Oaklands Road
Haywards Heath
West Sussex
RH16 1SS

2 June 2025

DM/25/1349 | The installation of 1 No. 25 metre high lattice tower mounted with 9 No. antenna apertures and 3 No. GPS nodes, 12 No. cabinets, within a compound comprised of 2.4 metre high green palisade fence, 1 No. electrical metre cabinet and associated development thereto

Land At Ockley Park Ockley Hill Ockley Lane Hassocks West Sussex

Case Officer: Hamish.Evans@midsussex.gov.uk

cc to ward councillors: Sue.Hatton@midsussex.gov.uk

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Objection to Application DM/25/1349

Objection from: [REDACTED] 3 Park Avenue, Wolverhampton, WV1 4AH

This is an **assertion** of my rights and the council's **obligations**.

I will remind the Council that **Anyone can comment or object to a planning application** - see the Planning Practice Guidance on Consultation, - currently the 12th item in the list. Which includes non-local individuals or groups.

The more so with this application because telecommunication infrastructure is quite clearly being treated as a national project since near identical base stations are rising up in all parts of the country with the same functionality and they will network with each other.

The Council, represented by the Case Officer, Hamish Evans, must hold in mind that there are scientifically **known and established harms** from EMF, and the Council has a **legal obligation** to consider them.

The **ICNIRP Guideline** (note the word, Guideline) itself states that there are "**substantiated** adverse health effects" from EMF. The Council has a duty to know and understand that Guideline as it pertains to Planning in England.

The **ICNIRP Guideline** excludes any person who has metal or an active implant (AIMD) in their body. The guideline does not specifically mention the risk, the level of risk nor any suggestions of effects or remedies for such people;



para 20 of item 2 below - "Compliance with the ICNIRP Guidelines therefore tells one nothing about the specific risk of harm which may potentially be caused by EMFs unintentionally interfering with active implantable medical devices."

Therefore it is the responsibility of the council, via the case officer in each specific case, to address his/her mind to those matters in order to make the decision and apply a weighting to the consideration of health risks in each case.

Decisions (ie judgements) in two law courts support this.

1. Case No: AC-2023-CDF-000079 in the Cardiff Administration Court
Judge Jarman* in the High Court (Thomas vs Cheltenham Borough Council - CBC) wrote "*the failure on the part of the authority to grapple with potential impacts on medical implants was, in my judgment, **an error** ...*" (para 43)
2. Case No: CA-2024-001169 in the Royal Courts of Justice
This was confirmed by Lady Justice Andrews* (with agreement from Lady Justice Asplin* and Lord Justice Jackson*) in the CBC Appeal heard in the Royal Courts of Justice who agreed, writing "*I consider that the Judge [ie Jarman] was right to identify that **the Planning Officer fell into error**, ...*" (para 39)

and the appeal (by CBC) was dismissed.

** these names are an important part of the public record and should not be redacted.*

This means that any case officer, including Hamish Evans, must "grapple with" (quoting Judge Jarman) the implications of the ICNIRP self-certification including the obvious conflict of interest and its omissions and the potential effects *in this specific case in this particular location*.

Importantly, as many Applicants and Case Officers refer to it, Justice Andrews, in her decision report added as clarification, that this does **not** conflict with the NPPF by "*setting health guidelines different from ICNIRP guidelines for public exposure so as to fall foul of NPPF*" [now para 10/123] **because** "*the guidelines do not address the issue of potential harm caused by EMFs in relation to medical implants*"

[Note: the vast majority of the population will have some metal in their body the list of possibles is long, beginning with dental amalgam.]

In similar vein but a different issue, it was noted by legal firm Grant Harrison Ring in an objection to an application in the South Downs National Park, near Lewes (2023) where the applicant had claimed the LPA could not question the need nor impose a ban, writing "this is very different from questioning the need for **a specific installation**."

In other words, the fact that the case officer has an ICNIRP self-certificate, signed in the name of the "Project Manager" (see Code of Practice Annex C) does not give him/her the right to ignore the risks given the location here in fact it very much makes it essential for him/her so to do.

In a recent reply to an FoI request the UKHSA wrote that any wearer of an Active Implantable Medical Device (AIMD) "**should** [not "will"] *be protected if ... Exclusion Zones around mobile phone masts based on the ICNIRP public exposure guidelines **are respected by the AIMD wearer***". Which means that any pacemaker etc user must have ready access to the exclusion zone (EZ) of every base station in the country, in order that s/he can safely walk around the country, play golf or park a vehicle etc. The Lead Operator, nor any other, has not specified the extent of the EZ in this particular case. How then can any passer by abide by the UKHSA advice?



This must raise serious and complex questions about liability and responsibility. Can you be **certain** that the EZ will not extend to a home, school, office etc in the vicinity? If not always but sometimes if a collimated beam happens to connect to a nearby smartphone.

The Case Officer, Hamish Evans, as delegated decision maker, cannot ignore:

1. The fact that EMF can cause harm is "substantiated" (ie proven) **according to ICNIRP**.
2. The legal rulings summarised above, surely now case law.
3. UKHSA advice that those with any AIMD is themselves responsible for avoiding to enter any exclusion zone (EZ) including that from a base station; **any** base station, ie the case officer needs to know and disclose the limits of the EZ in this case.
4. DLA Piper advice to the PHE (now UKHSA) that the overarching legal obligation upon councils is as set out in the Health and Social Care Act, 2012, which requires that "each local authority must take steps as it considers appropriate for **improving** the health of the people in its area"; ie not merely maintaining it.

Justice Andrews did note briefly (para 15) that the European Electronic Communications Code (EECC) is part of the "legal framework" for the protection of public health without detailing further.

Applications have been refused on health grounds, even mental health such as anxiety, both by an LPA and by the Planning Inspectorate.

As all this is the case for "humans" to which ICNIRP restricts itself, what about effects on other biological life? It would seem to imply that potential effects on all other life forms in the air, on the surface and under the surface, land or water should be similarly treated since ICNIRP is silent on the risks and affects.

If you have not already done so, as is your duty, you should now consider the issues raised by my assertion/objection as you now have this knowledge which you cannot ignore nor forget.

For example if there is an 'over 60s' residential development nearby,

1. Is it likely that one or more could have metal in their body
2. Is it likely that one or more could have an Active Implanted Medical Device (AIMD)

Thus:

3. Someone whilst in their home could be affected
4. or could pass through the EZ when coming and going.

This is not an impossible task, and if we think of younger age, all sports clubs should have a record of any member with an AIMD.

