



4 February 2015

An Open Letter to Richard Adams,

Because of your actions on January 21<sup>st</sup> and in the weeks prior, Europe just took a giant step backwards in the recognition of ES [electrosensitivity]. Because of your insistence on a counter-opinion to the original wording that would have validated ES, as many as 37,000,000 Europeans suffering from ES are now being told their sensitivity to RF radiation from mobile phones, masts, WiFi and smart meters is ... all in their heads? All 37,000,000 sufferers?

I would like to respectfully ask your opinion. Why do you think as many as 37,000,000 Europeans (with similar percentages of ES sufferers around the world) would claim they get severe headaches, insomnia, vertigo, foggy thinking, tinnitus and even seizures following exposure to RF [microwave] radiation? What in the world is their motivation? Do you think they don't wish to go to work, to school, or to seek medical care in doctors' offices and hospitals that are now completely wireless? Do you think they simply don't want to go to stores and restaurants and movie theatres? Do you think 37,000,000 men, women and children *enjoy* having to drop out of their former routines of living the life they once had the luxury of participating in and opt instead for a life of social exclusion with no freedom of movement? I fail to see the motivation.

I ask you this question because I believe that understanding motivation, be it of an individual or a very large group of people, is often the key to deeper truths.

This is a very serious matter we are talking about with somewhere between 22,000,000 and 37,000,000 people throughout Europe experiencing often severe neurological symptoms as a result of what is becoming a ubiquitous exposure to RF radiation. ES is a constellation of primarily neurological symptoms, but some immunological symptoms, as well. Since you very openly deny the idea that RF – EMF could be a cause of ES, what do you think the motivation is? You are arguing ES sufferers have a psychosomatic problem and as such could benefit from understanding and perhaps therapy? My question would be WHY do you think tens of millions of people claim to have ES? What is their motivation? Are they perhaps lazy and wanting to live off the state? That would be not only incompatible with logic but it is incompatible with the law. ES people cannot live off state benefits as the condition is not recognized. They are therefore making themselves jobless, homeless and without benefits. What is the sense in that?

So I would imagine you are saying their motivation is subconscious. You and those colleagues who supported your counter-opinion seem to be saying these people -- these tens of millions of people with ES symptoms -- have read or heard about the dangers associated with wireless technology and as a result they are having fear-based psychosomatic reactions to mobile phones, mobile masts, WiFi and smart meters. It is an interesting theory, but a weak argument, I'm afraid. Freud was fond of the word "hysteria" to describe a state of imagined stress. Freud was also fond of what American psychiatrist Aaron Beck later termed "cognitive therapy" in the 1960's to talk out ones anxieties or fears in the hopes of a cathartic effect resulting in relief of symptoms. Cognitive therapy adds a component Freud did not necessarily employ, and that is the concept of reorienting a person's

perception of their own reality. Okay. Then whose reality is correct? Are you saying the reality offered by telecommunications-friendly proponents such as yourself is correct? Or are the tens of millions of people throughout Europe who somehow ended up with an almost identical constellation of neurological complaints correct in assessing when they feel ill and when they do not?

For the sake of argument, let's suppose you and 136 members of The Plenary Session who voted for your counter-opinion in Belgium on January 21<sup>st</sup> are correct, and ES is a condition which is real, but basically – from your perspective -- it is coming from one's fear-based subconscious. Do you realize that you would have to put the entire population of Belgium, The Netherlands, and Switzerland together in one mass cognitive therapy exercise to “reprogram” their minds so that the ES sufferers no longer think they experience these neurological symptoms in the presence of microwaves? When in the history of this world, have you heard of a mass cognitive disorder on this scale? I cannot think of one example. Can you?

Mr. Adams, I'm afraid of spiders, coyotes howling when I walk my dog at dusk, the thought of being trapped in a fire, heights, and a few other things, but none of those fears cause tinnitus, headache, numbness in my face, foggy thinking, and insomnia. Yet when I am around mobile phones, masts/cell towers, WiFi and smart meters when they download data, which in my neighborhood is from about 1:00 PM until sometime in the late evening, I experience all of those symptoms.

On a broader and infinitely more important scale than my own fears and symptoms, please take note of a truly heroic group of men and woman I have had the privilege of knowing since 2000. Along with medical and RF measurements experts, I have studied the symptoms and exposure levels of RF among a group of firefighters in California who have cell towers [masts] on or adjacent to their fire stations. When the radiation is beamed across the fire stations, these men and women are becoming ill with the following symptoms: headache, sleep disturbances, tinnitus, forgetfulness, inability to focus, mood swings, unexplained outbursts of anger, slowed reaction time and cognitive impairment. These are, by the way, all symptoms of ES or electrosensitivity. We have confirmed many of these symptoms through the use of SPECT brain scans and T.O.V.A. testing. The SPECT brain scans allowed us to see which parts of the brain were more active than normal (this is known as hyper-excitability of the neurons) and which parts were less active than they should have been. T.O.V.A. tests offered precise measurements of cognition, reaction time, and impulse control, all of which were abnormal. For the EESC counter-opinion to suggest ES symptoms are psychosomatic is an affront to somewhere between 22,000,000 and 37,000,000 ES sufferers throughout Europe, and a similar percentage of the population in the US and most countries around the world. It is also highly offensive to the firefighters whose symptoms we confirmed on objective study.

As I understand it, the industry supporters – you among them -- wish to say “It's all in the head of the ES sufferer. They are symptomatic because they read about or heard about concern that mobiles may cause health problems, and as a result they are now suffering these mysterious symptoms.” To that I would ask you and your colleagues to simply consider the firefighters. These men and women are fearless. They go into burning buildings at the risk of their own lives to rescue perfect strangers. Do you wish to tell the firefighters they are suffering from fear that the masts outside their stations might cause harm? This sort of reasoning is illogical and harmful to all *except* those industries that make money from wireless products.

The firefighters I've followed most closely stayed on the job in spite of how miserable they felt, though a few had to go out on permanent disability as they simply could not function. The

firefighters we tested with SPECT scans and T.O.V.A. testing were able to get their towers “decommissioned”. Those towers were taken out of service after more than a dozen years of operation. And do you know what happened? The severe ES symptoms went away. Yet one symptom remained, and it is one we must take careful note of because of the warning it offers about our future.

Some of the firefighters who showed brain abnormalities on SPECT scans have admitted to memory loss they consider to be permanent – and I suspect these men may be the harbingers of what is to come with massive numbers of people suffering from neurodegenerative diseases such as Alzheimer’s, Lou Gehrig’s Disease or ALS, and Parkinson’s. Why do I suspect this will be the case? Those overly active parts of the brain, artificially stimulated by RF radiation, literally burn out. Brain cells must “rest” – in a very basic sense -- or they will die. If they are kept on high alert by a constant bombardment of microwaves, they will likely die far sooner than one’s chronological age would dictate. Please take note of the fact that we are seeing an unprecedented rise in Alzheimer’s and similar diseases. Could more than three and a half decades of exposure to wireless devices and wireless infrastructure be a factor for some people? I would suggest the firefighters’ story is telling us this may be the case.

If we proceed without biologically-based exposure standards in place, instead of the present physics model used by ICNIRP, it is a risky, risky gamble for governments all over Europe. The number of people developing premature dementia and neurodegenerative diseases *is* rising. Peer reviewed science is linking RF radiation with neurodegenerative disease – diseases which are already accepted as disabilities in Europe and around the world. These people are suffering greatly, and governments will feel their pain translated into in disability payments and lost productivity.

If you think I am getting away from the ES issue, please know that I am not. The firefighters whose brains we confirmed were impaired by direct exposure to RF [microwave] radiation from cell towers in close proximity to their stations had severe cases of ES. Memory loss is the most common *permanent* ES complaint among the men even after the towers were taken out of service. When firefighters become the “canaries in the coal mine,” beware for the rest of society. The young, the elderly, those with allergies or auto-immune diseases and the precious unborn children are the most vulnerable when it comes to adverse effects of RF radiation.

There seems to be an artificial standard applied to all of us who happen to be sensitive to the ever-increasing load of microwaves in our world by you, the entire telecommunications industry, and all utilities. Industry appears to be funding and controlling the science as well as opinions of governments and health agencies, which leads many of us to ask: WHO is in control of democracy in the 21<sup>st</sup> Century? This artificial standard seems to say, “If you cannot tolerate RF radiation, then you have what we will categorize as a psychosomatic illness.” This is a harmful position to take. It further isolates the millions of ES people, and leads to no ameliorating or preventive policy changes. The telecommunications industry came up with this “psychosomatic” spin. They are not qualified to assess 22,000,000 to 37,000,000 people throughout Europe as having a psychological illness, especially not when they attempt to hide their own science when it does not suit their profit-driven goals.

You simply cannot say a group of people as large as the combined populations of Belgium, The Netherlands and Switzerland are gripped with such “*fear of radiation*” that they can no longer function in society. To label tens of millions of people as suffering from a psychosomatic illness that you imply needs kindness, understanding and therapy is an affront to those millions and millions of people. You are failing, Mr. Adams, to treat them with kindness. You must not offend them by

suggesting they seek cognitive therapy. Would you do the same to a woman suffering from breast cancer, or a man facing surgery and radiation for prostate cancer? Would you tell an Alzheimer's patient to get cognitive therapy because they "fear growing older"? Would you tell a child suffering from headaches while working on a wireless computer in a WiFi classroom to "get cognitive therapy"?

If you met with a number of ES patients, and heard the brilliant trauma physician Dr. Erica Mallery-Blythe speak on why ES exists and how it affects the body, you would be persuaded, I feel quite sure, that ES should be classified with a medical code. And as a man who believes these ES sufferers should be treated with kindness, you would surely make accommodations for them under present disability laws ... That is, unless your motivation for introducing your counter-opinion was not just because you lacked a balanced view of ES, but because it appears you may have embraced a hidden agenda. Let's examine that for a moment.

You, Mr. Adams, introduced a counter-proposal just a matter of weeks after accepting a stakeholder position with RWE AG, one of Europe's five leading electricity and gas companies. You introduced an opinion that labelled up to 37,000,000 people as having a psychological condition instead of a bona fide disability a matter of weeks after you accepted a position with this large German utility that plans a massive smart meter deployment utilizing wireless technologies. Surely that German utility is aware of the growing backlash in America from those millions of Americans who became electrosensitive only after smart meters were installed. If one were looking for the "why" of your counter-opinion with its industry-friendly labelling of ES sufferers, I would say your motivation appears questionable.

You have, Mr. Adams, a conflict of interest when balanced against the needs of the public you represent. In addition to your stakeholder position with RWE AG, I know you also hold a Trustee position for the Charity Sustainability First with an interest in Smart Grid and smart meters that rely on wireless technology. That makes the case for a conflict of interest even more compelling. We have a great need to become self-sustaining, yet at what price, and do smart meters truly help us reach that goal? They do not have to be wireless, you know. The entire grid could work on fiber-optics. Wireless may be cheaper for the utilities to install in the short term, but it is a false economy in the long term due to the cost to consumers with respect to their health. Is it worth the risk?

In the US, after more than five years use of the smart grid in many states, some governors of states that have been urged to spend billions for smart meters are asking, "Where is proof of energy savings?" This is a global experiment with no proof that it will help us reach greater energy efficiency and sustainability. Money aside, the human price of significantly more reports of ES from consumers who are forced to live on the smart grid is very real and very disturbing. It cannot and should not be ignored with a dismissive "Oh, these poor people are suffering from a psychosomatic fear of smart meters." I would suggest it appears you are defending some very specific economic interests for the utility companies as opposed to the human rights of up to 37,000,000 people who are now ill from exposure to RF radiation. Your conflicts of interest suggest that, as do your indefensible criticisms of some of the best science in the world on the adverse effects of RF radiation. Additionally, you are reaching so far for "research" that supports your defense of specific economic interests that you are linking yourself with a man who contributes tens of millions of dollars to universities with the specific intent of "proving" ES does not exist.

I've read your emails denigrating the works of both Lennart Hardell and the BioInitiative Working Group, and I've seen the article you offer as "proof" that ES does not exist – an article by Canadian

tech entrepreneur and billionaire Lorne Trottier, and American professor and paid telecom industry consultant Kenneth Foster. Trottier has made it his mission to try to persuade the world that ES does not exist. The bias of a man who made billions in technology and telecommunications does not have to be spelled out. Kenneth Foster is paid for his similar opinion. They do not have unbiased science to “prove” the non-existence of ES. Their bias is on display for all to see, and that is the source you have chosen for your position?

And now you claim SCENIHR backs you up. But please be careful with SCENIHR. It is unfortunately fraught with its own conflict of interest, and you have received a letter from a scientist within SCENIHR who witnessed Lennart Hardell’s brilliant 2013 science being purposefully kept out of SCENIHR’s report. Why was the Hardell Group science suppressed? Based on over 20 years of epidemiology conclusively linking cell phones to gliomas and acoustic neuromas, Lennart Hardell now calls for RF radiation to be urgently upgraded to a Group 1 carcinogen. This would place RF radiation in the same category with asbestos and tobacco, and it would be a game changer with respect to policy and the all-important issue of causation in the courts. Once again, motivation reveals a truth.

I fear you have a concealed motivation to suppress the truth by calling tens of millions of ES sufferers crazy, and that – in the face of all the science that is available to the world in the BioInitiative Report, the Hardell Group epidemiology, and IARC’s 29 to 1 vote to classify everything on the RF – EMF Spectrum (including smart meters) as a 2B carcinogen -- is negligence. Given what I have just mentioned in concert with what the telecommunications industry knows and has attempted to bury about the adverse health effects of their own wireless devices and infrastructure, I would say this denial which you helped to perpetuate on January 21<sup>st</sup> rises to the level of moral negligence.

Are you a man for the utilities, or are you a man for the genuine value and quality of human life? To offer a counter-opinion that reads like it was crafted by telecommunications and utility lawyers was morally negligent. To mislead your fellow members of the EESC with your lobbying prior to the Plenary Session was morally negligent. To turn away from the truth when tens of millions of people are suffering, and argue within the Plenary Session that there is no proof of harm from RF radiation, was morally negligent.

It appears, Mr. Adams, that you are defending some very specific economic interests for the utility companies as opposed to the human rights of tens of millions of people who are now ill as a result of exposure to RF radiation. With that in mind, I have just one more question for you: When does moral negligence rise to the level of criminal negligence?

Respectfully Submitted,

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