



Sent via email on 16th January, 2015

RRT counter opinion on electrohypersensitivity to the opinion submitted by Richard Adams

Members of the Radiation Research Trust are shocked to read the counter opinion on electrohypersensitivity submitted by Richard Adams ahead of the next 504th PLENARY SESSION 21-22 January 2015. Such a late submission with a view to overturning the democratically voted current opinion is astounding.

I would like to take this opportunity to respond to conclusions and recommendations contained within Richard Adams counter opinion on behalf of the UK Radiation Research Trust.

Point 1.1 I'm sure we will all agree with the call for more research while protecting the health and well-being of people who are currently suffering with electrohypersensitivity. This condition cannot be ignored, neglected or dismissed. We call for research to be carried out by independent scientists and medical doctors who are experts in this field to help with study design.

SCENIHR rely on evidence that calls for beyond reasonable doubt. Failing to take action at this point in time will be at the detriment of millions of people suffering with EHS, causing serious harm to health and will be a serious violation to human rights. A risk of this magnitude cannot be taken with so many lives at risk. I draw your attention to the report by Dr Isaac Jamieson on Electromagnetic hypersensitivity and Human Rights. This report was provided as commentary to the European Economic and Social Committee:

http://www.radiationresearch.org/images/rrt_articles/IAJ_EHS_Human_Rights_0141204.pdf

Point 1.2 The precautionary principle should be applied on the basis of early warnings which are justified by reasonable grounds for concern. SCENIHR's independence on this issue has been questioned by members of the European Parliament and by many independent doctors, scientists and by members of the public. Read enclosed Parliamentary questions by Christel Schaldemose to the EU Commission <http://www.europarl.europa.eu/sides/getDoc.do?type=WQ&reference=P-2009-1843&language=EN>

I would like to draw your attention to the independent work of the BioInitiative Working Group consisting of 29 authors from ten countries; ten holding medical degrees (MDs), 21 PhDs, among the authors are three former presidents of the Bioelectromagnetics Society and five full members of BEMS. This team of doctors and scientists are offering an alternative review and report to the Scientific Committee on

Emerging and Newly Identified Health Risks (SCENIHR). I urge all EESC members to review the highly respected work of the BioInitiative group. This group of researchers have reviewed over 5000 peer reviewed scientific papers and highlights the fact that bioeffects are clearly established to occur with very low exposure levels of (non-thermal levels) to electromagnetic fields and radiofrequency radiation exposures. The report calls for the precautionary approach and urgent action due to chronic EMF-related diseases that are a potential risk for everyone. These diseases include adverse effects on the central nervous system, cancer initiating and promoting effects, impairments of certain brain functions, loss of memory and cognitive function and infertility and immune dysfunction. Views from this group of professionals need to be taken seriously.

The BioInitiative Working Group offer comments on SCENIHR's Preliminary Opinion on potential Health Effects of EMF and suggest that their report should be sent back for major revisions. The BioInitiative Working Group stated that the conclusions drawn from the data presented are unreliable for judging possible health risks. The SCENIHR report consistently ignores or dismisses published scientific studies that report positive findings at exposure levels below ICNIRP standard. I invite you to draw your own conclusion after reading the following review of work from both SCENIHR and the BioInitiative Working Group: <http://www.bioinitiative.org/potential-health-effects-emf>

The BioInitiative reports nervous system effects in 68% of studies on radiofrequency radiation (144 of 211 studies) in 2014. This has increased from 63% in 2012 (93 of 150 studies) in 2012. Studies of extremely-low frequency radiation are reported to cause nervous system effects in 90% of the 105 studies available in 2014. Genetic effects (damage to DNA) from radiofrequency radiation is reported in 65% (74 of 114 studies); and 83% (49 of 59 studies) of extremely-low frequency studies. Many of these current studies were not considered by SCENIHR's draft Opinion: <http://www.bioinitiative.org/new-studies-show-health-risks-from-wireless-tech>

The deficiency of the SCENIHR opinion document in 2014 was reported by many including former New York Times science writer Blake Levitt and University of Washington Professor Henry Lai as failing to do a thorough review of recent literature on non-ionizing electromagnetic fields (EMF) and biological health effects. Only selected papers were evaluated using ambiguous criteria. Lai and Levitt said, "It is outrageous to ignore any effect of EMF exposure on human health and a crime to humanity not to recommend any action to curtail the exposure."

Point 1.3 Richard Adams is also calling for research demonstrating potential health impacts from long-term exposure, for example using a mobile phone for more than 20 years. I would like to draw your attention to the fact that the Hardell Group published five ground breaking studies in 2013. The Hardell studies are the first to correlate mobile phone usage with incidences of brain tumours over a 20+year period of time, longer than any other epidemiological studies. They found a clear correlation between cell phone usage and two types of brain tumours, acoustic neuromas and the deadliest of all brain cancers, gliomas. IARC the World Health Organization's cancer committee accepted Hardell's science prior to 2013 for consideration when the IARC scientists almost unanimously voted for the 2B "possible carcinogen to humans" classification for the entire RF - EMF Spectrum. The Hardell group based their conclusion on Hill's

viewpoints and are now calling for an upgrade in the IARC classification to group 1, i.e., **“the agent is carcinogenic to humans**, and urgent revision of current guidelines for exposure is needed.

The highest court in Italy favoured Hardell’s study over the 2010 Interphone Studies, which had failed to find a similar correlation. The court considered Hardell’s studies more reliable and independent than the Interphone study which had been part funded by the mobile phone industry.

Point 3.2 Cannot dismiss the call from campaigns by activist bodies and claim they are accusing the authorities of being part of a wider conspiracy influenced by Government, commercial or foreign interests. Many of these people are esteemed professionals, politicians, doctors and scientists including the voices of ordinary people which should be respected and taken into account. Every member of society has a right to call for protection and especially the protection of the child whom many are currently forced to attend school with classrooms full of microwave radiation or forced to use wireless tablets and devices. This is a total contradiction to the current advice from the UK Chief Medical Officers advice saying that children and young people under 16 should be encouraged to use mobile phones for essential purposes only, and to keep calls short.”

Download

here:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215711/dh_124899.pdf

Marian Harkin MEP is one of the many political voices who have joined the ranks to express the need for a review from up to date evidence and the need for accountability. Speaking at the EU Commission meeting held in collaboration with the Greek Atomic Energy Commission Athens in March, 2014, she stressed importance of openness towards lobbying and diverse opinions and the need for transparency and inclusion of all stakeholders. She reminded the EU Commission and SCENIHR that public consultation should not simply be a box ticking exercise and that consultation is only meaningful if addressing negative outcomes along with reports that have positive outcomes. Furthermore and perhaps most profoundly, she gave the stark reminder that 500 million citizens are relying on SCENIHR’s review.

Point 3.5 Doctors are uneducated with regards to offering diagnosis for EHS patients due to lack of training in this area of concern and they not aware of any diagnostic codes leaving the only option for self-diagnosis for EHS patients. Doctors require coding categorised on paper to offer an opportunity for proper diagnosis. This will allow appropriate epidemiology and public health analysis to assess the progression of this condition.

Finally, I would like to remind you that the current WHO handbook on fields and public health does not offer any guarantees of safety for public health and clearly states the given the widespread use of technology, the degree of scientific uncertainty, and the

levels of public apprehension, rigorous scientific studies and clear communication with the public are needed.

Failing to take action now while awaiting new research that may take decades to finish simply allows RF exposure levels to continue to rise, ignoring the lives of millions of EHS people who need emergency support and help now. There are reasonable grounds for concern to justify taking action to prevent serious harm to public health and the environment. The precautionary principle is justified. We do not want this issue to be remembered in history of a period of neglect and ignorance. Please read Chapter 21 by David Gee: Late lessons from early warnings.

I respectfully submit the information contained in this letter for your attention on behalf of the UK Radiation Research Trust.

Eileen O'Connor
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Sent from a hardwired computer



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