

28th April, 2014

John F. Ryan, Acting Director
Public Health Directorate,
Health and Consumers Directorate General
European Commission,
L – 2920 Luxembourg

SCENIHR Report on Potential Health Effects of Exposure to Electromagnetic Fields (EMF)

Sent via email

Dear John

Thank you for your response via email on 22nd April. I appreciate your support for SCENIHR, however this group along with other bodies such as ICNIRP, IEEE and Public Health England are failing to acknowledge and accept peer-reviewed research if it does not meet with their approval or understanding.

I have engaged with all sides of the debate for many years in the hope that we can find a way forward together. However, the division between both sides of the debate is becoming greater and leading to stronger opposition from both sides. It is an impasse that leaves private citizens at risk, and we must make every effort to root out undue influence from the industry whose profits are affected by decisions made by committee's like SCENIHR. A body is not truly "independent" if financial ties can be made by the affected industry to committee member(s). There should be no place for financial influence in science, but sadly there is, and with potentially devastating long-term consequences for our citizens.

I was pleased to see Dr Kjell Hansson Mild as a member of the EMF working group and realise he is the co-author of the Hardell papers. However, I am sure you will agree that his appointment to SCENIHR is only worthwhile if his opinion and work is taken into account and I question if that was the case as it was clear during the event in Athens that the important Hardell 2013 papers were rejected by SCENIHR. I therefore call on the EU Commission to investigate whether there has been any misuse of authority when selecting and rejecting important papers for review.

One scientist does not promise true "independence" for the group as a whole. The independence of SCENIHR has been brought into question for many years by members of the public, doctors, scientists and politicians. I would like to highlight several examples.

Please see attached a recent report from the Swedish Radiation Protection Foundation. This report clearly states that SCENIHR provided false, inaccurate, misleading and biased information and is claiming scientific fraud with a call for the report to be revised and submitted to a new group of experts that are capable of presenting an objective and accurate report of what science has shown about health risks.

Serious allegations of corruption need to be investigated as a matter of urgency. We appear to be wasting public money on biased reports and delaying urgent action to implement the precautionary warnings that are urgently needed to protect public health.

I would also like to draw your attention to questions raised on 16th March, 2009 by Christel Scaldemose to the Commission. These questions raise concerns regarding the Independence of experts on the Scientific Committee on Emerging and Newly Identified Health Risks. The Commission is challenged on whether these experts, who were involved in establishing the limits values working with ICNIRP, can be regarded as impartial and independent. Christel Scaldemose also asked what measures will the EU Commission take to find a better balance between critical and uncritical researchers. Download here:

http://www.europarl.europa.eu/sides/getDoc.do?type=WQ&reference=P-2009-1843&language=EN

In addition, Dr Caroline Lucas launched an Alternative Resolution to the 2009 Ries Report on "Heath concerns associated with EMFs." The Greens/EFA group raised the urgent alternative motion (see attachment) as the Ries Report was forced to include a late amendment calling for SCENIHR to review the scientific adequacy of EMF limits. The Green Party therefore submitted the Alternative Resolution, deleting the paragraph calling for SCENIHR to undertake the review. There was no doubt that this controversial last-minute amendment giving SCENIHR such authority would override excellent recommendations and precautionary measures contained within the Ries Report due to the predictable and biased nature of reporting from SCENIHR. Sadly it was too late and the Reis Report containing the controversial amendment calling for the review was put forward and adopted by MEPs with 559 voting for and 22 against and 8 abstentions. Download the report with the late amendment listed as number 1 within the following Text. Download here:

http://www.europarl.europa.eu/sides/getDoc.do?type=TA&language=EN&reference=P6-TA-2009-0216

I feared that we would face the current situation that we are seeing today as a result of that late amendment and we are now witnessing another publicly funded

biased report by SCENIHR at the cost of wasted money, but more importantly at the possible cost of many lives.

Displays of arrogance, biased, misleading and scientific fraudulent reporting as highlighted by the Swedish Radiation Protection Foundation is not acceptable. I would like to remind the EU Commission of the opening address in Athens from Marian Harkin MEP expressing the need for a review of up to date evidence and the need for accountability. 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.

I have no doubt that Marian Harkin along with many MEPs and millions of citizens throughout the EU and the world will be disappointed to hear that SCENIHR failed with this task and their responsibility towards accurate reporting. Yet greater than my concern about the disappointment of many is my profound fear about the potential adverse health effects for all that will continue to be visited upon our 500,000,000 citizens as the Precautionary Principle in Europe becomes nothing but a weak phrase with no meaning and no protection for citizens who have absolutely no idea of these back room dealings. These good people depend on the EC and its committees for truth, not cover-up, and the money flowing to scientists who tell them all is well is a crime against each and every one of them.

The five studies by the Hardell Group published in 2013 demand RF - EMF be classified a Group 1 carcinogen. Hardell himself states this in the conclusion of one of his most compelling epidemiologist studies. If it were almost any scientist but Lennart Hardell, one might imagine it is easy to dismiss a single scientific group or individual. To do so with Hardell's science would be the height of scientific hypocrisy. Why? Lennart Hardell's epidemiological studies, prior to his five papers published in 2013 were ignored by SCENIHR, when half the basis for IARC's call in May 2011 for everything on the RF - EMF Spectrum to be classified a Group 2B carcinogen. If Hardell's earlier study were good enough for IARC in 2011, then can SCENIHR please explain why the additional five studies of even longer duration and more specificity deemed "unworthy" by SCENIHR IN 2014? There is no answer, and it is a reason that should bring shame to SCENIHR and by association, to the European Commission itself.

I call on the Commission to listen to truly independent/knowledgeable doctors, scientists and members of the public and take advice from the appeal contained within the Greens Alternative Motion calling for the European Group on Ethics in

Science and new Technologies (EGE) to be given the additional task of assessing scientific integrity in order to help the Commission forestall possible cases of risk, conflict of interests, or even fraud that might arise now that competition for researchers has become keener.

Thank you for your attention in this urgent and serious matter.

With respect,

Eileen

Eileen O'Connor
Director
EM Radiation Research Trust
www.radiationresearch.org

The EM Radiation Research Trust is an educational organisation funded by donations. An independent Charity Registered No. 1106304 © The EM Radiation Research Trust 2003-2004

Cc: via email Mike Bell Joe Benton MP Severine Bernard Dr Erica Mallery-Blythe Laurent Bontoux Bill Esterson MP Jill Evans MEP Susan Foster Giulio Gallo Dr Ian Gibson Dr Lennart Hardell Marian Harkin MEP Dr Caroline Lucas MP Donata Meroni Dr Kjell Hansson Mild Steve Miller Andrew Mitchell MP Cindy Sage Stefan Schreck **Brian Stein**



30 April 2014

John F. Ryan, Acting Director
Public Health Directorate Health and Consumers Directorate General
European Commission
L-2920 Luxembourg
+352 4301 32719

Re:

SCENIHR Preliminary Opinion on Potential Health Effects of Exposure to Electromagnetic Fields (EMF)

Dear Mr. Ryan,

The BioInitiative Working Group has reviewed the *Preliminary Opinion on Potential Health Effects of Exposure to Electromagnetic Fields (EMF)* dated November 29, 2013. We have submitted detailed comments and suggested revisions. We hope these suggested revisions will be incorporated in the Final Opinion.

Further, we are aware that one of our BioInitiative Working Group members, Dr. Kjell Hansson Mild, is also a member of the SCENIHR Advisory Group. It has come to our attention that Dr. Mild's name has been used by you to give the impression that the process has been balanced and transparent, and that his participation is legitimizing the opinions expressed within that preliminary Opinion.

In fact, Dr. Hansson Mild has substantial disagreement with the process to date. He has told the Committee (Dr. Schuz in particular) that several key papers on which he is co-author have been systematically disregarded. These papers were within the timeframe for review, and are relevant. They provide evidence that the link between mobile phone use and glioma and acoustic neuroma are strengthened, not weakened as the preliminary Opinion concludes. That conclusion is possible only by excluding key evidence, and Dr. Hansson Mild has brought this to the attention of the Committee. We hope you will look into this matter, and provide counsel to the Committee to make this situation right.

Respectfully submitted on behalf of the BioInitiative Working Group by:

Cindy Sage, MA and David O. Carpenter, MD Co-Editors, BioInitiative 2012 Report

Cc:

Mr. Stefan Schreck

Mr. Ladislav Miko Mr. Robert Vanhoorde

Mr. Michael Walsh SANCO.DDG2.03

Via email: SANCO-C2- SCENIHR@ec.europa.eu



SOME OVERALL COMMENTS (See also full Submittal dated April 16, 2014 to SCENIHR)

- 1. This Preliminary Opinion is an inadequate basis for updating the 2009 EU opinion on 'Health Effects of Electromagnetic Fields (EMF)' and should be sent back for major revisions. The conclusions drawn from the data presented are unreliable for judging possible health risks.
- 2. Sections on brain tumors are flawed. The report consistently ignores or dismisses published scientific studies that report positive findings at exposure levels below ICNIRP standards (Exhibit B-Hardell). The SCENIHR conclusion that evidence for glioma is weaker now than in 2009 is unjustified, and can only be reached by excluding key scientific studies that reach the opposite conclusion. There is a consistent pattern of increased risk for glioma (a malignant brain tumor) and acoustic neuroma with use of mobile and cordless phones according to studies from Orebro University, Sweden released in 2012 and 2013.
- 3. The Opinion should be revised to clearly state whether the evidence supports a finding of possible risk for each type of evidence considered (each section). This report is not useful for the purpose intended due to the ambiguous basis for judging the sufficiency of the scientific evidence, which will eventually form a basis for concluding whether changes in the ICNIRP standards are warranted. The lack of a clear statement about the basis for judging what constitutes sufficient evidence of "Possible Effects", and the embedded up-shifting language to instead require a demonstration of 'conclusive or unequivocal evidence'.
- 4. Further, the Opinion misreads evidence of effects of some studies it does present when drawing conclusions. In one example, statistically significant damage to sperm DNA and sperm motility and vitality was reported at cell phone radiation exposure of only 1 W/kg. The preliminary Opinion on page 77 wrongly characterizes the evidence to show that only very high SARs cause this effect. It says "(T)he authors claimed that their results clearly demonstrated that RF exposure can damage sperm function via mechanisms involving the leakage of electrons from the mitochondria and the induction of oxidative stress but the employed SAR values are very high and not relevant to cell phone users." (emphasis added). Finally, the entire body of new evidence for risks to fertility and reproduction is dismissed in the Executive Summary with "The previous SCENIHR opinion concluded that there were no adverse effects on reproduction and development from RF fields at exposure levels below existing limits. The inclusion of more recent human and animal data does not change that assessment" and in Section 3.13.4 "(T)herefore, it is concluded that there is strong overall weight of evidence against an effect of low level RF fields on reproduction or development." These conclusions are

possible only by omitting key data, ignoring the conclusions of the authors, and dismantling the significance of the De Iuliis et al results by misreporting it. Critical evidence is misquoted, and then relied on by SCENIHR to dismiss the essential point.

- 5. Evidence for neurological effects should be incorporated into the analysis and conclusions of the Final Opinion. The involvement of oxidative stress on neurological/behavioral effects of ELF EMF and RFR were dismissed as "not firmly identified" in the Executive Summary. Exhibit D to our submittal to SCENIHR (April 15, 2014) documents a significant number of overlooked studies of extremely-low frequency radiation that are reported to cause nervous system effects in 90% of the 105 studies available from 2007 to 2014. New neurological RFR studies report effects in 68% of studies on radiofrequency radiation (or 144 of 211 studies) in 2014. This has increased from 63% in 2012 (93 of 150 studies) in 2012. These studies should be included in the Final Opinion. They will likely change the Preliminary Opinion that now avoids making a judgment about whether neurological effects are sufficiently established as a cause of possible health effects.
- 6. Genetic effects (damage to DNA) from radiofrequency radiation are reported in 65% (or 74 of 114 studies); and 83% (or 49 of 59 studies) of extremely-low frequency studies (Exhibit E). These studies span the 2006/2007 to 2014 time period and many are overlooked. They should be included in the Final Opinion. They will likely change the conclusion of the Preliminary Opinion that skirt the issue of whether genotoxicity is sufficiently established as a cause of possible health effects (Sections 3.5.2.5, 3.7.2.5, and 3.11.3).



Qualifications of the BioInitiative 2012 Working Group

The 2012 BioInitiative Report was prepared by 29 authors from ten countries, ten holding medical degrees (MDs), 21 PhDs, and three MsC, MA or MPHs. Among the authors are three former Presidents of the Bioelectromagnetics Society and five full members of BEMS. One distinguished author is the Chair of the Russian National Committee on Non-Ionizing Radiation. Three were members of the 2011 IARC Working Group that established RFR as a Group 2B Possible Human Carcinogen (Hardell, Belyaev and Blackman). Another was until recently a Senior Advisor on Science, Policy, Emerging Issues, Integrated Environmental Assessment to the European Environmental Agency. Full titles and affiliations of authors is in Section 25 of the BioInitiative Report at www.bioinitiative.org. See specific conclusions and findings of the BioInitiative 2012 Report at www.bioinitiative.org. It is incorporated by reference in this comment.

Contributing Authors of the the 2007 and 2012 BioInitiative Working Groups

Jitendra Behari, PhD, India Carlo V. Bellieni, MD, Italy Igor Belyaev, Dr.Sc., Slovak Republic Carl F. Blackman, PhD, USA Martin Blank, PhD, USA Michael Carlberg, MSc, Sweden David O Carpenter, MD, USA Zoreh Davanipour, DVM, PhD USA Adamantia F. Fragopoulou, PhD, Greece David Gee, Denmark Yuri Grigoriev, MD, Russia Kjell Hansson Mild, PhD, Sweden Lennart Hardell, MD, PhD, Sweden Martha Herbert, PhD, MD, USA Paul Héroux, PhD, Canada Michael Kundi, PhD, Austria Henry Lai, PhD, USA Ying Li, PhD, Canada Abraham R. Liboff, PhD, USA Lukas H. Margaritis, PhD, Greece Henrietta Nittby, MD, PhD, Sweden Gerd Oberfeld, MD, Austria Bertil R. Persson, PhD, MD, Sweden Iole Pinto, PhD, Italy Paulraj Rajamani, PhD, India Cindy Sage, MA, USA Leif Salford, MD, PhD, Sweden Eugene Sobel, PhD, USA Amy Thomsen, MPH, MSPAS, USA