

**The EESC's adoption of
Richard Adams'
controversial counter-opinion,
21st January 2015.**

Prepared for ElectroSensitivity UK (ES-UK)

Michael Bevington

25th January 2015

The EESC's adoption of Richard Adams' controversial counter-opinion, 21st January 2015.

CONTENTS:

	<i>page</i>
Overview	2
Background	3
1. Economic and social problems for people with EHS	4
2. Original draft EESC opinion about EHS economic and social problems	4
3. EESC blocks help for EHS economic and social problems	5
4. Adams' counter-opinion is pseudo-medical, not economic and social	5
(a) Insubstantial	5
(b) Based on controversial SCENIHR draft which caused international outrage	6
(c) The controversial SCENIHR draft is irrelevant to EHS:	6
(i) It still refuses to accept established non-thermal adverse health effects	6
(ii) It confuses the industry-sponsored hypothesis of psychological fear with real physical EHS	6
(iii) It fails to accept established non-thermal real EHS symptoms, as evidenced in mast studies	6
(iv) It fails to accept established numbers for non-thermal real ES symptoms, as evidenced in many studies.	6
(v) It fails to accept established numbers for non-thermal real EHS symptoms.	7
(vi) It fails to accept established numbers for non-thermal real ES symptoms as linked with genetic haplotypes.	7
(vii) It fails to cover both ELF and RF health effects, although all common devices involve both.	7
(d) Non-thermal effects well established	7
(e) Confusion between real physical EHS and a psychological fear	7
(f) No reference to non-thermal warfare	7
(g) No reference to non-thermal geomagnetic effects	8
(h) No reference to non-thermal therapeutic effects	8
(i) No reference to authoritative Bioinitiative reports	8
(k) No reference to court and tribunal acceptance of EHS	8
(l) No reference to WHO's requirement for non-thermal limits for vulnerable people	8
(m) No reference to equality rights for EHS functional disability	8
(n) No reference to employers' duty to report EHS symptoms	8
(o) No reference to WHO: EHS symptoms caused by EM exposure	8
5. EHS is established medically and recognised internationally	8
6. Treatment for real EHS differs from treatment for psychological fear	9
7. EESC's role is economic and social, not pseudo-medical	9
8. The precautionary principle	9
9: Conclusion	10
(a) The EESC's economic and social role	10
(b) The EESC's role is not medical	10
(c) The alleged agenda of some EESC members	10
(d) The alleged conflicts of interest of some EESC members	11
(e) The EESC's need to revisit EHS functional disability	11
(f) Appropriate evidence for the EESC	11
(g) Thanks to TEN-559	11
References	12

Overview of Adams' controversial counter-opinion

The EESC's adoption of Richard Adams' controversial counter-opinion on 21st January 2015 conflicts with (a) the established science about EHS and (b) the economic and social equality rights of people with EHS.

(a) It presents an activist pro-wireless minority viewpoint. It ignores over 200 years of medical evidence establishing sensitivity to non-thermal electromagnetic exposures. It effectively ignores statements from parts of the World Health Organisation and its agencies which recognise EHS symptoms as disabling, and as caused by electromagnetic exposure and not a psychological fear. The overwhelming weight of evidence supports adverse effects from human sensitivity to non-thermal radiation and fields; simply asserting the opposite does not make the minority sceptic viewpoint any stronger, especially since it appears to be based on a confusion between two different conditions, real EHS, established in the 1960s, and psychological fear, promulgated by pro-wireless industry sympathisers in 2004 . A discussion for 75 minutes, without EHS medical experts speaking, followed by the EESC's split vote, cannot undo over 20,000 studies and existing international recognition of EHS, both medical and legal. Adams' counter-opinion is a rejection of majority medical science and is based on a controversial SCENIHR draft opinion which is irrelevant to real EHS; it was produced by a virtually single-viewpoint clique with views similar to wireless industry activists who follow the denial tactics of the tobacco and asbestos industries.

(b) It ignores statements from parts of the World Health Organisation and its agencies which recognise EHS symptoms and require governments to adopt non-thermal limits to protect vulnerable people. It ignores children with EHS who are unable to access schools because of WiFi, and EHS people who are unable to access work and public places or live in their own homes because of electro-pollution. It replaces a draft opinion by the EESC's TEN-559 which would have helped extend awareness of equality rights in economic and social matters for EHS people in the European Union, rights already granted by some countries like the member state Sweden, for people functionally disabled by EHS.

Adams' controversial counter-opinion is a worthless pseudo-medical document which conflicts with the established majority scientific viewpoint and denies people in the EU with EHS the equality rights already granted to others. It is inappropriate for an economic and social committee.

Background

A sub-committee, TEN-559 (Section for Transport, Energy, Infrastructure and the Information Society), of the European Economic and Social Committee put forward a draft opinion on how to provide economic and social rights for people with EHS (Electromagnetic Hyper-Sensitivity). This was based on an initial meeting in November 2014 with external lectures, followed by discussions at meetings in December 2014 and January 2015, the last taking five hours of vigorous deliberation.

When the final draft opinion addressing the rights of these functionally disabled people was presented to the full EESC on 21st January, however, a counter-opinion instigated by Richard Adams, a member of EESC group III, was adopted instead, denying them their rights. This counter-opinion of Adams et al did not address the economic and social needs of people with EHS, but stated that its purpose was a medical examination of EHS. It took its evidence from a controversial SCENIHR (Scientific Committee on Emerging and Newly Identified Health Risks) draft opinion which is irrelevant to real EHS. In fact this SCENIHR draft opinion had created international outrage, by omitting some of the key evidence confirming that non-thermal radiation can cause cancer, to reach an invalidated minority and sceptic opinion on non-thermal adverse health effects.

Adams' counter-opinion, adopted by 136 to 110 votes with 19 abstentions, completely failed to help resolve the economic and social problems which people with EHS increasingly face. Critics wonder why an economic and social committee, with no doctors speaking who regularly diagnose and treat people with real EHS, should wish to abandon its purpose and adopt an invalidated pseudo-medical hypothesis based on a psychological fear, a different condition from the medical condition of real EHS, rather than pursue its role in economic and social affairs.

1. Economic and social problems for people with EHS

The European Economic and Social Committee has the power to adopt opinions designed to help people with EHS who suffer economic and social problems and inequality. Everyone agrees, including the EESC, that EHS is becoming a greater economic and social problem within the EU and that people with EHS should have equal rights with all other citizens of the EU.

The subcommittee, TEN-559, therefore, drafted and adopted an Opinion in three meetings in 2014 and January 2015 which would have encouraged employers and work unions to be aware of, and address, the acknowledged problems faced by people with EHS in terms of access to jobs, work, schools, hospitals and homes. It seems appropriate that the EESC should be tackling the increasing effects of this medical condition. The resultant environmental problems have similarities with those from smoking and asbestos, according to doctors, although on a greater scale and with greater long-term significance for the human race, since it involves, in addition to EHS, changes to DNA, infertility and links to the causes of cancers and dementia.

2. Original draft EESC opinion about EHS economic and social problems

The original TEN-559 and EESC opinion dealt with the economic and social problems faced by people with EHS, which Adams' counter-opinion omitted. The original draft opinion included germane comments on basic human rights, along with common-sense practical proposals.

Original EESC draft opinion, 3.3: "Electromagnetic hypersensitivity sufferers experience a serious deterioration in their quality of life, not only because of the physical symptoms it usually entails, but also because their lives are totally disrupted by the need to avoid exposure. In practice, it means that they not only have to avoid almost all public facilities such as transport, hospitals and libraries, but even their own homes, in order to escape adverse health effects, which is a breach of rights that are enshrined in the EU Charter of Fundamental Rights."

Original EESC draft opinion, 8.2.1: "A clear and graduated labelling system – similar to the one for energy efficiency – could be created, warning of the presence of microwaves or electromagnetic fields, the device's transmitting power, specific absorption rate and any health risks connected with its use."

Original EESC draft opinion, 8.2.2: "Insurance policies often include a clause excluding these risks. As a result, the law should either be amended to prevent this exclusion or the appropriate competition law proceedings should be initiated to find out whether there is a cartel in the sector."

Original EESC draft opinion, 8.2.6: "Systems for evaluating, preventing and managing risks in the workplace due to electromagnetic pollution also need to be improved through the proactive adoption of appropriate measures to mitigate, neutralise or eradicate it wherever necessary."

Original EESC draft opinion, 8.2.7: "Information and dissemination measures for the general public could include: establishing a register of products entailing electromagnetic risks, given their potential for causing electromagnetic hypersensitivity; designing information and awareness-raising campaigns on the prevention and management of problems associated with this condition ...; raising awareness of the potential health risks of DECT wireless phones, baby monitors, and other household appliances that continually emit microwave pulses"

Original EESC draft opinion, 8.3: "Best practice guidelines should be drawn up in the business sector on mitigating the emission of electromagnetic waves and on taking measures to prevent, manage or neutralise any health impacts."

Original EESC draft opinion, 8.4: "Access to exposure maps identifying the relevant installations and emissions levels should be facilitated and promoted, offering easy access to the databases of these maps."

3. EESC blocks help for EHS economic and social problems

At the last moment, however, on 21st January 2015 a counter opinion was proposed by Richard Adams, supported by four other UK members, Tom Jones, Brenda King, Jonathan Peel and David Seers, and 13 others, Bernd Dittmann, Lubomir Hadjiysky, Anders Ladefoged, Virgilio Ranocchiaro, Pirkko Raunemaa, Ulla Sirkeinen, Jan Simons, Georgi Stoev, Pavel Trantina, Akos Topolanszky, Gerd Wolf, Reet Teder and Josef Zboril. This counter opinion was carried by 136 to 110 votes with 19 abstentions.

4. Adams' counter-opinion is pseudo-medical, not economic and social

The original opinion aimed to ameliorate the dire economic and social situation faced by many hundreds or thousands in the EU because of their exposure to electromagnetic radiation and fields. Many such people are now losing their jobs, homes and families because of the EU's failure to adopt appropriate safe radiation limits. The numbers are increasing rapidly, both in the EU and in other countries around the world.

However, instead of addressing this economic and social issue as expressed in the original EESC draft opinion, Adams' counter-opinion stated that its purpose was 'to explore concerns', using a pseudo-medical approach for almost all of its analysis: "The purpose of this opinion is to explore the concerns expressed by groups in civil society about the use and impact of radio-frequency emitting devices used in industrial and domestic equipment and services which depend on wireless communication." These medical and human rights concerns, of course, have been long established as genuine by medical authorities, regulators and legal courts and tribunals around the world. Electrosensitivity was proved experimentally in 1781 and EHS was first described in the medical literature in 1932. People who suffer from EHS do not need to have their 'concerns' explored by an EESC opinion. They know that their human rights and equality rights are being infringed. They know that the science establishing EHS as a real condition is valid and Adams' pseudo-medical counter-opinion, muddling it with psychological fear, is totally invalid scientifically and against the majority scientific viewpoint.

The following are some aspects of the many flaws in the Adams' pseudo-medical opinion.

(a) Insubstantial: Since parts of the WHO openly state that this sensitivity to electromagnetic exposure exists, one might expect a document presenting a counter opinion, like Adams', to run to many hundreds of pages with thousands of references by medical scientists, if they exist, who still refuse to accept the established adverse non-thermal effects. Instead Adams' counter-opinion is insubstantial, only six pages long with 13 references. The controversial draft 2014 SCENIHR opinion was not yet published on 21st January; it had been sent for review in October because of significant omissions, and was not peer-reviewed, since it effectively represented a minority clique with a

single viewpoint. Only one of Adams et al's references is to a peer-reviewed paper. This is Rubin's notorious 2006 study; it failed to screen its subjects for whether they were EHS or not; it used a transmitter device which gave out strong radiation both in working and supposed 'sham' mode, rendering its results meaningless; furthermore, the tests were conducted in conditions which were not appropriately hygienic and free of other man-made radiation. Experts reject this study on the grounds that it was invalid and irrelevant.

(b) Based on controversial SCENIHR draft which caused international outrage:

The Adams' counter-opinion relies on an unpublished report, the controversial SCENIHR draft opinion which is irrelevant to real EHS and has fundamental factual omissions and conceptual confusions. This caused international outrage in March 2014 since it deliberately excluded studies confirming that radiation from devices like mobile and cordless phones can cause cancer. It was produced by a small clique holding pro-wireless views, like the wireless industry activists, all but one of whom belonged to the minority scientific viewpoint denying non-thermal effects.

(c) Controversial SCENIHR draft is irrelevant to EHS: The Adams' counter-opinion relies on an unpublished report, the 2014 SCENIHR draft opinion, which was not accepted in March 2014 but had to be sent for revision in October 2014 because it deliberately chose to exclude studies confirming cancer from microwave radiation from mobile and cordless phones. This controversial draft SCENIHR opinion is irrelevant to the Adams' counter-opinion for seven key reasons.

(i) The controversial draft SCENIHR opinion still refuses to accept established non-thermal adverse health effects. Everyone agrees that real physical EHS is non-thermal. The 2014 draft SCENIHR opinion is therefore irrelevant to real EHS and has nothing to say as regards this condition and cannot be used in support of the Adams' counter-opinion.

(ii) The controversial draft SCENIHR opinion confuses the industry-sponsored hypothesis of psychological fear with real physical EHS. This psychological fear is different from established EHS symptoms and does not cover many cases of EHS in children, adults and animals, who have no fear of non-thermal radiation. The 2014 draft SCENIHR opinion is therefore irrelevant to real EHS and therefore to Adams' counter-opinion.

(iii) The controversial draft SCENIHR opinion fails to accept established non-thermal real EHS symptoms, as evidenced in mast studies. Some 80% of studies show adverse non-thermal health effects on people living close to mobile phone masts. This invalidates both the rejected draft SCENIHR 2014 opinion and Adams' counter-opinion.

(iv) The controversial draft SCENIHR opinion fails to accept established numbers for non-thermal real ES symptoms, as evidenced in many studies. The studies which show adverse non-thermal health effects on people living close to mobile phone masts and reacting subconsciously to electromagnetic exposure in HRV and live blood studies reveal that this exposure affects a significant proportion of the population. This invalidates both the rejected draft SCENIHR 2014 opinion and Adams' counter-opinion.

(v) The controversial draft SCENIHR opinion fails to accept established numbers for non-thermal real EHS symptoms. Studies show adverse non-thermal health effects on a small number of hyper-sensitive people affected by electromagnetic exposure, as in MRI studies. This phenomenon has also been validated in animal studies. This factor therefore invalidates both the controversial draft SCENIHR 2014 opinion and Adams' counter-opinion.

(vi) The controversial draft SCENIHR opinion fails to accept established numbers for non-thermal real ES symptoms as linked with genetic haplotypes. The studies which show adverse non-thermal health effects on people with genetic haplotypes, in some cases related to pre-cancer dispositions, indicates not only that real EHS is different from SCENIHR's and Adams' psychological fear but also that it is incumbent on society to measure the genetic extent of this disposition to hyper-sensitivity. This invalidates both the controversial draft SCENIHR 2014 opinion and Adams' counter-opinion.

(vii) The controversial draft SCENIHR opinion fails to cover both ELF and RF health effects, although all common transmitter devices like WiFi, smart meters, mobile phones and cordless phones involve both. This invalidates both the rejected draft SCENIHR 2014 opinion and Adams' counter-opinion which relies on it and similar invalid dichotomies by other pro-wireless and regulatory groups.

(d) Non-thermal effects well established: neither an EESC counter-opinion of six pages and 13 references discussed for under an hour, nor an unpublished draft report by the pro-wireless activist group SCENIHR, disproves non-thermal effects. Non-thermal effects were first shown scientifically in 1781 and have been established in scientific studies for over half a century. Nations more scientifically advanced in this area, like the USSR and China, have used non-thermal effects to support their non-thermal safety limits since the 1950s. In contrast some nations with less advanced research in this area, including parts of the EU, are still trying to cling to the invalidated heating-only hypothesis.

(e) Confusion between real physical EHS and a psychological fear: The controversial EESC counter-opinion fails to explain that the minority hypothesis proposed by the invalidated SCENIHR draft assumes that EHS is not the physical reaction established medically, but a supposed psychological fear. It fails to mention that this hypothesis is clearly for a different condition and irrelevant to real EHS, because young children and animals show EHS symptoms yet they lack the cognitive ability to develop a fear. Critics point out the WHO's EMF Project adopted this invalidated psychological hypothesis in 2004, thus helping to defend the wireless industry, just as the tobacco industry succeeded in infiltrating the WHO up to 2000. Since then, however, WHO sources have stated that EHS is not a known psychological condition.

(f) No reference to non-thermal warfare: The EESC counter-opinion also fails to explain that the minority hypothesis proposed by the invalidated SCENIHR draft does not explain why the military have been using non-thermal electronic warfare from the early 1950s. This was before it was common knowledge that this radiation could cause ill health. Governments since then have used non-thermal microwave symptoms to provide covert control of civilian populations through electrosensitivity symptoms.

(g) No reference to non-thermal geomagnetic effects: The EESC counter-opinion also fails to relate the incidence of EHS to comparable well established sensitivity to natural non-thermal electromagnetic exposure, such as geomagnetic effects increasing the incidence of strokes.

(h) No reference to non-thermal therapeutic effects: The EESC counter-opinion also fails to accept that non-thermal electromagnetic exposure, as used in many common therapeutic procedures, suggests that non-thermal sensitivity is extensive and significant.

(i) No reference to authoritative Bioinitiative reports: The EESC counter-opinion also fails to accept the findings of the international Bioinitiative reports of 2007 and 2012. These reports are more authoritative than the controversial SCENIHR draft; they were peer reviewed and written by independent majority-viewpoint scientists, who are not part of the minority pro-wireless activist clique which most of SCENIHR represents.

(k) No reference to court and tribunal acceptance of EHS: The EESC counter-opinion also failed to evaluate the court and tribunals findings accepting the functional disability caused by EHS. This is directly germane to EESC's role and a growing international problem and one which EU states are increasingly having to face.

(l) No reference to WHO's requirement for non-thermal limits for vulnerable people: The EESC counter-opinion fails to refer to the WHO's requirement that all countries should adopt non-thermal limits to safeguard people who are sensitive to radiation below the WHO's ICNIRP heating limits.

(m) No reference to equality rights for EHS functional disability: The EESC counter-opinion fails to examine the need for employers and workers to ensure equal rights for people functionally disabled by EHS. Some European states, like Sweden, and others specifically include EHS within their definition of functional disability, but for most countries this disability is covered by the United Nations Convention on the Rights of Persons with Disability of 2006 and national laws, such as the UK's Equality Act of 2010.

(n) No reference to employers' duty to report EHS symptoms: It also ignores the fact that EU employers are legally required to report EHS symptoms caused by electromagnetic exposure.

(o) No reference to WHO: EHS symptoms caused by electromagnetic exposure: It also ignores the WHO & ICNIRP's evidence that EHS symptoms can be caused by electromagnetic exposure.

5. EHS is established medically and recognised internationally

EHS is established as real medical condition. It is different from the EESC's condition of psychological fear. In cases of real EHS the long-term removal or reduction of the usual environmental electromagnetic exposure causes the long-term removal or reduction of real EHS symptoms. This was the criterion used in establishing the condition scientifically in the 1960s and by international regulators like the Nordic Council of Ministers when EHS was given an ICD-10 classification number in the year 2000. The Adams' EESC

counter-opinion also fails to refer to established and reputable protocols for diagnosing and treating EHS, such as by the Austrian Medical Association.

6. Treatment for real EHS is different from treatment for psychological fear

Adams' confusion of these two distinct conditions was shown clearly in his assertion in the debate that Cognitive Behavioural Therapy was the best treatment EHS. This is true for psychological fear, in which he believes, and this view is also held by the UK's NHS and the WHO's 2005 note on EHS which also promote this pro-wireless industry confusion between the two conditions. It is not true for real physical EHS, however, and subsequent WHO sources say EHS, presumably real EHS, is not a known psychological condition. All expert physicians involved in treating people with real EHS agree that real EHS can be treated only by the reduction or removal of the environmental pollutant, as with all other syndromes caused by environmental toxins. All doctors and clinics around the world which treat EHS people start by instituting a hygienic regime, requiring the removal or elimination of man-made electromagnetic pollution, especially in working and sleeping areas.

7. EESC's role is economic and social, not pseudo-medical

It is absurd to have an unelected group of business and workplace leaders, many of whom are in favour of wireless radiation, adjudicating on a matter of medicine related to wireless radiation. Of the five UK members sponsoring Adams' counter opinion, none seems to suffer from EHS, none is a qualified doctor who regularly diagnoses or treats people with EHS, and none seems to be a doctor or appears to have a medical degree. Furthermore, none contacted charities like ES-UK and their scientific or medical advisers to learn about the condition and how it affects the social and economic well-being of people with EHS, although this was the purpose of the original proposed opinion and, supposedly, of the EESC itself.

8. The Precautionary Principle

People with EHS need safe limits, not the precautionary principle; the latter is for cases of uncertain medical conditions, which does not apply to real EHS which was established scientifically and medically in the 1960s. If there were a precautionary principle as regards real EHS, it would have to be a non-thermal, biological, long-term limit, such as the international Seletun of 2010, Bioinitiative of 2012, or Building Biology of 2008; some member states have already rejected the ICNIRP heating limits used by other member states but voted as 'obsolete' by the EU Parliament in 2009, and instituted their own non-thermal limits. The current obsolete ICNIRP heating limits are designed for six minutes' averaged exposure for a healthy male adult, not a person with hyper-sensitivity, so they cannot be considered to be 'precautionary' in any way. Adams was therefore wrong to claim that the EU already uses the precautionary principle as regards real EHS, since, if it did, there would be no real EHS people in the EU. If he was referring to his imaginary EHS or psychological fear, then the precautionary principle is irrelevant, since radiation exposure is not the cause, and there was no need to refer to it. In fact the WHO has called on governments to impose much lower, non-thermal, limits to safeguard vulnerable people, but even this is not precautionary, simply what medical science now regards as essential if vulnerable people are to be protected.

The EESC press release is also confused over this issue and factually wrong in implying that the precautionary principle refers to its imaginary EHS, since it cannot: "Electromagnetic hypersensitivity: EESC urges continuance of the precautionary principle through regulation and advisory work" (The EESC Press Release, 23rd January). The EESC should follow TEN-559's lead in their original draft opinion in starting to work towards actual precaution or protection for real EHS. In fact, the precautionary principle is already established (EU Article 191), but many states in the EU have so far failed to apply it to real EHS.

9: Conclusion

(a) The EESC's economic and social role

The EESC should keep to its area of expertise. It should have adopted the TEN-559 original opinion which aimed to raise awareness about people with real EHS and to start solving the agreed and growing economic and social problems which they face.

(b) The EESC's role is not medical

The EESC is totally unsuited to adopting a pseudo-medical opinion which is so clearly counter to the majority medical and scientific viewpoint, and so poorly supported scientifically. All EHS experts and the vast majority of informed scientists working on human sensitivity to electromagnetic radiation disagree with Adams' EESC's counter-opinion. The WHO's IARC, for instance, voted in 2011, by a majority of 28 to 2 votes, that sensitivity to non-thermal radiation, such as that from mobile and cordless phones, has possible adverse health effects and therefore the radiation is a possible carcinogen. The leading experts argue that the evidence is now (2014) sufficient to classify this radiation as a class one certain carcinogen. Some of the scientific failings of Adam's counter-opinion were highlighted in the debate on the two opinions. These included his extraordinary statements that only one in 500 hundred studies gave even slight support for a link between exposure and symptoms and that EHS "has no medical basis" (experts reckon that, of over 20,000 relevant studies, some 70% of independent studies show evidence of sensitivity at non-thermal levels, rising to nearly 100% for microwave hearing or tinnitus, 80% or more for studies showing adverse symptoms in humans within 300 m of phone masts, and 80% of studies showing damage to male fertility). He also asserted that more research is needed, when he equally appeared to believe that non-thermal electromagnetic exposure is safe and thus does not need further research or a precautionary approach. He appeared to state that no medical authorities accepted a diagnosis of EHS, ignoring those which have done so, such as the Nordic Council of Ministers in 2000 which gave EHS or 'el-allergy' an ICD-10 classification number, and the Austrian Medical Association which in 2012 adopted a protocol for the diagnosis and treatment of real EHS (not Adams' and SCENIHR's psychological fear).

(c) The alleged agenda of some EESC members

The unfounded, allegedly defamatory, claims by Richard Adams, the instigator of the EESC's 'medical' counter-opinion, on 16th January, need explanation, according to critics; they are similar to those of pro-wireless activists. Thus he allegedly described a leading world expert on cancer from sensitivity to non-thermal radiation, on whom, above all others, the WHO depended for its key cancer decision that radio frequency radiation is a possible carcinogen, as having 'no academic or scientific support or credibility' (RRT News). Why does a member of the EESC proposing a counter-opinion on a different

health outcome, EHS rather than cancer, wish to be so antagonistic to one of the world's leading and most highly respected scientists? Do some members of the EESC see their role as primarily to defend the radiation and wireless industries, including smart meters and mobile phones? Do they regard the profits of these industries as more important than established medical science and the plight of people suffering the effects of EHS?

(d) The alleged conflicts of interest of some EESC members

Where the EESC adopts opinions which take a controversial and minority viewpoint on an established medical condition, as Adams' counter-opinion does on real physical EHS, it is reasonable to apply the ethical standards common in medical science. This means that all people making proposals, speaking or voting on a medical issue, such as whether real physical EHS is to be re-categorised as the different condition of psychological fear, should declare any possible conflicts of interest. These include links with groups involved with wireless technology, such as utility smart meters, WiFi or mobile phones. The natural concern of this committee of the EESC with the Digital Agenda highlights the need to avoid straying into unproven medical hypotheses involving potential conflicts of interest. Its emphasis on civil society should support any agenda for social and economic equality, as opposed to a two-tier society of those who are sensitive to electromagnetic radiation and those who are not.

(e) The EESC's need to revisit EHS functional disability

The EESC needs to revisit the issue of how society deals with the economic and social effects of EHS. Even if the EESC still tries to cling to the invalidated psychological fear hypothesis adopted by the controversial SCENIHR draft and thus Adams' EESC counter-opinion, the condition of EHS still has profound economic and social effects. Everyone agrees that the equality and disability rights of the people affected by this environmental pollution from electromagnetic exposure are infringed. The problem is growing rapidly in all EU countries, with children unable to access schools polluted by WiFi and others unable to access health centres and hospitals.

(f) Appropriate evidence for the EESC

When it revisits this subject, the EESC should base its opinion on the work of expert physicians who diagnose and treat people with EHS, if it wishes to include functional disability from EHS along with medical needs. Such expert physicians have the experience necessary for establishing how society should provide for such people. The EU already has several centres of excellence and physicians with the appropriate experience. It would also be sensible to involve some of the national EHS groups who work with local doctors to try to help people with EHS. They can advise on what levels of electromagnetic exposure can prevent EHS symptoms. This requires expert evidence on the non-linear windows of EHS effects, the numerous subliminal effects, cumulative effects and effects on protein expression, DNA, VGCCs etc, all well established aspects and mechanisms, many known for four decades or more.

(g) Thanks to TEN-559

The thousands of people who now suffer functional disability from EHS in the European Union are grateful to the EESC's TEN-559 and its Rapporteur, Bernado Hernández Bataller, for raising their increasing economic and social difficulties. At one stage it looked as though the disabling condition of EHS, first established in the 1960s in Europe, and recognised by the WHO in 2005, would be recognised some 50 years later by the EESC, matching the recognition by the European Parliament in 2009 (28: "Calls on

Member States to follow the example of Sweden and to recognise persons that suffer from electrohypersensitivity as being disabled so as to grant them adequate protection as well as equal opportunities"); and the Council of Europe in 2011 (8.1.4: "Pay particular attention to 'electrosensitive' people who suffer from a syndrome of intolerance to electromagnetic fields and introduce special measures to protect them, including the creation of wave-free areas not covered by the wireless network"). Although this desired final outcome was denied by Adams' counter-opinion, they look forward to a proper and full opinion from the EESC as soon as possible to help resolve these growing issues.

Michael Bevington
Chair of Trustees,
Electrosensitivity UK
25th January 2015.

References

- TEN-559 original draft EESC opinion: www.powerwatch.org.uk/news/2015-01-20-eesc-final-opinion.pdf
- Richard Adams' et al EESC counter-opinion: www.radiationresearch.org/images/rrt_articles/EESC-2014-05117-01-01-AMP-TRA-EN-counter-opinion-by-Richard-Adams.doc
- EESC Press Release, 23rd January 2015: www.eesc.europa.eu/?i=portal.en.press-releases.34545
- Mast-Victims, 21st January 2015: audio recording of debate: www.mast-victims.org/index.php?content=news&action=view&type=newsitem&id=6688
- Powerwatch, "20/01/2015 – EESC EHS Opinion – plenary vote January 2015": www.powerwatch.org.uk/news/2015-01-20-eesc-final-opinion.asp
- 6th January 2015: www.powerwatch.org.uk/news/2015-01-06-eesc-aer.asp
- 4th November 2014: www.powerwatch.org.uk/news/2014-11-04-eesc-ehs.asp
- Radiation Research Trust: "Progress report on build up to EESC plenary session on 21st and 22nd January 2015": www.radiationresearch.org/progress-report-on-build-up-to-eesc-plenary-session-on-21st-and-22nd-january
- Professor Lennart Hardell and Michael Carlberg: Letter of 18th January 2015 rebutting "the lack of scientific correctness" in Richard Adams' email of 16th January 2015: www.powerwatch.org.uk/news/2015-01-20-hardell-adams-response.pdf
- European Union Parliament, Resolution, 2009 (2008/2211/INI): www.europarl.europa.eu/sides/getDoc.do?pubRef=-//EP//TEXT+TA+P6-TA-2009-0216+0+DOC+XML+V0//EN
- Council of Europe (Resolution 1815, 2011): <http://assembly.coe.int/mainf.asp?link=/documents/adoptedtext/ta11/eres1815.htm>

EHS medical evidence and Equality Rights:

The most authoritative international reviews which are not produced by single-viewpoint minority cliques like the SCENIHR, AGNIR and parts of the WHO and ICNIRP, are the Bioinitiative reports of 2007 and 2012, updated 2014. These cover some of the 20,000 or more studies going back to 1781 when non-thermal adverse ES was first shown experimentally, and 1932 when EHS was first described in the medical literature. EHS and related symptoms were established medically in the 1960s (e.g. Bergman W: *The Effect of Microwaves on the Central Nervous System*, 1965, 77 pages) and EHS is now regularly diagnosed by medical doctors at centres across the world, using IDC-10 numbers established by international regulators in 2000. The different condition of psychological fear was introduced in 2004 by the WHO's EMF Project, helping the wireless industry against the majority medical viewpoint of adverse effects from non-thermal electromagnetic exposure, as shown by the WHO's IARC classification of both ELF and RF as 2B carcinogens, with the leading experts now saying there is enough evidence for both to be classified as class 1 certain cancer agents. The equality rights of people functionally disabled by EHS are also described in the literature (eg Johansson O: "Electrohypersensitivity: state-of-the-art of a functional impairment", 2006; Genuis SJ, Lipp CT: "Electromagnetic hypersensitivity: fact or fiction?" 2012; Bevington M: *Electromagnetic Sensitivity and Electromagnetic Hyper-Sensitivity: A Summary* 2013, 2nd ed., 112 pages; Mallery-Blythe E: "Electromagnetic Hypersensitivity: A Summary" 2014, 79 pages).