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Richard Adams, Member of the European Economic and Social Committee
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Regarding: Dossier TEN/559 Electromagnetic hypersensitivity (own initiative opinion)
Rapporteur: Hernandez Bataller (for distribution)

On 16 January 2015 19:45 Mr Richard Adams sent an e-mail to Ms O'Connor on:
Subject: RE: Open letter from RRT - counter opinion on electrohypersensitivity to the Opinion submitted by Sir Richard Adams stating that:

"I have read your comments below and, as always, checked your references and the provenance and reputation of the organisations you refer to. Members can, of course, also do this for themselves. Let me just say that the two main supporting organisations/studies which you quote – Bioinitiative Working Group and Hardell – have no academic or scientific support or credibility."

We are surprised by the lack of scientific correctness by a member of this EU Committee. Since Mr Adams' statement has been widely distributed on the Internet we need to rebut that. The accusations on the BioInitiative Report have been rebutted elsewhere.

First it should be stated that as discussed here our studies concern brain tumour risk associated with use of wireless phones (mobile phones and cordless phones) and not electromagnetic hypersensitivity.

On 31 May 2011 the International Agency for Research on Cancer (IARC) at WHO categorised radiofrequency electromagnetic fields (RF-EMFs) from mobile phones, and from other devices that emit similar non-ionising electromagnetic fields, as a Group 2B, i.e. a 'possible', human carcinogen. The IARC decision on mobile phones was based mainly on two sets of case-control human studies on brain tumour risk; our studies from Sweden (the Hardell group) and the IARC Interphone study. Both provided complementary and supportive results on positive associations between two types of brain tumours; glioma and acoustic neuroma, and exposure to RF-EMF from wireless phones. The full report can be

downloaded from the Internet

(<http://monographs.iarc.fr/ENG/Monographs/vol102/mono102.pdf>).

Thus the statement by Mr Adams that ..”*Hardell – ha[s] no academic or scientific support or credibility*” is in contrast to the scientific evaluation by IARC, is defamatory and seems to represent views from a person that has not read the full literature and/or lacks understanding of the scientific evidence. In fact Lennart Hardell was one of the invited experts to the IARC meeting during 24 – 31 May 2011.

The Italian Supreme Court, in October 2012, upheld a ruling that said that there was a link between a business executive's brain tumour and his heavy mobile phone usage. The evidence was much based on studies that had been performed and published by us at that time. The court concluded that our research was independent and "*unlike some others, was not co-financed by the same companies that produce mobile telephones*". It should also be stressed that all of our studies are published in pre-reviewed scientific journals.

Myung et al (2009) investigated mobile phone use and risk of tumours. It included all published studies at that time and the methodology quality was analysed in all studies. Interestingly they stated at page 5567 (<http://jco.ascopubs.org/content/27/33/5565.full>):

“Table 1 shows the methodologic quality of studies included in the final analysis. The range of quality scores was 5 to 8; the average score was 6.3. The high-quality studies (score of > 7) included all seven of the studies by Hardell et al, one INTERPHONE-related study, and two studies by other groups. The low-quality studies (score of < 7) included eight INTERPHONE-related studies and six studies by other groups.”

Also Levis et al (2011) were favourable in their evaluation of our studies in their review of mobile phones and head tumours thereby concluding in their abstract (<http://www.ehjournal.net/content/10/1/59>):

“Results: Blind protocols, free from errors, bias, and financial conditioning factors, give positive results that reveal a cause-effect relationship between long-term mobile phone use or latency and statistically significant increase of ipsilateral head tumour risk, with biological plausibility. Non-blind protocols, which instead are affected by errors, bias, and financial conditioning factors, give negative results with systematic underestimate of such risk.... Conclusions: Our analysis of the literature studies and of the results from meta-analyses of the significant data alone shows an almost doubling of the risk of head tumours induced by long-term mobile phone use or latency.”

Thus the statement by Mr Adams that ..”*Hardell – ha[s] no academic or scientific support or credibility*” is not supported in the pre-reviewed scientific literature, IARC or by the Italian Supreme Court.

Regarding SCENIHR, as also discussed by Mr Adams, they did not include our most recent studies from 2013 in their evaluation in spite of being available. We have made a rebuttal on that, see enclosure. Thus the preliminary SCENIHR report is seriously biased towards the null result on the association between brain tumours and use of wireless phones. Our five studies omitted by SCENIHR are listed in our rebuttal, see enclosure.

In fact, one of the SCENIHR members, Professor Kjell Hansson Mild, made a rebuttal on the biased process in SCENIHR, see enclosure. One paragraph in his rebuttal is very revealing of the biased process in SCENIHR:

“Joachim Schüz, who did the evaluation of the epidemiological studies on mobile phone use and brain tumour risk intentionally disregarded key epidemiological studies that provide evidence of risk for glioma and acoustic neuroma from mobile and cordless phone use. He was not interested in taking relevant studies, see below, into the text. He clearly stated that the epidemiological part was solely his responsibility to write and furthermore he himself was to decide what to include.”

Thus, by excluding relevant scientific evidence it is possible to draw any conclusion that would be desirable. Mr Adams states in his reply to Ms O’Connor that:

“I have read your comments below and, as always, checked your references and the provenance and reputation of the organisations you refer to.”

It is obvious that his check has not been very thorough and exhaustive. **We urge the European Economic and Social Committee to disregard the statement made by Mr Adams and instead have an objective and unbiased attitude to a serious health issue.**

Furthermore, we want to add that during 2014 more studies have been published that add to the scientific evidence of increased risk for the brain tumours in question (glioma and acoustic neuroma) in persons using mobile or cordless phones:

Coureau G, Bouvier G, Lebailly P, *et al.* Mobile phone use and brain tumours in the CERENAT case-control study. *Occup Environ Med* 2014;71:514-522.
(<http://oem.bmj.com/content/71/7/514.abstract>)

Carlberg M, Hardell L. Decreased survival of glioma patients with astrocytoma grade IV (glioblastoma multiforme) associated with long-term use of mobile and cordless phones. *Int J Environ Res Publ Health* 2014;11:10790-10805.
(<http://www.mdpi.com/1660-4601/11/10/10790>)

Hardell L, Carlberg M. Mobile phone and cordless phone use and the risk for glioma – Analysis of pooled case-control studies in Sweden, 1997-2003 and 2007-2009, *Pathophysiology*. 2014 Oct 29. pii: S0928-4680(14)00064-9. doi: 10.1016/j.pathophys.2014.
(<http://www.pathophysiologyjournal.com/article/S0928-4680%2814%2900064-9/pdf>)

Respectfully submitted

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