

Submission of Wilma de Jong to the court in Gelderland, NL.

<https://stralingsbewust.info/wp-content/uploads/Beroepschrift-WJ-de-Jong-zaaknummer-ARN-19-2184-WABOA-Rechtbank-Arnhem.pdf>

Translated from the Dutch original by Colette Harris, January 2021

Please note:

- *Instead of translating original English writing back from Ms de Jong's Dutch, I have gone to the originals and copied them from the 3 main items: Martin Pall (2018), Hannah Arendt (1972), and Robert Becker (1990), as well as from the EUROPAEM (2016) paper.*
- *Ms. de Jong insists that it is crucial to distinguish between 'plain' RFR and pulsed RFR. I have therefore placed the word pulsed in front of all relevant mentions of RFR to keep this in front of our minds while reading since it seems some of the 'ambiguity' in the studies comes from the distinction between these two types of RFR which therefore have helped falsify public and perhaps also governmental understanding of the dangers concerned.*
- *I have removed the name of the council and just substituted council or local council since its name is irrelevant for British usage*
- *At time I have taken some liberty with the wording in order to make it more intelligible in English but I have not changed any of the ideas. I have, however, added notes where things may not be entirely clear. These are placed in [] and where relevant signed.*
- *Some of the footnotes are missing. This is deliberate as I have retained the original numbering despite the fact that not all of them are now necessary. E.g. when a Dutch translation has been given for an English term/title.*
- *I have also maintained the original page numbers to facilitate checking but have completed sentences or sometimes paragraphs when they went over a page and have placed footnotes in the same page as the text referred to, unlike at times in the original.*

One issue here is that in the UK we don't have a written constitution nor laws as useful as those Wilma quotes from and with Brexit we are no longer bound by EU laws. We are however still part of the Council of Europe so if any of the laws mentioned are from that we are still bound by this.

Although not relevant to RFR this week the Council of Europe have put out the following Resolution 2361 (2021): Covid-19 vaccines: ethical, legal and practical considerations. The resolution insists that no member state should make the vaccines mandatory or allow those who do not accept it to be discriminated against:

7.3.1 ensure that citizens are informed that the vaccination is NOT mandatory and that no one is politically, socially, or otherwise pressured to get themselves vaccinated, if they do not wish to do so themselves;

7.3.2 ensure that no one is discriminated against for not having been vaccinated, due to possible health risks or not wanting to be vaccinated;

7.5.2 use vaccination certificates only for their designated purpose of monitoring vaccine efficacy, potential side-effects and adverse events;

The following graphics are taken from Wilma de Jong's Further explanations and substantiation' Document.



Figure 1 This is no place for a mast

Illustrations:

Above: Signage white zone in Italy. (http://www.next-up.org/pdf/EHS_Refuge_Zone_Parc_Carne_Brisighella_Italy_20_08_2010.pdf)

Bottom left: Cover photo NWO report 'Democracy and risk. Health risks, policies and protests against mobile telephone towers'. Bröer ao (2010). Research within the NWO program Contested Democracy.

https://pure.uva.nl/ws/files/4483418/75699_320094.pdf

Bottom right: Painting Ida Roeckevisch, Haarlo.

TABLE OF CONTENTS:

Summary and conclusions *[Please note that the green highlighted sections alone can be found in this document – CH]*

Grounds for appeal:

1. The guidelines are exclusively based on short-term thermal effects.

2. The fact that the health council and knowledge platform regarding EMFs demonstrate inadequate expertise and independence

3. The inadequacy of current case law

4. The expertise and interests of KPN (Dutch national telecoms corp) versus the interests of physical safety

5. Unlawful government action in regard to the National Antenna Policy

6. A dangerous disregard of scientific knowledge and risks

7. The unsubstantiated denial of the existence of EHS

8. The question of whether the legislation makes white zones impossible or obligatory

Overview of appendices 62

SUMMARY and CONCLUSIONS

The claims of safety for the ICNIRP guidelines, as used in the National Antenna Policy are untenable. The majority of the scientific community engaged in research on the health effects of EMF, rejects the ICNIRP guidelines as inadequate and unsound.¹⁰ Therefore because they are controversial, these guidelines, as well as the radiation levels they refer to cannot be used as the starting point to approve or reject my case without violating my interests. Nor can they serve as the basis of a safe Antenna Policy.

Given the scientific controversy, it is crucial minimally to speak of potential dangers in relation to the associated risks¹¹ that do not justify a claim of safety, but rather call for the precautionary principle. Thousands of peer reviewed studies show that *at current exposure levels* wireless technology poses serious risks and can cause serious adverse health effects. Indeed it has already been causing them, as I know only too well from my own situation.^{12 13} That this knowledge has neither been shared nor utilised by official bodies such as the Netherlands Health Council, the EFNP14, ICNIRP and WHO's EMF Project stems from a serious conflict of interest or at least the appearance of it.¹⁵ This also holds for the ZonMw research programme funded by the Dutch government to the tune of 16.6 million euros.

The fact is that the current National Antenna Policy, which in the pursuit of national mobile coverage represents unavoidable exposure of the population at large to pulsed RFRs (amplitude-modulated HF-EMF 16), has failed to obtain informed consent from those concerned. Since there is evidence of biological damage so that human biology is inescapably involved consent is required on the basis of article 3 paragraph 2 of the 'Charter of Fundamental Rights of the EU ' (legally binding on all under Article 6 of the TEU and Article 93 of the European Constitution).

9 Exposure limits set by the International Commission on Non-Ionizing Radiation Protection (ICNIRP). Council Recommendation of 12th July 1999 on the limitation of exposure of the general public to electromagnetic fields from 0 Hz - 300 GHz. (1999/519 / EC).

10 'ICNIRP is a non-governmental organization (NGO) based in Germany. Members are selected in an internal process and ICNIRP lacks transparency and does not represent the opinion of the majority of the scientific community that is engaged in research into the health effects of EMF. The majority, or 252 scientists, have stated:

"ICNIRP continues to make these claims 10 to this day, despite growing scientific evidence to the contrary. We believe that because the ICNIRP guidelines do not apply to long-term exposure and effects at low intensity, they are insufficient to protect public health. " <https://emfscientist.org/index.php/emf-scientist-appeal>. Dr. Lennart Hardell. The Environment and Cancer Research Foundation.

<https://www.environmentandcancer.com/letter-to-simonetta-sommaruga-07-01-2020-english/>

11 *Inconclusive risks arise where scientific or social controversies about them exist.* 'Scientific Council for Government Policy (2008). *The lack of clear safety. Responsibilities regarding physical safety*, page 121.

12 See doctors' statements: 1) Statement GP Mrs. R. Boting-Klomp, Eibergen; 2) Statement GP Mrs. Liesbeth Adriaansens, Breda.

13 See EHS diagnosis by oncologist Professor Dominique Belpomme, Paris. EHS & MCS. Research and treatment European Group <http://www.ehs-mcs.org/en/>. See also: Dominique Belpomme et al. *Reliable disease biomarkers characterizing and identifying electrosensitivity and multiple chemical sensitivity as two etiopathogenic aspects of a unique pathological disorder*. Rev Environ Health 2015; 30 (4); DOI 10.1515 / revh-2015-0027. http://www.ehs-mcs.org/fichiers/1454070991_Reliable_biomarkers.pdf

14 Electromagnetic Fields Knowledge Platform.

15 To guarantee academic integrity, even the appearance of a conflict of interest must be avoided.

16 In this appeal, when it comes to the health risks of wireless communication techniques, we talk about RFR short for 'Radio Frequency Radiation. It is important to distinguish this designation from the commonly used term RF-EMF, because in health research on the biological effects of wireless technology, especially the amplitude modulations (the data pulsed on the RF-EMF) cause damage similar to damage by ELF-EMF. RF-EMF exposure studies without pulsation have been found to produce no effects. See, among others, chapter 16. *BioInitiative Report incorrectly assessed*, in the 'Further explanations and substantiation' section.

Appeal WJ de Jong, case number ARN19 / 2184 WABOA

Page 5 of 62

No such consent has been either asked for or granted. While, as long as the ICNIRP guidelines remain mired in scientific controversy along with the associated risks, they must be rejected. In other words, the public, including those categorically opposed to this, are being involuntarily exposed to pulsed RFR 24/7, despite the fact that it is impossible to guarantee physical safety and that people's right to reject this exposure is being constantly violated.

Although the 1998 ICNIRP guidelines insist that they do not guarantee safety, the local council has been unlawfully assuming that it can count on the safety of these guidelines. As a result it has been aiding the plans of the telecom providers and cooperating with them without attempting to gain any kind of informed consent from the public to being forcibly exposed to pulsed RFR 24/7, indeed, without the objections of the public on health grounds even being taken seriously and without any discussion of the possibility of a low-radiation alternative. All of this is contrary to national and international law.

The following articles are thus being infringed:¹⁷

- 1) Article 1:2 paragraph 2, Article 2:4 paragraph 1, Article 3:2, Article 3 4 paragraph 2, Article 3:46 and Article 7:12 paragraph 1 of the General Administrative Law (Awb)
- 2) Article 10 paragraph 1, Article 11, Article 20 paragraph 1; article 21; article 22 paragraph 2, article 93 and article 98 of the Constitution (Gw).
- 3) Article 170 paragraph 1 opening lines and under c and d of the Municipalities Act
- 4) Article 1 opening words and under c, article 2 paragraph 1 and 2, article 15 paragraph 2, article 15 paragraph 1 of the Public Health Act (Wpg).
- 5) Article 1: 3 of the Environment Act.
- 6) Recital 11 and Article 3 paragraph 2 Directive 22/21 / EC (Framework Directive).
- 7) Article 191 paragraph 2 of the Treaty on the Functioning of the European Union (TFEU).
- 8) Article 5 paragraph 1 and Article 8 paragraph 1 European Convention for the Protection of Human Rights and the Fundamental Freedoms (ECHR).
- 9) Article 1, Article 3 paragraphs 1 and 2, Article 6 and Article 7 of the EU Charter of Fundamental Rights (legally binding on the basis of Article 6 TEU).

Moreover, not even in the recommendations of the Dutch Health Council's EMF Committee can any justification for the safety claims of the ICNIRP guidelines be found, since the EMF Committee has failed to provide an accurate representation of current scientific knowledge and, by undermining the scientific infrastructure concerning EMFs, has demonstrably violated its legal mandate, as stated in Article 22 of the Health Act. Nor does established case law provide valid grounds for a safety claim for the ICNIRP guidelines as it falls back on long outdated and incorrect information that fails to draw on current scientific knowledge of the biological and clinical effects of RFR.

¹⁷ For the content of the legal articles, see the footnotes to the grounds for appeal.

Page 6 of 62

Case law also shows that the applicability of international treaties (Article 8) paragraph 1 of the ECHR and article 191 paragraph 2 of the TFEU) has been inaccurately and incorrectly interpreted and wrongly rejected. That the council has also largely been guided in its decision-making by KPN's [Royal Netherlands Telecom] 'expertise' is not only ethically reprehensible, but also in conflict with physical safety and operational independence, based on the General Administrative Law (Awb) and the EU framework Directive 2002/21 / EC. Given its interests, KPN cannot and must not be considered an independent expert when it comes to ensuring the physical safety of wireless technology. Moreover, KPN provides incorrect information about the risks of pulsed RFR, while the telecom-operator can surely be expected to be aware of the harmful effects of wireless technology.

Regarding the local council's requirement to comply with the National Antenna Policy the problem is that this policy has from the start been unacceptable since it is in conflict with Article 22 paragraph 2 of the Constitution, which confirms the government's responsibility for protecting its citizens' health. This is due to the fact that it undermines the local assurance (granted in the National Antenna Policy Memorandum) of [the right to] preventative and punitive scrutiny, with the sole aim of ensuring a rapid and smooth rollout of wireless networks. The national government relies on the above unlawful safety claims, on an inadequate scientific infrastructure and on incorrect and inaccurate interpretations of scientific studies. Throughout the existence of the National Antenna Policy the lower house of parliament has either not been informed at all by the Cabinet or incorrectly informed of the nature of the scientific controversy surrounding EMFs (violation of Article 68 of the Constitution).

With this unlawful privileging of the fast and smooth rollout of wireless networks, the government not only acts in violation of its mission to protect the physical safety and health of the public but also in regard to the forced/involuntary exposure to pulsed RFR which is known to penetrate human bodies and cells and thereby to produce harmful biological reactions that can cause (permanent and serious) damage. Moreover, those members of the public who are categorically opposed to this are having their human rights violated. These rights were laid down in the Constitution (the collective ethics on which our rule of law is based) as well as in various international treaties, such as the ECHR, the TFEU (Treaty on the Functioning of the EU) and its legally attached EU Charter of Fundamental Rights.

The refusal to accept the existence of Electro Hyper Sensitivity (EHS) on the basis of the so-called 'nocebo effect' has no valid grounds because provocation research, on which the rejection is based, is not appropriate to demonstrate or rule out causality. Blood tests show that for example upon exposure to pulsed RFR (cell phones, WiFi and smart meters) an almost immediate degeneration of the blood takes place and rouleaux formations occur (this is when the red blood cells clump together in circular stacks), which causes various complaints that EHS sufferers report, including the possibility of heart failure. This scientific evidence of serious health outcomes, which is just one of many examples, justifies the comparison of EHS sufferers with 'canaries used in mines'¹⁸. EHS sufferers therefore deserve to be regarded as *early warning signallers*, rather than ignored on the basis of an unsound 'nocebo stigma'.

¹⁸ Miners used to take a canary into the mine, to keep them from dying from the inhalation of invisible toxic gases. If the canary suddenly stopped singing or fell to the bottom of its cage, the miners understood there was danger to their lives. Adopting this analogy means that EHS members should be considered *early warning signallers*, instead of the existence of EHS being contested or ignored.

The ICNIRP guidelines must be rejected not only due to their unlawful claims of safety which makes using them to judge my case unsound. Precisely at the point where physical safety is concerned, the public's participation is imperative to articulate the lack of clarity around safety (WRR* 2008). This means that the contents of the public's comments, opinions and objections on health grounds, cannot simply be rejected and ignored by the local council *a priori* on the basis of the false safety claims regarding the ICNIRP guidelines.

Furthermore, the council's position that regulations and legal frameworks make white zones impossible must be rejected. On the contrary, given the violation of human rights that has been occurring through the involuntary exposure of the public to radiation without the chance to give informed consent even for those who are categorically opposed, and the fact that international treaties such as the ECHR, the TFEU and the EU Charter of Fundamental Rights take precedence over national legal regulations (Article 93 Gw) a white zone is warranted both ethically and by national and international law.

*The Scientific Council for Government Policy (2008)

1. Based solely on a short-term thermal effect - Page 9

(Tested for 6 minutes on a dummy)

When it comes to exposure to wireless technology the local council bases my physical safety *solely on short-term thermal effects* (6 minutes tested on a dummy²⁰). They insist on this despite the fact that ICNIRP itself warned in its establishment of its 1998 guidelines of the inadequacy of the limits set for physical safety since 'only definitively established effects were used as the basis of the proposed exposure limits' as at that time 'it had not been proven that long-term exposure to EMFs could cause cancer'.²¹ In other words, there are potential risks that the ICNIRP guidelines do not take into account.

In 2008 during an international EMF conference on exposure guidelines, Dr. Paolo Vecchia, ICNIRP Chairman from 2004 to 2012, insisted that a safety claim based on the ICNIRP guidelines is unjustifiable because these guidelines are not in any way intended to represent obligatory safety standards. They should not be considered as establishing the 'last word' on the matter, nor should they be used either by industry or other bodies as defence mechanisms.²²

The ICNIRP guidelines are *solely* based on *immediate and short-term thermal effects*. This means that there is no justification for claiming that these guidelines are sufficient to protect the public from the country-wide coverage of wireless mobile technology currently being rolled out which exposes the public 24/7 for an indefinite period, as is the case with the installation of the local transmission tower [in our borough]. Moreover, such a claim is at odds with the scientific controversy that has been raging for decades concerning the validity of the ICNIRP guidelines. The truth is that thousands of peer-reviewed studies (^{23, 24, 25, 26}) have revealed a significant number of non-thermal biological and clinical effects resulting from exposure to levels many times lower than the ICNIRP guidelines and that demonstrate significant morbidity and even mortality effects.

For instance, Dr. Martin Pall, professor emeritus of biochemistry and basic medical sciences, Washington State University, states that:

20 Dr. Devra Davis (2015). University of Melbourne. *The truth about mobile phone and wireless radiation. What we know, what we need to find out and what we can do now*. November 30, 2015.

<https://www.youtube.com/watch?v=BwyDCHf5iCY>. For a shortened version of Davis's lecture see:

<https://www.youtube.com/watch?v=KqAxTpJEHVs>

21 ICNIRP (1998), *ICNIRP guidelines for limiting exposure to time-varying electric, magnetic and electromagnetic fields (up to 300 GHz)*. <https://www.icnirp.org/cms/upload/publications/ICNIRPemfgdl.pdf>.

22 Igor Belyaev et al. *EUROPEAN EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses*. *Rev Environ Health* 2016; 31 (3), p 365.

23 The local council itself writes about peer-reviewed studies in its Antenna Policy memorandum of 6 February 2013 (in force at the time of the contested decision): 'However, there is one criterion on which most scientists agree: if a certain research project is described in a leading peer-reviewed journal (a journal for professionals in the field) then this means that it has fulfilled the demands of scientific reliability and robustness. Before a study can be published in a peer-reviewed journal, it must be approved by a team of experts (peers) in the field.'

<https://decentrale.regeling.overheid.nl/cvdr/XHTMLoutput/Actueel/Berkelland/251692.html>. Appendix 3. Participation note Antenna Policy 2012.

24 See also under 6. *Dangerous disregard of scientific knowledge and risks*.

25 See also the database of the ORSAA (Oceania Radiofrequency Scientific Advisory Association)

https://www.orsaa.org/orsaa-database.html?fbclid=IwAR1haKNgrq6mk9paGzflnzNJh_dfZvVHroA4YGIfc2xkJGlcCnj5s_7MZQ

and the ORSAA's criticism of the ICNIRP limits: <https://www.orsaa.org/blog-updates/orsaa-makes-comments-to-icnirp> discussed in *The Lancet* (2018). *Planetary electromagnetic pollution: it is time to assess its impact*.

Error! Hyperlink reference not valid.

26 See also the large amount of scientific information included in my opinion, notice of objection and letters to the council and the public health services (GGD).

Page 10 of 62

'We know that there is a massive literature, providing a high level of scientific certainty, for each of eight pathophysiological effects caused by non-thermal microwave frequency EMF exposures. This is shown in from 12 to 35 reviews on each specific effect, with each review listed in Chapter 1, providing a substantial body of evidence on the existence of each effect. Such EMFs:

1. Attack our nervous systems including our brains leading to widespread neurological/neuropsychiatric effects and possibly many other effects. This nervous system attack is of great concern.
2. Attack our endocrine (that is hormonal) systems. In this context, the main things that make us functionally different from single celled creatures are our nervous system and our endocrine systems – even a simple planaria worm needs both of these. Thus the consequences of the disruption of these two regulatory systems is immense, such that it is a travesty to ignore these findings.
3. Produce oxidative stress and free radical damage, which have central roles in essentially all chronic diseases.
4. Attack the DNA of our cells, producing single strand and double strand breaks in cellular DNA and oxidized bases in our cellular DNA. These in turn produce cancer and also mutations in germ line cells which produce mutations in future generations.
5. Produce elevated levels of apoptosis (programmed cell death), events especially important in causing both neurodegenerative diseases and infertility.
6. Lower male and female fertility, lower sex hormones, lower libido and increased levels of spontaneous abortion and, as already stated, attack the DNA in sperm cells.
7. Produce excessive intracellular calcium $[Ca^{2+}]_i$ and excessive calcium signaling.
8. Attack the cells of our bodies to cause cancer. Such attacks are thought to act via 15 different mechanisms during cancer causation.

There is also a substantial literature showing that EMFs also cause other effects including life threatening cardiac effects. In addition substantial evidence suggests EMF causation of very early onset dementias, including Alzheimer's, digital and other types of dementias; and there is evidence that EMF exposures in utero and shortly after birth can cause ADHD and autism' (Pall 2018: 1).²⁹

Pall not only demonstrates that there is no lack of scientific evidence of serious damage, but also offers a hypothesis for a biological mechanism that explains the great diversity of effects, that is viewed as valid not only by biology but also by physics.

 28 Oxidized bases in DNA: Oxidative stress or oxidative DNA damage can contribute to carcinogenesis (origination and growth of cancer) by two mechanisms: 1. Modulation of gene expression; 2. Induction of mutations.

https://en.gwertyu.wiki/wiki/DNA_oxidation

29 Dr. Martin L. Pall (2018). *5G: Great risk for EU, US and International Health! Compelling Evidence for Eight Distinct Types of Great Harm Caused by Electromagnetic Field (EMF) Exposures and Mechanism that Causes Them.*

<https://einarflydal.files.wordpress.com/2018/04/pall-to-eu-on-5g-harm-march-2018.pdf>

Page 11 of 62

All eight pathophysiological effects listed by Pall can be explained by the fact that pulsed RFR and lower frequencies activate the so-called VGCC's (voltage-gated calcium channels) in our bodies.³²

According to Pall: 'Each of these effects is produced via the main mechanism of action of microwave/lower frequency EMFs, activation of voltage-gated calcium channels (VGCCs). Each of them is produced via what are called downstream effects of VGCC activation. It follows from this that we have a good understanding not only that these effects occur, but also how they can occur. The extraordinary sensitivity of the VGCC voltage sensor to the forces of the EMFs tells us that the current safety guidelines allow us to be exposed to EMF levels that are something like 7.2 million times too high. That sensitivity is predicted by the physics. Therefore, the physics and the biology are each pointing to the same mechanism of action of non-thermal EMFs'.³³

Pall claims that the reviews he cites, most of which are peer-reviewed and published in respected journals listed in the PubMed database, all present a substantial amount of scientifically assessed evidence demonstrating the existence of the effects he discusses (Pall 2018: 4). When it comes to the safety of the ICNIRP guidelines claimed by the local council, the reality of this scientific controversy must be taken into account.

32 VGCCs play a critical role in many bodily functions, including cardiac action potentials, neurotransmitter release and muscle contraction. During neurological functions, these calcium channels create action potentials.

https://proteopedia.org/wiki/index.php/Voltage-gated_calcium_channels

Cardiac Action Potentials: An individual heart cell contracts when calcium ions flow in. But these calcium ions must also flow out again, otherwise the cell would remain tense. At each heartbeat ions flow in and are pumped out again through ion channels on the heart muscle cell. This process is set in motion by an electrical signal transmitted from neighbouring cells. In response, the heart cell depolarizes and thus makes its own electrical signal.

Neurotransmitters are chemical messengers that transmit a message from a [nerve cell](#) across the [synapse](#) to a target cell. The target can be another nerve cell, or a [muscle cell](#), or a [gland cell](#). They are [chemicals made by the nerve cell](#) specifically to [transmit the message](#). Neurotransmitters are released from [synaptic vesicles](#) in synapses into the [synaptic cleft](#), where they are received by [neurotransmitter receptors](#) on the target cell. Many neurotransmitters are synthesized from simple and plentiful precursors such as [amino acids](#), which are readily available and only require a small number of [biosynthetic](#) steps for conversion. Neurotransmitters are essential to the function of complex neural systems. [copied directly from the original English] <https://en.wikipedia.org/wiki/Neurotransmitter>.

33 Pall explains our sensitivity to low intensity EMFs as follows:

'It is important to discuss why the VGCCs are so sensitive to activation by these low-intensity EMFs. Each of the VGCCs have a voltage sensor which is made up of 4 alpha helixes, each designated as an S4 helix, in the plasma membrane. Each of these S4 helixes has 5 positive charges on it, for a total of 20 positive charges making up the VGCC voltage sensor [5,8]. Each of these charges is within the lipid bilayer part of the plasma membrane. The electrical forces on the voltage sensor are extraordinarily high for three distinct reasons [5,8]. 1. The 20 charges on the voltage sensor make the forces on voltage sensor 20 times higher than the forces on a single charge. 2. Because these charges are within the lipid bilayer section of the membrane where the dielectric constant is about 1/120th of the dielectric constant of the aqueous parts of the cell, the law of physics called Coulomb's law, predicts that the forces will be approximately 120 times higher than the forces on charges in the aqueous parts of the cell. 3. Because the plasma membrane has a high electrical resistance whereas the aqueous parts of the cell are highly conductive, the electrical gradient across the plasma membrane is estimated to be concentrated about 3000-fold. The combination of these factors means that comparing the forces on the voltage sensor with the forces on singly charged groups in the aqueous parts of the cell, the forces on the voltage sensor are approximately 20 X 120 X 3000 = 7.2 million times higher [5,8]. The physics predicts, therefore, extraordinarily strong forces activating the VGCCs via the voltage sensor. It follows that the biology tells us that the VGCCs are the main target of the EMFs and the physics tells us why they are the main target. Thus the physics and biology are pointing in exactly the same direction'.

Pall (2018: 17-18).

For this reason alone, according to the Scientific Council, government policy suggests the risks remain inconclusive³⁷ so that any claim of safety is unjustifiable. (see also no. 25 in the 'Further explanations and substantiation' section where it explains that the potential for risk is significant. It follows that the ICNIRP guidelines,³⁸ as well as any measurements of radiation levels and the criteria for distance derived from them are inadequate to guarantee my physical safety and should not be used as standards through which to determine whether or not my appeal is valid.³⁸

36 *Inconclusive risks arise where scientific or social controversies about risks exist.* Scientific Council for Government Policy (2008). *Inconclusive safety. Responsibility for physical safety*, page 121.

37 *Inconclusive risks: In addition to uncertainties, the risks may also be evaluated in different ways. In this case, it is possible to consider a number of different scenarios simultaneously, whereby the effects of risk-limiting measures for one scenario can also be considered relevant for newly introduced risks (each time by the relevant experts).* 'Source: Risk management Huib Hezemans. https://www.huibhezemans.nl/downloads/RA-KMS_hh01.pdf

38 Even a reduction factor of 50 does not guarantee safety since the ICNIRP guideline do not provide any reference framework for demonstrated *non-thermal* biological effects.

3. The inadequacy of established case law

Safety claims based on established case law do not hold up. The fact is that the case law cited by the local council is based on outdated and factually inaccurate information. Moreover, it only partially applies to telecoms masts that produce pulsed RFR.⁵⁶ The scientific literature demonstrates that it is precisely the pulsed RFR signals that cause the serious biological harms.

In the case law cited by the local council:

- 1) the rejection of the applicability of Article 8 paragraph 1 ECHR⁵⁷ on the basis of expropriation in the public interest has not been appropriately justified, since under Article 14 Paragraph 1 of the Constitution⁵⁸ there must minimally be a legally established level of statutory compensation and furthermore international treaties take precedence over national regulations (article 93 of the Constitution^{59 60}) (ECLI: NL: Council of State: 2011: BR5664);
- 2) The 'effects of any significance' cited in the case law are based solely on short-term thermal effects and the effects of, for example, amplitude modulation (pulsed RFR) are not taken into account. This is the case despite the fact that the existence of non-thermal biological harm has been scientifically proven, in particular those caused by pulsed RFR. In addition, the exposure in question is not at all of limited duration but rather continuous exposure 24/7 over an indefinite period (ECLI: NL: Council of State 2017: 2271);
- 3) The evidence drawn upon comes from an expert report by the Foundation for Administrative Jurisdiction (StAB) from 2009, despite the fact that this report (given the significant number of scientific studies published since then) is clearly out of date and it is therefore unacceptable as a basis for judgements about the physical safety of pulsed RFR - (ECLI: RVS: 2011: BR5664; ECLI: NL: RVS: 2016: 2522);
- 4) the distance criterion as a guarantee of physical safety has no sound justification (see 2) (ECLI: NL: RBNEE: 2015: 2428; ECLI: NL: 2018: RBZWB: 1856; Council of State ruling concerning advertising masts with illuminated messages; ECLI: NL: RVS: 2018: 616; ECLI: NL: RBZUT: 2010: BM7185);

56 Again: Instead of talking about plain RFR, in this appeal I am discussing modulated RFR (that is, pulsed Radiation) since wireless communication technology *always* uses amplitude modulation and a modulated or pulsed wave is more biologically active. In fact, research on the effects of non-pulsed RFR shows minimal impacts. According to Pall (2018: 6): *'It follows from this that if you wish to study the effects of WiFi, cell phones, cordless phones, cell phone towers, smart meters or 5G, you had better study the real thing or at least something that pulses very much like the real thing. There are many studies that don't do this, but falsely claim to be genuine Wi-Fi, cell phone or cordless phone studies'*.

57 Article 8 paragraph 1 ECHR. Everyone has the right to respect concerning their private and family life, their home and correspondence.

58 Article 14 paragraph 1 of the Constitution. Expropriation can only take place in the public interest and against pre-determined compensation, all this in accordance with regulations to be laid down by or pursuant to the law.

59 Article 93 of the Constitution states that Provisions of those treaties and decisions of international law organizations, which are deemed to be binding for everyone, gain such binding force upon publication;

60 The notes for article 93 of the Constitution state that *'Provisions of treaties and decisions of international law organizations, which are deemed to be binding for everyone, gain such binding force upon publication. At that point these provisions come directly into effect and cannot be mitigated by the national legislature.'*

<https://www.denederlandsgrondwet.nl/9353000/1/j9vvkl1oucfa6v2/vkja9cxpwtw>

Page 18 of 62

5) "The plaintiffs' fear of the health risks of radiation" is considered irrelevant, a judgement that can only be understood in connection with the inconclusive nature of the risks associated with the scientific controversy as mentioned above.⁶¹ This fear is therefore ignored and instead is assumed to be caused solely by the unsubstantiated assumption of a nocebo effect (ECLI: NL: RBZUT: 2010: BM7185) (see also 2. *Failing expertise and independence of the Health Council and the EMF Knowledge Platform* under 7 and 7. *Unfounded exclusion of the existence of EHS (Electromagnetic Hyper Sensitivity)*);

6) the concept of an 'equivalent result' has been turned into a sliding scale of increasing health risks, whereby the only issues taken into consideration have been the interests of the telecoms operators in the service of a rapid rollout of wireless networks. This has led to disregarding the importance, in the face of the inconclusive risks discussed above, of taking these uncertainties into consideration⁶² in so as to guarantee the public's physical safety (ECLI: NL: RVS: 2017: 2800);

7) the 2007 BioInitiative Report [that the council refers to] is rejected [by me] on the grounds of faulty assessment by the Health Council, as a result of the way they have doctored the report - in particular in relation to the dangers of pulsed RFR⁶³ – so that these have been falsely made to appear invisible. The 2012 report is never even mentioned (ECLI: NL: RVS: 2018: 2853, ECLI ratification: Council of State: 2012: BV5096);

8) the precautionary principle as set out in Article 191 (2) TFEU⁶⁴ has been rejected in an ethically reprehensible manner by the Council of State (ECLI: NL: RVS: 2016: 2518), whereby an inaccurate account is provided of a judgment of the European Court (TFEU: ECLI: EU: C: 2015: 140) which is precisely aimed at articulating the responsibilities of the various environmental principles.

None of the statements cited here (as explained and substantiated in the 'Further explanations and substantiation' section) provides a guarantee of my physical safety or justifies a safety claim under the ICNIRP guidelines. Therefore, they do not justify the rejection of my interests/appeal or that of other members of the public who have based these on health-related arguments.

In addition, in case law, up to the present day, the requirement for 'free and informed consent' from members of the public (and other involved parties) when it comes to the continuous exposure 24/7 to pulsed RFR has not even been mentioned. This is the case despite the fact that the biological effects of RFR have been fully scientifically demonstrated⁶⁵ and it must therefore be established that the National Antenna Policy

61 *'Inconclusive risks arise where there are scientific or social controversies regarding them* (Scientific Council for Government Policy (2008). *Uncertain safety. Responsibilities regarding physical safety*, page 121.

62 The Scientific Council for Government Policy (2008). *Inconclusive safety. Responsibility for physical safety*. The Council is of the opinion that 'the vulnerability of people, society and the natural environment must be dealt with proactively in relation to uncertainties. Page 18.

63 Amplitude-modulated (or "pulsed") RF-EMF, as used in wireless technology.

64 Article 191 paragraph 2 TFEU. The EU is committed to a high level of protection in its environmental policy, taking into account the variations in the situations of the different regions of the EU. Its policy is based on the precautionary principle and the principle of preventive action, the principle that as a priority environmental damage should be combated at source, and the principle that the polluter pays.

In this context, the harmonization measures meeting environmental protection requirements include, where appropriate, a safeguarding clause that allows Member States for non-economic environmental reasons to take interim measures subject to an EU review procedure.

65 Even ICNIRP has from the outset recognized that pulsed RFR, as used in wireless technology, is more biologically active than non-pulsed EMFs. *'Compared to continuous-wave radiation, pulsed microwave-frequency fields with the same average rate of energy deposition in tissue are generally more active in producing a biological response, ...'*. ICNIRP Guidelines 1998, <http://www.icnirp.org/cms/upload/publications/ICNIRPmfgdl.pdf> . Page 506.

Page 19 of 62

cannot be legitimate due to the way it obscures, trivializes and outright denies the biological effects produced by pulsed RFR in the human body. On the basis of article 3, paragraphs 1 and 2 of the 'Charter of Fundamental Rights of the EU' (legally binding *on everyone*⁶⁶ under Article 6 of the TEU) free and informed consent is required as soon as biology is involved and the physical and mental integrity of those affected can be harmed.

With regard to the applicability of Article 8, paragraph 1 ECHR and Article 191, paragraph 2, TFEU it must be concluded that the Council of State did not have the right to make such decisions. It follows that these international laws remain in full force regarding the National Antenna Policy and that this policy along with my interests (as well as the interests of other members of the public who also wish to avoid exposure to radiation) should be assessed against said laws.

66 Because the 'Charter of Fundamental Rights of the EU' has the status of a Treaty under Article 6 of the TEU, and Treaties under Article 93 of the Constitution are binding *on everyone* and because of the demonstrated harmful biological impacts on people's physical and mental well-being (according to article 3 paragraphs 1 and 2 of the 'Charter of Fundamental Rights of the EU'), *anyone* who without permission exposes another person to radiation with their wireless equipment is violating the EU Charter. It is thus clear that all concerned are responsible for the current violations of the physical safety of people with EHS and other members of the public who wish to avoid radiation exposure.

6. Dangerous disregard and defactualization of scientific knowledge and risks

Given the scientific and social controversy and the resultant potential** health risks of wireless technology, the safety claim for the ICNIRP guidelines cannot hold up and should even be considered false. Although these risks have not yet been completely accepted by all, their possibility should surely prevent any justification of safety claims, the ICNIRP guidelines have been subjects of their own special controversy. In a letter from Swedish epidemiologist and oncologist Professor Lennart Hardell¹²⁹ to the President of the Swiss Confederation and the Swiss Federal Council we learn that:

ICNIRP is a non-governmental organization (NGO) based in Germany. Members are selected in an internal process and ICNIRP lacks transparency and does not represent the opinion of the majority of the scientific community involved in researching the health effects of EMF. This majority, here comprising 252 scientists, have stated that:

ICNIRP continues to make these claims¹³⁰ despite the growing body of scientific evidence to the contrary. We believe that because the ICNIRP guidelines do not apply to long-term exposure or to low-intensity radiation, they are insufficient to protect public health'.

<https://emfscientist.org/index.php/emf-scientist-appeal>¹³¹

The majority of the scientific world engaged in research into the health effects of EMF, therefore categorically rejects any safety claim based on the ICNIRP guidelines. For decades, the findings of these scientists have revealed serious biological and clinical effects at levels *well below* those set by the ICNIRP guidelines. Thousands of (peer reviewed studies) have reported on this.¹³²

Unfortunately, the local council does not appear to have accepted this. In a letter dated 14th November 2018 to the Objections Committee, in which the council responded to the question of the commission for further clarification regarding the exposure limits of the ICNIRP guidelines, we learn that:

Only when the field strength exceeds the exposure limits should there be any effects on the human body (taking into account the safety margin of the reduction factor of 50). '

It should be noted that it is maintained that there can be no 'effects on the human body' as long as the exposure rates remain below the given limits (61 V/m). Even taking into account the reduction factor of 50, this is an obvious untruth, which means that the council has minimally violated article 2: 4 paragraph 1¹³³, article 3:2¹³⁴, article 3:46¹³⁵ and article 7:12 paragraph 1¹³⁶ of the General Administrative Law.

[** the Dutch literally speaks of the 'ambiguity of the health risks'. I have translated this either as potential or inconclusive depending on context.]

129 Dr. Lennart Hardell, MD, PhD, Professor Emeritus, Department of Oncology, Faculty of Medicine and Health, Örebro University, SE-701 82 Örebro, Sweden and The Environment and Cancer Research Foundation, Örebro, Sweden.

130 The 'only thermal effects paradigm', whereby the only effects considered material are short-term thermal ones.

131 The Environment and Cancer Research Foundation. <https://www.environmentandcancer.com/letter-to-simonetta-sommaruga-07-01-2020-english/>

132 See for instance the ORSAA database: <https://www.orsaa.org/orsaa-database.html>. Or read the review of it published in the Lancet: Priyanka and Carpenter (2018). *Planetary electromagnetic pollution: it is time to assess its effects.* [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(18\)30221-3/fulltext?rss=yes](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(18)30221-3/fulltext?rss=yes).

133 Article 2:4 paragraph 1 General Administrative Law (Awb). The administrative body must fulfill its task without bias.

134 Article 3:2 (Awb.) General Administrative Law: When preparing a decision, the administrative body must gather the necessary knowledge about the relevant facts and interests to be evaluated.

135 Article 3:46 Awb. General Administrative Law: All decisions must be based on sound reasoning.

136 Article 7:12 paragraph 1 (Awb.) General Administrative Law: The decision regarding objections must be based on sound reasoning, which must be provided to the objector along with the decision itself.

Given the thousands of studies that indicate potentially serious damage, it is alarming that this kind of statement is still being made. Primary studies examining the role of pulsation, frequency, polarization¹³⁷, cell type and intensity windows¹³⁸ that demonstrate that biological effects may arise at exposures well below the limits are completely dependent on the existence of such effects, otherwise it would be impossible to study them (Pall 2018: 4).

However, '[t]he role of these factors, each of which affects the presence of non-thermal biological effects, [has] been totally ignored by organizations such as ICNIRP, WHO's EMF Project¹⁴⁰ and SCENIHR [(Scientific Committee on Emerging and Newly Identified Health Risks)], the U.S. FCC, FDA and National Cancer Institute as well as by many other industry-friendly groups. When each of these organizations concludes that "results are inconsistent" they are comparing studies based on superficial similarities but not on these demonstrated causal factors. What is being observed, therefore, is genuine biological heterogeneity, not inconsistency [Pall 2018: 6).

It is impossible to know how much scientific knowledge has been ignored in aid of maintaining the status of the 'only thermal effects paradigm'¹⁴² and with it the safety claim of ICNIRP's guidelines. In his book *Cross Currents: The perils of electropollution: The promise of electromedicine* from 1990 (and thus now from three decades ago), the double Nobel Prize nominee Dr. Robert O. Becker (1923 - 2008), leading expert in the field of biological electricity and regeneration, states that:

'It is not possible here to list the many other studies that have lent support to the causal association between microwave exposure and cancers of all types (not just brain tumors) and genetic abnormalities. The scientific data at this time indicate that microwaves have major biological effects at power levels far below those required to cause heating. The majority of these effects are productive of various disease states, primarily cancer and genetic defects, in those exposed^[144] and in their unexposed offspring.^[145] These diseases are not strange new types unique to microwave exposure; they are instead our old, familiar enemies. The hazard comes from the fact that exposure to microwaves, like exposure to any abnormal electro-magnetic field, produces stress, a decline in immune-system competency, and changes in the genetic apparatus. Thus, the levels of exposure that the government says are "safe" are in fact not safe at all'.¹⁴⁶

137 See, for instance, the development of the rouleau effect in the blood (7. *Unfounded exclusion of the existence of EHS*(Electromagnetic Hyper Sensitivity).

138 Dr. Martin Pall: 'Furthermore, there are intensity "windows" that produce maximum biological effects, such that both lower and higher intensities produce much less effect [5,8,9]. These window effect studies clearly show that dose-response curves are both non-linear and non-monotone, such that it is difficult or impossible to predict effects based on relative intensity even when all other factors are the same'. (Pall 2018: 6).

139 Ibid., Page 4.

140 ICNIRP and WHO's EMF Project are closely related. See the 'Further explanations and substantiation' section, no. 13. *Here we show that ICNIRP and WHO's EMF program are not entirely reliable or trustworthy.* [Presumably they are related since the latter is run by the founder of the former! It appears that this section is to be found in an appendix not included in the submission document]

142 Phrase taken from Dr. Lennart Hardell, see his commentary on Repacholi (the founder of ICNIRP and of the WHO EMF Programme) below.

144 See for example a study by Dr. Ruey Lin (1985), which shows a significant increase in brain tumors in radiation workers and which suggests that an earlier investigation by the Navy found no difference between those who had been exposed to radiation and a control group. This study was found to be biased. RS Lin *et al* (1985) Report on the relationship between incidence of brain tumors and occupational electromagnetic exposure, *Journal of Occupational Medicine*, 27: 413.

145 See, for instance, a study by Dr. Margaret Spits and Dr. Christine Cole, in which it is reported that '*children of fathers employed in occupations with electromagnetic-field exposure were at significantly increased risk*' of brain tumors developing before their second year. The only explanation for such a higher than expected incidence of brain tumors found in these children was that their fathers' genes had been altered under the influence of microwave radiation and that these mutations had been passed on to the children in the same way as was found in male mice.

MR Spitz and CC Cole (1985) *Reports significantly increase in incidence of brain tumors among children of fathers occupationally exposed to electromagnetic fields*, *American Journal of Epidemiology* 121: 924. Becker *ibid*.

146 Robert O. Becker (1990). *Cross Currents. The perils of electropollution, the promise of electromedicine*. Penguin Group Inc, New York, page 200.

According to Becker, as early as 1940, scientific evidence of biological effects was already being discovered 'in power densities well below the levels necessary to cause heating'.

Dr. Magda Havas¹⁴⁷ managed to obtain an old archive of some 6,000 studies (that she called the 'Zory Archives', see below) that confirm that already around half a century ago a great deal of scientific knowledge was available about the harmful effects of RF- and Mw-EMF. Dr. Havas questions, 'Are we being dummyfied?'¹⁴⁹ In so doing, she points out that in order to advance science, scholars usually build on the work of others. 'But this can only be done if information is shared. Without this, we run the risk of having to rediscover things already known at a great cost of time and money. If this information pertains to environmental or human health, we run the risk of delaying actions that could protect the environment and save lives'.¹⁵⁰

Havas tracked down the Zory Archives through a 1971 report from the US Naval Medical Research Institute (NMRI). This report by Dr. Zorach R. Glaser, entitled *Bibliography of reported biological phenomena ("effects") and clinical manifestations attributed to microwave and radio-frequency radiation*, contains a bibliography of more than 2,300 studies that document as many as 122 biological effects produced by weak wireless signals (microwave radiation).¹⁵¹ These 122 biological effects have been categorized according to: changes in physiological function; effects on the central nervous system; effects on the autonomic nervous system; effects on the peripheral nervous system, psychological disorders (human behavioral studies), the so-called psychophysiological (and psychosomatic) responses; behavioral changes (animal studies); blood disorders; vascular disorders; enzyme and other biochemical changes; metabolic deviations; gastrointestinal disorders¹⁵²; endocrine gland changes; histological changes¹⁵³; genetic and chromosomal changes and various other effects.¹⁵⁴

147 Attached to Trent University, School of the Environment in Petersburg, Ontario, Canada.

<https://magdahavas.com/biography/>

148 Microwave / microwave EMF.

149 In addition, Havas quotes Isaac Newton's famous statement: "If I have seen further than others, it was because I stood on the shoulders of giants".

150 Dr. Magda Havas (2018). *Why pulsed microwave frequencies are more harmful*. <https://magdahavas.com/pick-of-the-week-12-why-pulsed-microwave-frequencies-are-more-harmful/>

151 See also: <https://www.emfresearch.com/us-nmri-studies/>

152 Gastrointestinal: Relating to the stomach and intestine.

153 Histological: with regard to tissue doctrine.

154 NMRI (Naval Medical Research Institute). *Bibliography of reported biological phenomena ("effects") and clinical manifestations attributed to microwave and radio-frequency radiation*. Research Report. MF12.524.015-0004B. October 4, 1971, Report no.2, revised (April 20, 1972). US Department of Commerce, Springfield. https://www.magdahavas.com/wp-content/uploads/2010/06/Navy_Radiowave_Brief.pdf

Complete report with bibliography available for download at: <https://apps.dtic.mil/dtic/tr/fulltext/u2/750271.pdf>

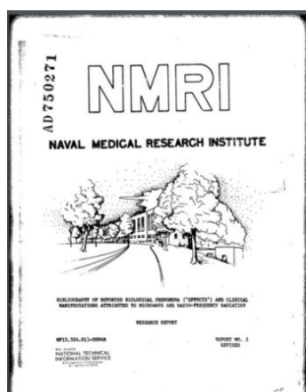
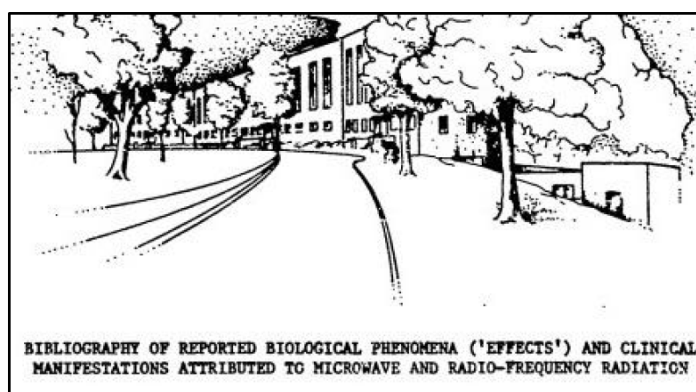
Figure 2a. Cover bibliography US Naval Medical Research Institute 1971. ¹⁵⁵

Figure 2b. Detail of Figure 2a. g is dat de grote politieke, economische

Dr. Havas states that: *'The value of the Glaser 1971 document is to counter the claims that "credible" research showing non-thermal effects does not exist. This is a false statement promoted by those who are either unaware of the literature or unwilling to admit that this radiation, at the levels to which we are currently exposed, can be harmful.'*¹⁵⁶

The concealing or ignoring of scientific knowledge and the resulting undermining of sound scientific infrastructure in the field of EMFs (see also 2. *Failing expertise and independence of the Health Council and the EMF Knowledge Platform*) is very likely already to have cost many lives.

Why is this knowledge not being taken into consideration? Or why do people prefer to keep its very existence so hidden, as the decision of the local council strongly suggests?

¹⁵⁵ http://safeschool.ca/uploads/Navy_Radiowave_Brief_1_.pdf

¹⁵⁶ In the report, Glaser expresses the hope that *'this bibliography will be a guideline for the varied and contradictory literature on the biological responses to electromagnetic radiation from radio and microwave frequencies, in particular regarding the effects on humans. Such guidance is needed for formulating and reviewing criteria and limits for human exposure to "non-ionizing" radiation, and for the planning and implementation of future research.'*

However, when upon his retirement Glaser wanted to make his archive (containing more than 8000 documents in 45 - 50 boxes) available for scientific research in government and university libraries nobody expressed the slightest interest. Glaser was, however asked for parts of his collection by lawyers and individuals working for the telecoms industry, but he feared the information would be buried and so always refused to allow this. Glaser indicated to Dr. Havas that he had wanted the reports to be available to the public.

<https://magdahavas.com/pick-of-the-week-1-more-than-2000-documents-prior-to-1972-on-bioeffects-of-radio-frequency-radiation/> / Page 4 (Foreword). <https://magdahavas.com/introduction-to-from-zorys-archive/>

One possible answer to this question is that the major political, economic and social interests that play a role in digital connectivity have led to what the political philosopher Hannah Arendt (1906 - 1975)¹⁵⁷ called 'defactualization'. 'Defactualization' goes a step further than self-deception. 'Self-deception still presupposes a distinction between truth and falsehood, between fact and fantasy, and therefore a conflict between the real world and the self-deceived deceiver that disappears in an entirely defactualized world'.¹⁵⁸ What remains is a fictitious reality that can only be sustained by ignoring or disguising any facts not in accordance with it. In a defactualized reality, these facts simply do not exist.¹⁵⁹

Despite all safety claims from the government, doubts are growing among the population. In the report '*Outlook for the future of public registration of antenna systems*', which the KWINK Group was commissioned to write by the Ministry of Economic Affairs, published on 22nd December, 2017, we learn that 41% of the Dutch population has doubts about the safety of cell towers. Of these 41%, 9% are taking serious protective measures. *A small group of 9 percent is referred to in the survey as "worried" or "very concerned" citizen. They are concerned about mast radiation and are taking measures to reduce this radiation in their living environments*'.¹⁶⁰

When we talk about 41% of the 17 million persons in the Dutch population, this suggests there are roughly 7 million inhabitants who question the safety of cell towers. If we take 9% of these 7 million, we end up with around 700,000 persons who are anything from worried to very concerned and who are therefore taking protective measures against radiation exposure. That the KWINK Group calls these a 'small group' demonstrates only too well the process of defactualization that is alive and well in the Antenna Policy. After all, a 'small group' is nothing to worry about. However, if we extrapolate the percentages to the 43,899 inhabitants of our borough as of January 1, 2019, this comes to nearly 18 thousand inhabitants who remain in doubt regarding whether or not they are adequately protected given the placement of cell towers, and some two thousand inhabitants are already taking protective measures.

Not only are many people concerned but more and more members of the public have started to connect their health complaints to radiation from pulsed RFR (and other artificial sources of radiation). According to a *Proposal for a resolution for the recognition of hyperelectrosensitivity* put forward in the Belgian Senate on 24th May, 2017 (session 6-349 / 1)¹⁶¹, the number of members of the public suffering from EHS in recent years has significantly increased. In Sweden, the estimated number of EHS sufferers rose in the 7 years from 1997 to 2003 from 1.5% to 9 %. In Germany in the 4 years from 2001 to 2004 from 6% to 9% and in 2004 the UK estimated the number of EHS sufferers there to be as high as 11% [Note from Colette: I have checked the source and couldn't find the evidence for this claim as it seems to have been presented orally, nor is there any such report available online. However, the research comes from Professor Elaine Fox, then at the University of Essex, now at Oxford, an experimental psychologist!!].

157 A former professor at the University of Chicago and the New York School for Social Research. Hannah Arendt is considered one of the foremost political philosophers of the twentieth century.

158 Hannah Arendt (1972). Lying in politics, in *Crises of the Republic*, London: Harcourt Brace, p. 36.

159 However, 'If the mysteries of government have so befogged the minds of the actors themselves that they no longer know or remember the truth behind their concealments and their lies, the whole operation of deception.... will run aground or become counterproductive, that is, confuse people without convincing them. For the trouble with lying and deceiving is that their efficiency depends entirely upon a clear notion of the truth that the liar and deceiver wishes to hide. In this sense, truth, even if it does not prevail in public, possesses an ineradicable primacy over all falsehoods.' Ibid., Page 31.

160 KWINK Group (2017) *Exploration of the future of public registration of antenna systems*. Commissioned by the Ministry of Economic Affairs. Page 47.

161 Belgian Senate, session 2016 - 2017, *Proposed resolution for the recognition of hyperelectrosensitivity*. 6-349 / 1.

http://www.senaat.be/www/webdriver?MtabObj=pdf&MicolObj=pdf&MlnamObj=pdfid&MltypeObj=application/pdf&MivalObj_100663746.

These figures date from one and a half to two decades ago. Given the massive increase in wireless technology since then, it seems highly likely that in the meantime these percentages will have significantly increased.¹⁶² We should therefore speak not only of a scientific, but also of a social controversy. Even the public seems to be realizing that something is wrong with the safety claims of the ICNIRP guidelines.

To understand the risks of pulsed RFR and in order to preserve physical safety and democracy, it is necessary to have access to the actual undoctored facts. Disregard of these facts and thus a refusal to accept reality is likely to have deadly outcomes.¹⁶³ This is why I am asking you as the judiciary urgently to contact the local council concerning its misguided certainty regarding the physical safety of wireless technology.

It appears that current Antenna Policy represents a dangerous form of defactualization¹⁶⁴:

- 1) The fact that biological and clinical non-thermal effects were already known more than half a century ago and that they have since been (re)confirmed in thousands of peer-reviewed studies, but that this knowledge is not shared [with the public].
- 2) The fact that the majority of the scientific world¹⁶⁵ (as noted at the beginning of this section) rejects the ICNIRP guidelines as unsound while despite this the safety claims of the ICNIRP guidelines have continued in force.
- 3) The fact that the scientific controversy strongly suggests there is sufficient evidence to treat pulsed RFR as representing potentially serious risks¹⁶⁶ should surely call for the use of the precautionary principle, while the safety claim for the ICNIRP guidelines have nevertheless been maintained.
- 4) The fact that dozens of reviews (accounting for hundreds of mainly peer-reviewed studies), as discussed by Dr. Martin Pall, along with a large database from the ORSAA¹⁶⁷ that contains 2266 peer reviewed studies¹⁶⁸ has been systematically ignored by organizations such as the Dutch Health Council, ICNIRP and WHO's EMF Project.

162 See for instance: Örjan Hallberg and Gerd Oberfeld (2006). *Letter to the editor: Will we all become electrosensitive?* Electromagnetic Biology and Medicine, 25: 189–191, 2006. https://maisonsaine.ca/wp-content/uploads/2012/06/EHS2006_HallbergOberfeld-1.pdf.

163 In his lecture 'Mobilfunk heute - fern von Recht und Haftung? (Contemporary radio technology - how far from law and liability?)', former administrative judge Bernd Irmfried Budzinski asks the question 'Who is actually still healthy?'. <https://www.youtube.com/watch?v=wpnxtWOYRRU&feature=share>.

In a recent report from the American health insurance company Blue Cross Blue Shield (BCBS), entitled 'The Health of the Millennials', which analyses data from 55 million commercially insured persons between the ages of 21 and 36, an unprecedented deterioration in health has been noted in just the three years from 2014 – 2017. This includes a 31% increase in major depression, a 16% increase in hypertension, a 21% increase in cardiovascular disease, a 15% increase in endocrine problems, a 12% rise in cholesterol levels, a 10% increase in Crohn's disease and ulcerative colitis, a 29% increase in hyperactivity and a 22% increase in Type II diabetes. The only explanation for this alarming decline in the health of the millennial generation compared to generation X is the lifelong irradiation of their brains and bodies by cell phones and other wireless technology. In its conclusions the insurance company warns that: 'The poor level of health of millennials is likely to have a substantial effect on the US economy over the next two decades - including workplace productivity and healthcare costs.' BCBS (2019). *The Health of the Millennials*. <https://www.bcbs.com/the-health-of-america/reports/the-health-of-millennials>.

164 For more information and substantiation, see the 'Further explanations and substantiation' section.

165 Which is engaged in research into the health effects of EMF.

166 *Inconclusive risks arise where scientific or social controversies about them exist.*

Scientific Council for Government Policy (2008). *Inconclusive safety. Responsibility for physical safety*, page 121.

167 <https://www.orsaa.org/orsaa-database.html>.

168 'A recent evaluation of 2266 studies (including in-vitro and in-vivo studies in human, animal, and plant experimental systems and population studies) found that most studies (n=1546, 68.2%) have demonstrated significant biological or health effects associated with exposure to anthropogenic electromagnetic fields'. Priyanka Bandara and David Carpenter (2018). *Planetary electromagnetic pollution: it is time to assess its effects*. Page e513 [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(18\)30221-3/fulltext?rss=yes](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(18)30221-3/fulltext?rss=yes)

Appeal WJ de Jong, case number ARN19 / 2184 WABOA

Page 38 of 62

5) The fact that as early as 1970 it was established that a double safety standard exists, with Russia insisting on much stricter safety requirements [than the west], based on non-thermal biological effects, the implication of which has been ignored [by the west]. 169 *[Incidentally, this is still the case, although the Russian standards are still quite high but considerably lower than in the west – note from Colette]*

6) The fact that as early as 1975 warnings were given that average^[***] radiation levels were not appropriate for assessing the effects of exposure to microwaves, while ICNIRP and The Telecom Agency continue to rely on this.¹⁷⁰

7) The fact that the Dutch Health Council¹⁷¹ and the Knowledge Platform for EMFs¹⁷² present an incorrect and unscientifically based picture of the latest research, while nevertheless claiming authority and expertise.

8) The fact that INCIRP and WHO's EMF Project accept neither the significance of the scientific controversy nor any alternative scientific insights (such as the IARC classification of (pulsed) RFR as Class 2b 'possibly carcinogenic' and the double safety standard discussed in no. 5 above).¹⁷³

9) The fact that the Dutch Health Council, the EMF Knowledge Platform, ZonMw, ICNIRP and WHO's EMF Project all appear to have conflicts of interest, implies that as a result of refusing to accept scientific findings from 'the other camp' the Netherlands has a serious problem with the scientific infrastructure.¹⁷⁴

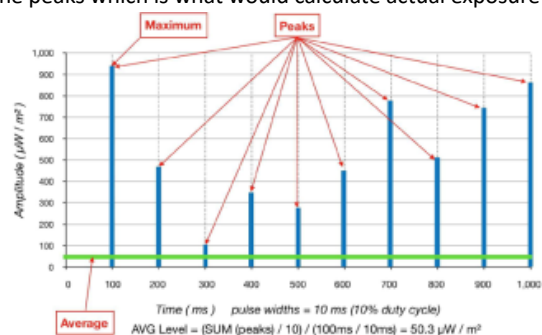
10) The fact that the rollout of the UMTS network has been accompanied by demonstrably unfounded safety claims which have not been withdrawn.¹⁷⁵

11) The fact that the current cabinet has been presenting to the House of Representatives demonstrably inaccurate information regarding crucial scientific facts, means that they have violated Article 68 of the Constitution^{176 177}

12) The fact that 5G is being rolled out based on the unsound safety claims of the INCIRP guidelines would be impossible if the significance of the scientific controversy (potential risks that call for the precautionary principle¹⁷⁸) were acknowledged.

The great certainty with which the Dutch government claims the safety of the ICNIRP guidelines is thus clearly subjective. In fact, the National Antenna Policy, which mainly focuses on the rollout of wireless networks, is only possible due to the far-reaching defactualization of scientific knowledge.

[*** This very likely refers to the way that RFR meters are set up to measure the averages of radiation levels over time in such a way that they come up with a very much lower level of exposure than the actual level. This is because calculations of exposure level are being made in relation to potential thermal effects rather than to actual levels. This can be demonstrated by the following graph (taken from the manual of the Canadian organization, Safe Living Technologies, Inc., for their *Safe and Sound Pro Meter*. The light green line shows the average, which clearly does not represent an average of the peaks which is what would calculate actual exposure (added note from Colette)]



169 See Part II, No. 13 in the 'Further explanations and substantiation' section.

170 See Part II, No. 12.1 in the 'Further explanations and substantiation' section.

171 See Part I in the 'Further explanations and substantiation' section, as well as Part II, No. 16.

172 See Part II, No. 16 in the 'Further explanations and substantiation' section.

173 See Part II, No. 13 in the 'Further explanations and substantiation' section.

174 See Part I, No. 9; Part II, No. 13 and Part III, No. 21 in the 'Further explanations and substantiation' section.

175 See Part III, No. 20 in the 'Further explanations and substantiation' section.

176 Article 68 of the Constitution. Ministers and secretaries of state make oral or written presentations to the upper and lower chambers of the national assembly both separately and together, regarding information requested by individual members, as long as this is not harmful to the interests of the state.

177 See Part III, No. 26 in the 'Further explanations and substantiation' section.

178 *Inconclusive risks arise where scientific or social controversies about them exist*. Scientific Council for Government Policy (2008). *Inconclusive safety. Responsibility for physical safety*, page 121.

The Health Council, the EMF Knowledge Platform, ZonMw, ICNIRP and WHO's EMF Project have all contributed to the undermining of scientific knowledge about EMFs because each of these authorities has a conflict of interest or at least the appearance of this which they have concealed at the expense of the scientific infrastructure and thus of our democracy. In order to safeguard democracy (and also our legal system), we need honest, undoctored information.

Although the Dutch media usually (whether or not under the influence of 'spin doctors' in service of the Dutch government ^{179 180}) publishes the same 'reassuring' reports regarding health risks of wireless technology, from time to time it does produce articles that tell a completely different story. On January 16, 2019, under the heading ' *Making phone calls harms cells. Research into 5G technology* ' an article was published in the Groene Amsterdammer newspaper¹⁸¹ written by a group of nine international investigative journalists ('Investigate Europe'). In this article attention was drawn to the '5G Appeal' whereby 252 international scientists are pushing for a moratorium on the rollout of 5G on the basis of a considerable body of scientific evidence of serious health risks from wireless technology. *Numerous recent scientific publications have shown that EMF affects living organisms at levels well below most international and national guidelines. Effects include an increased risk of cancer, cellular stress, increase in harmful free radicals, genetic damage, structural and functional changes in the reproductive system, learning difficulties and memory loss, neurological disorders and negative effects on general human well-being. Moreover, the damage goes far beyond the human race, as there is growing evidence of harmful effects on both plants and animals.*¹⁸²

179 We can conclude from the National Antenna Policy Memorandum from 2000 that the Dutch government actively exerts influence on media coverage. *'The public has a right to unbiased media coverage. The public must be protected from biased and troubling articles that can demoralize them so as to prevent the information policy of central government and other authorities from being damaged. This part of the provision of information is achieved by the continuous and close involvement of a number of the leading media who write on the topic'* Cabinet memorandum 'National Antenna Policy', 8th December, 2000. Ministry of Transport, Public Works and Water Management Directorate- General Telecommunications and Post. <https://www.antennebureau.nl/documenten/beleidsnotas/2018/januari/26/nationale-antenna-policy-2000>, page 28.

180 In view of the considerable economic interest, it would seem legitimate to question whether the influence that the Dutch government exerts on media reporting does not prevent a 'fair and objective image' from being presented. In the booklet 'Fair news without censorship', by Alexander and Silvia Belgraver we read that: *On 1 March 2019 it was in the news that the current Rutte cabinet had 703 full-time equivalent communication workers (representing 1000 civil servants) and 180 spin doctors.*¹⁸⁰ *This means that the Rutte cabinet has more than a thousand civil servants employed to influence the media. And doubtless the various ministries and other government organizations also hire a large number of PR consultants. They will not voluntarily tell you what they prefer you not to know. Any information that deviates from the status quo and the desired angle is not up for discussion and is actively combated by clever media campaigns. A recent example occurred when the Rutte cabinet wanted Bol.com to stop selling books criticizing vaccines. This followed the example of the United States where Amazon.com at the behest of Congressman Adam Schiff removed from sale all videos and books that criticized vaccines. In the Netherlands, State Secretary of Health Paul Blokhuis (Christian Union Party) tried to do the same. Bol.com was told it must "live up to its social responsibility". In response Bol.com indicated that they were willing to talk to the publishers about the sale of these books, but fortunately also insisted that "we don't believe it is up to us to decide what is right and wrong or purposefully to select the range of items we sell".* Alexander and Silvia Belgraver (2019). *Fair news without censorship. New possibilities via decentralized social media*, page 88.

181 <https://www.groene.nl/artikel/vragen-schaadt-cell>

182 <http://www.5gappeal.eu/about/>

The 252 scientists who have now signed this appeal represent the majority of the scientific community engaged in the field of health research on EMFs.^{183 184} According to the newspaper the Groene Amsterdammer, as early as 2007, the European Environment Agency (EEA) issued a warning regarding electromagnetic fields: *'We hoped at the time that we would find that we had been wrong, but the new scientific evidence shows that our 2007 warning was correct'*, says David Gee¹⁸⁵. *'Since the time of those first warnings the scientific evidence regarding the harms of radio frequency radiation has significantly increased. A group of Australian radiation scientists called Orsaa has created a database containing all the available peer-reviewed studies on radiation. Sixty-eight per cent of the 2,266 publications found "significant biological or health effects".'*¹⁸⁶

The Dutch daily De Telegraaf also dared to oppose the government's stance. On December 6, 2019, Dr. Inge-Willem Noordergraaf and Dr. Joel M. Moskowitz issued an appeal to the government asking them to come to their senses and immediately stop the rollout of the 5G network:

'We must stop developing the 5G network straight away. In contrast to what has been claimed by governments and telecom corporations, there are many indications of serious health risks.'

*The telecoms industry and the experts they have hired are trying to get the scientists who work on the health effects of electromagnetic fields labeled as "scaremongers". However, independent scientists have the responsibility to inform the public fairly and objectively.*¹⁸⁷

Clear examples of defactualization can be found in the 'Further explanations and substantiation' section. They can be seen for instance in part I *Failures of the Health Council*, in the role of the EMF Committee in trying to remove from view the WHO/IARC classification of (pulsed) RFR as a 'possible carcinogen' and in the unsound reasoning for rejecting the BioInitiative Report. In Part II *The unsatisfactory character of the established case law*, such examples include the tenacity with which the jurisprudence clings on to a completely obsolete and unsound report from the Foundation for Administrative Jurisdiction (StAB) and in the role of Dr. Michael Repacholi (founder of both ICNIRP and WHO's EMF Project) in, among other things, the defactualization of the entire Russian research. In part III. *Unlawful National Antenna Policy*, in the way, for example Secretary of State for Foreign Affairs, Mona Keijzer, and Minister of Health, Welfare and Sport, Bruno Bruins, have violated their Constitutional obligation according to Article 68 by the completely inaccurate information they presented regarding the health risks of wireless technology to the Lower House of parliament.

All in all, there are particularly worrying examples of how defactualization works and how the scientific infrastructure for EMF is being undermined on many fronts, in ways that also amount to undermining democracy. Important studies are being disappeared or simply are never allowed to come to people's attention. These include:

183 Dr. Lennart Hardell. *Letter on Expert evaluations on health risks from radiofrequency electromagnetic fields RF-EMF) and 5G.*

<https://lennarthardellenglish.wordpress.com/2020/01/15/letter-on-expert-evaluations-on-health-risks-from-radiofrequency-electromagnetic-fields-rf-emf-and-5g/>

184 <http://www.5gappeal.eu/signatories-to-scientists-5g-appeal/>; <https://emfscientist.org/index.php/emf-scientist-appeal>

185 Dr. David Gee is a consulting economist and advisor on science, policy and emerging issues at the European (European Environmental Agency, EEA) in Copenhagen. He was project leader of two 'Late lessons' publications of the EEA, including the publication *'Late lessons from early warnings: the precautionary principle 1896 - 2000'*, which may be downloaded from: <http://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.418.1171&rep=rep1&type=pdf>.

186 [blank in the original]

187 <https://www.telegraaf.nl/watuzegt/1596439823/5-g-niet-uitrollen-v-once-de-health-risk-s-drain-zijn>

Studies such as the IARC Monograph '*Non-ionizing radiation. Part 2: Radio frequency Electromagnetic Fields*'¹⁸⁸, that cites the hundreds of peer-reviewed studies on which the IARC classification of a 'possible carcinogen' (Category 2B)¹⁸⁹ rests; the ICEMS Monograph '*Non-Thermal effects and mechanisms of interaction between electromagnetic fields and living matter*'; the BioInitiative Report etc. I wish further to draw your attention to the Russian research that is discussed at length in No. 13 of the 'Further explanations and substantiation' section as also to the many review articles cited by Pall (2018) altogether covering hundreds of studies (see 1. *Based solely on short-term thermal effects*) that were never included in their guidelines by ICNIRP.

In view of all these, it can be established without any doubt that the safety claim made by the local council for the ICNIRP guidelines, as quoted at the start of this Section ('*Only when the field strength exceeds the exposure limits should there be any effects on the human body (taking into account the safety margin of the reduction factor of 50):*') is far removed from even considering the realm of scientific controversy and the increasingly powerful opposing views from the scientific world. It is actually the case that so far *no lower limit (has) been established that can guarantee an absence of impact on the nervous system or other bodily effects*'.¹⁹⁰ Thus, it is clear that the council is failing to fulfill its legal obligation to act on the basis of Article 3:2 of the General Administrative Law (Awb)¹⁹¹ that tasks it with making the relevant facts public. Therefore, its decision and its rejection of my interest must be regarded as not having been appropriately justified and I request you, as the judiciary, to annul the contested decision.

I also request that you seriously take the mechanism of defactualization into consideration in your legal deliberations and in determining my interest. Furthermore, I implore you not to accept blindly the safety claims of governments and other authorities, local, national and international. Given the scientific and social controversy and the potentially serious risks (WRR* 2008) such claims are clearly unjustified.

*The Scientific Council for Government Policy (2008)

188 <https://monographs.iarc.fr/wp-content/uploads/2018/06/mono102.pdf>.

189 http://www.iarc.fr/en/media-centre/pr/2011/pdfs/pr208_E.pdf

190 Mr. Bernd Irmfrid Budzinski and Professor and engineer Wilfried Kühling (2015). White zones, free from mobile phone coverage – unrealistic or required by law?

https://kompetenzinitiative.com/wp-content/uploads/2019/08/White-Zones_Budzinski_Kuehling_Nov_2015.pdf, page 10.

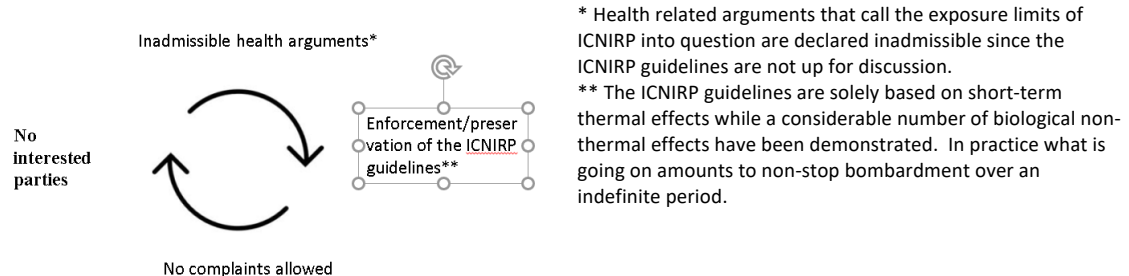
191 Article 3:2 of the General Administrative Law (Awb.) When preparing a decision, the administrative body must gather the necessary knowledge about the relevant facts and interests to be evaluated.

7. The unsubstantiated denial of the existence of EHS (Electromagnetic Hyper Sensitivity)

The safety claims of the ICNIRP guidelines and the existence of EHS (Electromagnetic Hypersensitivity) are mutually exclusive. After all, the safety claim assumes that 'low levels' of RF-EMF from wireless technology produce no adverse health effects, since at these levels no thermal effect occurs. As a result according to ICNIRP and its 'only thermal effects paradigm', EHS cannot possibly occur at current exposure levels. However, the ICNIRP guidelines, as previously established, are solely based on short-term thermal effects and therefore do not take into consideration *continuous* exposure (which clearly represents a much higher risk), nor does it account for the effects of amplitude modulation, that is, of pulsed radiation, or of polarization (see the rouleau effect shown in the research cited below).

As previously established, the safety claims of the ICNIRP guidelines form a vicious circle (see figure 1), whereby the participation of the public regarding physical safety and health becomes impossible. After all, the radiation levels at which people have reported health problems are far below those considered safe. However, as long as the safety claims are upheld, such problems cannot be admitted as real. This then clashes with the stated aims of the WRR (The Scientific Council for Government Policy) to include the public in deliberations concerning issues where the level of risk is inconclusive^{192 193 194 195} (see also the 'Further explanations and substantiation' section, no. 22. *The advice of the Scientific Council for the Government's policy on physical safety is incompatible with rollout discourse*).

Figure 2 *Faulty circular reasoning regarding exposure limits and the health arguments put forward by the public and NGOs.*



The existence of EHS, a phenomenon reported all over the world, cannot be recognized without calling the safety of the ICNIRP guidelines into question. Because the safety claims of the ICNIRP guidelines permit no shadow of a doubt, they are enforced by insisting that EHS is merely a placebo effect, which thus has been used to stigmatise anyone claiming to suffer from EHS. The idea is that those who expect to get ill from radiation exposure automatically imagine themselves to be sick (for more information see No. 8 in the 'Further explanations and substantiation' section: *Nocebo as the explanation for health complaints is unfounded*). In popular terminology: 'It's all in the mind'.

¹⁹² The Scientific Council for Government Policy emphasizes in its advisory report, *Inconclusive safety. Responsibility for physical safety* (2008) the importance of public contributions when it comes to physical safety: 'Non-experts can make important contributions, not as a substitute for expert opinions, but because they can offer corrections to such opinions. "Public engagement is needed in order to test and contest the framing of the issues that experts are asked to resolve," according to Jasanoff (2003: 397). In addition, the involvement of non-experts, in particular about issues where risk levels remain inconclusive, is upheld via the argument that such involvement is integral to the demands of democracy.' Scientific Council for Government Policy (2008). *Uncertain security. Responsibilities regarding physical safety*, page 181.

¹⁹³ Ibid page 135.

¹⁹⁴ Particularly in the case of inconclusive and controversial risks, the assessment of physical safety must not be limited to the so-called 'experts': 'In relation to simple and complex risk issues their position is uncontroversial. Their position is less

certain, however, in the case of inconclusive risks and quickly becomes even less so where there are serious controversies concerning the risks. This is partly because their knowledge is less clear in such cases so that normative judgments gain more traction and their scientific perspective may come into conflict with the opinions regarding knowledge and evidence of NGOs or the general public. The legitimacy of the policy then quickly becomes problematic. 'Ibid., Page 124.

195 'The public knows better than anyone which problems need to be tackled and whether the solutions work'. Ibid., P. 138.

Appeal WJ de Jong, case number ARN19 / 2184 WABOA

Page 43 of 62

The hypothesis of the 'nocebo effect' permits government and industry to maintain the standards of the ICNIRP safety claim, thus allowing them to continue to roll out wireless networks since they can situate the health complaints reported by members of the public as (subjective or unrealistic) 'fears of health risks from radiation' (see 3 *Standing case law*, 5: ECLI: NL: RBZUT: 2010: BM7185). This has been the justification for the council to declare my interest inadmissible.

However, the refusal to accept the existence of EHS has no sound or admissible basis because:

- 1) The scientific controversy and the related inconclusiveness regarding the risks mean that there is no firm basis for a safety claim for the ICNIRP guidelines. Therefore, health complaints as a result of exposure at levels below the limits set by ICNIRP must be taken into consideration.
- 2) The Health Council's *Electromagnetic fields: Annual Report 2008*¹⁹⁶ posits the existence of the 'nocebo-effect' based only on three provocation studies, a methodology that is unsuitable either for establishing causality or for ruling it out.¹⁹⁷
- 3) Symptoms such as 'headaches' are rarely caused purely by the imagination.^{198 199}
- 4) It is untrue that no scientific basis exists for a causal relationship between pulsed RFR (and other artificial EMF) and EHS.
- 5) Scientific evidence fully supports the experience of becoming ill and the resultant health complaints of EHS sufferers.

Budzinski and Kühling (2015) point to research showing that in Germany at least 10%^{200 201 202} of the population suffers from EHS.

196 Health Council of the Netherlands (2008). *Electromagnetic fields: Annual Report 2008*. The Hague: Health Council of the Netherlands, 2009, publication no. 2009/02, page 46.

197 MJM Pruppers *et al* (2006). RIVM/LSO report. *Exposure to electromagnetic fields from UMTS base stations: Well-being and cognitive functions. Assessment of the 'Swiss study'*. Page 8.

198 Mr. Bernd Irmfried Budzinski and Prof. Dr of engineering Wilfried Kühling (2015). *White zones, free from mobile phone coverage - unrealistic or required by law?* https://kompetenzinitiative.com/wp-content/uploads/2019/08/White-Zones_Budzinski_Kuehling_Nov_2015.pdf. Page 3.

199 Schenk, director of the Berlin Zentrum für Integrative Schmerzmedizin (Centre for the Integrative Treatment of Pain) and member of the board of directors of the German Berufsverband der Ärzte und Psychologischen Psychotherapeuten in der Schmerz-und Palliativmedizin (professional association of doctors and psychotherapists in pain and palliative medicine). <http://www.n-tv.de/wissen/frageantwort/Kann-man-sich-Schmerzen-einbilden-article13381306.html> and Barth, Freiburg University, Badische Zeitung of 18 May 2009, page 23: 'Schmerzhaft Gewohnheiten' - 'Es gibt keine eingebildeten Schmerzen' ("Painful habits." - "There is no such thing as imaginary pain.").

200 According to the German Federal Office for Radiation Protection (Bundesamt für Strahlenschutz), in 2007 there were 25,000 people who 'as a result of unbearable health complaints from telecoms masts were forced to live for many years in the basements of their houses or even in caravans in the woods', per Budzinski and Kühling. Lauer, *Financial Times Germany* 1st August 2008, pages 1 and 2. www.ftd.de/lifestyle/outofoffice/393254.html?mode=print. See also *The Standard*, Vienna, of 9th October 2008 www.derstandard.at/?url=/?id=1577836824337%26sap=2%26pid=11237524. According to Budzinski and Kühling, the figures quoted here are 'probably very conservative'. 'The need for action and the magnitude of the potential for risk in Germany is shown by another 8 million people (10%) who "suffer silently", but who - when asked - call themselves 'electrosensitive', despite the resultant stigma Pözl-Viol, "Bundesamt für Strahlenschutz" March 22, 2012; <http://www.bfr.bund.de/cm/343/elektromagnetischefelder-risikowahrnehmung-in-der-oeffentlichkeit.pdf> page 7 (in

German): 'Perceived health damage from EMF: 10%'. -However, Schmidt, practitioner of medical environmental science (former member of the Austrian Medical Association), claims that in 2015: as many as 18% of Austrians are electrohypersensitive (10% severely so); <http://www.diagnose-funk.org/themen/mobilfunkversorgung/gesundheit-undeletrosensibilitaet/das-sind-wirklich-krank-leute.php>

201 For further statistics, see: Belgian Senate, session 2016 - 2017, *Proposed resolution for the recognition of hyperelectrosensitivity*. 6-349 / 1. (as mentioned under 6. *Dangerous disregard and defactualization of scientific knowledge and risks*:

http://www.senaat.be/www/webdriver?MltabObj=pdf&MlcolObj=pdf&MlnamObj=pdfid&MltypeObj=application/pdf&MlvalObj_100663746

202 See also: Örjan Hallberg and Gerd Oberfeld. *Letter to the Editor: Will We All Become Electrosensitive?* *Electromagnetic Biology and Medicine*, 25: 189-191, 2006. Informa Healthcare.

https://www.researchgate.net/publication/6836231_Letter_to_the_Editor_Will_We_All_Become_Electrosensitive

*'The attempt on the part of the government to suggest that all these people's suffering is purely 'psychological' seems as absurd as the claim that the number of 'real' diseases has not increased in recent years - despite the radiation from mobile phones. This phenomenon is visible not only in surveys in which 82% of all Germans declared that they 'feel' ill (Die Zeit in 2014),²⁰³ but increasing numbers of people have been taking sick leave and undergoing medical treatment; two thirds, including numerous school children,²⁰⁴ have been suffering from headaches.²⁰⁵ About half the population suffers from sleep disturbances²⁰⁶ and about the same number of people suffer from depression, including burnouts²⁰⁷ - an unprecedented state of affairs, that has developed over the last 10 years, doubling disease rates, which were not low even then.'*²⁰⁸

According to Budzinski and Kühling, developments of 'such epidemic proportions' point to environmental factors. Also explaining away these 'epidemiological illnesses as purely imaginary' contradicts medical experience. According to this experience, no more than between 1% and 7% of Germans could be considered 'hypochondriacs' (OAK; German public insurance company²⁰⁹). *'Likewise, a headache will rarely arise purely from the imagination.'*²¹⁰ For this reason the Robert-Koch Institute expressed its serious concern about the headache epidemic among (school) children.²¹¹ Moreover, per Budzinski and Kühling, just like the vast majority of German adults, children did not start using mobile phones in the expectation that they would make them sick.²¹² Thus, this contradicts the hypothesis that health complaints can be explained away as 'imaginary' symptoms, owing to a fear of the health risks of wireless technology.²¹³

203 *Die ZEIT* - Wissen - of 8 May 2014, 'Volkskrankheit Einbildung' (Imagination as a public health problem), page 33;

<http://www.genios.de/presse-archiv/artikel/ZEIT/20140508/die-krankheitskranken/14AA6C183F525EAD7164AAC237AED838.html>

204 *Die Welt* of 23 June 2011: 4 out of 5 students; <http://www.welt.de/gesundheit/article13446609/Viele-Jugendliche-klagenueber-Kopfschmerzen.html> (in German); see also Budzinski's commentary on the study of children and teenagers in the "Deutsches Mobilfunkforschungsprogramm" (German mobile telephony research programme); NVwZ 2010, 1205 (1206)

205 "Delete SWR" of 3 February 2015; <http://www.swr.de/swr2/wissen/kopfschmerzen-ein-vielfaeltiges-Volksleiden//id=661224/did=15006898/nid=661224/1853pek/index.html>

206 'Jeder Zweite', 'Aus dem Taktoppe' ('Every second person', 'feels out of sorts'), *Die Zeit* of 27 March 2010; <http://www.zeit.de/2010/13/M-Schlaf>

207 Rasanter Anstieg psychischer Störungen zur Volkskrankheit No. 1 (Rapid rise of mental disorders to the number one public health problem); *Ärztezeitung* (German medical journal) of April 14, 2011

http://www.aerztezeitung.de/politik_gesellschaft/article/650287/depressionen-volkskrankheit-nummer-eins.html and Fehlzeitenreport (a report on absenteeism from the workplace) from 2012, AOK (general public health insurance) of 16 August 2012; http://www.wido.de/fzr_2012.html

208 Mr. Bernd Irmfrid Budzinski and Prof. Dr. engineering Wilfried Kühling (2015). *White zones, free from mobile phone coverage -unrealistic or required by law?* https://kompetenzinitiative.com/wp-content/uploads/2019/08/White-Zones_Budzinski_Kuehling_Nov_2015.pdf. Page 3.

209 https://www.vigo.de/de/behandeln/krankheiten/psychische_erkrankungen_1/hypochonder/hypochonder.html.

210 Schenk, director of the Berlin *Zentrum für Integrative Schmerzmedizin* (Centre for the Integrative Treatment of Pain) and member of the board of directors of the German *Berufsverband der Ärzte und Psychologischen Psychotherapeuten in der Schmerz-und Palliativmedizin* (professional association of doctors and psychotherapists in pain and palliative medicine). <http://www.n-tv.de/wissen/frageantwort/Kann-man-sich-Schmerzen-einbilden-article13381306.html> and Barth, Freiburg University, *Badische Zeitung* of 18 May 2009, page 23: 'Schmerzhaft Gewohnheiten' - 'Es gibt keine eingebildeten Schmerzen' ("Painful habits." - "There is no such thing as imaginary pain.").

211 Ellert et al., KIGGS; <http://link.springer.com/article/10.1007%2Fs00103-007-0232-8>.

212 Mr. Bernd Irmfrid Budzinski en prof.dr. engineering Wilfried Kühling (2015). *White zones, free from mobile phone coverage – unrealistic or required by law?* https://kompetenzinitiative.com/wp-content/uploads/2019/08/White-Zones_Budzinski_Kuehling_Nov_2015.pdf. Pagina 3. 209

213 Every EHS sufferer - myself included - will confirm: First of all, health problems appear; next, sometimes only after years of futile consultations with doctors and specialists, they are linked to radiation exposure. Once the link has been made it can be consistently shown that reducing one's exposure leads to a reduction in problems and a corresponding improvement in general health.

https://www.vigo.de/de/behandeln/krankheiten/psychische_erkrankungen_1/hypochonder/hypochonder.html.

Moreover, the fact is that provocation research, on which the existence of the 'nocebo effect' is based, is not appropriate for establishing or excluding causality. In response to the so-called 'Swiss investigation',²¹⁴ one of the three provocation studies mentioned by the Health Council in the context of the hypothesis of the 'nocebo effect', on 6 June 2006 RIVM/LSO* wrote a critical report stating that *on the basis of this kind of research it is not possible to establish a "causal" relationship to confirm or rule out all "adverse health effects"*. RIVM considers that the statement about adverse health effects cannot simply be extrapolated beyond the experimental laboratory conditions and limited range of measured endpoints (well-being and cognitive tests). For example, only short-term effects but no broader range of health effects have been studied.^{215 216}

In an open letter dated 4th January 2018, Professor D. Leszczynsky, former WHO/IARC adviser, explains why the approximately 70 studies that have been conducted into EHS, do not hold up methodologically. In this letter he includes a substantive number of serious, repetitive shortcomings. On the question of whether EHS can be caused by electromagnetic fields, Leszczynsky reacts unhesitatingly in the affirmative: *There is no scientific reason why EMF cannot cause EHS in some part of the human population. The phenomenon of individual sensitivity is well known and scientifically sound (Foray et al 2012). Individual sensitivity means that, because of genetic and epigenetic differences, populations experience differing levels of sensitivity to the same exposure factor, whether in regard to radiation or to chemicals. The phenomenon of individual sensitivity to ionising radiation is well known (Bourguignon et al 2005a, 2005b), as well as to non-ionizing ultraviolet radiation (Rees 2004, Kelly 2000) and ultrasound (Barnett et al 1997).*

*RIVM is the national research institute for public health and the environment (NL). LSO is its laboratory for radiation research.

214 Sabine J. Regel et al., *UMTS Base Station-like Exposure, Well-Being, and Cognitive Performance*. Environmental Health Perspectives, vol 114 (8), August 2008.

215 MJM Pruppers et al (2006). RIVM/LSO report. *Exposure to electromagnetic fields from UMTS base stations: well-being and cognitive functions. Assessment of the 'Swiss study'*. Page 8.

216 See also: Igor Belyaev et al. *EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses*, Review of Environmental Health 2016; 31 (3): 363-397, p 373: 'Most so-called provocation studies with EHS show no effects. However, all these studies used a very limited number of exposure conditions and most

have methodological weaknesses. Taking in account the strong dependence of EMF effects on a variety of physical and biological variables (27), available provocation studies are scientifically difficult to interpret and, in fact, are not suitable to disprove causality. There is increasing evidence in the scientific literature of various subjective and objective physiological alterations, e.g. heart-rate variability (HRV) as apparent in some persons with EHS claiming to suffer after exposure to certain frequencies of RF like DECT or Wi-Fi (211–215). Analysis of the data available on the exposure of people living near mobile phone base stations has yielded clear indications of adverse health effects like fatigue, depression, difficulty in concentrating, headaches, dizziness, etc. (216–220). [note: this has been copied from the English original not retranslated from the Dutch translation].

For this reason it is scientifically acceptable to assume that this individual sensitivity works similarly with regard to EMF exposure.¹²⁷

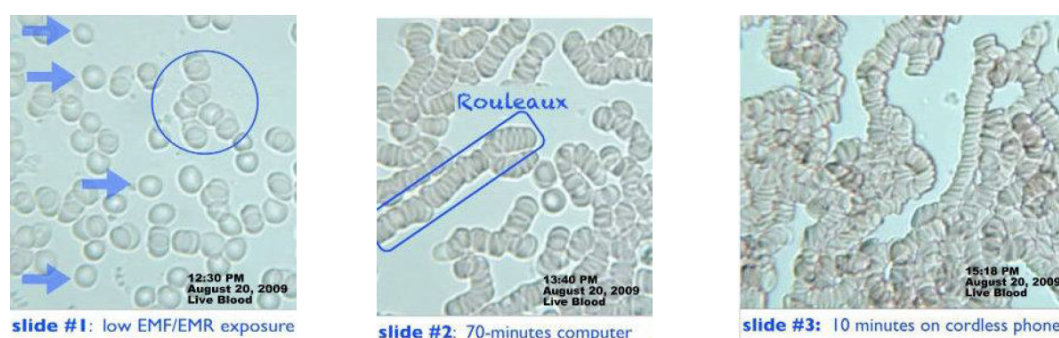
In addition, as shown by the reviews presented under 1,²¹⁸ there is plenty of scientific evidence that supports the experience of becoming ill. The cardiac effects mentioned by Pall and the causal relationship between pulsed RFR and the risks of heart failure, for example, can be demonstrated through experimentally placing blood under a microscope, as the following three examples show:

Example 1

Ten years ago, in 2009, the Canadian researcher, Dr. Magda Havas, decided to draw her own blood and examine it. Healthy blood leaves spaces between the cells to absorb oxygen and for waste disposal.

In the first of the following slides taken in a low-radiation environment and when in a state of fasting, the cells show such spaces. In the second one (taken after 70 minutes working on the computer) and the third (after 10 minutes of a mobile phone call), the blood clots together under the influence of EMFs to form 'stacked' coins', the so-called 'Rouleau effect'. The results are headaches, fatigue, difficulty concentrating, tingling and cold hands and feet and possible heart and blood pressure problems, including risks of myocardial infarction.²¹⁹

Figure 3



Example 2

Researcher Dr. Lena Pu became interested in testing her own blood as a result of her EHS problems. At a conference at the Silicon Valley Health Institute in Palo Alto, California on September 19, 2019,²²⁰ she showed microscopic images demonstrating the start of rouleaux formations in the blood after exposure to a Wi-Fi environment.

217 Prof. D. Leszczynski, PhD, DSc (2018). *Open letter on Electromagnetic Hyper-Sensitivity Research. The end of the road for EHS (IEI-EMF) provocation studies.* <https://betweenrockandhardplace.wordpress.com/2018/02/04/open-letter-on-the-electromagnetic-hyper-sensitivity-research/>

218 See also the 'Further explanations and substantiation' section as well as the scientific information presented in my Views and Objections and the many letters to the local council and public health services (GGD).

219 Dr. Magda Havas *Live Blood & Electrosmog*: <https://www.youtube.com/watch?v=8ZB7fb9Rqb0&feature=youtu.be>

220 Presentation of Dr. Lena Pu (2019). Silicon Valley Health Institute. Palo Alto, California. 5G: Health Risks, Surveillance and BioWeaponry'. September 19, 2019. <https://www.youtube.com/watch?v=D1pzeTFmCn8&t=2071s>

Page 47 of 62

Figure 4 shows pictures of the researcher's own blood. Note that owing to her EHS situation, she does her best to avoid wireless technology. The upper photo in figure 4 shows her blood taken in her radiation-free home setting. The blood appears reasonably healthy. The cells are round and there is space between the cells for oxygen uptake and waste disposal. The lower photo shows her blood after exposure to wi-fi, illustrating the clear rouleaux formations similar to those established by Havas. Complaints Dr. Pu experienced during the exposure were headache, numbness and brain fog - complaints that every EHS sufferer experiences upon exposure to wireless technology.

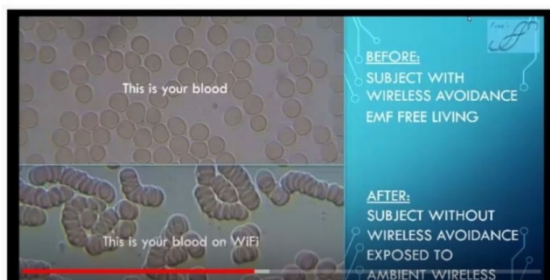


Figure 4. Development of rouleau formation in the blood after exposure to Wi-Fi (Dr. Lena Pu). Follow the link : <https://www.youtube.com/watch?v=D1pzeTFmCn8&t=2071s>)

In the same research project, we see an even greater, more extreme change in the pictures of the blood of a teacher over a 2-day period. The first day was a control day, in which the teacher avoided all wireless technology. Figures 5a and 5b show the blood picture, in the morning at 8:00 am and in the afternoon at 3:00 pm respectively.



Figure 5a. Day 1 (control day). Blood count in the morning at 8:00 am. Low-radiation environment.



Figure 5b. Day 1 (control day). Blood picture in the afternoon at 3 pm. Low-radiation environment.

Page 48 of 62

Figures 6a and 6b show the blood on the 2nd day, the school day on which the teacher (who besides her exposure to radiation leads a healthy lifestyle) was exposed to Wi-Fi all day long. Figure 6a once again shows the blood at 08:00 in the morning. The blood as shown in figure 5a, 5b and 6a demonstrates a generally stable

picture. However, the contrast with Figure 6b is significant. According to Dr. Lena Pu says, "I've never seen anything like it". She calls it the "raping of the system".

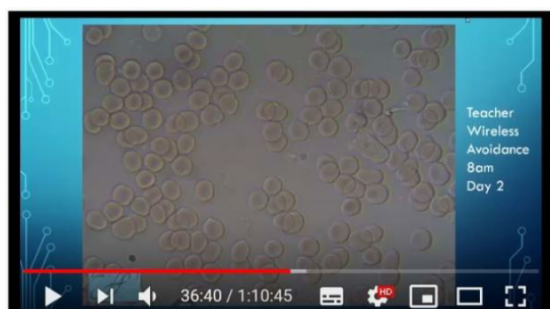


Figure 6a. Day 2 (school day). Blood picture in the morning 8.00 am Low-radiation environment.

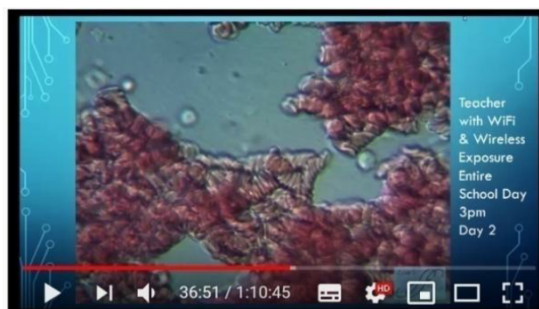


Figure 6b. Day 2 (school day). Blood picture in the afternoon at 3 pm. After exposure to Wi-Fi for the entire day.

Example 3

The speed at which blood can degrade under the influence of pulsed RFR is further demonstrated by a study into exposure to a smart meter for only 2 minutes at a distance of about 30 centimetres (1 foot). Figure 7 shows the blood pictures of 3 different subjects.

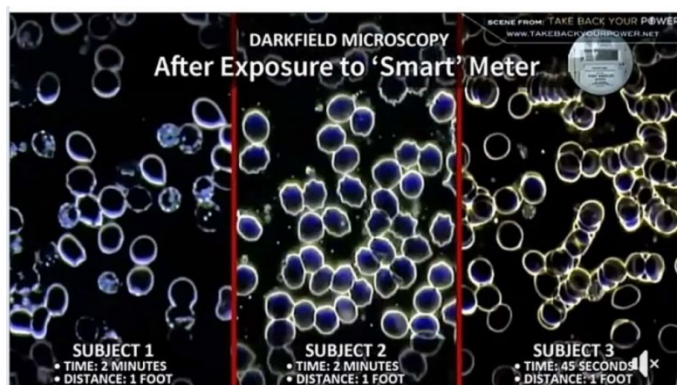


Figure 7. Degradation of blood after 2 minutes of exposure to pulsed RFR from a smart meter at a distance of 30 centimetres.
<http://stopocsmartmeters.com/public-health-hazard.html>

Page 49 of 62

Within two minutes, cell walls began to fray and break and the cells to clump together (rouleaux-formations). Subject 3 had to be removed from the smart meter after 45 seconds, because of an increasingly severe headache.

These effects come from somewhere. *And the only variable in the study was the smart meter exposure.*²²¹

Rouleaux formations in the blood arise from polarization.^{222 223} Moreover, in addition to the effects of pulsed RFRs, the effects of polarization, which have undergone full scientific study, have not been taken into account by ICNIRP in setting their exposure guidelines. Yet another reason to reject the safety claim of these guidelines as unsound.

Given the growing evidence of health damage, increasing numbers of scientists consider EHS to be a valid environmentally inducible phenomenon^{224 225 226 227 228 229 230} and the radiation from wireless technology as downright harmful.^{231 232 233} My GP, Roelien Botting-Klomp, reviewed the three studies that I provided and as a result declared that they demonstrated that a causal relationship between radiation exposure and my health problems cannot be ruled out. Furthermore, GP Liesbeth Adriaansens in Breda, who has for years taken a

special interest in health complaints reported by the public in connection with wireless technology and whom I have consulted many times, has indicated her willingness to make a statement on the topic. (You will receive copies of both declarations.)

221 See also Dr. Devra Davis. (2015). University of Melbourne. *The truth about mobile phone and wireless radiation. What we know, what we need to find out and what we can do now*. November 30, 2015:

<https://www.youtube.com/watch?v=KqAxTpJEHV8> (abbreviated reading).

222 'Other factors that influence the occurrence of non-thermal EMF effects include the frequency being used, the polarization of the EMFs and the cell type being studied [4,5,8-11]. Furthermore there are intensity "windows" that produce maximum biological effects, such that both lower and higher intensities produce much less effect [5,8,9]. These window effect studies clearly show that dose-response curves are both non-linear and non-monotone such that it is difficult or impossible to predict effects based on relative intensity even when all other factors are the same'. (Pall 2018: 6). <https://einarflydal.files.wordpress.com/2018/04/pall-to-eu-on-5g-harm-march-2018.pdf>

223 For further information about the development of rouleaux under the influence of polarization:

https://www.researchgate.net/publication/7526083_Erythrocyte_Rouleau_formation_under_polarized_electromagnetic_fields

224 Prof. D. Leszczynski, PhD, DSc (2018). *Open letter on Electromagnetic Hyper-Sensitivity Research. The end of the road for EHS (IEI-EMF) provocation studies*. <https://betweenrockandhardplace.wordpress.com/2018/02/04/open-letter-on-the-electromagnetic-hyper-sensitivity-research/>

225 Stephen J. Genuis and Christopher T. Lipp. *Electromagnetic Hypersensitivity: Fact or Fiction?* Science of the Total Environment 414 (2012) 103 - 112.

226 Igor Belyaev et al. *EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses*, Review of Environmental Health 2016; 31 (3): 363-397.

227 Dominique Belpomme et al (2015). *Reliable disease biomarkers characterizing and identifying electrohypersensitivity and multiple chemical sensitivity as two etiopathogenic aspects of a unique pathological disorder*. Rev Environ Health 2015; 30 (4): 251-271. DOI 10.1515 / reveh-2015-0027.

228 Dr. Hugo Schooneveld (2014), *Electrostress Handbook. Learning to deal with pathogenic electromagnetic fields*. EMF-EHS, Wageningen, p. 198.

229 Örjan Hallberg and Gerd Oberfeld. *Letter to the Editor: Will We All Become Electrosensitive?* Electromagnetic Biology and Medicine, 25: 189-191, 2006. Informa Healthcare.

230 Dr. Robert O. Becker (1990). *Cross Currents. The perils of electropollution, the promise of electromedicine*. Penguin Group Inc. New York.

231 See the 2,266 peer-reviewed publications in the database of the Oceania Radiofrequency Scientific Advisory Association (ORSAA) <https://www.orsaa.org/orsaa-database.html>.

232 252 international scientists, each with dozens of publications to their name. <http://www.5gappeal.eu/signatories-to-scientists-5g-appeal/>

233 See the large number of publications included in the 'International Appeal to Stop 5G on Earth and in Space'. <https://www.5gspaceappeal.org/the-appeal>

In addition, I intend shortly to consult with Professor Dominique Belpomme in Paris,²³⁴ who has developed a diagnostic tool for EHS and MCS – multi-chemical sensitivity. I therefore expect soon to be able to submit a report on this. The government will thus have no choice but to recognize the uncertainties surrounding wireless technology, which will contradict its own safety claims based on the INCIRP guidelines. RIVM refers to a 'risk-causing activity'²³⁶ and indicates that the effect of RF-EMF on our health 'is estimated to be inconclusive and unknown' and something that can cause 'disease'.²³⁷ The GGD²³⁸ and KPEMV²³⁹ recognize that EMF is likely to be a possible cause of EHS.

Continuing to assume physical safety based solely on the ICNIRP guidelines is therefore only possible if:

1) the scientific evidence is denied and disregarded (although my examples here surely cannot be gainsaid).

2) the existence of scientific controversy and thus the inconclusive nature of radiation risks is denied and
3) the existence of EHS as a possible environmental phenomenon is ruled out. However, the mere fact that there is a scientific controversy, which is undeniably the case here, makes it clear that any safety claim under the ICNIRP guidelines is scientifically unsound. And such a claim poses a threat not only to my physical safety, but to the physical safety of the entire Dutch population. Moreover, this constitutes forced irradiation of members of the public who have shown themselves to be emphatically opposed to this. In other words, this represents a violation of the physical and mental integrity and freedom as described in article 10 paragraph 1²⁴⁰ 241 and article 1²⁴² of the Constitution, article 5 paragraph 1²⁴³ and article 8 paragraph 1 ECHR²⁴⁴ and article 1,²⁴⁵ article 3,²⁴⁶ article 6²⁴⁷ and article 7²⁴⁸ of the *Charter of fundamental rights of the EU*.

234 EHS & MCS. Research and treatment European Group. <http://www.ehs-mcs.org/en/>. See also: Dominique Belpomme et al. *Reliable disease biomarkers characterizing and identifying electrohypersensitivity and multiple chemical sensitivity as two etiopathogenic aspects of a unique pathological disorder*. Rev Environ Health 2015; 30 (4); DOI 10.1515 / reveh-2015-0027. http://www.ehs-mcs.org/fichiers/1454070991_Reliable_biomarkers.pdf

236 RIVM (2014), *Health and safety in the Environment Act. Goals, standards and considerations for the quality of the lived environment*. (Main report), p. 61.

237 RIVM. JM Roels et al. (2018). *Safety consciousness: targets and impact measures in risk and safety policy*. RIVM Report 2018-0029, page 18.

238 Guidelines on electrosensitivity GGD.

<https://www.ggdghorkennisnet.nl/?file=30893&m=1478701093&action=file.download>

239 Knowledge platform regarding Electromagnetic Fields. *Knowledge report on electrosensitivity. Health complaints in the vicinity of sources of electromagnetic fields*. April 2012.

240 Article 10 paragraph 1 of the Constitution. Everyone has the right to respect for his or her privacy, subject to any limitations imposed by or pursuant to law.

241 In the explanatory notes to Section 10, paragraph 1 of the Dutch Constitution, it states: 'The right to respect for privacy concerns the right of members of the public to be left alone in the privacy of their own homes. That is generally laid down in the first paragraph of Article 10. Privacy includes the home (...) and the right to respect of one's inner life and physical integrity.' Constitution of the Kingdom of the Netherlands 2018. Explanation, page 41.

https://www.denederlandsgrondwet.nl/9353000/1/j4nvih7l3kb91rw_j9vvl1oucfc6v2/vkwrfdbpvatz/f=/web_119406_gronddwet_koninkrijk_en.pdf

242 Article 11 Const. Everyone has the right to the inviolability of their body, subject to such limitations as may be prescribed by law.

243 Article 5 paragraph 1 ECHR. Everyone has the right to liberty and security of person. No one shall be deprived of their freedom (...).

244 Article 8 paragraph 1 ECHR. Right to respect for private and family life: Everyone has the right to respect for their private and family life, home and correspondence.

245 Charter of Fundamental Rights of the EU, Article 1. Human dignity is inviolable. It must be respected and protected.

246 *ibid.* article 3.1 Everyone has the right to physical and mental integrity. 2. In the context of medicine and biology, the free and informed consent of the person concerned must be respected, in accordance with the rules laid down by law.

Appeal WJ de Jong, case number ARN19 / 2184 WABOA

Page 51 of 62

Therefore, I urge you, the judiciary, not only to reject the contested decision, based on this wrongful safety claim, but also to recognise the necessity of protective measures and to make a decision on this (see also 8. below).

²⁴⁷ Ibid., Article 6. Everyone has the right to liberty and security of person.

²⁴⁸ Ibidem, article 7. Everyone has the right to respect for their private, family and family life, home and communication.