Environmt Sec. Waxman Michael Reacher. Swiss Cancer.

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29 Percent Of Cancer Studies Report Conflict Of Interest

Research depts. receive money.

ScienceDaily (May 13, 2009) — Nearly one-third of cancer research published in high-impact journals disclosed a conflict of interest, according to a new study from researchers at the University of Michigan Comprehensive Cancer Center.

The most frequent type of conflict was industry funding of the study, which was seen in 17 percent of papers. Twelve percent of papers had a study author who was an industry employee. Randomized trials with reported conflicts of interest were more likely to have positive findings.

"Given the frequency we observed for conflicts of interest and the fact that conflicts were associated with study outcomes, I would suggest that merely disclosing conflicts is probably not enough. It's becoming increasingly clear that we need to look more at how we can disentangle cancer research from industry ties," says study author Reshma Jagsi, M.D., D.Phil., assistant professor of radiation oncology at the U-M Medical School.

The researchers looked at 1,534 cancer research studies published in prominent journals. Results of this current study appear online in the journal *Cancer*.

"A serious concern is individuals with conflicts of interest will either consciously or unconsciously be biased in their analyses. As researchers, we have an obligation to treat the data objectively and in an unbiased fashion. There may be some relationships that compromise a researcher's ability to do that," Jagsi says.

For example, she says, researchers might design industry-funded studies in a way that's more likely to produce favorable results. They might also be more likely to publish positive outcomes than negative outcomes.

"In light of these findings, we as a society may wish to rethink how we want our research efforts to be funded and directed. It has been very hard to secure research funding, especially in recent years, so it's been only natural for researchers to turn to industry. If we wish to minimize the potential for bias, we need to increase other sources of support. Medical research is ultimately a common endeavor that benefits all of society, so it seems only appropriate that we should be funding it through general revenues rather than expecting the market to provide," Jagsi says.

Methodology: The researchers looked at all original clinical cancer research published in five top oncology journals and three top general medical journals in 2006. The journals included were the *New England Journal of Medicine, the Journal of the American Medical Association, Lancet, the Journal of Clinical Oncology, the Journal of the National Cancer Institute, Lancet Oncology, Clinical Cancer Research and Cancer.*

Articles were analyzed to determine declared funding sources and conflicts of interest. A conflict of interest was identified if it was explicitly declared by the authors, if an author was an employee of industry at the time of publication, or if the study had industry funding.

The urgency is profound because the most vulnerable are the young, the sick, the elderly and the poor – population groups who, for survival, routinely rely on assistance from public and private caretakers. Effected patients from around the world report personal devastation and economic ruin coinciding with electromagnetic radiation related disease. Patients with electro-hypersensitivity, for example, are not able to work in environments where there is any type of electromagnetic radiation exposure – areas absent the exposure are near impossible to find. These people become permanently unemployable.[9] Thus, the effects of cell phone radiation have drifted into areas of fundamental public policy, lifestyle choices, politics, health care, national security and personal economic viability. Indeed, some governments around the world have begun to take steps to protect vulnerable populations. *(See Side-Bar 3: Governments Recommending Precautions for Mobile Phone Use Among Young People)*

The tragedy is that most of the suffering is probably avoidable. The problems associated with electromagnetic radiation health effects have been known for at least three decades, and technological solutions have been available, but not implemented, for at least two.[10] *(See Side Bar 4: The Story of J.G. Brady)*

FACT

Orchestrated Illusions Have Shaped Public Opinion

Were these devastating and far-reaching effects accidents of nature, finding solutions could be collective collaborations of citizens, government and industry. However, the unfortunate reality is that a dangerous fraud is being perpetrated upon the public that has kept knowledge regarding mobile-phone related health and ecological dangers suppressed and technologies capable of saving lives from reaching the consumer market place. The perpetrators are the ever expanding brethren of the telecommunications and internet industries. Armed with the experiences of public relations, marketing and defense law personnel who learned their skills in the tobacco and asbestos wars, the orchestrated ruse around the safety of telecommunications technology is the most sophisticated in history.[11] *(See Side-Bar 5: The Cell Phone Industry Playbook: Controlling Illusion)*

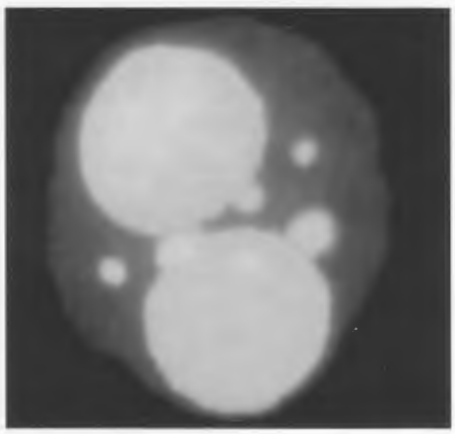

Illustration 3: Intracellular build-up of free radicals, including heavy metals, are a result of cell membrane sympathetic response to Information Carrying Radio Waves. The smaller spots in this photo are micronuclei which are indicative of disrupted DNA repair, a form of genetic damage consistent with the development of brain tumors.

The cornerstone of the industry approach: Keeping the cell phone health effects issue out of the scientific and medical playing fields and in the public relations and political arena. According to the rules

Side Bar 5:

The Cell Phone Industry Playbook: Controlling Illusion

The mobile telephone industry has been successful in manipulating scientific data, public opinion and public information to protect their interests, promote the unbridled sale of their technologies and create the illusion of safety – all to the detriment of public health.

Here is how they do it.

- Public relations "hit squads" are permanently in place in trade associations and corporate offices to monitor scientific, medical and consumer information for consistency with industry interests.
- When "problems" are identified, the public impact of detrimental information is altered first through public statements and written press releases.
- The media are 'managed' by leveraging advertising dollars
- Second level 'management' is achieved through control of scientific research and scientific organizational channels.

Key watch words that signal industry manipulation:

- Expert panel reports say.....
- Third party opinions are....
- The 'weight of scientific evidence' indicates.....
- The studies need to be 'replicated' before.....
- The 'safety guidelines' are being met
- More research is needed before.....
- Scientists around the world agree that.....

Industry consultants who publicly support industry positions:

- Dr. William Bailey – Exponent Consultants
- Dr. Linda Erdreich – Exponent Consultants
- Dr. John Moulder – University of Wisconsin
- Dr. Michael Repachioli – University of Rome (Italy)
- Dr. Bernard Veyret – University of Bourdeax (France)
- Dr. Michael Thun – American Cancer Society
- Dr. Joseph Roti Roti – Washington University (St. Louis)
- Dr. John Boice – International Epidemiology Institute
- Dr. Paolo Vecchia – International Committee on Non-Ionizing Radiation Protection

Industry institutional collaborators:

- The World Health Organization
- The American National Standards Institute
- The IEEE – Institute for Electronics and Electrical Engineers
- The International Commission on Non-Ionizing Radiation Protection
- The American Cancer Society
- The Bioelectromagnetics Society – BEMS
- The Federal Communications Commission
- The Food and Drug Administration

Science's Political Bulldog

Representative Henry A. Waxman blasts away at the White House for alleged abuse of science. Sure, it's politics—but it could restore confidence in the scientific process By JULIE WAKEFIELD

To hear Henry A. Waxman bemoan how predetermined beliefs are jeopardizing scientific freedom, you might think you are in another age or in some struggling new country. But there, outside his corner office, is the gleaming dome of the Capitol, its perimeter tightened with bollards and the latest surveillance. "Science is very much under attack with the Bush administration," Waxman declares from his suite in the Rayburn Office Building. "If the science doesn't fit what the White House wants it to be, it distorts the science to fit into what its preconceived notions are about what it wants to do."

KAY CHERNUSH

HENRY A. WAXMAN: KEEPING HOUSE

- Entered Congress in 1974 with other reform-minded Democrats who swept into office in the midterm elections after Watergate.
- Holds degrees in political science and in law from the University of California at Los Angeles.
- On his career: "My parents would have preferred that I be a doctor rather than a lawyer and then later a congressman. But that wasn't my strength."

As the ranking minority member on the House Government Reform Committee, the 64-year-old California Democrat has become a leading voice railing against the White House's science policy—or lack thereof. The charges are not new—word of such politicization began percolating almost as soon as George W. Bush took office, and until recently, many scientists who complained in private held their tongues in public. Waxman has given scientists' fears a voice, and a growing crowd of scientific organizations, advocacy groups and former officials are adding to the chorus.

Waxman launched his first formal salvo last August. Pulling together reports and editorials from various sources (including *Scientific American*), his office issued a report detailing political interference in more than 20 areas affecting health, environmental and other research agencies. Examples include deleting information from Web sites, stacking advisory committees with candidates with uncertain qualifications and questionable industry ties, and suppressing information and projects inconvenient to White House policy goals, such as those having to do with global warming. And he charges that the beneficiaries of these distortions are for the most part Bush's political supporters, including the Traditional Values Coalition, a church-based policy group in Washington, D.C., and oil lobbyists.

To Waxman, who became interested in health issues in 1969 when he was appointed to the California State Assembly Health Committee, the assaults on the National Institutes of Health are especially offensive. For example, after prompting by Republican members of Congress, NIH officials started contacting a "hit list" of 150 investigators compiled by the Traditional Values Coalition. The organization charged that the NIH was funding smarmy sex studies and denounced the projects that look at such behaviors as truck-stop prostitution and the sexual habits of seniors.

er, as he has been telling close colleagues, he wants to stay, fight and serve a third term. He would say that, rather like Margaret Thatcher's infamous "on and on and on" pledge in 1987. But it shows that Mr Blair wants to vindicate his strategic judgments on Europe, Iraq and public services.

Yet it is precisely this strategy, indeed Mr Blair's *raison d'être*, that is now in doubt. If you look back at the objectives which Mr Blair set himself before the 1997 election, and reaffirmed in 2001, the record and prospects look mixed.

His hopes of giving Britain a leading role in Europe, ending decades of ambiguity, have been dashed. The paradox of

of Mr Blair's few successes this year.

Labour leaders are talking about a relaunch once the June elections are out of the way. Ministers will announce the results of the spending review and five-year plans for the main public services. There will be hints of manifesto ideas at Labour's autumn conference. This may work in electoral terms. But will there be the sense of direction and energy which Mrs Thatcher displayed until near her end? That is the real doubt now. Iraq is much more than a temporary storm such as Westland. It has blown the Government well off course. Mr Blair is no longer making the political weather.

pered with quotations from Voltaire, Pushkin or Heine. The books he read to me at bedtime alternated between Dickens, Hugo and Sienkiewicz. And all his life, he dreamt that one day Warsaw would regain the title it conferred on itself in the interwar years when he grew up: "the Paris of the East".

Sadly, my father died just over 15 years ago, a tantalising few months before the Berlin Wall fell and his dreams began to come true. Yet if he were alive today, I fear that he would be disillusioned. His celebrations would be tinged with bitterness and his joy at the unification of Europe marred by a sense of injustice and even betrayal, as it is among millions of his compatriots in the new member states.

A Polish friend recently com-

economic miracle. Although it is true that countries such as Poland and Hungary initially found Western markets closed to some of their most competitive products and received far less financial support in real terms than Germany and Italy did under the Marshall Plan, these are not the main reasons for their exasperatingly slow economic progress. Internal economic mismanagement, political turmoil and corruption are more important causes of disappointing performance. Perhaps most important was the lack of industrial infrastructure and managerial skills. Poland and Hungary never had their Siemens, Krupps, Volkswagens, Mitsubishis or even Fiats, capable of being transformed into globally-competitive powerhouses. In many ways, there-

several are now seeing a reversal of capital flows. Ironically, the decline in foreign investment is partly a consequence of the move to full EU membership. Companies in the accession countries will now be subject to the full panoply of EU environmental and labour regulations and the prospect of rapidly rising wages and social costs. Thus industries, such as textiles and footwear, where investment is driven mainly by the search for low wages are relocating to the next wave of candidate countries — Bulgaria, Romania, Croatia and eventually Turkey — to keep their access to EU markets without the regulatory and social costs.

To make matters worse for the accession countries, taxes will have to be raised and public services cut to comply with the Stability Pact and in-

proportion to their economic power and unyielding in their defence of national interests, as their sometimes unruly electorates perceive them. This enlargement will make the EU an even more argumentative body. And with further expansion approaching, the high-water mark of Europe's institutional integration has surely been reached. The more the EU grows, the clearer it will surely become that it must remain an association of 30 independent countries, linked by history, geography, a common cultural heritage and mutual economic interests, but far too diverse and idiosyncratic ever to merge into a single federal state.

Public health warning: our leaders' seduction by science is dangerous

MICHAEL MEACHER

WE HAVE reached an extraordinarily odd situation in the saga of genetic modification. The public continues to reject it, the supermarkets will not stock it, the industry itself has pulled out of GM cultivation, but the Government is still keen to go ahead. Why? Tony Blair said recently: "It is important for the whole debate [on GM] to be conducted on the basis of scientific evidence, not on the basis of prejudice." But being mesmerised by science is at best short-sighted and at worst disingenuous.

Science quite often gets things wrong. Biologists initially refused to accept that power stations could kill fish or trees hundreds of miles away in Scandinavia; later the idea was universally accepted. Scientists did not originally agree that chlorofluorocarbons (CFCs) were destroying the ozone layer; but when the industry — ICI and DuPont — abruptly changed sides in 1987, ministers and scientists soon lined up with them. The Lawther working party roundly rejected that health-damaging levels of lead in the blood came mainly from vehicle exhausts, only to find that blood-lead levels fell 70 per cent after lead-free petrol was introduced. The Southwood committee of BSE scientists insisted in 1989 that scrapie in cattle could not cross the species barrier, only to find by 1996 that it did just that.

Much more subtle, and more serious, is the manipulation of science for wider political or commercial purposes. Scientific conclusions don't usually emerge innocently as an individual's inspired discovery, but out of a process dependent on financial pressures.

Under Margaret Thatcher funding of science became much more subservient to business interests. The stranglehold of the large companies is illustrated by the debate on GM crops. The science is owned by a tiny number of large companies. Much of the research is dubbed commercially confidential and never published if it conflicts with the company's interests.

Companies have learnt that small investments in endowing chairs or sponsoring research can produce disproportionate payoffs in generating reports, articles and books which may not reflect the public interest, but certainly benefit corporate bottom lines. The effects of corporate generosity can be corrosive. Other universities eye the donor as a potential source of funds and try to ensure nothing is said which might jeopardise big new cash possibilities. Academics who raise embarrassing questions — who is paying for the lab, how independent is the peer review, who profits from the research, is the university's integrity compromised — soon learn that keeping their heads down is the best way not to risk their careers, let alone future funding. The message is clear: making money is good and dissent is stifled.

The scientists staffing the official advisory committees and government regulatory bodies have, in a significant number of cases, financial links with the industry that they are supposed to be independently advising on and regulating. A recent study found that of the five scientific committees advising ministers on food safety, 28 of the 70 committee members investigated had links with the biotechnology industry, and at least 13 were linked to one of the Big Three — Monsanto, Zeneca or Novartis. Nor is this an accident. The civil servants who select for these bodies tend to look for a preponderant part of the membership, and particularly the chairman, to be "sound" — safely relied on not to cause embarrassment to the Government or industry if difficulties arise.

Regulatory bodies such as the Committee on Safety of Medicines are widely seen as too close to industry. Key members have a record of consultancy, research and employment by pharmaceutical companies. Last month Richard Brook, chief executive of Mind, resigned from an expert working group on antidepressant drugs after being pressurised for months not to reveal the review's findings that one drug, Seroxat, was being prescribed by doctors in an unsafe dose and that the regulators had been aware of this for more than ten years.

Science can be only trusted if it is pursued with the most rigorous procedures that guarantee freedom from commercial and political bias. If the Government truly wants independent research, it has to be prepared to pay for it, not lay down, as it has, that 25 per cent of finance for publicly funded research should come from private sources, thus forcing the universities into the hands of corporate sponsors. The Government should also require that members of its advisory committees or regulatory bodies should not have any current or recent financial or commercial link with the industry concerned. And contributors to scientific journals should be required to disclose current and prior funding sources, so that conflicts of interest can be taken into account.

Tony Blair should recall the words of Winston Churchill: "Science should be on tap, not on top."

Michael Meacher was Minister for the Environment, 1997-2003

Labour leaders ficult by his troubles elsewhere. but consider what Frankfurt, Ham- In many of the new member coun-

AMERICAN JOURNAL OF INDUSTRIAL MEDICINE (2006)

Secret Ties to Industry and Conflicting Interests in Cancer Research

Lennart Hardell, MD, PhD,[1*,†] Martin J. Walker, MA,[2‡] Bo Walhjalt,[3‡] Lee S. Friedman, BA, MSc,[4§] and Elihu D. Richter, MD, MPH[5]

Background *Recently it was reported that a Swedish professor in environmental health has for decades worked as a consultant for Philip Morris without reporting his employment to his academic employer or declaring conflicts of interest in his research. The potential for distorting the epidemiological assessments of hazard and risk through paid consultants, pretending to be independent, is not exclusive to the tobacco industry.*

Methods *Documentation is drawn from peer reviewed publications, websites, documents from the Environmental Protection Agency, University reports, Wellcome Library Special Collections and the Washington Post.*

Results *Some consulting firms employ university researchers for industry work thereby disguising industry links in the income of large departments. If the industry affiliation is concealed by the scientist, biases from conflicting interests in risk assessments cannot be evaluated and dealt with properly. Furthermore, there is reason to suspect that editors and journal staff may suppress publication of scientific results that are adverse to industry owing to internal conflict of interest between editorial integrity and business needs.*

Conclusions *Examples of these problems from Sweden, UK, and USA are presented. The shortfalls cited in this article illustrate the need for improved transparency, regulations that will help curb abuses as well as instruments for control and enforcement against abuses.* Am. J. Ind. Med. 2006.

***KEY WORDS:** cancer research; conflicts of interest; consulting ethics; industry sponsors*

A RECENT DISCLOSURE: RYLANDER AND PHILIP MORRIS

Recently it was revealed that the Swedish professor in environmental health at the Gothenburg University, Dr. Ragnar Rylander, had worked for decades as a contracted consultant for Philip Morris without reporting this outside commission to his employer or declaring conflicts of interest in his research [Diethelm et al., 2005; Editorial, 2006]. His consultancy generated substantial amounts of money both for research and as consultant fees from the tobacco industry. The scientific integrity of his publications has been questioned [Diethelm et al., 2005]. Swedish law requires that public servants, including academic researchers report

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Conflict of Interest & Bias in Health Advisory Committees: A case study of the WHO's Electromagnetic Field (EMF) Task Group

Don Maisch
EMFacts Information Service

... a number of independent researchers were involved in the preparation and review of the draft, but it was "highly unusual, if not unprecedented, for a WHO health document to be reviewed by so many with such strong ties to the affected industry" [13]

Introduction

The potential problem of conflicts-of-interest biasing outcomes in papers submitted to bio-medical journals, including papers published in journals by expert advisory bodies, was an issue addressed by the International Committee of Medical Journal Editors in November 2003. To quote from their *"Uniform Requirements"*:

"Conflict of interest exists when an author (or the author's institution), reviewer, or editor has financial or personal relationships that inappropriately influence (bias) his or her actions. . . The potential for conflict of interest can exist whether or not an individual believes that the relationship affects his or her scientific judgement. Financial relationships . . . are the most easily identifiable conflicts of interest and the most likely to undermine the credibility of the journal, the authors, and of science itself." [1]

This paper briefly examines this problem , using recent actions taken by the World Health Organisation's (WHO) International EMF Project and the International Commission on Non-Ionizing Radiation Protection (ICNIRP).

In both organisations the case is presented that maintaining independence from industry vested interests is essential for maintaining scientific objectivity and credibility in giving expert advice on public health matters.

At the May 2001 Australian Senate Inquiry into Electromagnetic Radiation, Michael Repacholi, head of the WHO's International EMF Project, informed the Senate Committee that the WHO had a firm policy against industry involvement in its processes. To quote:

"The World Health Organization does not allow industry to participate in either standard setting or in health risk assessment. The WHO takes the view that there cannot be industry representation on standard setting working groups. There cannot be someone on the working group who is having an influence on health effects for an industry when they derive benefit from that industry." [2]

ICNIRP clearly states on its website that all commission members are independent experts in their respective scientific disciplines and do not represent either their countries or institutes and specifically they cannot be employed by industry. In order to maintain this independence from industry or other vested interests it is stated:

"Members are reminded frequently of the need to declare any interests detrimental to ICNIRP's status as an independent advisory body. . . ICNIRP also does not accept funding from industry." [3]

These requirements were established so that ICNIRP's credibility of its advice and guidelines cannot be said to be influenced or biased by industry vested interests. Dr Ken Joyner, from Motorola, stressed the independence of ICNIRP from industry at the Australian Senate Inquiry into Electromagnetic Radiation in May 2001. Joyner stated:

"If you want to look at one standards body that has specifically excluded any industry representatives, there is the ICNIRP body. You cannot be a member of the ICNIRP if you are part of industry. They exclude you from that process." [4]

The ICNIRP website also explains that the scientific reviews carried out by ICNIRP members are combined with risk assessments done by WHO International EMF Project working groups with the resultant being the publication of ICNIRP's EMF exposure guidelines. Therefore the claim that ICNIRP's scientific advice is value-free from industry influence must also include the same requirement for any WHO risk assessment task group. That was what Repacholi stated to the Australian Senate Committee in May 2001 (as previously quoted).

"There cannot be someone on the working group who is having an influence on health effects for an industry when they derive benefit from that industry."

The close working relationship between ICNIRP and the WHO's EMF Task Group evaluating power frequency research is seen in the makeup of the membership of the Task Group. Out of the 20 members from 17 countries [5], we have Paolo Vecchia, the current ICNIRP Chairman, Anders Ahlbon, Larry Anderson, Rudiger Matthes as members of ICNIRP's main commission, with Ahlbon also on ICNIRP's Standing Committee on Epidemiology. Other ICNIRP Standing Committee members include Christoffer Johansen, Jukka Juutilainen, Alasdair McKinlay and Zhengping Xu. Eric van Rongen is a consulting expert for ICNIRP. In addition, Michael Repacholi, head of the WHO's

None of the papers from the Canadian-French project that implicate electric fields or transients—those by Miller, Villeneuve, Goldberg-Guénel and Thériault—are cited in WHO's EMF Environmental Health Criteria document. It is as if those studies never happened.

Corruption in Our Midst

Mike Repacholi, the former head of both ICNIRP and the WHO EMF Project, likes to reassure his critics that he has always been guided by the science and only the science. "Throughout my time at the WHO I can say unreservedly that all decisions were based on the science by committees of experts," he said in an interview not long after his retirement. Paolo Vecchia, the current chair of ICNIRP, professes to be similarly moved. "Restrictions [on EMF exposures] are based on science: Only established effects are considered," he told a London conference organized by the U.K. Radiation Research Trust last year.

It's a hard sell. The WHO EMF Project would never have existed without the backing of industry money. In return, Repacholi opened his doors to industry so that its people could have a seat at the table and help shape the reports coming out of Geneva. When he needed an assistant to help him run the project, he again turned to industry, hiring Kheifets from EPRI. Similarly, Vecchia appears to have no qualms about having Kheifets sit on one of ICNIRP's key expert committees. (See also "Repacholi and Sound Science," *MWN*, August 3, 2005; and "WHO and Electric Utilities: A Partnership on EMFs," *MWN*, October 1, 2005.)

The history of electric field epidemiology shows how easy the science can be manipulated. Important studies are paid lip service, and then never repeated. Sometime later, they are buried away. Effects can never be established and acted upon if they are ignored and misrepresented. Those that are successfully repeated are endlessly questioned.

The childhood leukemia link has been forever marginalized. There is no mechanism and because we can't explain it, the association can't be true, so goes Repacholi's, Vecchia's, Kheifets's and Swanson's argument. What gets lost is that if EMFs can bring on childhood leukemia, it may lead to other types of cancer too—especially adult leukemia—perhaps by some other mechanism. If it's not impossible for childhood leukemia, other nasty things may follow too.

All this hypocrisy is not lost on those who are left outside looking in. Discontent and contempt are widespread. This led to the founding of the International Commission for Electromagnetic Safety (ICEMS) to promote research and assess health risks. ICEMS is designed to serve as a counterweight to the WHO and ICNIRP. A number of its members put together the BioInitiative Report, an alternative interpretation, of the EMF health literature. On a lighter note, last summer, activists translated their frustrations into satire: They circulated a promo for "ICNIRP in Concert," a mock CD. "Would I Lie to You?" was among the promised songs. It was a huge hit on the EMF circuit.

Distorting the public health literature is not a victimless crime. Workers who will be exposed to higher EMFs face, according to Miller and Villeneuve, an up to tenfold greater cancer risk than if precautions were to be taken. Kheifets and Swanson's fraud is no different from that which helped suppress the cancer risks of cigarette smoke, asbestos and many, many chemicals. Yet these industry scientists continue to be welcomed at the highest levels as fair and balanced experts.

Why doesn't anyone speak out against the corruption in our midst? Over the last few years, Germany's Alex Lerchl has made a career out of demanding that Hugo Rüdiger be punished for scientific misconduct, which has never been substantiated (see "Three Cases of Alleged Scientific Misconduct" on p.2). When we asked Lerchl about his motives some time ago, he replied, "I don't like rubbish being published." On that we can agree. But why then isn't he—or anyone else—up in arms against Kheifets and Swanson's electric field rubbish? Why are industry scientists never held to account for their actions, even as they pursue others whose crimes are petty in comparison? Perhaps because the work of those other scientists challenges industry's interests. The playing field is far from fair.

It's time for industry scientists to be held to the same standards and suffer the same penalties as they would apply to others. At the very least, those who deceive through scientific misconduct should no longer be able to receive government research grants or sit on advisory and peer review panels.

EMFs will never be taken seriously as long as no one is willing to acknowledge the real junk science all around us.

Powerwatch News

Powerwatch News is written by Alasdair Philips. Powerwatch provides professional environmental consultancy (£35/hour) and hires out EMF measuring equipment (fax: 01353 777646; email: aphilips@gn.apc.org; website: http://www.powerwatch.org.uk)

Call the Powerwatch premium rate **Helpline 0897 100800*** for personal advice and further information on specific EMF issues, surveys, reports, presentations and training. (*charged at £1.50/min)

Industry-funded conference stifles criticism, misleads and produces little

AN international, three-day Workshop on exposure measurements for EMF epidemiology was held at the NRPB in September, 1998. This was a WHO and ICNIRP (International Commission for Non-Ionising Radiation Protection) and hosted by the NRPB at their Didcot headquarters. The Workshop was entitled "Exposure Metrics and Dosimetry for EMF Epidemiology" and was set up to discuss and decide what needed measuring in the multi-million-pound, WHO-funded EMF Project and related studies.

As a key player in persuading the large UKCCS (Childhood Cancer Study) to add electric fields (against NRPB advice) to Part 2 of its study, and co-author of the Coghill EMF leukaemia study, I felt that my participation would be useful - especially as I have considerable experience in designing EMF measurement systems. For several months between May and August last year I tried hard to get invited but was told firmly, "No, there is no room for you."

I even contacted Dr Mike Repacholi, Head of the WHO EMF Project, and received the following cryptic reply: 'There will be further meetings without the restrictions placed on the NRPB meeting that will allow you to provide your input.'

The Proceedings of the Workshop have now been published and, of the 49 invitees, 14 have *direct* industry addresses. More significantly, in my opinion, is what is written on the front page which states: 'WHO/ICNIRP/NRPB Workshop with funding from the Mobile Manufacturers Forum (Alcatel, Ericsson, Mitsubishi, Motorola, Nokia), the GSM MoU Association, and the UK National Grid Co plc.' [*Radiation Protection Dosimetry*, Vol.83, No.1-2, 1999. ISBN 1 870965 61 2]

Anyway, let's have a look and see what they say about electric fields in the 194-page Proceedings. I found it, after much careful searching - on page 110 we find what I think is the only paragraph about electric fields:

'There is no hypothesis to justify data collection of electric field data; however, this metric is currently being examined in studies in the UK and Canada.'

That is all these leading EMF experts' can come up with to say about electric fields! And they expect to be taken seriously?

The Rappoteur here was Mary McBride, whose Canadian study was the one she mentioned. This used Positron meters in such a way as to make the electric fields readings quite meaningless. They fixed the e-field sensor/meter on the back of the child in a pouch. Anyone who has studied electric fields will realise that they will be absorbed by the child and not appear at the sensor unless the child only faces e-field hazards from behind - and even then only from sources that are not above the child's head (otherwise most of the e-field will be attracted to its head instead).

The other study is the large UK Childhood Cancer Study which, after considerable pressure, added electric field measurements to Part 2 of the study. The NRPB adaptation of the EMDEX meter/logger and the measurement protocols agreed mean that their collection of electric field data should be excellent. The UKCCS is due to announce its first results in December, but it seems unlikely that the electric field data analysis will be ready by then.

What about transients' - short-term, high-frequency, switching pulses on the electricity supply? There is an included paper called: 'ELF Magnetic Fields, Transients and TWA Metrics'. Useful? Maybe, but the data in the two graphs showing clear diurnal (24-hour) patterns has been normalised for 'mean number of transients for each place measured'. What that means is that all the places have a nominal transient of 1 which varies over a 30-fold range over the 24 hours,... so the '1' can represent 1 transient or 100 transients, or 1,000,000! There is *no* absolute data on numbers of real-life transients in this paper.

Looking through the Proceedings I saw a Paper called "Residential RF Exposures". Great, I thought, this will really be interesting... but there is *nothing* in it about actual residential RF signals!... it just talks about typical transmitters with spurious graphs, eg. Fig. 7: Electric field strength of a TV broadcasting antenna at the visitors' platform of a television tower; or Fig. 4: Electric field strength of a medium wave (1.422 MHz) broadcasting antenna on a motorway.... Residential??

Overall, what they have published is a mish-mash of pretty useless academic pondering mixed in with a number of good papers. 'RF and ELF Exposure from cellular phone handsets: TDMA and CDMA Systems' by Pedersen and Andersen, Aalborg Univ, Denmark, is one of the best.

The Proceedings were officially edited by Alastair McKinlay and Mike Repacholi. It is a pity that they have failed to spot the many typographical errors. Some like 'tesslars' instead of 'tesla' are easy enough for the rest of us to spot. Much harder are the papers which were intended to read 'uW' (microwatts) and have been printed as 'mW' (milliwatts) (or tesla, etc), an error of 1,000-fold. As this symbol translation quite commonly occurs with imported documents, I am surprised the papers were not better proof-read.

Comments on postcards only, please, to Dr Alastair McKinlay, NRPB, Chilton, Didcot, Oxfordshire, OX10 0RQ.

WHO's selective funding

I FIND the kind of direct industry sponsorship of epidemiology planning workshops (above) quite unacceptable. Further evidence of industry influence has also recently come to light.

Last summer Motorola's Mays Swicord set up a Mobile Manufacturers Forum working group called the "Research Planning Committee" and included (yet again!) Dr Alastair McKinlay of the UK NRPB to 'select appropriate laboratories to receive funding from the WHO EMF Project'.

They have now submitted a proposed, limited list of studies to be carried out with

Ex Phone Co. employee

(& Good Ex Phone Boss)

Environment, reliability and epidemiology

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Hallberg Independent Research

HIR is an independent research institution, since November 2001 owned and managed by Örjan Hallberg. Örjan has been working as quality- and environmental manager within Ericsson for decades. Since February 2003 he is working full time with Hallberg Independent Research.

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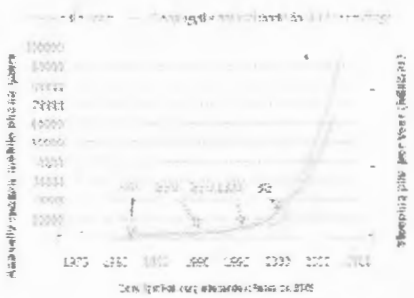
Traffic safety
(Modeling traffic deaths)

Updated: 2009-04-02

All truth goes through three stages: first it is ridiculed, then it is violently opposed, finally it is accepted as self evident. - Schopenhauer

Latest news (click to enlarge):



Increasing sleeping pills use...

Increasing hyperactivity...

Sleeping problems are increasing but on the other hand the market for sleeping pills seems glorious... Also noticed in Omega news. The similarity to the number of **spoken years** via mobile phones may be just a coincidence according to the Swedish Radiation Safety Authority. Also see a **Summary paper** on this problem.

- A **patent to reduce dangerous radiation** from base stations and more! "*After a predefinable time interval without connecting signal, the base station changes over from the normal transmitting-receiving mode into a sleep mode, in which sleep mode no beakon signals and/or other radio frequencies are transmitted from the base station.*" Applied by Swisscom AG!! This is **hot stuff!** (1.1 Mb). **Sleep Well and let us Live Longer!**
- The mortality in dementia suddenly started to increase in 1997! The new death code for Alzheimer deaths was introduced in 1987, so this in likely not the explanation! See also Alzheimer deaths!

On Second-Hand RF Radiation

By Robert C. Kane, Ph.D.
Former Motorola Senior Research Scientist and Technical Staff Member

Radiofrequency radiation emissions from cellular towers and handsets hold the potential for increased incidence of long-term medical effects, but of equal importance are the immediate effects of exposure to the radiation.

Unlike second-hand cigarette or cigar smoke, exposure to which has been linked to life threatening and debilitating diseases, radiofrequency radiation exposure has, to date, successfully avoided the issue of passive personal exposure.

It is extraordinary that absorption of unwanted radiation is never cited as an objectionable byproduct of the wireless communication craze. The reason may be that radiofrequency radiation, being tasteless, odorless and invisible, just isn't considered. But, in fact, recent research has demonstrated that even short-term exposure to radiation power densities emanating from a nearby cellular telephone is sufficient to modify brainwave patterns, affect short-term memory, and modify an individual's ability to perform physical tasks such as driving an automobile. These effects are all well and good for those who are willing to accept the risk of modified brain functions and cancer but they are not well and good for the innocent victim of the insidious radiation - radiation that an innocent non-participant cannot even be aware is being deposited into his or her body.

Radiation emanating from a portable cellular telephone does not discriminate. It propagates through the entire environment surrounding the radiating antenna of the phone. Many people, perhaps most people, have the impression that the radiation goes only to the cellular tower receiving station. That's the cartoonish illusion passed on by the manufacturers and service providers, but the reality of the situation is that every time someone in an automobile next to you activates his cellular phone or whenever someone at a nearby table in a restaurant at which you are having lunch activates her phone your brain is being radiated. So, along with their own increased risk of memory deficits, automobile accidents, and brain cancer, the cellular phone users also include everyone nearby by bringing each into the high- risk pool.

MICRO WAVE NEWS

Vol. XXVI No. 8 A Report on Non-Ionizing Radiation November 13, 2006

Support *Microwave News*, the independent source for news and opinion on the health effects of EMFs and RF radiation

Microwave News is now distributed free of charge, so we need your support more than ever. Please send us what you can. See the form on p.3.

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The Web version of this issue has links to useful resources. For free access, go to http://www.microwavenews.com/CT.html

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It's Official: Mike Repacholi Is An Industry Consultant

And He's Already in Hot Water

Just months after leaving his post as the head of the EMF project at the World Health Organization (WHO), Mike Repacholi is now in business as an industry consultant. The Connecticut Light and Power Co. (CL&P), a subsidiary of Northeast Utilities, and the United Illuminating Co. (UI) have hired Repacholi to help steer the Connecticut Siting Council away from a strict EMF exposure standard.

The siting council is in the process of revising the state's EMF policies. Last year, it hired its own industry consultant, Peter Valberg of the Gradient Corp., to review the current state of EMF health research. Valberg's report, submitted in January, proposes a "screening level" of 100 mG to protect against any adverse health effects "even in a hypothetically more sensitive sub-population"—that is, it would also protect young children. (Why a screening level? See box on p.2)

The Connecticut Department of Public Health (DPH), on the other hand, is targeting a limit of 6-to-10 mG, based on epidemiological studies pointing to a childhood leukemia risk at magnetic field levels above 3-4 mG.

The DPH has been sharply critical of Valberg's report. In a May 31 submission to the siting council, the DPH advised that it provided "simplistic reviews of the science that lead to an ill-conceived mG target level." Valberg's proposed 100 mG level simply does not give "adequate protection" for children, according to the DPH. (The department filed additional comments on October 25. These latter comments, but not those filed on May 31, are available on the council's Web site.)

One Industry Consultant Supports Another

The two electric utilities commissioned Repacholi to prepare detailed comments to support Valberg and to rebut the DPH. They were submitted to the siting board on October 26. And on the same day, CL&P and UI set up a conference call to give Repacholi an opportunity to convince DPH officials to follow the policies he had devised at the WHO EMF project—for instance, to stick to the ICNIRP guidelines, which would allow children to be exposed to up to 833 mG on a continuous basis.

Repacholi's filing has been criticized for citing, and at times misrepresenting, as-yet unreleased WHO reports for the benefit of his corporate clients. Some see this as a continuation of his activities at the WHO, where Repacholi was often accused of favoring the mobile phone and electric utility industries at the expense of public health.

Others see Repacholi's consulting work as the closing of a circle. Industry

(continued on p.2)

Endochrinne Cancers.
Endocrine

SC/

40,000 BRAIN TUMOUR PATIENTS 'MISSING' FROM OFFICIAL STATISTICS EACH YEAR

By Lorraine Connolly, Community Newswire

HEALTH Tuesday, 10 Mar 2009 - 11:28

A national charity has today released figures that show more than 40,000 people affected by brain tumours are missing from the UK's official statistics each year.

Brain Tumour UK forecasts that the brain will become "the primary battleground against cancer" in the future, as the treatment of other cancers advances.

In a new report, Register My Tumour, Recognise Me, published to mark Brain Tumour Awareness Month, the charity has warned that thousands of patients each year receive inadequate care because no budget or infrastructure exists to meet their needs, particularly at local level. Furthermore, research into brain tumours is woefully underfunded because they are perceived to be "rare".

Brain Tumour UK is calling on the governments and health services across the UK to ensure that all brain tumours are recorded in the official statistics by the end of 2009, so that effective care can be planned and delivered.

Jenny Baker OBE, Brain Tumour UK chief executive, said: "Brain tumours, by virtue of their dangerous location, can impact on *every characteristic that defines us as human beings.*

"It is scandalous that thousands of people, many of them suffering very substantial cognitive and physical impairments as a result of their tumour, are largely overlooked because health services have not recognised their existence and complex needs."

The report - supported by experts from around the UK - estimates that 48,000 people develop a primary or secondary brain tumour in the UK every year.

Dr David Lévy, consultant oncologist at Weston Park Hospital, Sheffield, said: "There are probably around 1,500 patients with high grade brain tumours missing from the official statistics as well as thousands of patients with lower grade and benign tumours.

"Brain Tumour UK rightly makes the point that unless we record this 'lost' group of patients, we cannot ensure that they benefit from the minimum standards of care they should expect."

Although 8,000 primary brain tumour cases are recorded in the official Cancer Registry, studies have shown that half of all primary brain tumours are missing from the registry. Consequently, another 8,000 tumours are not recorded. Some are malignant, while others that are low grade or benign can nevertheless be as deadly as cancer.

Most surprising of all, secondary brain cancer is not recorded, even though for many cancer patients brain cancer may be the actual cause of death. Brain Tumour UK believes that around 32,000 people affected by secondary brain tumours are not properly recorded in the official statistics each year.

Secondary cancer in the brain is becoming increasingly common as advances are made in treating other primary cancers.

Ms Baker added: "In future, the brain is likely to be the primary battle ground against cancer... It is essential that our health services monitor this growing danger and prepare to fight it."

end

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SCI

#537: Lloyd Morgan's commentary on the RMIT Final Report
Saturday August 12th 2006, 10:18 am
Filed under: Miscellaneous, Epidemiology

The weblog version of this message is at:
http://www.emfacts.com/weblog/index.php?p=537

From Lloyd Morgan:

Hi Don,
I have attached my commentary on the Final Report of the RMIT Cancer Cancers. Please use the usual caveats re my association with the Central Brain Tumor Registry of the United States to wit, "For identification purposes only. All statements are mine and mine alone and do not represent positions or opinions of the Central Brain Tumor Registry of the United States."

Best regards,
Lloyd

Commentary on the Final Report of the RMIT Cancer Cases

This report is a cover-up of the first order. I will restrict my commentary to the cases of brain tumor on Levels 16 and 17.

There were 4 brain tumors reported in a population of 114 staff members in an 11 year period. These tumors were:
* One glioblastoma multiforme
* Two meningiomas
* One haemangioblastoma
* One pituitary adenoma

The report remarks that since there was only a single malignant tumour, "the presence of a single case only of a primary malignant brain tumour within the population on these floor levels does not enable an accurate epidemiological analysis." This statement was made in the context that no "benign" brain tumour data is collected in Victoria. The report also states that a pituitary tumour is not a brain tumour stating that the World Health Organization (WHO) classifies such a tumour as "an endocrine tumour and not a brain tumour."

There was neither an attempt to examine the incidence rate of "benign" brain tumour beyond Victoria nor was their statement correct about WHO's classification of pituitary tumours. Pituitary tumors are classified by WHO and here in the United States as a brain tumour.

Let's examine the facts for each of these brain tumours using data published by the Central Brain Tumor Registry of the United States (www.cbtrus.org).
* The age adjusted rate of glioblastoma is 3.05 per 100,000 people per year
* The age adjusted rate of meningioma is 4.53 per 100,000 people per year
* The age adjusted rate of haemangioblastoma is 0.9 per 100,000 per year
* The age adjusted rate of pituitary adenoma is 0.92 per 100,000 per year

There were 114 staff members over a period of 11 years. Thus the person-years of this cohort are 1,254. Using the above incidence rates the number of each tumor type that would be expected is:
* Expected glioblastomas are 0.038. The observed/expected ratio is 26.
* Expected meningiomas are 0.11. The observed/expected ratio is 8.8
* Expected haemangioblastomas are 0.011. The observed/expected ratio is 89.
* Expected pituitary adenomas are 0.012. The observed/expected ratio is 87.

6.1 Royal Navy - BR2924 Radiohazards in the Naval Service, (Vols. 1 and 2).

6.2 Royal Air Force - CESO(RAF) Branch Guidance Ref. 01/05.

6.3 Army - Army Code No. 63723.

DUTIES

Commanding Officer (CO) and Head of Establishment

7 The Commanding Officer (CO) has a duty to the Secretary of State, and a personal responsibility, to protect the environment and secure the health, safety and welfare of their staff at work. The CO is also required to protect persons not in MOD employment (e.g. members of the public) against risks to their health and safety arising from the MOD work activities. This includes radiation safety. The CO's authority (but not responsibility) for radiation safety management arrangements may be delegated to appropriate personnel, such as a Radiation Safety Officer (RSO).

Radiation Safety Officer (RSO)

8 Radiation Safety Officers are to ensure that they are familiar with the specific radiation hazards at the establishments or vessels for which they are responsible, and that adequate radiation protection arrangements are made to minimise the radiation hazards.

FOCAL POINT AUTHORITIES FOR RADIOFREQUENCY RADIATION

9 The single service focal point authorities are listed at Table 1.

HAZARDS

10 The perceptible biological effects of exposure to RF radiation are mainly thermal and acute in nature. These effects may take the form of warming of the body either through resonance effects or induced currents. The effects may be mild, such as prickling of the hairs and small static shocks, increasing in severity to large static shocks, through to deep thermal burns which may be caused by grasping transmitting antennae. Effects similar to tinnitus have been experienced by some exposed personnel. RF radiation may, in some cases, cause interference with personal medical devices such as pacemakers and hearing aids. It should be noted however, that biological damage may be caused by exposure to RF radiation which is below the threshold of perception.

REFERENCE LEVELS

11 Reference levels for direct measurement of non ionising radiation are detailed in JSP 375 Vol 2, Leaflet 22 (see Related Leaflets paragraph below). Exposures at or below these levels are to be reduced so far as is reasonably practicable, but are otherwise tolerable and do not require further investigation. Exposures above reference levels may still conform with HPA/RPD guidance, but must be referred to the focal point authority for radiation safety listed at Table 1.