

-----Original Message-----

From: sue.grey@ts.co.nz [mailto:sue.grey@tasman.net]

Sent: Saturday, 25 June 2011 8:08 a.m.

To: John & Rosemary Adams

Subject: Dr Black

Hi John and Rosemary

Here is my exchange with Dr Black over the last few days.

i intend to take it further and will keep you posted.

Kind regards

Sue Grey

Begin forwarded message:

From: "David Black" <David@evx.co.nz>

Date: 24 June 2011 6:54:45 PM NZST

To: "sue.grey@ts.co.nz" <sue.grey@tasman.net>

Cc: <a.woodward@auckland.ac.nz>, "Martin Gledhill"

<Martin_Gledhill@nrl.moh.govt.nz>, <chris.auchinvole@parliament.govt.nz>, "Maryan

Street" <maryan.street@parliament.govt.nz>,

<nick.smith@parliament.govt.nz>, <nicky.wagner@parliament.govt.nz>,

<sue.kedgley@parliament.govt.nz>, <tony.ryall@parliament.govt.nz>

Subject: Final Comments

Sue

My thesis was titled "Evidence Based Rationale for Standards Providing Protection for Human Populations Against Health Effects of Ultra High Frequency Radiofrequency Radiation". I understand that there will be a copy of it in the University of Auckland library. The MD has no supervisor (it is an unsupervised degree) and the University did not advise me who the assessors were. As I have stated previously, I am a medical practitioner and have never been or claimed to be a researcher other than in a minor assistance role. You are quite correct, the papers published in 2003 were written in collaboration with research scientists. Those papers are reviews, I understand still often cited and relied on. My practice and advice that I give relies on peer reviewed evidence of others as published in the literature. My role over the years has been to understand the science, explain and teach to others and apply it in the interest of Public Health.

My MD was intended to give an account and examples of this work, the original proposal was accepted on that basis and the submitted work met the University's requirements.

I have answered all of your questions relevant to my practice and now respectfully advise that this correspondence is closed.

Regards

David Black

>>> "sue.grey@ts.co.nz" <sue.grey@tasman.net> Friday, 24 June 2011 2:39 p.m. >>>
Dear David

Overnight I have been trying to understand and reconcile your most recent comments with those that you sent earlier yesterday.

My understanding based on your replies is :

1 you did not submit any original research for your thesis for your Doctor of Medicine Degree despite the criteria for that degree being two 60 point theses.

Named Doctoral Courses

MEDSCI 896A

(60 Points)

MEDSCI 896B

(60 Points)

Thesis

To complete this course students must enrol in MEDSCI 896 A and B

The papers you have referred to were both published in 2003 (9 years ago) and were both joint efforts with others (Eleanor Adair and Louis Heynick)- not your own original research.

My experience with thesis is that they typically must be novel research and that they require certification that they are the author's own original work and have not been published elsewhere.

i do not understand your claim that your thesis cannot be made publicly available because parts of it have been published elsewhere. This seems to contradict the very fundamental requirement that it be original work.

My interest is in ascertaining exactly what original research you submitted for your doctorate that was awarded in May 2010, (not what you and others co-wrote 9 years ago).

For the avoidance of any doubt please confirm again the full name of your thesis (or theses) and the date it was/they were submitted to the University, and the names of your supervisor/s and assessors.

The qualifying requirements for your Doctor of Medicine degree seem incredibly light compared for example to the very extensive original thesis submitted by Donald Maische for his Phd on a similar topic "***The Procrustean Approach - Setting Exposure Standards for Telecommunications Frequency Electromagnetic Radiation***" which explains in considerable detail some of the tactics used by the Telecommunications industry (borrowed from the tobacco industry) to obfuscate public health issues and to try to re-define "harm" in such a way as to justify standards that offer the public nowhere near the level of protection that environmental law demands.

2 Your claim that "evidence does not support chronic or cumulative effects from RF" does not explain why you believe no new NZ standard is required, and it seems to be in conflict with your earlier emails that you agree with the WHO.

Please can you specify exactly what evidence you rely on to support your claim and how you reconcile this with the extensive work which shows clear links between RF EMR exposure and biological effects, for example in the 2007 Bioinitiatives Report.

I note from the 19 September 2007 minutes of the Interagency Committee on the Health Effects of Non-Ionising Fields that it considered the Bioinitiative Report. Mr Gledhill is recorded as advising that the "*conclusions were at odds with WHO*" (which of course has recently updated its views)....

You are reported as advising that [Dr Black] "*doesn't place weight on reports that reinterpret research findings and that this report does not include any new research. It has not been published in a scientific journal and so is lacking scientific status*"

Similarly Bruce Rapley displayed on the inside NZ Documentary the damage that exposure to RF EMR causes to the DNA of living cells. This is very similar to the type of research and DNA damage established by Mr Rapley's colleague (Al Rowland) that was accepted by the UK courts in the British War Veterans case (from exposure to nuclear radiation on navy vessels)

is is a correct summary of your views to say that: a) the only "reports that reinterpret work of others" that you place weight on, are your own such reviews AND b) you recognise the research and interpretation of international experts only if published in a journal that you approve of?

If so, your analysis fits remarkable well within the type of example cited by Don Maishe in his PhD explaining tactics the Telecommunications industry and its paid advisors use to try to exclude important research and analysis to obfuscate serious health concerns.

Surely good science requires all research to be on the table for consideration on its merits - rather than excluding "inconvenient research " to try to make a dated hypothesis fit.

3 You must surely appreciate that the combination of the NZS2772:1 and NES mean that there is no provision to enforce part 10 of the NZS2772:1. Further NZS2772:1 could be several orders of magnitude out in the "safe" limits it and the NZ government suggest, bearing in mind that NZS2772:1 was intended to protect only against known acute effects ie burns, shocks and death- and not chronic, cumulative, carcinogenic or other biological effects.

i look forward to your comments in reply.

Thanks

Sue Grey

On 23/06/2011, at 4:51 PM, David Black wrote:

Hi again Sue

The evidence does not support chronic or cumulative effects from RF. NZS is precautionary because it requires exposure limitation. My understanding of the European Standards is from personal discussions with my colleagues at scientific meetings. My theses is in the UofA Library, it is on the rationale for the current approach to Standards and does not consider athermal effects because the Standards don't. You can't get a copy of it because it includes material I wrote and was published elsewhere. You would get the same information looking at the original published work in Bioelectromagnetics & the CRC Handbook.

Black DR, Heynick LN.

Bioelectromagnetics. 2003;Suppl 6:S187-95. Review.

Adair ER, Black DR.

Bioelectromagnetics. 2003;Suppl 6:S17-38. Review.

Handbook of Biological Effects of Electromagnetic Fields, Third Edition - 2 Volume Set

Editor(s): Frank S. Barnes, *University of Colorado, Boulder,*

USA; Ben Greenebaum, University of Wisconsin, Kenosha, USA

Series: [Handbook of Biological Effects of Electromagnetic Fields, 3Ed](#)

Regards

David Black

>>> "sue.grey@ts.co.nz" <sue.grey@tasman.net> Thursday, 23 June 2011 4:22

p.m. >>>

Dear David

i do not understand how you can continue to claim that the NZ Standard is precautionary when the Standard states that it was not designed to protect against chronic/cumulative/biological effects and the evidence is that these can and inevitably do occur at significantly lower levels than the acute effects (ie burns and death) that the NZS272:1 was designed to protect against.

i refer you to the foreword of NZS2772:1 on page 4 which explains how the NZS2772:1 exposure limits were set:

"... In setting limits ICNIRP/IRPA identified radiofrequency (RF) field values above which adverse biological effects could be confirmed by independent laboratory studies. These values were used as benchmarks. for example , for exposures in the frequency range above about 10MHz the benchmark was an absorption of RF power equivalent to a whole body average specific absorption rate (SAR) of 4W/kg...."

To derive exposure limits from this SAR benchmark, a safety factor of 10 was incorporated so that workers would not be exposed to more than 1/10th of this level (ie 0.4W/kg). for the general public , an additional safety factor of 5 was incorporated into the general exposure limits"

In other words the NZStandard NZS2772:1 are based on acute heating effects from RF EMR that are confirmed by independent laboratory studies, with a safety factor of x50 to allow for individual human variation (a safety margin of x10) and the difference between the resilience of workers in an occupational setting and members of the public who will include elderly, sick, people with pacemakers and other electronic body parts, pregnant women, babies, those who are electrosensitive, all of whom might potentially and who might be exposed 24/7 (a safety margin of x5).

The foreword of the NZS2772:1 1999 goes on to make clear that **non-thermal biological effects WERE NOT taken into account when setting the NZS2772:1 1999:**

"There is currently a level of concern about RF exposure which is not fully alleviated by existing scientific data. it is acknowledged that data regarding biological effects at levels below those determined in this standard are incomplete. However as these data are neither clear nor consistent, these have not been used in setting the levels for basic restrictions in the ICNIRP guidelines or this Standard. .. "

"

The NZS2772:1 itself recognises that "**Generally it is sensible in achieving service or process requirements to minimise unnecessary or incidental RF exposure**"... and also the obligations imposed under NZ law by Occupational health, safety and environment laws"

Unfortunately these protections and those in part 10 of the NZS2772:1 have largely been lost to the public as the result of the 2008 National environmental Standard (NES) and the advice of the Interagency Advisory Committee and the NRL what was provided to various Ministers, with the result that many communities are exposed to levels up to the maximum permitted in NZS2772:1 without their consent and without even any prior consultation.

Surely it cannot be disputed that with the benefit of hindsight and based on the new WHO/IARC advice of 31 May 2011, that the advice given by officials and so-called experts to various Ministers was extremely overconfident advice bearing in mind the limitations written into NZS2772:1 1999.

In these circumstances please could you clearly explain why you say the NZStandard 2772:1 1999 is precautionary and what if any parts or parts of the NZS2772:1 1999 you say were designed protect against any long term/cumulative/biological/carcinogenic effects of RF EMR.

Please also explain why you suggest that NZS2772:1 1999 meets the precautionary requirements of the law and does not need urgent review to reflect the latest WHO/IARC advice. Please also explain the evidence you rely on to support your claim that the standard adopted by Switzerland, Italy, Israel etc are not credible or genuinely enforced.

Please could you also clarify exactly where I can access a copy of your theses for your Doctor of Medicine degree, and the title of your thesis, as I could not understand the explanation you gave in your earlier email.

Thanks

Sue

On 23/06/2011, at 2:27 PM, David Black wrote:

Hi Sue

The Honorary status means that I do not have a salaried position. I help with postgraduate work, including assessment and assist with research. I am still accountable to the Head of School as a member of Faculty. There are a lot of academics in these positions at most universities.

I am confident that the NZS for RF is entirely adequate. I was personally responsible for adding in the precautionary clauses which were later copied in the Australian Standard. With the benefit of hindsight (that was 1998) they are not necessary but they do no harm.

All European National Standards are ICNIRP based and the same as New Zealand. The others you mention are not credible or genuinely enforced.

A lot of things are in Cat 2B including coffee. It doesn't change anything. The NZS has been robustly tested against the RMA in the EC in NZ and Australia. Check the definitive decision by Chief Judge Preston in the EC NSW, that is widely accepted as laying any doubt to rest about a precautionary approach.

Kind regards

David

>>> "sue.grey@ts.co.nz" <sue.grey@tasman.net> Thursday, 23 June 2011 1:25 p.m. >>>

Thank you David for your reply.

One of the issues I have is that an "honorary lectureship" is somewhat like having an honorary pregnancy or being an honourary amputee. Surely you either are a lecturer(pregnant or an amputee) or you are not... there is no place for the honorary part! I am concerned that this title suggests an academic position and independence that can exist only hypothetically.

Re the **May 2011 change in WHO/IARC view**, you must surely also now recognise that the NZS2772:1 is defective because:

- a) the Resource Management Act and NZ Health and Safety/OSH legislation and international environmental law all require a precautionary approach where any environmental risk is identified;
- b) NZS2772:1 currently purports to protect only against the acute/immediate effects of RF EMR. It provides no protection at all against any long term cumulative/carcinogenic or other biological effects. and
- c) the public currently bear all the risk of scientific uncertainty and the gaps in scientific knowledge, whereas surely the emitters of radiation should bear that risk.

Surely the logical extension of the WHO recognition of Class 2B status for RF EMR is that NZ urgently needs a new RF EMR standard to protect against chronic/biological effects from RF EMR and to ensure citizens are fully informed about the risks and state of scientific knowledge and therefore are in a position to give informed consent to any additional and optional RF EMR exposure for themselves, and their children.

The 2008 NES for Radio-frequency Radiation (pursuant to the RMA) currently allows new transmitters to be placed on any public lamppost outside homes, schools and workplaces provided NZS2772:1 1999 and various height requirements (to protect against visual effects) are met- without any formal requirement for consultation with the local authority or affected persons.

New Zealand is significantly out of step with Switzerland, Italy, Russia , Israel and other states which recognise the risk from low levels chronic biological/cumulative exposure - and accordingly our public are offered much less protection against unwanted RF EMR exposure. Those states prove it is possible to both enjoy the benefits of technology and have more precautionary standards.

There is a serious gap in NZ law which must urgently be addressed. I expect this would happen more quickly if you and others such as Mr Gledhill were to acknowledge the recent change in WHO/IARC view and publicly support the review of NZ law.

Thank you again for your time. As always Im very happy to discuss this further with you and your colleagues.

Sue Grey LLB(Hons), BSc, RSHDipPHI
ph 03 5450878

On 23/06/2011, at 10:14 AM, David Black wrote:

Hello Sue

Most of the information you request is in the public domain through the appropriate channels. My expert status has been tested on numerous occasions by the Environment Court.

I have retired from the ministerial advisory committee. Last week I was made the President elect of the Bioelectromagnetics Society. My views are orthodox, identical to those promoted by WHO. I have always been of the view (and said so many times) that RF would eventually be classified as 2B simply because of the volume of research which exists irrespective of its quality. My opinion is that RF does not cause cancer, that is a view which is widely held. However I support the 2B classification as it will facilitate further research.

I am an Honorary Senior Lecturer at the UofA. I am in Audiology because it is the best fit for my biophysics work and because I have been assisting with noise induced hearing loss research. UofA has never taught EMR safety - I taught in Occupational Medicine until the UofA exited that area. I am a practitioner, not a researcher. The only advice I ever give is in support of the orthodox standards, my views are identical to those of the Ministry of Health and the WHO. My job is always and only to explain this science.

The MD is an unsupervised degree. It explains and supports the current status quo of international opinion incorporating much of the material which I have given as advice and evidence over the years as well as substantial parts published elsewhere in Bioelectromagnetics and the CRC Manual. As such it is copyright but it can be viewed in the University Library. It is no more than an account of my work in this area over the years.

It is up to my peers and colleagues to decide if I am an expert. My Head of School is Professor Alistair Woodward whom I have copied in on this reply.

My formal qualifications are my medical degrees and ongoing medical specialist registration.

Best regards

David Black

David Black M.D. FAFOEM
Honorary Senior Lecturer in Environmental Medicine
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>>> "sue.grey@ts.co.nz" <sue.grey@tasman.net> Thursday, 23 June 2011 8:00

a.m. >>>

Dear Dr Black

i have observed with concern over the last few years some of the comments and claims that you have made to the NZ government and on the NZ media about your interpretation of the safety of RF EMR. My concerns about the quality, relevance and reliability of your comments have increased further since the release of the findings of the international experts who were on the WHO and IARD panel which came up with its recommendations of 31 May 2011 recognising that RF EMR should be a schedule 2B carcinogen.

I am very interested in understanding the basis for your claimed expertise and influence based on your qualifications and research and the representations you make about these on the media and in your own self-marketing.

i note for example that on your cv/bio for the BEMS website (www.bems.org) you are quoted as "*DAVID BLACK is a specialist Occupational and Environmental Physician and a Senior Medical Academic at the School of Population Health of the University of Auckland in New Zealand.*" Similarly a recent TV1 breakfast show report suggested you are a lecturer at Auckland University. My most recent copy of the minutes of the government's Interagency Committee on the Health Effects of Non-Ionising Radiation (which advises the Ministers of Health and the Environment) list you as being present as an academic from Auckland University.

My research into the School of Population Studies at Auckland University lists you as an **Honorary Lecturer** in the **audiology** department with no university contact details. There is no explanation of this role and I can find no reference to any course that you lecture currently (or have lectured recently) and no reference to any course you have ever lectured that is related to EMR or any similar topic.

i understand from your evidence in various hearings that you do not claim to have undertaken any significant research into EMR related issues. Your claims for expertise seem more related to you being a government advisor and expert witness. It appears that your only research with any possible relevance to EMR listed in your own cv is very limited and dates back to 2003.

i also note from your cv that you graduated from Auckland University in May last year with the Degree of Doctor of Medicine. The criteria for that degree (according to the Auckland University website) requires completion of a substantial thesis. I would be very grateful if you would kindly provide a copy of your thesis to me, as I am very interested in reading this. I am also very interested to know who your supervisors and assessors

were, the basis for your honorary lecturer status at the University and what benefits you and the university each get from that.

You will appreciate that the international concerns are increasing about the safety or otherwise of chronic/cumulative exposure to EMR and the stakes- including the future health of our children - are very high.

My own study of this issue over several years indicates that your views seem to be increasingly at odds with those of the world's leading international experts on EMR, including for example the May 2011 WHO advice and IARC. Meanwhile you continue to have a prominent role in advising the NZ government.

i would be very grateful if you would urgently provide copies of the information i have requested, and any other information you have to justify your claims to be an independent academic who is sufficiently qualified and competent to criticise the views of the WHO and IARC on EMR; to restate the findings of the International Interphone Study in different terms to those who participated in the study; and to advise and be formally relied on by the NZ government.

If I have misunderstood any of the above matters I would be grateful if you would urgently correct me and explain where I got it wrong.

i am copying this letter to relevant Ministers and Select Committee Members who in the past have relied on your advice so they are alerted to my concerns. I would be grateful if you would copy them in to your reply to me.

Thanks

Sue Grey LLB(Hons), BSc, RSHDipPHI and concerned mother of three.