**Meet the research team**

Chief Investigator: **Prof. Rodney Croft**, PhD in psychology
Prof Croft has all the psychologist's tact required to make it sound like he is taking this issue seriously, but time and time again he keeps coming back to the same conclusion of no established link between EMF and EHS. Why does he keep researching something that he repeatedly finds no link in? The steady supply of research money pays his bills, perhaps. So he keeps sounding like he is open to discovering otherwise, so that he can grab another research grant, in some vain promise of discovering something new this time.

Co-Investigators:
**Dr. Sarah Loughran,** PhD in cognitive neuroscience and psychophysiology
While some of her research into the effects of mobile phone radiation during sleep (and Slideshow of study) concedes some noticeable effect, it seems unlikely that she will travel equipped during this 'travelling psychological study' to accurately measure the physiological effects upon EHS sufferers.

**Adam Verrender,** recent graduate, majored in psychology
Has worked with Sarah Loughran on sleep studies.
As a recent graduate, there is not much information available on Adam but if he's taking all these selfies with a mobile phone then participants will be hoping that he can leave his mobile phone at home.

**Associate Prof. Lena Hillert,** occupational medicine
Co-author of 'Do People With Idiopathic Environmental Intolerance Attributed to Electromagnetic Fields Display Physiological Effects When Exposed to Electromagnetic Fields? A Systematic Review of Provocation Studies'.
The abstract states:
*At present, there is no reliable evidence to suggest that people with Idiopathic environmental intolerance-EMF experience unusual physiological reactions as a result of exposure to EMF. This supports suggestions that EMF is not the main cause of their ill health.*

And no doubt Prof Hillert will steer this research team towards finding that psychological causes underlie the EHS sufferer's ill health.

**Dr. Gunnhild Oftedal,** PhD in Psycho-Physio Acoustics
Co-author of 'Are some people hypersensitive to Electro-Magnetic Fields?' which states, *'The symptoms experienced by people who report EHS are undoubtedly real and can sometimes have a dramatic effect on a person's quality of life. However, well-designed experimental studies have repeatedly demonstrated that these symptoms are not triggered by exposure to EMF. Scientific studies have also failed to identify any physiological changes in people with EHS as a result of exposure to EMF that might account for or accompany their symptoms. Further work to understand alternative, non-EMF related, causes of these symptoms is now required.'*

Presumably Gunnhild's contribution to this proposed study will be to steer investigations away from looking at EMF causes.

**Dr. James Rubin**, PhD in psychology
Co-author of 'Possible psychological mechanisms for "wind turbine syndrome"' in which the abstract states:
*Several psychological mechanisms might account for symptoms attributed to wind turbines. First, the "nocebo effect" is a well-recognized phenomenon in which the expectation of symptoms can become self-fulfilling. Second, misattribution of pre-existing or new symptoms to a novel technology can also occur. Third worry about a modern technology increases the chances of someone attributing symptoms to it. Fourth, social factors, including media reporting and interaction with lobby groups can increase symptom reporting.*

Also, a response to one of Dr. Rubin's EHS studies
and a response to his study titled, 'Idiopathic Environmental Intolerance Attributed to Electromagnetic Fields: A Content Analysis of British Newspaper Reports.'

**Dr. Vitas Anderson,** PhD biophysics
Author of 'Reply to comments submitted by Dr James Lin on 11 July 2013'
In which he states:
*'Many mechanisms for adverse RF effects have been proposed in the literature and were duly reviewed by the ICES subcommittees. However only heating, electrostimulation and high field effects were considered as credible possibilities for causing adverse effects.*
*In my view, given a fairly comprehensive study of this area in several thousands of diverse studies conducted over more than 60 years, and given constraints imposed by well-established laws of physics there is exceedingly little prospect of discovering a new established mechanism for RF induced harm. In that case, I agree with the approach taken by both IEEE ICES and ICNIRP to shape standards in the most effective way possible for protection against the adverse effects that we do know about.'*

It seems that Dr Anderson feels he has arrived at the full extent of attainable knowledge on the issue of EMF health effects and that there is little more new knowledge to be gained by further research in this area.

Mary Redmayne summarises Dr Anderson's contribution to 'ICNIRP and Science & Wireless in Wollongong, 2014' with:
*'He (Dr Anderson) asked whether it's possible to suffer RF injury without discomfort or pain. Finally asking "Can we manage excessive RF with common sense? Do we need limits or guidelines?"'*
In question and answer time Steve Weller said to Dr Anderson, "You're being disingenuous. I'm EHS. My case is real. Perception has nothing to do with my health. It's not psychological, to which Dr Anderson disagreed.

It would appear that there are some gaps and misunderstandings in Dr Anderson's knowledge of EHS that need addressing.

Everyone, both the educated and uneducated alike, is susceptible to confirmation bias, i.e, excluding information that does not support their beliefs. 'Experts' who believe in the nocebo effect are prone to seize upon the evidence that upholds this view and discard any evidence that EHS symptoms reported are genuinely experienced and not a matter of pure chance. Likewise, just as EHS people are susceptible to blame the smart meter for their headache, so are psychologists prone to blame people's health problems on psychological, not physiological, causes. We all look for answers primarily within our area of expertise.

This research group is stacked with researchers whose background is in psychology. EHS is not a psychological disorder; it is a physiological reaction to an environmental toxin (EMF) and some of the symptoms are visible and invisible physical in nature and some of the reactions are psychological. (Which person, when confronted by a grizzly bear, would calmly stand there in the face of imminent danger? The fight or flight response is both psychological and physiological in nature.)

These researchers keep popping up together as co-workers in cosy little research groups and they must enjoy the opportunity of working again with people who agree with each other. No mind-challenging opposing views to be dealt with. Heaven forbid that one of them should have an awakening and rejoin the team on a new project with a different view from everyone else. I'm sure they wouldn't get recommended to join the happy little team on the next research project.