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Freedom of Speech | Question 2–1

Question 2–2

Freedom of Religion | Question 3–1

Question 3–2

Freedom of Association | Question 4–1

Question 4–2

Freedom of Movement | Question 5–1

Question 5–2

The Commonwealth Radiocommunications Act 1992, and the Radiocommunications (Electromagnetic Radiation — Human Exposure) Standard 2014 made under section 162(1) unjustifiably interferes with freedom of movement for people like me who suffer from sensitivity to microwave emissions from mobile phone base stations, wireless smart meters and WiFi. This sensitivity is classified as an idiopathic environmental intolerance by the WHO and also labelled as Electromagnetic Hypersensitivity or EHS. The government is allowing the Telecommunications bodies to install towers close to houses, schools, on top of supermarkets and hospitals. The public has very little control to stop these activities. Government is installing free public WiFi in our cities, libraries, schools, public transport etc. For people who experience disabling symptoms in the presence of this technology it creates discrimination and accessibility problems (seriously restricts freedom of movement).

An excerpt from the UN Convention on the Rights of Persons with Disabilities which Australia ratified on 17 July 2008

Article 9 - Accessibility

1. To enable persons with disabilities to live independently and participate fully in all aspects of life, States Parties shall take appropriate measures to ensure to**persons with disabilities access, on an equal basis with others, to the physical environment, to transportation**, to information and communications, including information and communications technologies and systems,**and to other facilities and services open or provided to the public, both in urban and in rural areas.** **These measures, which shall include the identification and elimination of obstacles and barriers to accessibility,** shall apply to, inter alia:

1. Buildings, roads, transportation and other indoor and outdoor facilities, including schools, housing, medical facilities and workplaces;
2. Information, communications and other services, including electronic services and emergency services.

2. States Parties shall also take appropriate measures to:

1. Develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public;
2. Ensure that private entities that offer facilities and services which are open or provided to the public take into account all aspects of accessibility for persons with disabilities;
3. Provide training for stakeholders on accessibility issues facing persons with disabilities;
4. Provide in buildings and other facilities open to the public signage in Braille and in easy to read and understand forms;
5. Provide forms of live assistance and intermediaries, including guides, readers and professional sign language interpreters, to facilitate accessibility to buildings and other facilities open to the public;
6. Promote other appropriate forms of assistance and support to persons with disabilities to ensure their access to information;
7. Promote access for persons with disabilities to new information and communications technologies and systems, including the Internet;
8. Promote the design, development, production and distribution of accessible information and communications technologies and systems at an early stage, so that these technologies and systems become accessible at minimum cost

I was forced to relocated to Queensland from Victoria to escape the pain I was experiencing on a daily basis because of the short sighted government policy to mandate the installation of smart meters on all homes. This was further exacerbated by the Utilities, who I believe were reckless when they chose wireless technology as the means to transmit data in full knowledge that the IARC classified Wireless transmitters as a Group 2B potential carcinogen. I am forced to avoid many places due to the effects I suffer when I am in environments that have WiFi, Mobile Phone towers etc.

When we raise complaints to the government on the issue we find ourselves being stone walled or buck passed from one department to another. No Government department wants to take responsibility. The main offenders are the Australian Communication and Media Authority (ACMA), Australian Radiation Protection and Nuclear Safety Agency (ARPANSA) and department of Health (both federal and state) who refuse to acknowledge our condition is linked to rising levels of electromagnetic radiation and they are unwilling to investigate the problem.  Australia’s RF Standard as well as the WHO definition that EHS is not a medical diagnosis are both used as an excuse for inaction.

Australia's RF Standard (RPS3) is based on 17 year old RF Guidelines established by the International Commission on Non-Ionizing Radiation Protection (ICNIRP). Both documents are not the last word on safety nor do they consider the vulnerable section of the community. 40% of the world’s population enjoy a significantly better level of protection than we do here in Australia with some countries having safety margins a 100 to 1000 times less than what is prescribed by RPS3.   ARPANSA scientists claim that our standard (RPS3) provides a high level of protection to all people and health status which is not matching what ICNIRP scientists say in their 2002 Philosophy statement and repeated verbally at the recent ICNIRP conference held in Wollongong, November 2014. ICNIRP says that the 1998 RF Guidelines are for acute exposures only and that an update is forthcoming to address chronic exposures and those who are considered vulnerable as they may not currently be protected.

Australia's RF standard only considers known thermal effects from short term acute exposures  (6 minutes of exposure) while completely disregarding biological effects that have potential health implications shown in 50+ years of research to occur below the basic restrictions repeatedly. We are being fobbed of by claims the evidence is not consistent or substantiated. No one in this country is really investigating. It should be known that 10 out of 14 international studies in the WHO database shows Cell phone Towers are causing subjective symptoms (headaches, insomnia, cognitive impairment, dizziness etc.) and could be contributing to serious health problems such as cancer. Not one community study has been performed in this country over the last 30 years to verify mobile base stations do not cause health issues. Any requests by the public for the Government to rectify this deficiency are ignored.

EHS is not a new phenomenon with Allan Frey documenting subjective symptoms back in 1961.

“*The first American to publish on the microwave hearing effect was Allan H. Frey, in 1961. In his experiments, the subjects were discovered to be able to hear appropriately pulsed microwave radiation, from a distance of 100 meters from the transmitter. This was accompanied by side effects such as dizziness, headaches, and a pins and needles sensation*.”

The US Defence Intelligence Agency noted in their scientific report on microwaves in 1976 that:

1. “*Personnel*(military)*exposed to microwave radiation below thermal levels experience more neurological, cardiovascular, and haemodynamic disturbances than do their unexposed counterparts*.” (page 6)
2. *“Subjects (military personnel) exposed to microwave exhibited a variety of neurasthenic disorders against a background of angiodystonia (*abnormal changes in the tonicity of the blood vessels*). The most common subjective complaints were headache, fatigue, perspiring, dizziness, menstrual disorders, irritability, agitation, tension, drowsiness, sleeplessness, depression, anxiety, forgetfulness and lack of concentration.”*(page 8)

Some scientists in Australia are trying to conveniently pin this on a psychosomatic cause i.e. a nocebo effect as a result of reading about possible effects and becoming anxious and concerned resulting in symptom development. When in reality it is well known that some people are adversely effected by microwave Radiofrequencies as it has been documented in many studies (including military studies) over the last 50+ years. If EHS was purely psychological, it would mean that approx. 37,000,000 Europeans, 16,000,000 Americans and more than 500,000 Australians are suffering from "some kind of mutual mental disorder or illusion". The reality is that commercial and military interests appear to be placed above general health and wellbeing. There is reluctance to deal with this issue responsibly and with an open mind because of the implications on government “technical innovation” programs that depend on wireless infrastructure, liability to both the Government and the Industry should they recognise this debilitating condition is associated with electrification of our environment, not to mention the fallout on shareholders investments, manufacturing and jobs associated with this technology.

3-5% of the world’s population is considered to be EHS but this is likely to be significantly higher as many people who maybe experiencing headaches, insomnia and other subjective symptoms are yet to associate this with RF in their environment. EHS sufferers seem to be acceptable collateral damage in our pursuit of technology and wireless freedom.

Suggestions by the public to establish RF free zones in each state, which would be a potential solution for many sufferers while researchers investigate this further, is also falling on deaf ears.

Property Rights | Question 6–1

Question 6–2

Retrospective Laws | Question 7–1

Question 7–2

Fair Trial | Question 8–1

Question 8–2

Burden of Proof | Question 9–1

Question 9–2

Again the Commonwealth Radiocommunications Act 1992, and the Radiocommunications (Electromagnetic Radiation — Human Exposure) Standard 2014 made under section 162(1) is a major problem for EHS sufferers. ACMA regulates RF emissions and has adopted only a subset of Australia's RF Standard (RPS3) for the protection of the general public and excludes the Precautionary Principle/Approach section (RPS3 Annex 6). ACMA claims "*Inclusion of the precautionary principle in the ACMA regulatory instruments would place a regulatory burden on industry which would require strong justification. The ACMA does not discern that justification*." and "P*recautionary measures can be voluntarily undertaken by consumers (including schools) if they are inclined to reduce their exposure to EME. ARPANSA currently publishes guidance on this issue*." Unfortunately industry profits appear to be more important than health, also, personal precautionary measures are not available when transmitters are installed on people houses near bedrooms and living rooms without consent (smart meters) or mobile/NBN wireless towers (which transmit 24x7) being deployed in close proximity to public housing and public areas.

The ACMA is not only the regulator of the RF spectrum but also makes a significant amount of money from spectrum licensing. This is seen to be a serious conflict of interest. When the IARC classified RF as a Group 2B carcinogen this should have triggered the precautionary approach. This action shifts the burden of proof from the individuals to the wireless manufacturers or bodies responsible for the deployment of Wireless equipment into our environment to provide proof of safety. However this has not happened. None of these devices and transmitters have been formally tested for health and safety. Everyone assumes that Australia’s RF Standard provides this proof but it clearly does not because it states that “*Scientific studies are designed not to give ‘proof’, but are designed to disapprove or ‘falsify’ the current hypothesis or accepted viewpoint on an issue*” (RPS3 p 80). ARPANSA also admits that there are gaps in knowledge and not all is known when it comes to athermal effects below basic restrictions so we ignore them.

The medical and scientific fraternities in general have very little knowledge about RF and potential health effects. ARPANSA and ACMA recommend people to go seek medical treatment but the medical profession on a whole has no experience or the necessary tools to correctly identify and treat EHS sufferers. In some case EHS sufferers are misdiagnosed, given unnecessary and inappropriate drugs or psychiatric treatment that does nothing to eliminate symptoms or the cause of the problem. As individuals, we do not have access to the equipment and tools necessary to prove our condition is related to EMF exposure. Anecdotal evidence is not considered sufficient. I have performed numerous provocation tests on myself in the past with wireless equipment and am very clear in my mind what is setting me off. My first experience of EHS was in 2001 when I first used a wireless router. I was not even aware that there may be dangers associated with this technology, and being a person who works in IT, I have always considered myself an early adopter of technology. I certainly had no preconceived ideas relating to wireless and potential health effects. I think it is high time we get fresh eyes looking at the problem who do not have close connections with the Industry or are not compromised by Government self interests.

Privilege against Self-incrimination | Question 10–1

Question 10–2

Client Legal Privilege | Question 11–1

Question 11–2

Strict and Absolute Liability | Question 12–1

Question 12–2

Appeal from Acquittal | Question 13–1

Question 13–2

Procedural Fairness | Question 14–1

Question 14–2

Delegating Legislative Power | Question 15–1

Question 15–2

Authorising what would otherwise be a Tort | Question 16–1

Question 16–2

Executive Immunities | Question 17–1

Question 17–2

Judicial Review | Question 18–1

Question 18–2

Others Rights, Freedoms and Privilege | Question 19–1

Other comments?

File 1

File 2