

Minister for Health
Parliament House
CANBERRA ACT 2600

25 April 2016

Dear Sir/Madam

In early 2005 I was suddenly struck down with multiple puzzlingly symptoms of damaged health. Once I could re-create symptoms "at will" it positively identified wireless transmitters. I didn't then even know what electromagnetic radiation (EMR) was but I soon learned and I found out that it was electromagnetic hypersensitivity (EHS) that struck me down. EHS has cost me very dearly: Police Department career and sale of our Sydney family home to lone rural living away from all I knew.

EMR can be very dangerous to EHS sufferers:

One of my 2005 symptoms was a heart that when exposed to an EMR source would suddenly go berserk increasing to well over 100 beats per minute so I purchased my own BP (blood pressure) machine and soon noted when my heart rate went berserk BP would go from a normal 120/80 to 160/90 in 30 minutes and 200/100 in one hour. Fortunately I managed to quickly obtain a limited range (60cm diameter sphere) radiation transformer for my breast pocket that limits the berserk increases.

Sweden long ago learned hospital generated EMR caused severe reactions and even death to EHS persons, so by 2011 at least 8 hospitals had been modified to provide very low radiation areas. In comparison, Australian hospitals are currently madly installing wireless networks. Later built Swedish hospitals, e.g. Kalmar, are designed to shield patients from radiation. With EHS increasing and the expected escalation (Austria's Public Health projected that 50% of the World will have some form of EHS by 2017) this is something that Australian hospital designers should incorporate in designs so that future expensive modifications are kept to a minimum. For further comment on EHS escalation see Mark White's August 2015 newspaper article 'Brain on Fire' saying "the post went viral".

Given all the above, I think it would be wise to send a fact-finding team (particularly including doctors) to Sweden as a matter of urgency as to do any less would be criminal negligence. Coroners have probably already dealt with suspicious deaths in hospitals where no satisfactory reason was determined and probably many were heart attacks not related to the reason for the deceased being admitted. As an EHS sufferer whose heart rate goes berserk near EMR sources these matters concern me greatly, not only for myself but also for other sufferers with similar life-threatening EMR reactions.

Given that EMR's serious effects and death have been known from the Swedish investigations for something like sixteen years, *what is Australia doing to minimise and remove risks within our hospitals for the EHS sufferer and are these risks being conveyed to all who need to know, e.g. Coroners, Doctors, Hospital Administrations, etc?*

Yours sincerely

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