

Table 1-1 BioInitiative Report Overall Conclusions

OVERALL SUMMARY OF CONCLUSIONS

- The existing ICNIRP and FCC limits for public and occupational exposure to ELF and RF are insufficiently protective of public health.
- Biologically-based public and occupational exposure standards for extra-low frequency and radiofrequency radiation are recommended to address bioeffects and potential adverse health effects of chronic exposure to ELF and RF. These effects are now widely reported to occur at exposure levels significantly below most current national and international limits.
- A biologically-based exposure limit is one that is protective against ELF and RF intensity and modulation factors which, with chronic exposure, can reasonably be presumed to result in significant impacts to health and well-being.
- Research is needed (but should not delay) regulatory action for ELF and substantive preventative action for RF proportionate to potential health and wellbeing risks from chronic exposure.
- A biologically-based exposure limit should reflect current scientific knowledge of bioeffects and health effects, and impose new limits based on preventative action as defined by the Precautionary Principle (EEA, 2001).
- Biologically-based exposure standards shall be protective against exposures levels of ELF and RF that affect or change normal biological functioning of organisms (humans). They shall not be based solely on energy absorption or thermal levels of energy input, or resulting tissue heating. They shall be protective against chronic exposure responses.
- The existing standards are based on thermal (heating) limits, and do not address non-thermal (or low-intensity) exposures which are widely reported to cause bioeffects, some likely leading to adverse health effects with chronic exposure.
- Biological effects may include both potential adverse health effects and loss of homeostasis and well-being.
- Biologically-based exposure standards are needed to prevent disruption of normal body processes. Effects are reported for DNS damage (genotoxicity that is directly linked to integrity of the human genome), cellular communication, cellular metabolism and repair, cancer surveillance within the body; and for protection against cancer and neurological diseases. Also reported are neurological effects including impairment of sleep and sleep architecture, cognitive function and memory; depression; cardiac effects; pathological leakage of the blood-brain barrier; and impairment of normal immune function, fertility and reproduction.
- Frequency, intensity, exposure duration, and the number of exposure episodes can affect the response, and these factors can interact with each other to produce different effects. In addition, in order to understand the biological consequences of EMF exposure, one must know whether the effect is cumulative, whether compensatory responses result, and when homeostasis will break down.
- Plausible biological mechanisms that can account for genotoxicity (DNA damage) are already well known (oxidative damage via free-radical actions) although it should also be said that there is not yet proof. *However, proof of mechanism is not required to set prudent public health policy, nor is it mandatory to set new guidelines or limits if adverse health effects occur at lower-than-existing IEEE and ICNIRP standards.*

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OVERALL SUMMARY OF CONCLUSIONS (continued)

- The SCENIHR report (2007) states that “for breast cancer and cardiovascular disease, recent research has indicated that an association with EMF is unlikely.” The WHO ELF Health Criteria Monograph (2007) states “The evidence does not support an association between ELF exposure and cardiovascular disease” and “(T)he evidence for breast cancer was also considered to be effectively negative, while for other diseases it was judged to be inadequate.” Neither conclusion is supported by any finding by IARC that would classify EMF as Class 4 (Not A Carcinogen), so it is premature for either group to dismiss the evidence for EMF as a potential risk factor for either breast cancer or for cardiovascular disease.
- The standard for taking action should be precautionary; action should not be deferred while waiting for final proof or causal evidence to be established that EMF is harmful to health and well-being.
- There is great public concern over increasing levels of involuntary exposure to radiofrequency and ELF-modulated radiofrequency exposures from new wireless technologies; there is widespread public resistance to radiofrequency and extra-low frequency radiation exposures which are allowable under current, thermally-based exposure standards.
- There is inadequate warning and notice to the public about possible risks from wireless technologies in the marketplace, which is resulting in adoption and use of technologies that may have adverse health consequences which are still unknown to the public. There is no “informed consent”.
- No positive assertion of safety can be made by governments that continue to support and enforce exposure limits for RF and ELF based on ICNIRP or IEEE criteria (or the equivalent). Governments that are considering proposals to relax existing RF and ELF standards should reject these proposals given the weight of scientific evidence that is available; and the clear disconnect between existing public safety limits and their responsibility to provide safe and healthful living environments for all segments of affected populations.

Section 5 Genotoxicity Based on Proteomics

- EMF exposure can change gene and/or protein expression in certain types of cells, even at intensities lower than ICNIRP recommended values.
- The biological consequences of most of the changed genes/proteins are still unclear, and need to be further explored.
- The EMF research community should pay equal attention to the negative reports as to the positive ones. Not only the positive findings need to be replicated, all the negative ones are also needed to be validated.
- The IEEE and WHO data bases do not include the majority of ELF studies (only 6 of 14 in the WHO; 0 of 16 in IEEE); they do include the majority of the RF studies (14 of 16).

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Section 6 Genotoxicity (DNA Damage from RF and ELF)

- Toxicity to the genome can lead to a change in cellular functions, cancer, and cell death. One can conclude that under certain conditions of exposure RF is genotoxic. Data available are mainly applicable only to cell phone radiation exposure. One study reports that RF at levels equivalent to the vicinity of base stations and RF- transmission towers is genotoxic and could cause DNA damage (Phillips et al., 1998).
- RF may be considered genotoxic (cause DNA damage). Of 28 total studies on radiofrequency radiation (RF) and DNA damage, 14 studies reported effects (50%) and 14 reported no significant effect (50%). Of 29 total studies on radiofrequency radiation and micronucleation, 16 studies reported effects (55%) and 13 reported no significant effect (45%). Of 21 total studies on chromosome and genome damage from radiofrequency radiation, 13 studies (62%) reported effects and 8 studies (38%) reported no significant effects.
- During cell phone use, a relatively constant mass of tissue in the brain is exposed to radiation at relatively high intensity (peak SAR of 4 - 8 W/kg). Several studies have reported DNA damage at lower than 4 W/kg.
- Since critical genetic mutations in one single cell are sufficient to lead to cancer and there are millions of cells in a gram of tissue, *it is inconceivable* that the base of the IEEE SAR standard was changed from averaged over 1 gram of tissue to 10 grams.
- Frequency, intensity, exposure duration, and the number of exposure episodes can affect the response, and these factors can interact with each other to produce different consequences. In order to understand the biological consequence of exposure, one must understand whether the effect is cumulative, whether compensatory responses result and when homeostasis will break down. The choice of cell type or organism studied can also influence the outcome.
- Extremely-low frequency (ELF) has also been shown to be genotoxic and cause DNA damage. Of 41 relevant studies of genotoxicity and ELF exposure, 27 studies (66%) report DNA damage and 14 studies (44%) report no significant effect.

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Section 7: Stress Response

- Scientific research on stress proteins has shown that the public is not being protected from potential damage that can be caused by exposure to EMF, both power frequency (ELF) and radio frequency (RF).
- Cells react to an EMF as potentially harmful by producing stress proteins (heat shock proteins or hsp).
- Direct interaction of ELF and RF with DNA has been documented and both activate the synthesis of stress proteins.
- The biochemical pathway that is activated is the same pathway in both ELF and RF and it is non-thermal.
- Many biological systems are affected by EMFs (meaning both ELF and RF trigger stress proteins).
- Many frequencies are active. Field strength and exposure duration thresholds are very low.
- Molecular mechanisms at very low energies are plausible links to disease (e.g., effect on electron transfer rates linked to oxidative damage, DNA activation linked to abnormal biosynthesis and mutation). Cells react to an EMF as potentially harmful.
- Many lines of research now point to changes in DNA electron transfer as a plausible mechanism of action as a result of non-thermal ELF and RF.
- The same biological reaction (production of stress proteins) to an EMF can be activated in more than one division of the EM spectrum.
- Direct interaction of ELF and RF with DNA has been documented and both activate the synthesis of stress proteins.
- Thresholds triggering stress on biological systems occur at environment levels on the order of 0.5 to 1.0 μ T for ELF.
- DNA damage (e.g., strand breaks), a cause of cancer, occurs at levels of ELF and RF that are below the safety limits. Also, there is no protection against cumulative effects stimulated by different parts of the EM spectrum.
- The scientific basis for EMF safety limits is flawed when the same biological mechanisms are activated in ELF and RF ranges at vastly different levels of the Specific Absorption Rate (SAR). Activation of DNA to synthesize stress proteins (the stress response) is stimulated in the ELF at a non-thermal SAR level that is over a billion times lower than the same process activated by RF at the thermal level.
- There is a need for a biological standard to replace the thermal standard and to also protect against cumulative effects across the EM spectrum.
- Based on studies of stress proteins, the specific absorption rate (SAR) is not the appropriate measure of biological threshold or dose, and should not be used as a basis for a safety standard since it regulates against thermal effects only.

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Section 8 Effects on Immune Function

- Both human and animal studies report large immunological changes with exposure to environmental levels of electromagnetic fields (EMFs). Some of these exposure levels are equivalent to those of e.g. wireless technologies in daily life.
- Measurable physiological changes (mast cells increases, for example) that are bedrock indicators of allergic response and inflammatory conditions are stimulated by EMF exposures.
- Chronic exposure to such factors that increase allergic and inflammatory responses on a continuing basis may be harmful to health.
- It is possible that chronic provocation by exposure to EMF can lead to immune dysfunction, chronic allergic responses, inflammatory responses and ill health if they occur on a continuing basis over time. This is an important area for future research.
 - Specific findings from studies on exposures to various types of modern equipment and/or EMFs report over-reaction of the immune system; morphological alterations of immune cells; profound increases in mast cells in the upper skin layers, increased degranulation of mast cells and larger size of mast cells in electrohypersensitive individuals; presence of biological markers for inflammation that are sensitive to EMF exposure at non-thermal levels; changes in lymphocyte viability; decreased count of NK cells; decreased count of T lymphocytes; negative effects on pregnancy (uteroplacental circulatory disturbances and placental dysfunction with possible risks to pregnancy); suppressed or impaired immune function; and inflammatory responses which can ultimately result in cellular, tissue and organ damage.
- Electrical hypersensitivity is reported by individuals in the United States, Sweden, Switzerland, Germany, Denmark and many other countries of the world. Estimates range from 3% to perhaps 10% of populations, and appears to be a growing condition of ill-health leading to lost work and productivity.
- The WHO and IEEE literature surveys do not include all of the relevant papers cited here, leading to the conclusion that evidence has been ignored in the current WHO ELF Health Criteria Monograph; and the proposed new IEEE C95.1 RF public exposure limits (April 2006).
- The current international public safety limits for EMFs do not appear to be sufficiently protective of public health at all, based on the studies of immune function. New, biologically-based public standards are warranted that take into account low-intensity effects on immune function and health that are reported in the scientific literature.

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Section 9 Neurology and Behavioral Effects

- Effects on neurophysiological and cognitive functions are quite well established.
- Studies on EEG and brain evoked-potentials in humans exposed to cellular phone radiation predominantly showed positive effects (i.e., positive means the exposure has the ability to change brainwave activity even at exposure levels where no effect would be expected, based on traditional understanding and safety limits).
- There is little doubt that electromagnetic fields emitted by cell phones and cell phone use affect electrical activity in the brain.
- The behavioral consequences of these neuroelectrophysiological changes are not always predictable and research on electrophysiology also indicates that effects are dependent on the mental load of the subjects during exposure, e.g., on the complexity of the task that a subject is carrying out.
- Most of the studies carried out so far are short-term exposure experiments, whereas cell phone use causes long-term repeated exposure of the brain.
- In most of the behavioral experiments, effects were observed after the termination of RF exposure. In some experiments, tests were made days after exposure. This suggests a persistent change in the nervous system after exposure to RF.
- In many instances, neurological and behavioral effects were observed at a SAR less than 4 W/kg. This directly contradicts the basic assumption of the IEEE guideline criterion.
- Caution should be taken in concluding that a neurological effect resulted solely from the action of RF on the central nervous system because it is well known that the functions of the central nervous system can be affected by activity in the peripheral nervous system.

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Section 10 Brain Tumors and Acoustic Neuromas

- Studies on brain tumors and use of mobile phones for ≥ 10 years gave a consistent pattern of an increased risk for acoustic neuroma and glioma.
- Cell phone use > 10 years give a consistent pattern of an increased risk for acoustic neuroma and glioma, most pronounced for high-grade glioma. The risk is highest for ipsilateral exposure.

Section 10 Brain Tumors and RF - Epidemiology

- Only a few studies of long-term exposure to low levels of RF fields and brain tumors exist, all of which have methodological shortcomings including lack of quantitative exposure assessment. Given the crude exposure categories and the likelihood of a bias towards the null hypothesis of no association, *the body of evidence is consistent with a moderately elevated risk.*
- Occupational studies indicate that long-term exposure at workplaces may be associated with an elevated brain tumor risk.
- Although the population attributable risk is low (likely below 4%), still more than 1,000 cases per year in the US can be attributed to RF exposure at workplaces alone. Due to the lack of conclusive studies of environmental RF exposure and brain tumors the potential of these exposures to increase the risk cannot be estimated.
- Overall, the evidence suggests that long-term exposure to levels generally below current guideline levels still carry the risk of increasing the incidence of brain tumors.
- Epidemiological studies as reviewed in the IEEE C95.1 revision (2006) are deficient to the extent that the entire analysis is professionally unsupportable. IEEE's dismissal of epidemiological studies that link RF exposure to cancer endpoints should be disregarded, as well as any IEEE conclusions drawn from this flawed analysis of epidemiological studies.

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Brain Tumors and Acoustic Neuromas

Additional Data from Section 10

- Mobile phone use increases the risk of acoustic neuroma for persons using a mobile phone 10 years or longer by 30% (when used on both sides of head) to 240% (habitually used on one side of head). This information relies on a meta-analysis of several major studies. For acoustic neuroma studies by Lönn et al., (2004), Christensen et al., (2004) Schoemaker et al., (2005) and Hardell et al., (2006a) all giving results for at least 10 years latency period or more. Overall OR = 1.3, 95 % CI = 0.6-2.8 was obtained increasing to OR = 2.4, 95 % CI = 1.1-5.3 for ipsilateral mobile phone use (Lönn et al., 2004, Schoemaker et al., 2005, Hardell et al., 2006).
- There is observational support for the association between acoustic neuroma and the use of mobile phones since some studies report that the tumor is often located in an anatomical area with high exposure during calls with cellular or cordless phones (Hardell et al., 2003).
- Mobile phone use increases the risk of brain tumors (glioma) for persons using a mobile phone 10 years or longer by 20% (when used on both sides of head) to 200% (habitually used on one side of head). This information relies on a meta-analysis of several major studies. For glioma OR = 1.2, [95 % CI = 0.8-1.9] was calculated (Lönn et al., 2005, Christensen et al., 2005, Hepworth et al., 2006, Schüz et al., 2006, Hardell et al., 2006b, Lahkola et al., 2007). Ipsilateral use yielded OR = 2.0, [95 % CI = 1.2-3.4](Lönn et al., 2005, Hepworth et al., 2006, Hardell et al., 2006b, Lahkola et al., 2007).
- Cordless phone use is also associated with an increased risk for acoustic neuromas and brain tumors (both low-and high-grade gliomas (Hardell et al., 2006 a,b).
- The increased risk of acoustic neuroma from use of a cordless phone for ten years or more was reported to be 310% higher risk (when the cordless phone habitually used on the same-side of the head) in Hardell et al., 2006a.
- The increased risk of high-grade glioma from use of a cordless phone for ten years or more was reported to be 220% higher risk (when cordless used on both sides of head) to 470% higher risk (when cordless used habitually on same side of head) in Hardell et al., 2006b.
- The increased risk of low-grade glioma from use of a cordless phone for ten years or more was reported to be 60% higher risk (when cordless used on both sides of head) to 320% higher risk (when cordless used habitually on same side of head) in Hardell et al., 2006b.
- The current standard for exposure to microwaves during mobile phone use and for cordless phone use is not safe considering studies reporting long-term brain tumor risk.

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Section 11 Leukemia

- The balance of evidence suggests that childhood leukemia is associated with exposure to power frequency EMFs either during early life or pregnancy.
- Considering only average ELF (MF flux densities) the population attributable risk is low to moderate. However there is a possibility that other exposure metrics are much more strongly related to childhood leukemia and may account for a substantial proportion of cases. The population attributable fraction ranges between 1-4% (Kheifets et al., 2007); 2-4% (Greenland & Kheifets 2006); and 3.3% (Greenland, 2001) assuming only exposures above 3 to 4 mG (0.3 – 0.4 μ T) are relevant. However, if it is not average ELF (average MF flux density) that is the metric causally related to childhood leukemia the attributable fraction can be much higher. Up to 80% of childhood leukemia may be caused by exposure to ELF.
- Other childhood cancers except leukemia have not been studied in sufficient detail to allow conclusions about the existence and magnitude of the risk.
- IEEE guideline levels are designed to protect from short-term immediate effects, long-term effects, such as cancer are evoked by levels several orders of magnitudes below current guideline levels.
- Measures should be implemented to guarantee that exposure due to transmission and distribution lines is below an average of about 1 mG (0.1 μ T) and precautionary measures are warranted that can reduce all aspects of exposure.

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Section 12 Melatonin, Alzheimers Disease and Breast Cancer

- There is strong epidemiologic evidence that long-term exposure to ELF magnetic field (MF) is a risk factor for Alzheimers disease.
- There is now evidence that 1) high levels of peripheral amyloid beta are a risk factor for AD and 2) medium to high MF exposure can increase peripheral amyloid beta. High brain levels of amyloid beta are also a risk factor for AD and medium to high MF exposure to brain cells likely also increases these cells' production of amyloid beta.
- There is considerable *in vitro* and animal evidence that melatonin protects against Alzheimer's disease. Therefore it is certainly possible that low levels of melatonin production are associated with an increase in the risk of AD.
- There are insufficient studies to formulate an opinion as to whether radiofrequency MF exposure is a risk factor for AD.
- Some studies on EMF show reduced melatonin levels, There is sufficient evidence from *in vitro* and animal studies, from human biomarker studies, from occupational and light-at-night studies, and a single longitudinal study with appropriate collection of urine samples to conclude that high MF exposure may be a risk factor for breast cancer.
- There is rather strong evidence from case-control studies that longterm, high occupational exposure (≥ 10 mG or $1.0 \mu\text{T}$) to ELF magnetic fields is a risk factor for breast cancer.
- Seamstresses are, in fact, one of the most highly MF exposed occupations, with exposure levels generally above 10 mG ($1.0 \mu\text{T}$) over a significant proportion of the workday. They have also been consistently found to be at higher risk of Alzheimer's disease and (female) breast cancer. This occupation deserves attention in future studies.
- There are no studies of RF magnetic fields on breast cancer that do not exclude ELF magnetic field, so that predictions of RF magnetic field alone on breast cancer cannot be assessed at this time.

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Section 13 Melatonin – Cell and Animal Studies

- An association between power-frequency electromagnetic fields (ELF) and breast cancer is strongly supported in the scientific literature by a constellation of relevant scientific papers providing mutually-reinforcing evidence from cell and animal studies.
- ELF at environmental levels negatively affects the oncostatic effects of both melatonin and tamoxifen on human breast cancer cells at common environmental levels of ELF exposure at 6 to 12 mG (0.6 to 1.2 μ T). Epidemiological studies over the last two decades have reported increased risk of male and female breast cancer with exposures to residential and occupational levels of ELF. Animal studies have reported increased mammary tumor size and incidence in association with ELF exposure.
- ELF limits for public exposure should be revised to reflect increased risk of breast cancer at environmental levels possibly as low as 2 mG or 3 mG (0.2 to 0.3 μ T); certainly as low as 4 mG (0.4 μ T).

Section 14 Effects of Modulation of Signal

- There is substantial scientific evidence that some modulated fields (pulsed or repeated signals) are bioactive, which increases the likelihood that they could have health impacts with chronic exposure even at very low exposure levels.
- Modulation signals may interfere with normal, non-linear biological processes.
- Modulation is a fundamental factor that should be taken into account in new public safety standards; at present it is not even a contributing factor.
- To properly evaluate the biological and health impacts of exposure to modulated RF (carrier waves), it is also essential to study the impact of the modulating signal (lower frequency fields or ELF-modulated RF).
- Current standards have ignored modulation as a factor in human health impacts, and thus are inadequate in the protection of the public in terms of chronic exposure to some forms of ELF-modulated RF signals.
- The current IEEE and ICNIRP standards are not sufficiently protective of public health with respect to chronic exposure to modulated fields (particularly new technologies that are pulse-modulated and heavily used in cellular telephony).

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Section 14 Effects of Modulation of Signal (continued)

- The collective papers on modulation appear to be omitted from consideration in the recent WHO and IEEE science reviews. This body of research has been ignored by current standard setting bodies that rely only on traditional energy-based (thermal) concepts.
- More research is needed to determine which modulation factors, and combinations are bioactive and deleterious at low intensities, and are likely to result in disease-related processes and/or health risks; however this should not delay preventative actions supporting public health and wellness.
- If signals need to be modulated in the development of new wireless technologies, for example, it makes sense to use what existing scientific information is available to avoid the most obviously deleterious exposure parameters and select others that may be less likely to interfere with normal biological processes in life.
- The current membership on Risk Assessment committees needs to be made more inclusive, by adding scientists experienced with the research reporting non-thermal biological effects.
- The current practice of segregating scientific investigations (and resulting public health limits) by artificial divisions of frequency needs to be changed because this approach dramatically dilutes the impact of the basic science results and eliminates consideration of modulation signals, thereby reducing and distorting the weight of evidence in any evaluation process.

Section 15 Therapeutic Uses of EMF at Low-Intensity Levels

- EMFs are both a cause of disease, and also used for treatment of disease (at levels far below existing public exposure standards).
- Electromagnetic fields are widely used in therapeutic medical applications.
- Proof of effectiveness has been demonstrated in numerous clinical applications of low-intensity ELF and RF.
- EMFs have been shown to be effective in treating conditions of disease at energy levels far below current public exposure standards.
- Indiscriminate EMF exposure is ill advised at even at common environmental levels.
- Multiple sources of EMF exposure in daily life, and cumulative exposures to potentially harmful combinations of EMF are ignored – we don't even study it properly yet.

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Section 16 The Precautionary Principle

- The Precautionary Principle has been developed to help justify public policy action on the protection of health where there are plausible, serious and irreversible hazards from current and future exposures and where there are many uncertainties and much scientific ignorance. EMF is characterized by such circumstances.
- The lessons from the histories of most well known hazards show that precautionary- based yet proportionate measures taken in response to robust early warnings can avoid the kinds of costs incurred by asbestos, smoking, PCBs ,X rays etc. Such lessons are relevant to the EMF issue.
- Policymakers need to be aware of the systematic biases within the environmental health science against finding a true hazard, in order to not compromise scientific integrity. However, this bias can lead to the health of people or environments being compromised.
- The Precautionary Principle introduces the use of different levels of proof (or strengths of evidence) to justify actions to reduce exposure, where the level of proof chosen depends upon the nature and distribution of the costs of being wrong in acting, or not acting; the benefits of the agent or substance in question; the availability of alternatives, etc. Waiting for high levels of scientific proof of causality, or for knowledge about mechanisms of action, can be very expensive in terms of compensation, health care, job losses, reductions in public trust of scientists etc.
- The level of proof chosen to justify action does not determine any particular policy measure, or type of action. This is dependent on factors such as the costs of different measures, equity, the origins of the risk, ie voluntary or imposed, etc.
- There is a need to involve stakeholders in helping to frame problems for risk assessments and to choose appropriate levels of proof and types of actions to reduce exposure.

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Section 17: Key Scientific Evidence and Public Health Policy Recommendations

- We cannot afford ‘business as usual’ any longer. It is time that planning for new power lines and for new homes, schools and other habitable spaces around them is done with provision for low-ELF environments. The business-as-usual deployment of new wireless technologies is likely to be risky and harder to change if society does not make some educated decisions about limits soon. Research must continue to define what levels of RF related to new wireless technologies are acceptable; but more research should not prevent or delay substantive changes today that might save money, lives and societal disruption tomorrow.
- New regulatory limits for ELF are warranted. ELF limits should be set below those exposure levels that have been linked in childhood leukemia studies to increased risk of disease, plus an additional safety factor. It is no longer acceptable to build new power lines and electrical facilities that place people in ELF environments that have been determined to be risky (at levels generally at 2 mG (0.2 μ T) and above).
- While new ELF limits are being developed and implemented, a reasonable approach would be a 1 mG (0.1 μ T) planning limit for habitable space adjacent to all new or upgraded power lines and a 2 mG (0.2 μ T) limit for all other new construction. It is also recommended for that a 1 mG (0.1 μ T) limit be established for existing habitable space for children and/or women who are pregnant. This recommendation is based on the assumption that a higher burden of protection is required for children who cannot protect themselves, and who are at risk for childhood leukemia at rates that are traditionally high enough to trigger regulatory action. This situation in particular warrants extending the 1 mG (0.1 μ T) limit to existing occupied space. "Establish" in this case probably means formal public advisories from relevant health agencies.
- While it is not realistic to reconstruct all existing electrical distributions systems, in the short term; steps to reduce exposure from these existing systems need to be initiated, especially in places where children spend time, and should be encouraged.
- A precautionary limit of 0.1 μ W/cm² (which is also 0.614 Volts per meter) should be adopted for outdoor, cumulative RF exposure. This reflects the current RF science and prudent public health response that would reasonably be set for pulsed RF (ambient) exposures where people live, work and go to school. This level of RF is experienced as whole-body exposure, and can be a chronic exposure where there is wireless coverage present for voice and data transmission for cell phones, pagers and PDAs and other sources of radiofrequency radiation. Some studies and many anecdotal reports on ill health have been reported at lower levels than this; however, for the present time, it could prevent some of the most disproportionate burdens placed on the public nearest to such installations. Although this RF target level does not preclude further rollout of WI-FI technologies, we also recommend that wired alternatives to WI-FI be implemented, particularly in schools and libraries so that children are not subjected to elevated RF levels until more is understood about possible health impacts. This recommendation should be seen as an interim precautionary limit that is intended to guide preventative actions; and more conservative limits may be needed in the future.

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Section 17: Key Scientific Evidence and Public Health Policy Recommendations (continued)

- New public safety limits should be developed and implemented for ELF (50 Hz and 60 Hz electrical power frequencies). ELF limits should be set below those exposure levels that have been linked in childhood leukemia studies to increased risk of disease, plus an additional safety factor.
- Guidance should be provided to electric utilities on the need to reduce ELF exposures in siting and construction of new power lines and substations. Mitigation of existing sources of ELF over 1 mG (0.1 μ T) should be encouraged, particularly where children and women who are pregnant, or who may be come pregnant spend significant portions of their time.
- Requests for measurement and monitoring of ELF and RF should be provided by utilities (for power line and household ELF) and by employers (for workplace ELF and RF), and those who request information should receive full results of such surveys on request.
- International health organizations and agencies should issue public health advisories for those exposed to levels of ELF and RF implicated with increased risks from cancer/neurodegenerative diseases and memory/learning/immune/stress responses. These advisories should address both residential and occupational exposures.
- Reliable, unbiased information should be developed and distributed through a clearinghouse that is available to the public. Scientific, public health and policy option information should be provided for independent review at an affordable cost to the public. Research articles and prudent avoidance strategies should be made available in many languages.
- Cell phones and other wireless devices should be redesigned to operate only on speaker-phone mode or text message mode.
- Restrictions should be placed on the sale and advertising of cell phones and other wireless devices to children age 0 to 18 years.
- All countries should continue to provide wired phone service; and should be strongly discouraged from phasing it out; including pay telephones in public places.
- Manufacturers of devices that operate with wireless features should be required to carry SAR level information and warning labels on the outside packaging (not hidden inside). Wireless devices that create elevated RF levels for the user should be required to warn the user of possible adverse effects on memory and learning, cognitive function, sleep disruption and insomnia, mood disorders, balance, headache, fatigue, ringing in the ears (tinnitus), immune function, and other adverse symptoms of use.
- Warning labels on cell phones and PDAs (personal digital assistant devices) and other wireless devices are needed to alert users to excessively high ELF emissions from the switching battery pack, and require labels to list mitigation measures to reduce exposure (do not wear on or near body in “ON-Receive” position; use only with earpiece or on speaker mode, etc).
- Disclosure should be provided to the public on the location and operating characteristics of all wireless antenna sites in a fashion easily accessible to the public so informed choices can be made about where to live, shop, work and go to school. Such information should mandatorily include cumulative RF/MW exposures based on calculations from FCC OET Bulletin 65 (or equivalent) at ground level and second story level in increments of 50 feet outward from the facility to a power density of 0.1 μ W/cm² or 0.614 V/m. Signage for the public should be a mandatory condition of approval for all sites, and should be kept current. Public agencies that approve and monitor wireless sites should require the applicant to identify locations of wireless facilities.

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Section 17: Key Scientific Evidence and Public Health Policy Recommendations (continued)

- Mobile phone - free and WI-FI-free public areas should be established in areas where the public congregates and can have a reasonable expectation of safety; including airports, public shopping, hospitals, libraries, medical clinics, convalescent homes and assisted living facilities, theatres, restaurants, parks, etc.
- Health agencies and school districts should strongly discourage or prohibit cell towers on or near (within 1000' of) school properties, should delay any new WLAN installations in school classrooms, pre-schools and day-care facilities; and should either remove or disable existing wireless facilities, or be required to offer classrooms with no RF exposure to those families who choose not to have their children involuntarily exposed.

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(Genetics and Neurological Effects Updated March 2014)

Overall, more than 1800 or so new studies report abnormal gene transcription (Section 5); genotoxicity and single- and double-strand DNA damage (Section 6); stress proteins because of the fractal RF-antenna like nature of DNA (Section 7); chromatin condensation and loss of DNA repair capacity in human stem cells (Sections 6 and 15); reduction in free-radical scavengers - particularly melatonin (Sections 5, 9, 13, 14, 15, 16 and 17); neurotoxicity in humans and animals (Section 9), carcinogenicity in humans (Sections 11, 12, 13, 14, 15, 16 and 17); serious impacts on human and animal sperm morphology and function (Section 18); effects on offspring behavior (Section 18, 19 and 20); and effects on brain and cranial bone development in the offspring of animals that are exposed to cell phone radiation during pregnancy (Sections 5 and 18). This is only a snapshot of the evidence presented in the BioInitiative 2012 updated report.

BIOEFFECTS ARE CLEARLY ESTABLISHED

Bioeffects are clearly established and occur at very low levels of exposure to electromagnetic fields and radiofrequency radiation. Bioeffects can occur in the first few minutes at levels associated with cell and cordless phone use. Bioeffects can also occur from just minutes of exposure to mobile phone masts (cell towers), WI-FI, and wireless utility 'smart' meters that produce whole-body exposure. Chronic base station level exposures can result in illness.

BIOEFFECTS WITH CHRONIC EXPOSURES CAN REASONABLY BE PRESUMED TO RESULT IN ADVERSE HEALTH EFFECTS

Many of these bioeffects can reasonably be presumed to result in adverse health effects if the exposures are prolonged or chronic. This is because they interfere with normal body processes (disrupt homeostasis), prevent the body from healing damaged DNA, produce immune system imbalances, metabolic disruption and lower resilience to disease across multiple pathways. Essential body processes can eventually be disabled by incessant external stresses (from system-wide electrophysiological interference) and lead to pervasive impairment of metabolic and reproductive functions.

LOW EXPOSURE LEVELS ARE ASSOCIATED WITH BIOEFFECTS AND ADVERSE HEALTH EFFECTS AT CELL TOWER RFR EXPOSURE LEVELS

At least five new cell tower studies are reporting bioeffects in the range of 0.003 to 0.05 $\mu\text{W}/\text{cm}^2$ at lower levels than reported in 2007 (0.05 to 0.1 $\mu\text{W}/\text{cm}^2$ was the range below which, in 2007, effects were not observed). Researchers report headaches, concentration difficulties and behavioral problems in children and adolescents; and sleep disturbances, headaches and concentration problems in adults. Public safety standards are 1,000 – 10,000 or more times higher than levels now commonly reported in mobile phone base station studies to cause bioeffects.

EVIDENCE FOR FERTILITY AND REPRODUCTION EFFECTS: HUMAN SPERM AND THEIR DNA ARE DAMAGED

Human sperm are damaged by cell phone radiation at very low intensities in the low microwatt and nanowatt/cm² range (0.00034 – 0.07 uW/cm²). There is a veritable flood of new studies reporting sperm damage in humans and animals, leading to substantial concerns for fertility, reproduction and health of the offspring (unrepaired de novo mutations in sperm). Exposure levels are similar to those resulting from wearing a cell phone on the belt, or in the pants pocket, or using a wireless laptop computer on the lap. Sperm lack the ability to repair DNA damage.

Studies of human sperm show genetic (DNA) damage from cell phones on standby mode and wireless laptop use. Impaired sperm quality, motility and viability occur at exposures of 0.00034 uW/cm² to 0.07 uW/cm² with a resultant reduction in human male fertility. Sperm cannot repair DNA damage.

Several international laboratories have replicated studies showing adverse effects on sperm quality, motility and pathology in men who use and particularly those who wear a cell phone, PDA or pager on their belt or in a pocket (Agarwal et al, 2008; Agarwal et al, 2009; Wdowiak et al, 2007; De Iuliis et al, 2009; Fejes et al, 2005; Aitken et al, 2005; Kumar, 2012). Other studies conclude that usage of cell phones, exposure to cell phone radiation, or storage of a mobile phone close to the testes of human males affect sperm counts, motility, viability and structure (Aitken et al, 2004; Agarwal et al, 2007; Erogul et al., 2006). Animal studies have demonstrated oxidative and DNA damage, pathological changes in the testes of animals, decreased sperm mobility and viability, and other measures of deleterious damage to the male germ line (Dasdag et al, 1999; Yan et al, 2007; Otitolaju et al, 2010; Salama et al, 2008; Behari et al, 2006; Kumar et al, 2012). There are fewer animal studies that have studied effects of cell phone radiation on female fertility parameters. Panagopoulous et al. 2012 report decreased ovarian development and size of ovaries, and premature cell death of ovarian follicles and nurse cells in *Drosophila melanogaster*. Gul et al (2009) report rats exposed to stand-by level RFR (phones on but not transmitting calls) caused decrease in the number of ovarian follicles in pups born to these exposed dams. Magras and Xenos (1997) reported irreversible infertility in mice after five (5) generations of exposure to RFR at cell phone tower exposure levels of less than one microwatt per centimeter squared (μ W/cm²).

EVIDENCE THAT CHILDREN ARE MORE VULNERABLE

There is good evidence to suggest that many toxic exposures to the fetus and very young child have especially detrimental consequences depending on when they occur during critical phases of growth and development (time windows of critical development), where such exposures may lay the seeds of health harm that develops even decades later. Existing FCC and ICNIRP public safety limits seem to be not sufficiently protective of public health, in particular for the young (embryo, fetus, neonate, very young child).

The Presidential Cancer Panel (2010) found that children '*are at special risk due to their smaller body mass and rapid physical development, both of which magnify their vulnerability to known carcinogens, including radiation.*'

The American Academy of Pediatrics, in a letter to Congressman Dennis Kucinich dated 12 December 2012 states “*Children are disproportionately affected by environmental exposures, including cell phone radiation. The differences in bone density and the amount of fluid in a child’s brain compared to an adult’s brain could allow children to absorb greater quantities of RF energy deeper into their brains than adults. It is essential that any new standards for cell phones or other wireless devices be based on protecting the youngest and most vulnerable populations to ensure they are safeguarded through their lifetimes.*”

FETAL AND NEONATAL EFFECTS OF EMF

Fetal (*in-utero*) and early childhood exposures to cell phone radiation and wireless technologies in general may be a risk factor for hyperactivity, learning disorders and behavioral problems in school.

Fetal Development Studies: Effects on the developing fetus from *in-utero* exposure to cell phone radiation have been observed in both human and animal studies since 2006. Divan et al (2008) found that children born of mothers who used cell phones during pregnancy develop more behavioral problems by the time they have reached school age than children whose mothers did not use cell phones during pregnancy. Children whose mothers used cell phones during pregnancy had 25% more emotional problems, 35% more hyperactivity, 49% more conduct problems and 34% more peer problems (Divan et al., 2008).

Common sense measures to limit both ELF-EMF and RF EMF in these populations is needed, especially with respect to avoidable exposures like incubators that can be modified; and where education of the pregnant mother with respect to laptop computers, mobile phones and other sources of ELF-EMF and RF EMF are easily instituted.

Sources of fetal and neonatal exposures of concern include cell phone radiation (both paternal use of wireless devices worn on the body and maternal use of wireless phones during pregnancy).

Exposure to whole-body RFR from base stations and WI-FI, use of wireless laptops, use of incubators for newborns with excessively high ELF-EMF levels resulting in altered heart rate variability and reduced melatonin levels in newborns, fetal exposures to MRI of the pregnant mother, and greater susceptibility to leukemia and asthma in the child where there have been maternal exposures to ELF-EMF.

A precautionary approach may provide the frame for decision-making where remediation actions have to be realized to prevent high exposures of children and pregnant woman.

(Bellieni and Pinto, 2012 – Section 19)

EMF/RFR AS A PLAUSIBLE BIOLOGICAL MECHANISM FOR AUTISM (ASD)

- Children with existing neurological problems that include cognitive, learning, attention, memory, or behavioral problems should as much as possible be provided with wired (not wireless) learning, living and sleeping environments,
 - Special education classrooms should observe 'no wireless' conditions to reduce avoidable stressors that may impede social, academic and behavioral progress.
 - All children should reasonably be protected from the physiological stressor of significantly elevated EMF/RFR (wireless in classrooms, or home environments).
 - School districts that are now considering all-wireless learning environments should be strongly cautioned that wired environments are likely to provide better learning and teaching environments, and prevent possible adverse health consequences for both students and faculty in the long-term.
 - Monitoring of the impacts of wireless technology in learning and care environments should be performed with sophisticated measurement and data analysis techniques that are cognizant of the non-linear impacts of EMF/RFR and of data techniques most appropriate for discerning these impacts.
 - There is sufficient scientific evidence to warrant the selection of wired internet, wired classrooms and wired learning devices, rather than making an expensive and potentially health-harming commitment to wireless devices that may have to be substituted out later, and
 - Wired classrooms should reasonably be provided to all students who opt-out of wireless environments.
- (Herbert and Sage, 2012 – Section 20)

Many disrupted physiological processes and impaired behaviors in people with ASDs closely resemble those related to biological and health effects of EMF/RFR exposure. Biomarkers and indicators of disease and their clinical symptoms have striking similarities. Broadly speaking, these types of phenomena can fall into one or more of several classes: a) alteration of genes or gene expression, b) induction of change in brain or organismic development, c) alteration of phenomena modulating systemic and brain function on an ongoing basis throughout the life course (which can include systemic pathophysiology as well as brain-based changes), and d) evidence of functional alteration in domains such as behavior, social interaction and attention known to be challenged in ASD.

Several thousand scientific studies over four decades point to serious biological effects and health harm from EMF and RFR. These studies report genotoxicity, single- and double-strand DNA damage, chromatin condensation, loss of DNA repair capacity in human stem cells, reduction in free-radical scavengers (particularly melatonin), abnormal gene transcription, neurotoxicity, carcinogenicity, damage to sperm morphology and function, effects on behavior, and effects on brain development in the fetus of human mothers that use cell phones during pregnancy. Cell phone exposure has been linked to altered fetal brain development and ADHD-like behavior in the offspring of pregnant mice.

Reducing life-long health risks begins in the earliest stages of embryonic and fetal development, is accelerated for the infant and very young child compared to adults, and is not complete in young people (as far as brain and nervous system maturation) until the early 20's. Windows of critical development mean that risk factors once laid down in the cells, or in epigenetic changes in the genome may have grave and life-long consequences for health or illness for every individual.

All relevant environmental conditions, including EMF and RFR, which can degrade the human genome, and impair normal health and development of species including homo sapiens, should be given weight in defining and implementing prudent, precautionary actions to protect public health.

Allostatic load in autism and autistic decompensation - we may be at a tipping point that can be pushed back by removing unnecessary stressors like EMF/RFR and building resilience.

The consequence of ignoring clear evidence of large-scale health risks to global populations, when the risk factors are largely avoidable or preventable is too high a risk to take. With the epidemic of autism (ASD) putting the welfare of children, and their families in peril at a rate of one family in 88, the rate still increasing annually, we cannot afford to ignore this body of evidence. The public needs to know that these risks exist, that transition to wireless should not be presumed safe, and that it is very much worth the effort to minimize exposures that still provide the benefits of technology in learning, but without the threat of health risk and development impairments to learning and behavior in the classroom.

(Herbert and Sage, 2012 – Section 20)

THE BLOOD-BRAIN BARRIER IS AT RISK

The BBB is a protective barrier that prevents the flow of toxins into sensitive brain tissue. Increased permeability of the BBB caused by cell phone RFR may result in neuronal damage. Many research studies show that very low intensity exposures to RFR can affect the blood-brain barrier (BBB) (mostly animal studies). Summing up the research, it is more probable than unlikely that non-thermal EMF from cell phones and base stations do have effects upon biology. A single 2-hr exposure to cell phone radiation can result in increased leakage of the BBB, and 50 days after exposure, neuronal damage can be seen, and at the later time point also albumin leakage is demonstrated. The levels of RFR needed to affect the BBB have been shown to be as low as 0.001 W/kg, or less than holding a mobile phone at arm's length. The US FCC standard is 1.6 W/kg; the ICNIRP standard is 2 W/kg of energy (SAR) into brain tissue from cell/cordless phone use. Thus, BBB effects occur at about 1000 times lower RFR exposure levels than the US and ICNIRP limits allow.

(Salford et al, 2012 - Section 10)

If the blood-brain barrier is vulnerable to serious and on-going damage from wireless exposures, then we should perhaps also be looking at the blood-ocular barrier (that protects the eyes), the blood-placenta barrier (that protects the developing fetus) and the blood-gut barrier (that protects proper digestion and nutrition), and the blood-testes barrier (that protects developing sperm) to see if they too can be damaged by RFR.

EPIDEMIOLOGICAL STUDIES CONSISTENTLY SHOW ELEVATIONS IN RISK OF BRAIN CANCERS

Brain Tumors: There is a consistent pattern of increased risk of glioma and acoustic neuroma associated with use of mobile phones and cordless phones.

“Based on epidemiological studies there is a consistent pattern of increased risk for glioma and acoustic neuroma associated with use of mobile phones and cordless phones. The evidence comes mainly from two study centres, the Hardell group in Sweden and the Interphone Study Group. No consistent pattern of an increased risk is seen for meningioma. A systematic bias in the studies that explains the results would also have been the case for meningioma. The different risk pattern for tumor type strengthens the findings regarding glioma and acoustic neuroma. Meta-analyses of the Hardell group and Interphone studies show an increased risk for glioma and acoustic neuroma. Supportive evidence comes also from anatomical localisation of the tumor to the most exposed area of the brain, cumulative exposure in hours and latency time that all add to the biological relevance of an increased risk. In addition risk calculations based on estimated absorbed dose give strength to the findings.

“There is reasonable basis to conclude that RF-EMFs are bioactive and have a potential to cause health impacts. There is a consistent pattern of increased risk for glioma and acoustic neuroma associated with use of wireless phones (mobile phones and cordless phones) mainly based on results from case-control studies from the Hardell group and Interphone Final Study results. Epidemiological evidence gives that RF-EMF should be classified as a human carcinogen.

Based on our own research and review of other evidence the existing FCC/IEE and ICNIRP public safety limits and reference levels are not adequate to protect public health. New public health standards and limits are needed.

(Hardell et al, 2012 –Section 11)

EVIDENCE FOR GENETIC EFFECTS (Updated March 2014)

One hundred fourteen (114) new papers on genotoxic effects of RFR published between 2007 and early 2014 are profiled. Of these, 74 (65%) showed effects and 40 (35%) showed no effects.

Fifty nine (59) new ELF-EMF papers and two static magnetic field papers that report on genotoxic effects of ELF-EMF between 2007 and early 2014 are profiled. Of these, 49 (83%) show effects and 10 (17%) show no effect. (Lai, 2014 – Section 6)

EVIDENCE FOR NEUROLOGICAL EFFECTS (Updated March 2014)

Two hundred eleven (211) new papers that report on neurological effects of RFR published between 2007 and early 2014 are profiled. Of these, 144 (68%) showed effects and 67 (32%) showed no effects.

One hundred five (105) new ELF-EMF papers (including two static field papers) that report on neurological-effects of ELF-EMF published between 2007 and early 2014 are profiled. Of these, 95 (90%) show effects and 10 (10%) show no effect. (Lai, 2014 – Section 9)

EVIDENCE FOR CHILDHOOD CANCERS (LEUKEMIA)

With overall 42 epidemiological studies published to date power frequency EMFs are among the most comprehensively studied environmental factors. Except ionizing radiation no other environmental factor has been as firmly established to increase the risk of childhood leukemia. Sufficient evidence from epidemiological studies of an increased risk from exposure to EMF (power frequency magnetic fields) that cannot be attributed to chance, bias or confounding. Therefore, according to the rules of IARC such exposures can be classified as a **Group 1 carcinogen (Known Carcinogen)**.

There is no other risk factor identified so far for which such unlikely conditions have been put forward to postpone or deny the necessity to take steps towards exposure reduction. As one step in the direction of precaution, measures should be implemented to guarantee that exposure due to transmission and distribution lines is below an average of about 1 mG. This value is arbitrary at present and only supported by the fact that in many studies this level has been chosen as a reference.

Base-station level RFR at levels ranging from less than 0.001 uW/cm² to 0.05 uW/cm². In 5 new studies since 2007, researchers report headaches, concentration difficulties and behavioral problems in children and adolescents; and sleep disturbances, headaches and concentration problems in adults.

MELATONIN, BREAST CANCER AND ALZHEIMER'S DISEASE

MELATONIN AND BREAST CANCER

Conclusion: Eleven (11) of the 13 published epidemiologic residential and occupational studies are considered to provide (positive) evidence that high ELF MF exposure can result in decreased melatonin production. The two negative studies had important deficiencies that may certainly have biased the results. There is sufficient evidence to conclude that long-term relatively high ELF MF exposure can result in a decrease in melatonin production. It has not been determined to what extent personal characteristics, e.g., medications, interact with ELF MF exposure in decreasing melatonin production

Conclusion: New research indicates that ELF MF exposure, in vitro, can significantly decrease melatonin activity through effects on MT1, an important melatonin receptor.
(Davanipour and Sobel, 2012 – Section 13)

ALZHEIMER'S DISEASE

There is strong epidemiologic evidence that exposure to ELF MF is a risk factor for AD. There are now twelve (12) studies of ELF MF exposure and AD or dementia which . Nine (9) of these studies are considered positive and three (3) are considered negative. The three negative studies have serious deficiencies in ELF MF exposure classification that results in subjects with rather low exposure being considered as having significant exposure. There are insufficient studies to formulate an opinion as to whether radiofrequency MF exposure is a risk or protective factor for AD.

There is now evidence that (i) high levels of peripheral amyloid beta are a risk factor for AD and (ii) medium to high ELF MF exposure can increase peripheral amyloid beta. High brain levels of amyloid beta are also a risk factor for AD and medium to high ELF MF exposure to brain cells likely also increases these cells' production of amyloid beta.

There is considerable in vitro and animal evidence that melatonin protects against AD. Therefore it is certainly possible that low levels of melatonin production are associated with an increase in the risk of AD.

(Davanipour and Sobel, 2012 – Section 13)

STRESS PROTEINS AND DNA AS A FRACTAL ANTENNA FOR RFR

DNA acts as a 'fractal antenna' for EMF and RFR.

The coiled-coil structure of DNA in the nucleus makes the molecule react like a fractal antenna to a wide range of frequencies.

The structure makes DNA particularly vulnerable to EMF damage.

The mechanism involves direct interaction of EMF with the DNA molecule (claims that there are no known mechanisms of interaction are patently false)

Many EMF frequencies in the environment can and do cause DNA changes.

The EMF-activated cellular stress response is an effective protective mechanism for cells exposed to a wide range of EMF frequencies.

EMF stimulates stress proteins (indicating an assault on the cell).

EMF efficiently harms cells at a billion times lower levels than conventional heating.
Blank, 2012 – Section 7)

Safety standards based on heating are irrelevant to protect against EMF-levels of exposure. There is an urgent need to revise EMF exposure standards. Research has shown thresholds are very low (safety standards must be reduced to limit biological responses). Biologically-based EMF safety standards could be developed from the research on the stress response.
(Blank, 2012 – Section 7)

EVIDENCE FOR DISRUPTION OF THE MODULATING SIGNAL HUMAN STEM CELL DNA DOES NOT ADAPT OR REPAIR

Human stem cells do not adapt to chronic exposures to non-thermal microwave (cannot repair damaged DNA), and damage to DNA in genes in other cells generally do not repair as efficiently. (Belyaev, 2012 – Section 15)

Non-thermal effects of microwaves depend on variety of biological and physical parameters that should be taken into account in setting the safety standards. Emerging evidence suggests that the SAR concept, which has been widely adopted for safety standards, is not useful alone for the evaluation of health risks from non-thermal microwave of mobile communication. Other parameters of exposure, such as frequency, modulation, duration, and dose should be taken into account.

Lower intensities are not always less harmful; they may be more harmful.

Intensity windows exist, where bioeffects are much more powerful.

A linear, dose-response relationship test is probably invalid for testing of RFR and EMF (as is done in chemicals testing for toxicity).

Resonant frequencies may result in biological effects at very low intensities comparable to base station (cell tower) and other microwave sources used in mobile communications. These exposures can cause health risk. The current safety standards are insufficient to protect from non-thermal microwave effects.

The data about the effects of microwave at super-low intensities and significant role of duration of exposure in these effects along with the data showing that adverse effects of non-thermal microwave from GSM/UMTS mobile phones depend on carrier frequency and type of the microwave signal suggest that microwave from base-stations/masts, wireless routers, WI-FI and other wireless devices and exposures in common use today can also produce adverse effects at prolonged durations of exposure.

Most of the real signals that are in use in mobile communication have not been tested so far. Very little research has been done with real signals and for durations and intermittences of exposure that are relevant to chronic exposures from mobile communication. In some studies, so-called “mobile communication-like” signals were investigated that in fact were different from the real exposures in such important aspects as intensity, carrier frequency, modulation, polarization, duration and intermittence.

New standards should be developed based on knowledge of mechanisms of non-thermal effects. Importantly, because the signals of mobile communication are completely replaced by other signals faster than once per 10 years, duration comparable with latent period, epidemiologic studies cannot provide basement for cancer risk assessment from upcoming new signals.

In many cases, because of ELF modulation and additional ELF fields created by the microwave sources, for example by mobile phones, it is difficult to distinguish the effects of exposures to ELF and microwave. Therefore, these combined exposures and their possible cancer risks should be considered in combination.

As far as different types of microwave signals (carrier frequency, modulation, polarization, far and near field, intermittence, coherence, *etc.*) may produce different effects, cancer risks should ideally be estimated for each microwave signal separately.

The Precautionary Principle should be implemented while new standards are in progress.

It should be anticipated that some part of the human population, such as children, pregnant women and groups of hypersensitive persons could be especially sensitive to the non-thermal microwave exposures.

(Belyaev, 2012 – Section 15)

N. EFFECTS OF WEAK-FIELD INTERACTIONS ON NON-LINEAR BIOLOGICAL OSCILLATORS AND SYNCHRONIZED NEURAL ACTIVITY

A unifying hypothesis for a plausible biological mechanism to account for very weak field EMF bioeffects other than cancer may lie with weak field interactions of pulsed RFR and ELF-modulated RFR as disrupters of synchronized neural activity. Electrical rhythms in our brains can be influenced by external signals. This is consistent with established weak field effects on coupled biological oscillators in living tissues. Biological systems of the heart, brain and gut are dependent on the cooperative actions of cells that function according to principles of non-linear, coupled biological oscillations for their synchrony, and are dependent on exquisitely timed cues from the environment at vanishingly small levels (Buzsaki, 2006; Strogatz, 2003). The key to synchronization is the joint actions of cells that co-operate electrically - linking populations of biological oscillators that couple together in large arrays and synchronize spontaneously. Synchronous biological oscillations in cells (pacemaker cells) can be disrupted by artificial, exogenous environmental signals, resulting in desynchronization of neural activity that regulates critical functions (including metabolism) in the brain, gut and heart and circadian rhythms governing sleep and hormone cycles (Strogatz, 1987). The brain contains a population of oscillators with distributed natural frequencies, which pull one another into synchrony (the circadian pacemaker cells). Strogatz has addressed the unifying mathematics of biological cycles and external factors disrupt these cycles (Strogatz, 2001, 2003). *“Rhythms can be altered by a wide variety of agents and that these perturbations must seriously alter brain performance”* (Buzsaki, 2006).

“Organisms are biochemically dynamic. They are continuously subjected to time-varying conditions in the form of both extrinsic driving from the environment and intrinsic rhythms generated by specialized cellular clocks within the organism itself. Relevant examples of the latter are the cardiac pacemaker located at the sinoatrial node in mammalian hearts (1) and the circadian clock residing at the suprachiasmatic nuclei in mammalian brains (2). These rhythm generators are composed of thousands of clock cells that are intrinsically diverse but nevertheless manage to function in a coherent oscillatory state. This is the case, for instance, of the circadian oscillations exhibited by the suprachiasmatic nuclei, the period of which is known to be determined by the mean period of the individual neurons making up the circadian clock (3–7). The mechanisms by which this collective behavior arises remain to be understood.” (Strogatz, 2001; Strogatz, 2003)

Synchronous biological oscillations in cells (pacemaker cells) can be disrupted by artificial, exogenous environmental signals, resulting in desynchronization of neural activity that regulates critical functions (including metabolism) in the brain, gut and heart and circadian rhythms governing sleep and hormone cycles. The brain contains a population of oscillators with distributed natural frequencies, which pull one another into synchrony (the circadian pacemaker cells). Strogatz has addressed the unifying mathematics of biological cycles and external factors disrupt these cycles.

EMF AND RFR MAKE CHEMICAL TOXINS MORE HARMFUL

EMF acts on the body like other environmental toxicants do (heavy metals, organic chemicals and pesticides). Both toxic chemicals and EMF may generate free radicals, produce stress proteins and cause indirect damage to DNA. Where there is combined exposure the damages may add or even synergistically interact, and result in worse damage to genes.
(Sage and Carpenter, 2012 – Section 24)

EMF IS SUCCESSFULLY USED IN HEALING AND DISEASE TREATMENTS

“The potential application of the up-regulation of the HSP70 gene by both ELF-EMF and nanosecond PEMF in clinical practice would include trauma, surgery, peripheral nerve damage, orthopedic fracture, and vascular graft support, among others. Regardless of pulse design, EMF technology has been shown to be effective in bone healing [5], wound repair [11] and neural regeneration [31,36,48,49,51,63,64,65,66]. In terms of clinical application, EMF-induction of elevated levels of hsp70 protein also confers protection against hypoxia [61] and aid myocardial function and survival [20,22]. Given these results, we are particularly interested in the translational significance of effect vs. efficacy which is not usually reported by designers or investigators of EMF devices. More precise description of EM pulse and sine wave parameters, including the specific EM output sector, will provide consistency and “scientific basis” in reporting findings.”

“The degree of electromagnetic field-effects on biological systems is known to be dependent on a number of criteria in the waveform pattern of the exposure system used; these include frequency, duration, wave shape, and relative orientation of the fields [6,29,32,33,39,40]. In some cases pulsed fields have demonstrated increased efficacy over static designs [19,21] in both medical and experimental settings.” (Madkan et al, 2009)

(Sage and Carpenter, 2012 – Section 24)

ELF-EMF AND RFR ARE CLASSIFIED AS POSSIBLE CANCER-CAUSING AGENTS – WHY ARE GOVERNMENTS NOT ACTING?

The World Health Organization International Agency for Research on Cancer has classified wireless radiofrequency as a Possible Human Carcinogen (May, 2011)*. The designation applies to low-intensity RFR in general, covering all RFR-emitting devices and exposure sources (cell and cordless phones, WI-FI, wireless laptops, wireless hotspots, electronic baby monitors, wireless classroom access points, wireless antenna facilities, etc). The IARC Panel could have chosen to classify RFR as a Group 4 – Not A Carcinogen if the evidence was clear that RFR is not a cancer-causing agent. It could also have found a Group 3 designation was a good interim choice (Insufficient Evidence). IARC did neither.

(Sage and Carpenter, 2012 – Section 24)

NEW SAFETY LIMITS MUST BE ESTABLISHED - HEALTH AGENCIES SHOULD ACT NOW

Existing public safety limits (FCC and ICNIRP public safety limits) do not sufficiently protect public health against chronic exposure from very low-intensity exposures. If no mid-course corrections are made to existing and outdated safety limits, such delay will magnify the public health impacts with even more applications of wireless-enabled technologies exposing even greater populations around the world in daily life. (Sage and Carpenter, 2012 – Section 24)

SCIENTIFIC BENCHMARKS FOR HARM PLUS SAFETY MARGIN = NEW SAFETY LIMITS THAT ARE VALID

Health agencies and regulatory agencies that set public safety standards for ELF-EMF and RFR should act now to adopt new, biologically-relevant safety limits that key to the lowest scientific benchmarks for harm coming from the recent studies, plus a lower safety margin. Existing public safety limits are too high by several orders of magnitude, if prevention of bioeffects and minimization or elimination of resulting adverse human health effects. Most safety standards are a thousand times or more too high to protect healthy populations, and even less effective in protecting sensitive subpopulations.

(Sage and Carpenter, 2012 – Section 24)

SENSITIVE POPULATIONS MUST BE PROTECTED

Safety standards for sensitive populations will more likely need to be set at lower levels than for healthy adult populations. Sensitive populations include the developing fetus, the infant, children, the elderly, those with pre-existing chronic diseases, and those with developed electrical sensitivity (EHS). (Sage and Carpenter, 2012 – Section 24)

PROTECTING NEW LIFE - INFANTS AND CHILDREN

Strong precautionary action and clear public health warnings are warranted immediately to help prevent a global epidemic of brain tumors resulting from the use of wireless devices (mobile phones and cordless phones). Common sense measures to limit both ELF-EMF and RFR in the fetus and newborn infant (sensitive populations) are needed, especially with respect to avoidable exposures like baby monitors in the crib and baby isolettes (incubators) in hospitals that can be modified; and where education of the pregnant mother with respect to laptop computers, mobile phones and other sources of ELF-EMF and RFR are easily instituted.

(Sage and Carpenter, 2012 – Section 24)

Wireless laptops and other wireless devices should be strongly discouraged in schools for children of all ages. (Sage and Carpenter, 2012 – Section 24)

STANDARD OF EVIDENCE FOR JUDGING THE SCIENCE

The standard of evidence for judging the scientific evidence should be based on good public health principles rather than demanding scientific certainty before actions are taken. (Sage and Carpenter, 2012 – Section 24)

WIRELESS WARNINGS FOR ALL

The continued rollout of wireless technologies and devices puts global public health at risk from unrestricted wireless commerce unless new, and far lower exposure limits and strong precautionary warnings for their use are implemented.
(Sage and Carpenter, 2012 – Section 24)

EMF AND RFR ARE PREVENTABLE TOXIC EXPOSURES

We have the knowledge and means to save global populations from multi-generational adverse health consequences by reducing both ELF and RFR exposures. Proactive and immediate measures to reduce unnecessary EMF exposures will lower disease burden and rates of premature death.
(Sage and Carpenter, 2012 – Section 24)

DEFINING A NEW ‘EFFECT LEVEL’ FOR RFR

On a precautionary public health basis, a reduction from the BioInitiative 2007 recommendation of 0.1 uW/cm² (or one-tenth of a microwatt per square centimeter) for cumulative outdoor RFR down to something three orders of magnitude lower (in the low nanowatt per square centimeter range) is justified.

A scientific benchmark of 0.003 uW/cm² or three nanowatts per centimeter squared for ‘lowest observed effect level’ for RFR is based on mobile phone base station-level studies. Applying a ten-fold reduction to compensate for the lack of long-term exposure (to provide a safety buffer for chronic exposure, if needed) or for children as a sensitive subpopulation yields a 300 to 600 picowatts per square centimeter precautionary action level. This equates to a 0.3 nanowatts to 0.6 nanowatts per square centimeter as a reasonable, precautionary action level for chronic exposure to pulsed RFR.

These levels may need to change in the future, as new and better studies are completed. We leave room for future studies that may lower or raise today’s observed ‘effects levels’ and should be prepared to accept new information as a guide for new precautionary actions.

(Sage and Carpenter, 2012 – Section 24)