



SECTION 4

Evidence for Inadequacy of the Standards

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I. Introduction

Evidence for judging the adequacy (or inadequacy) of the existing ICNIRP and IEEE C95.1 radiofrequency radiation standards can be taken from many relevant sources. The ICNIRP standards are similar to the IEEE (except for the new C95.1 -2006) revisions by IEEE SC-4), and these discussions can be used to evaluate both sets of public exposure standards for adequacy (or inadequacy).

An important screen for assessment of how review bodies conduct their science reviews and resulting conclusions on the adequacy of ELF and RF exposure limits depends on embedded assumptions. The singularly most important embedded assumption is whether these bodies assume from the beginning that only conclusive scientific evidence (proof) will be sufficient to warrant change; or whether actions should be taken on the basis of a growing body of evidence which provides early but consequential warning of (but not yet proof) of possible risks.

As a result of current international research and scientific discussion on whether the prevailing RF and ELF standards are adequate for protection of public health, there are many recent developments prior to 2007 to provide valuable background on the uncertainty about whether current standards adequately protect the public. Since 2007, there are important new milestone publications that underscore the critical need to update public safety limits. These newer documents calling for review and updating are based on a deluge of new scientific studies reporting effects at non-thermal, low-intensity ELF and RF exposure levels. There is little doubt that bioeffects and adverse health effects are occurring at lower-than-safety limit levels, meaning the existing protections are inadequate.

II. United States Government Accountability Office

The US Government Accountability Office published a report in 2012 urging the US Federal Communications Commission to revisit the outdated safety standards for the exposures from wireless devices. (US GAO, 2012)

The rapid adoption of mobile phones has occurred amidst controversy over whether the technology poses a risk to human health as a result of long-term exposure to RF energy from mobile phone use. FCC and FDA share regulatory responsibilities for mobile phones. GAO was asked to examine several issues related to mobile phone health effects and regulation. Specifically, this report addresses:

- (1) what is known about the health effects of RF energy from mobile phones and what are current research activities,
- (2) how FCC set the RF energy exposure limit for mobile phones, and
- (3) federal agency and industry actions to inform the public about health issues related to mobile phones, among other things.

GAO reviewed scientific research; interviewed experts in fields such as public health and engineering, officials from federal agencies, and representatives of academic institutions, consumer groups, and the mobile phone industry; reviewed mobile phone testing and certification regulations and guidance; and reviewed relevant federal agency websites and mobile phone user manuals.

The Report noted that the FCC's RF energy exposure limit may not reflect the latest research. Redundant and overlapping jurisdiction over the setting of public safety limits is highlighted where the GAO Report notes:

"FCC told GAO that it relies on the guidance of federal health and safety agencies when determining the RF energy exposure limit, and to date, none of these agencies have advised FCC to change the limit. However, FCC has not formally asked these agencies for a reassessment. By not formally reassessing its current limit, FCC cannot ensure it is using a limit that reflects the latest research on RF energy exposure. FCC has also not reassessed its testing requirements to ensure that they identify the maximum RF energy exposure a user could experience. Some consumers may use mobile phones against the body, which FCC does not currently test, and could result in RF energy exposure higher than the FCC limit." (US GAO, 2012)

The GAO Report recommends to the FCC that it formally reassess, and, if appropriate, change its current RF energy exposure limit and mobile phone testing requirements related to likely usage configurations, particularly when phones are held against the body.

FCC noted that a draft document that is now under consideration by the FCC has the potential to address GAO's recommendations. (US GAO, 2012)

III. International Agency for Research on Cancer - World Health Organization Classifies Radiofrequency Radiation as 2B Possible Human Carcinogen

In 2011, a group of 30 researchers, scientists and medical doctors were invited to participate in an assessment of the scientific literature on radiofrequency radiation carcinogenicity in Lyon, France. Under the auspices of IARC, they conducted a comprehensive scientific assessment of RF studies and determined:

"In view of the limited evidence in humans and in experimental animals, the Working Group classified RF-EMF as "possibly carcinogenic to humans" (Group 2B). This evaluation was supported by a large majority of Working Group members." (Baan et al, 2011)

"(T)he Working Group concluded that the (Interphone Final Report) findings could not be dismissed as reflecting bias alone, and that a causal interpretation between mobile phone RF-EMF exposure and glioma is possible. A similar conclusion was drawn from these two studies for acoustic neuroma, although the case numbers were substantially smaller than for glioma." (Baan et al, 2011)

It is important to recognize that the IARC RF Working Group did not find the evidence insufficient to classify (Group 3) or not a carcinogen (Group 4). Both of these possible outcomes to the scientific assessment could have rendered a substantially weaker conclusion. Where there has been the necessity of a virtual scientific paradigm shift to accommodate ANY consideration of both ELF-EMF and RFR to the status where legitimate scientific attention is achieved is a notable achievement. There is a very high bar set to show that non-chemical carcinogens warrant IARC carcinogenicity evaluation - it greatly exceeds that necessary for chemicals and other toxins.

IV. World Health Organization INTERPHONE Study on Mobile Phone Cancer Risk

In 2010, the World Health Organization released the final results of it's investigation on

cell phones and cancer. (INTERPHONE Study Group, 2010) The ten-year long World Health Organization *INTERPHONE Study* confirms previous reports showing what many experts have warned – that regular use of a cell phone by adults can significantly increase the risk of glioma by 40% with 1640 hours or more of use (this is about one-half hour per day over ten years). Tumors were more likely to occur on the side of the head most used for calling. The risk increases to 96% for adults with ipsilateral cell phone use (when the cell phone is used predominantly on one side of the head). The study appears in the International Journal of Epidemiology. Thirteen teams from countries around the world combined their results. Only the glioma findings were released (final results on acoustic neuroma and parotid tumors are not yet published).

A comprehensive and technically reliable description of the *INTERPHONE* study findings is provided within the International Agency for Research on Cancer, 2011 RF Monograph as part of the publication in Lancet Oncology on IARC's classification of radiofrequency radiation as a 2B Possible Human Carcinogen. Results of the *INTERPHONE* Study were highly scrutinized by IARC, and influenced the classification of RF based on the cell phone-brain cancer findings of *INTERPHONE*.

From Baan et al, 2011:

"The INTERPHONE study, a multi-centre case-control study, is the largest investigation so far of mobile phone use and brain tumours, including glioma, acoustic neuroma, and meningioma. The pooled analysis included 2708 glioma cases and 2972 controls (participation rates 64% and 53%, respectively). Comparing those who ever used mobile phones with those who never did yielded an odds ratio (OR) of 0.81 (95% CI 0.70–0.94). In terms of cumulative call time, ORs were uniformly below or close to unity for all deciles of exposure except the highest decile (>1640 h of use), for which the OR for glioma was 1.40 (95% CI 1.03–1.89). There was suggestion of an increased risk for ipsilateral exposure (on the same side of the head as the tumour) and for tumours in the temporal lobe, where RF exposure is highest. Associations between glioma and cumulative specific energy absorbed at the tumour location were examined in a subset of 553 cases that had estimated RF doses.¹⁰ The OR for glioma increased with increasing RF dose for exposures 7 years or more before diagnosis, whereas there was no association with estimated dose for exposures less than 7 years before diagnosis.

A Swedish research group did a pooled analysis of two very similar studies of associations between mobile and cordless phone use and glioma, acoustic neuroma, and meningioma.⁹ The analysis included 1148 glioma cases (ascertained 1997–2003) and 2438 controls, obtained through cancer and population registries,

respectively. Self-administered mailed questionnaires were followed by telephone interviews to obtain information on the exposures and covariates of interest, including use of mobile and cordless phones (response rates 85% and 84%, respectively). Participants who had used a mobile phone for more than 1 year had an OR for glioma of 1.3 (95% CI 1.1–1.6). The OR increased with increasing time since first use and with total call time, reaching 3.2 (2.0–5.1) for more than 2000 h of use. Ipsilateral use of the mobile phone was associated with higher risk. Similar findings were reported for use of cordless phones.

Although both the INTERPHONE study and the Swedish pooled analysis are susceptible to bias—due to recall error and selection for participation—the Working Group concluded that the findings could not be dismissed as reflecting bias alone, and that a causal interpretation between mobile phone RF-EMF exposure and glioma is possible. A similar conclusion was drawn from these two studies for acoustic neuroma, although the case numbers were substantially smaller than for glioma. Additionally, a study from Japan (11) found some evidence of an increased risk for acoustic neuroma associated with ipsilateral mobile phone use.

(Baan et al, 2011)

No that no increased risk was detected overall. But this is not unexpected. No exposures to carcinogens that cause solid tumors like brain cancer or lung cancers, for example from tobacco and asbestos have ever been shown to significantly increase cancer risk in people with such short duration of exposure. The latency period for brain cancer is 15-30 years.

The final INTERPHONE results support findings of several research groups who have published studies reporting that continuing use of a mobile phone increases risk of brain cancer. We would not expect to see substantially increased brain tumor risk for most cancer-causing agents except in the longer term (10 year and longer) as is the case here in the population of regular cell phone users. Further, the participants included in this study were 30-59 years old, excluding younger and older users. Use of cordless phones was neglected in the analysis. Radiofrequency radiation from some cordless phones can be as high as mobile phones in some countries, so excluding such use would underestimate the risk for brain tumors and other cancers.

For public health experts and members of the public who looked to IARC for further clarification of the scope of this 2B Possible Human Carcinogen designation, Dr. Baan replied to informal queries that:

"Although the key information came from mobile telephone use, the Working Group considered that the three types of exposure entail basically the same type of radiation, and decided to make an overall evaluation on RF-EMF, covering the whole radiofrequency region of the electromagnetic spectrum.

In support of this, information from studies with experimental animals showed that effects on cancer incidence and cancer latency were seen with exposures to different frequencies within the RF region.

So the classification 2B, possibly carcinogenic, holds for all types of radiation within the radiofrequency part of the electromagnetic spectrum, including the radiation emitted by base-station antennas, radio/TV towers, radar, Wi-Fi, smart meters, etc." (Personal communication of Dr. Robert Baan to Connie Hudson, August 29, 2011)

V. President's Cancer Panel Report of 2010

The United States President's Cancer Panel Report (2010) includes important and unprecedented recognition of non-ionizing radiation as a possible carcinogen deserving of further research and possible public health action. The Report found "the true burden of environmentally induced cancers has been grossly underestimated" and strongly urged action to reduce peoples' widespread exposures to carcinogens. The 240-page report issued for 2008-2009 by a panel of experts that report to the US president indicate that environmental factors are underestimated in cancer prevention. The Report specifically addresses the link between cell phones and cancer. The Panel recommends that people reduce their cell phone exposure, even when absolute proof of harm is not yet available.

Research Recommended by Presidents Cancer Panel

- Resolve controversies regarding the safety or harm of low doses of various forms of radiation in adults and children. Identify circumstances under which low- dose radiation may have a hormetic effect.
- Develop radiation dose and risk estimates that better reflect the current and future U.S. population. Existing dose and risk estimates have been based on adult males; estimates should account for population diversity, including children. In addition, develop medical radiation risk estimates that are not based on acute doses received by atomic bomb survivors.

- Expand research on possible harmful effects of cell phone use, especially in children. Cell phone use still is relatively recent, and studies to date have had mixed findings; most involve users of older equipment. Findings from cohort studies now underway are anticipated, but longer-term studies of individuals using current equipment are needed.
- Conduct additional research on possible links between electromagnetic fields (EMF) and cancer; identify mechanism(s) of EMF carcinogenesis.
- Monitor changing patterns of radiation exposure.
- Raise the priority of and investment in research to develop non-toxic products and processes.
- Develop, test, and evaluate prevention communication strategies and interventions, especially in high-risk occupations and populations.

(National Cancer Institute, 2010)

VI. World Health Organization Research Agenda for Radiofrequency Fields (2010)

In 2010, the WHO produced a research agenda to address growing scientific questions and public concern about health effects of radiofrequency radiation, particularly with the explosive rise in exposures from new telecommunications technologies. It replaced a 2006 research agenda developed by the International EMF Project.

"Telecommunication technologies based on radiofrequency (RF) transmission, such as radio and television, have been in widespread use for many decades. However, there are numerous new applications for the broadcast and reception of RF waves and the use of RF devices such as mobile phones is now ubiquitous.

The attendant increased public exposure to RF fields has made its effects on human health a topic of concern for scientists and the general public.

(emphasis added)

To respond to these concerns, an important research effort has been mounted over the past decade and many specific questions about potential health effects of RF fields have already been investigated by scientists around the world. Nonetheless, several areas still warrant further investigation and the rapid evolution of technology in this field is raising new questions." (WHO, 2010)

"This Research Agenda is developed ahead of the major hazard/health risk evalu-

ations that the IARC and WHO are due to carry out over the next two years. It focuses on identifying short- and long-term research needs that will enable more complete health risk assessments to be undertaken and communicated more effectively to the public."
(WHO, 2010)

Recommendations of the WHO Research Agenda for Radiofrequency Fields are as follows. This section is necessarily extensive to document the advice of experts at WHO by 2010 in recognizing radiofrequency radiation has the potential to result in global health impacts; even if very slow to implement precautionary advice to the European Commission and member countries.

Priority: Epidemiology

High - Prospective cohort studies of children and adolescents with outcomes including behavioural and neurological disorders and cancer

Rationale: As yet, little research has been conducted in children and adolescents and it is still an open question whether children are more susceptible to Rf EMF since the brain continues to develop during childhood and adolescence. also, children are starting to use mobile phones at a younger age. given the existence of large-scale cohort studies of mothers and children with follow-up started during or before pregnancy, an Rf sources component could be added at a reasonably low cost. Billing records for mobile phones are not valid for children, therefore the prospective collection of exposure data is needed. for neuropsychological studies, one challenge is to distinguish the "training" of motor and neu-ropsychological skills caused by the use of a mobile phone from the effects of the Rf field. any future study should try to address this issue. in any case it should be of longitudinal design, thereby allowing the study of several outcomes and changes in technology and the use of mobile phones as well as other sources of Rf eMf exposure, such as wireless laptops.

High - Monitoring of brain tumour incidence trends through well-established population-based cancer registries, if possible combined with population exposure data

Rationale: If there is a substantial risk associated with mobile phone use, it should be observable in data sources of good quality. such time trend analyses can be performed quite quickly and inexpensively. By using modern statistical techniques for analysing population data it should be possible to link changes in exposure prevalence in the population to the incidence of brain tumours and, if high-quality surveillance data are available, the incidence of other diseases at the population level. given the shortcomings in the exposure assessment and participation of previous studies based on individual data, an ecological study would have benefits that may outweigh its limitations.

Other - case-control studies of neurological diseases provided that objective exposure data and confounder data are available and reasonable participation is achieved

Rationale: Neurological endpoints, such as Alzheimer disease and Parkinson disease, may be as biologically plausible as brain cancer and an increased risk would have a major public health impact. This study could give an early warning sign that can be elaborated further in the prospective cohort studies. An analysis of time-trends in neurological disease could also serve as an early warning sign. However, a feasibility study would be necessary in order to determine whether a good quality case-control study could be carried out.

Priority: Human studies

High - further RF EMf provocation studies on children of different ages

Rationale: current research has focused primarily on adolescents; very little is known about possible effects in younger children. Longitudinal testing at different ages, for example by studying children already participating in current cohort studies, is recommended. This would allow consideration of the influence of potentially confounding factors such as lifestyle.

High - Provocation studies to identify neurobiological mechanisms underlying possible effects of RF on brain function, including sleep and resting EEG

Rationale: These studies should include validation of these effects using a range of brain imaging methods. They should also include studies investigating possible thresholds and dose-response relationships at higher exposure levels such as those encountered during occupational exposure.

Priority: Animal studies

High - Effects of early-life and prenatal RF exposure on development and behaviour

Rationale: There is still a paucity of information concerning the effects of prenatal and early life exposure to RF EMf on subsequent development and behaviour. Such studies are regarded as important because of the widespread use of mobile phones by children and the increasing exposure to other RF sources such as wireless local area networks (WLANs) and the reported effects of RF EMf on the adult EEG. Further study is required which should include partial (head only) exposure to mobile phones at relatively high specific absorption rate (SAR) levels.

High - effects of RF exposure on ageing and neurodegenerative diseases

Rationale: age-related diseases, especially neurodegenerative diseases of the brain such as Alzheimer disease and Parkinson disease, are increasingly prevalent and are therefore an important public health issue. Mobile phone use typically involves repeated RF EMf

exposure of the brain; a recent study has suggested that this type of exposure could affect alzheimer disease in a transgenic mouse model for this condition (arendash et al., 2010). There are a few ongoing studies of possible Rf eMf effects on neurodegenerative diseases but further studies are required to investigate this subject more fully.

Other research needs - Effects of RF exposure on reproductive organs

Rationale: The available data concerning possible effects of Rf eMf from mobile phones on male fertility are inconsistent and their quality and exposure assessments are weak. in vivo studies on fertility should consider effects on both males and females and investigate a range of relevant endpoints including Rf eMf effects on the development and function of the endocrine system.

Priority: Cellular studies

Other - Identify optimal sets of experimental tests to detect cellular response after exposure to new RF technologies and co-exposures of RF EMF with environmental agents

Rationale: a number of in vitro studies investigating the effects of exposure to mobile phone frequencies/signals, or co-exposures of RF EMf with chemical or physical agents, have been published in the last fifteen years. Results obtained have been inconsistent and contradictory, not least because of the use of a large variety of cell types and study approaches. a set of highly sensitive, well-harmonized cellular and molecular methods should be developed in order to screen the toxic potential of new types of RF signals used in new technologies and of co-exposures of RF EMf and environmental agents – especially those suspected to have toxic effects. This research must be multicentred in order to allow the widest possible acceptance and application of this screening tool.

Other - further studies on the influence of genetic background and cell type: possible effects of mobile phone type Rf exposure on a variety of cell types using newer, more sensitive methods less susceptible to artefact and/or bias

Rationale: More rigorous quantitative methods should be employed in the evaluation of positive results that suggest a specific cell type response, e.g. of embryonic cells (Czyz et al., 2004; Franzellitti et al., 2010), raising the possibility that RF impacts specific cell subpopulations or cell types. These studies should include a variety of cell types such as stem cells and cells with altered genetic backgrounds.

Priority: Mechanisms: none

Priority: Dosimetry

High - Assess characteristic RF EMF emissions, exposure scenarios and corresponding exposure levels for new and emerging RF technologies; also for changes in the use of established technologies

Rationale: The work should address the latest developments in areas such as mobile/cordless phones, wireless data networking, asset tracking and identification, wireless transfer of electrical power and body imaging/scanners. It should also consider the possible combined effect of exposure to multiple sources. This will allow exposures from new devices/scenarios to be compared with those that are more familiar and with exposure guidelines for risk communication purposes. This information will also be of value for exposure assessment in epidemiological studies and in the design of biological exposure systems.

High - quantify personal exposures from a range of RF sources and identify the determinants of exposure in the general population

Rationale: The quantification of personal exposure from a range of RF sources will provide valuable information for risk assessment and communication, and for the development of future epidemiological research. It is particularly useful for global exposure assessment in view of the upcoming WHO health risk assessment. The study will also provide baseline data for identification of any changes in the level of exposure and the dominant contributing factors over time. Subgroup analyses should be carried out to identify any influence from demographic aspects of the user as well as the microenvironment in which the exposure occurs. Exposure metrics should also be considered, especially in combining localized exposures from body-worn devices and whole-body exposures.

Other research needs - Monitoring of personal exposure of RF workers

Rationale: The exposure patterns of both workers and the general public change continuously, mainly due to the development of new RF technologies. However, workers encounter industrial sources and exposure situations that lead to much higher energy deposition in the body. When epidemiological studies on RF workers are performed, it is imperative to monitor adequately their RF exposure. New instruments are needed to address the lack of adequate measurement tools for evaluating this type of exposure e.g. portable devices suitable for measuring different frequencies and waveforms. In addition, a study of the feasibility of monitoring the personal exposure of RF workers is required for future epidemiological studies. Such studies would be facilitated by the production of a job exposure matrix (JeM) for RF workers – in which job designations can be characterized by their exposure. (WHO, 2010)

VII. National Academy of Sciences, National Research Council (2008)

The U.S. Food and Drug Administration (FDA) of the Department of Health and Human Services asked the National Academies to organize a workshop of national and international experts to identify research needs and gaps in knowledge of biological effects and adverse health outcomes of exposure to radiofrequency (RF) energy from wireless communications devices. To accomplish this task, the National Academies appointed a seven member committee to plan the workshop.¹

Following the workshop, the committee was asked to issue a report based on the presentations and discussions at the workshop that identified research needs and current gaps in knowledge. The committee's task did not include the evaluation of health effects or the generation of recommendations relating to how the identified research needs should be met.

For the purposes of this report, the committee defines research needs as research that will increase our understanding of the potential adverse effects of RF energy on humans. Research gaps are defined as areas of research where the committee judges that scientific data that have potential value are presently lacking, but that closing of these gaps is either ongoing and results should be awaited before judgments are made on further research needs, or the gaps are not judged by the committee to be of as high a priority with respect to directly addressing health concerns at this time.

1. Committee on Identification of Research Needs Relating to Potential Biological or Adverse Health Effects of Wireless Communications Devices.

These needs and gaps are committee judgments derived from the workshop presentations and discussions, and the report does not necessarily reflect the views of the FDA, individual workshop speakers, or other workshop participants.

The committee judged that important research needs included, in order of appearance in the text, the following:

- Characterization of exposure to juveniles, children, pregnant women, and fetuses from personal wireless devices and RF fields from base station antennas.
- Characterization of radiated electromagnetic fields for typical multiple- element base station antennas and exposures to affected individuals.
- Characterization of the dosimetry of evolving antenna configurations for cell phones and text messaging devices.
- Prospective epidemiologic cohort studies of children and pregnant women.
- Epidemiologic case-control studies and childhood cancers, including brain cancer.
- Prospective epidemiologic cohort studies of adults in a general population and retrospective cohorts with medium to high occupational exposures.
- Human laboratory studies that focus on possible adverse effects on electroencephalography² activity and that include a sufficient number of subjects.
- Investigation of the effect of RF electromagnetic fields on neural networks.
- Evaluation of doses occurring on the microscopic level.
- Additional experimental research focused on the identification of potential biophysical and biochemical/molecular mechanisms of RF action.

(NAS-NRC, 2008)

VIII. World Health Organization Draft Framework for Electromagnetic Fields

The International EMF Project was established by WHO in 1996. Its mission was to *“pool resources and knowledge concerning the effects of exposure to EMF and make a concerted effort to identify gaps in knowledge, recommend focused research programmes that allow better health risk assessments to be made, conduct updated critical reviews of the scientific literature, and work towards an international consensus and solutions on the health concerns.”* (WHO September 1996 Press Release - Welcome to the International EMF Project)

The stated role of the WHO Precautionary Framework on EMF Health Risk Research (Radiation and Environment Health) has termed its objectives as follows;

- to anticipate and respond to possible threats before introduction of an agent or technology
- to address public concerns that an uncertain health risk is minimized after introduction of an agent
- to develop and select options proportional to the degree of scientific certainty, the severity of harm, the size and nature of the affected population and the cost.

The role of WHO is advisory only to the countries of Europe but it is an important function and can significantly affect decision-making on public health issues. It provides analysis and recommendations on various topics of health and environment, for consideration by member countries of the EU. Given the EU Article 174 policy requires a precautionary approach to judging health and environmental risks, and given that the charter of WHO is to serve the needs of the EU, one would think it essential that the WHO EMF Program health criteria results should be guided by and tailored to compliance with Article 174. This needs to occur in the assessment of the scientific literature (e.g., not requiring studies to provide scientific proof or causal scientific evidence but paying attention to and acting on the evidence, and the trend of the evidence at hand) and in its environmental health criteria recommendations. If the WHO EMF Program instead chooses to use the definitions of adverse impact and risk based on reacting to nothing short of conclusive scientific evidence, it fails to comply with the over-arching EU principle of health.

The World Health Organization has issued a draft framework to address the adequacy of scientific information, and accepted definitions of bioeffects, adverse health effect and hazard (WHO EMF Program Framework for Developing EMF Standards, Draft, October 2003). These definitions are not subject to the whim of organizations preparing public exposure standard recommendations. The WHO definition states that:

“(A)nnoyance or discomforts caused by EMF exposure may not be pathological per se, but, if substantiated, can affect the physical and mental well-being of a

person and the resultant effect may be considered as an adverse health effect. A health effect is thus defined as a biological effect that is detrimental to health or well-being. According to the WHO Constitution, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” www.who.int/peh-emf

IX. The European Union Treaties Article 174

The EU policy (Article 174-2) requires that the precautionary principle be the basis for environmental protection for the public, and that protecting public health and taking preventative action before certainty of harm is proven is the foundation of the Precautionary Principle. It is directly counter to the principles used by ICNIRP and IEEE in developing their recommendations for exposure standards. Both bodies require proof of adverse effect and risk before amending the exposure standards; this Treaty requires action to protect the public when a reasonable suspicion of risk exists (precautionary action).

Article 174 (2) [ex Article 130r]

1. Community policy on the environment shall contribute to pursuit of the following objectives:
 - preserving, protecting and improving the quality of the environment;
 - protecting human health;
 - prudent and rational utilisation of natural resources;
 - promoting measures at international level to deal with regional or worldwide environmental problems.

2. Community policy on the environment shall aim at a high level of protection taking into account the diversity of situations in the various regions of the Community. It shall be based on the precautionary principle and on the principles that preventive action should be taken, that environmental damage should as a priority be rectified at source and that the polluter should pay. In this context, harmonization measures answering environmental protection requirements shall include, where appropriate, as a safeguard clause allowing Member States to take provisional measures, for non-economic environmental reasons, subject to a Community inspection procedure.

3. In preparing its policy on the environment, the Community shall take account of:
 - available scientific and technical data;
 - environmental conditions in the various regions of the Community;

- the potential benefits and costs of action or lack of action;
- the economic and social development of the Community as a whole and the balanced development of its regions.

http://www.law.harvard.edu/library/services/research/guides/international/eu/eu_legal_research_treaties.php

X. WHO ELF Environmental Health Criteria Monograph, June 2007

In 2007, the WHO EMF Program released its ELF Health Criteria Monograph and held a workshop in Geneva, Switzerland June 20-21st.

ELF Health Criteria Monograph

12.6 Conclusions

Acute biological effects have been established for exposure to ELF electric and magnetic fields in the frequency range up to 100 kHz that may have adverse consequences on health. Therefore, exposure limits are needed. International guidelines exist that have addressed this issue. Compliance with these guidelines provides adequate protection.

*Consistent epidemiological evidence suggests that chronic low-intensity ELF magnetic field exposure is associated with an increased risk of childhood leukaemia. **However, the evidence for a causal relationship is limited, therefore exposure limits based upon epidemiological evidence are not recommended, but some precautionary measures are warranted.*** (emphasis added).

The Monograph finds no reason to change the designation of EMF as a 2B (Possible) Human Carcinogen as defined by the International Agency for Cancer Research (IARC). In finding that ELF-EMF is classifiable as a possible carcinogen, it is inconsistent to conclude that no change in the exposure limits is warranted. If the Monograph confirms, as other review bodies have, that childhood leukemia occurs at least as low as the 3 mG to 4 mG exposure range, then ICNIRP limits of 1000 mG for 50 Hz and 60 Hz ELF exposures are clearly too high and pose a risk to the health of children.

The WHO Fact Sheet summarizes some of the Monograph findings but adds further recommendations.

“Potential long-term effects”

Much of the scientific research examining long-term risks from ELF magnetic field exposure has focused on childhood leukaemia. In 2002, IARC published a monograph classifying ELF magnetic fields as "possibly carcinogenic to humans. This classification was based on pooled analyses of epidemiological studies demonstrating a consistent

*pattern of a two-fold increase in childhood leukaemia associated with average exposure to residential power-frequency magnetic field above 0.3 to 0.4 μ T. **The Task Group concluded that additional studies since then do not alter the status of this classification.*** (emphasis added)

“International exposure guidelines”

“Health effects related to short-term, high-level exposure have been established and form the basis of two international exposure limit guidelines (ICNIRP, 1998; IEEE, 2002). At present, these bodies consider the scientific evidence related to possible health effects from long-term, low-level exposure to ELF fields insufficient to justify lowering these quantitative exposure limits.”

“Regarding long-term effects, given the weakness of the evidence for a link between exposure to ELF magnetic fields and childhood leukaemia, the benefits of exposure reduction on health are unclear. In view of this situation, the following recommendations are given:

- 1) Government and industry should monitor science and promote research programmes to further reduce the uncertainty of the scientific evidence on the health effects of ELF field exposure. Through the ELF risk assessment process, gaps in knowledge have been identified and these form the basis of a new research agenda.*
- 2) Member States are encouraged to establish effective and open communication programmes with all stakeholders to enable informed decision-making. These may include improving coordination and consultation among industry, local government, and citizens in the planning process for ELF EMF-emitting facilities.*
- 3) When constructing new facilities and designing new equipment, including appliances, low-cost ways of reducing exposures may be explored. Appropriate exposure reduction measures will vary from one country to another. However, policies based on the adoption of arbitrary low exposure limits are not warranted.”*

The last bullet in the WHO ELF Fact Sheet does not come from the Monograph, nor is it consistent with conclusions of the Monograph. The Monograph does call for prudent avoidance measures, one of which could reasonably be to establish numeric planning targets or interim limits for new and upgraded transmission lines and appliances used by children, for example. Countries should not be dissuaded by WHO staff, who unlike the authors of the Monograph, go too far in defining appropriate boundaries for countries that may wish to implement prudent avoidance in ways that best suit their population needs, expectations and resources.

www.who.int/peh-emf/project/en

XI. World Health Organization Report on Children's Health and Environment

Environmental Issue Report Number 29 from the World Health Organization (2002) cautions about the effects of radiofrequency radiation on children's health. As part of a publication on "Children's Health and Environment: A Review of Evidence" the World Health Organization (WHO) wrote:

"The possible adverse health effects in children associated with radiofrequency fields have not been fully investigated."

"Because there are suggestions that RF exposure may be more hazardous for the fetus and child due to their greater susceptibility, prudent avoidance is one approach to keeping children's exposure as low as possible."

"Further research is needed to clarify the potential risks of ELF-EMF and radiofrequency fields for children's health."

XII. International Agency for Research on Cancer (IARC)

A 2001 report by the WHO International Agency for Research on Cancer (IARC) concluded that ELF-EMF power frequency fields are a Category 2B (Possible) Human Carcinogen. These are power-frequency electromagnetic fields (50-Hz and 60-Hz electric power frequency fields).

The World Health Organization (WHO) is conducting the International Electromagnetic Fields (EMF) Project to assess health and environmental effects of exposure to static and time varying electric and magnetic fields in the frequency range of 1 – 300 gigahertz (GHz). Project goals include the development of international guidelines on exposure limits. This work will address radio and television broadcast towers, wireless communications transmission and telecommunications facilities, and associated devices such as mobile phones, medical and industrial equipment, and radars. It is a multi-year program that began in 1996 and will end in 2005. www.who.int/peh-emf

XIII. SCENIHR Opinion (European Commission Study of EMF and Human Health)

An independent Scientific Committee on newly emerging risks commissioned by the European Union released an update of its 2001 opinion on electromagnetic fields and human health in 2007. “The Committee addressed questions related to potential risks associated with interaction of risk factors, synergistic effects, cumulative effects, anti-microbial resistance, new technologies such as nanotechnologies, medical devices, tissue engineering, blood products, fertility reduction, cancer of endocrine organs, physical hazards such as noise and electromagnetic fields and methodologies for assessing new risks.” SCENIHR, 2007

SCENIHR Conclusions on Extremely low frequency fields (ELF fields)

The previous conclusion that ELF magnetic fields are possibly carcinogenic, chiefly based on childhood leukaemia results, is still valid. There is no generally accepted mechanism to explain how ELF magnetic field exposure may cause leukaemia.

For breast cancer and cardiovascular disease, recent research has indicated that an association is unlikely. For neurodegenerative diseases and brain tumours, the link to ELF fields remains uncertain. A relation between ELF fields and symptoms (sometimes referred to as electromagnetic hypersensitivity) has not been demonstrated.

SCENIHR Conclusions on Radiofrequency Radiation fields (RF fields)

Since the adoption of the 2001 opinion, extensive research has been conducted regarding possible health effects of exposure to low intensity RF fields. This research has investigated a variety of possible effects and has included epidemiologic, in vivo, and in vitro research. The overall epidemiologic evidence suggests that mobile phone use of less than 10 years does not pose any increased risk of brain tumour or acoustic neuroma. For longer use, data are sparse, since only some recent studies have reasonably large numbers of long-term users. Any conclusion therefore is uncertain and tentative. From the available data, however, it does appear that there is no increased risk for brain tumours in long-term users, with the exception of acoustic neuroma for which there is limited evidence of a weak association. Results of the so-called Interphone study will provide more insight, but it cannot be ruled out that some questions will remain open.

SCENIHR Conclusions on Sensitivity of Children

Concerns about the potential vulnerability of children to RF fields have been

raised because of the potentially greater susceptibility of their developing nervous system; in addition, their brain tissue is more conductive than that of adults since it has a higher water content and ion concentration, RF penetration is greater relative to head size, and they have a greater absorption of RF energy in the tissues of the head at mobile telephone frequencies. Finally, they will have a longer lifetime exposure.

Few relevant epidemiological or laboratory studies have addressed the possible effects of RF field exposure on children. Owing to widespread use of mobile phones among children and adolescents and relatively high exposures to the brain, investigation of the potential effect of RF fields in the development of childhood brain tumour is warranted. The characteristics of mobile phone use among children, their potential biological vulnerability and longer lifetime exposure make extrapolation from adult studies problematic.

There is an ongoing debate on possible differences in RF absorption between children and adults during mobile phone usage, e.g. due to differences in anatomy (Wiert et al. 2005, Christ and Kuster, 2005). Several scientific questions like possible differences of the dielectric tissue parameters remain open. The anatomical development of the nervous system is finished around 2 years of age, when children do not yet use mobile phones although baby phones have recently been introduced. Functional development, however, continues up to adult age and could be disturbed by RF fields.

XIV. Health Protection Agency (Formerly the NRPB - United Kingdom)

The National Radiation Protection Board or NRPB (2004) concluded, based on a review of the scientific evidence, that the most coherent and plausible basis from which guidance could be developed on exposures to ELF concerned weak electric field interactions in the brain and CNS (NRPB, 2004). A cautious approach was used to indicate thresholds for possible adverse health effects.

“Health Effects - It was concluded from the review of scientific evidence (NRPB, 2004b) that the most coherent and plausible basis from which guidance could be developed on exposures to ELF EMFs concerned weak electric field interactions in the brain and CNS (NRPB, 2004). A cautious approach was used to indicate thresholds for possible adverse health effects.”

“The brain and nervous system operate using highly complex patterns of electrical signals. Therefore, the basic restrictions are designed to limit the

electric fields and current densities in these tissues so as to not adversely affect their normal functioning. The adverse effects that might occur cannot easily be characterized according to presenting signs or symptoms of disease or injury. They represent potential changes to mental processes such as attention and memory, as well as to regulatory functions within the body. Thus, the basic restrictions should not be regarded as precisely determined values below which no adverse health effects can occur and above which clearly discernible effects will happen. They do, however, indicate an increasing likelihood of effects occurring as exposure increases above the basic restriction values.”

“From the results of the epidemiological investigations, there remain concerns about a possible increased risk of child leukaemia associated with exposure to magnetic fields above about 0.4 uT (4 mG). In this regard, it is important to consider the possible need for further precautionary measures.”

This recent statement by the UK Health Protection Agency clearly indicates that the current guidelines may not be protective of public health. Yet, the reference levels used in the United Kingdom remain at 5000 mG for 50 Hz power frequency fields for occupational exposure and 1000 mG for public exposure.

XV. US Government Radiofrequency Interagency Working Group Guidelines Statement

The United States Radiofrequency Interagency Working Group (RFIAWG) cited concerns about current federal standards for public exposure to radiofrequency radiation in 1999 (Lotz, 1999 for the Radiofrequency Interagency Working Group)

“Studies continue to be published describing biological responses to nonthermal ELF-modulated RF radiation exposures that are not produced by CW (unmodulated) radiation. These studies have resulted in concern that ‘exposure guidelines based on thermal effects, and using information and concepts (time-averaged dosimetry, uncertainty factors) that mask any differences between intensity-modulated RF radiation exposure and CW exposure, do not directly address public exposures, and therefore may not adequately protect the public.”

The United States government Federal Radiofrequency Interagency Working Group has reviewed the existing ANSI/IEEE RF thermal-based exposure standard upon which the FCC limit is based. This Working Group was made up of representatives from the US government’s National Institute for Occupational Safety and Health (NIOSH), the

Federal Communications Commission (FCC), Occupational Health and Safety Administration (OSHA), the Environmental Protection Agency (US EPA), the National Telecommunication and Information Administration, and the US Food and Drug Administration (FDA).

On June 17, 1999, the RFIAWG issued a Guidelines Statement that concluded the present RF standard “may not adequately protect the public”. The RFIAWG identified fourteen (14) issues that they believe are needed in the planned revisions of ANSI/IEEE RF exposure guidelines including “to provide a strong and credible rationale to support RF exposure guidelines”. In particular, the RFIAWG criticized the existing standards as not taking into account chronic, as opposed to acute exposures, modulated or pulsed radiation (digital or pulsed RF is proposed at this site), time-averaged measurements that may erase the unique characteristics of an intensity-modulated RF radiation that may be responsible for reported biologic effects, and stated the need for a comprehensive review of long-term, low-level exposure studies, neurological-behavioral effects and micronucleus assay studies (showing genetic damage from low-level RF).

The existing federal standards may not be protective of public health in critical areas. The areas of improvement where changes are needed include: a) selection of an adverse effect level for chronic exposures not based on tissue heating and considering modulation effects; b) recognition of different safety criteria for acute and chronic exposures at non-thermal or low-intensity levels; c) recognition of deficiencies in using time-averaged measurements of RF that does not differentiate between intensity-modulated RF and continuous wave (CW) exposure, and *therefore may not adequately protect the public*.

As of 2007, requests to the RFIAWG on whether these issues have been satisfactorily resolved in the new 2006 IEEE recommendations for RF public safety limits have gone unanswered (BioInitiative Working Group, 2007).

XVI. United Kingdom - Parliament Independent Expert Group Report (Stewart Report)

The Parliament of the United Kingdom commissioned a scientific study group to evaluate the evidence for RF health and public safety concerns. In May of 2000, the United Kingdom Independent Expert Group on Mobile Phones issued a report underscoring concern that standards are not protective of public health related to both mobile phone use and exposure to wireless communication antennas.

Conclusions and recommendations from the Stewart Report (for Sir William Stewart) indicated that the Group has some reservation about continued wireless technology expansion without more consideration of planning, zoning and potential public health concerns. Further, the Report acknowledges significant public concern over community siting of mobile phone and other communication antennas in residential areas and near schools and hospitals.

“Children may be more vulnerable because of their developing nervous system, the greater absorption of energy in the tissue of the head and a longer lifetime of exposure.”

“The siting of base stations in residential areas can cause considerable concern and distress. These include schools, residential areas and hospitals.”

“ There may be indirect health risks from living near base stations with a need for mobile phone operators to consult the public when installing base stations.”

“Monitoring should be especially strict near schools, and that emissions of greatest intensity should not fall within school grounds.”

“The report recommends “a register of occupationally exposed workers be established and that cancer risks and mortality should be examined to determine whether there are any harmful effects.”

(IEGMP, 2000)

XVII. Food and Drug Administration (US FDA)

The Food and Drug Administration announced on March 28, 2007 it is contracting with the National Academy of Science to conduct a symposium and issue a report on additional research needs related to possible health effects associated with exposure to radio frequency energy similar to those emitted by wireless communication devices. The National Academy of Sciences will organize an open meeting of national and international experts to discuss the research conducted to date, knowledge gaps, and additional research needed to fill those gaps. The workshop will consider the scientific literature and ongoing research from an international perspective in order to avoid duplication, and in recognition of the international nature of the scientific community and of the wireless industry.

Funding for the project will come from a Cooperative Research and Development Agreement (CRADA) between the Food and Drug Administration's Center for Devices and Radiological Health and the Cellular Telecommunications and Internet Association (CTIA). <http://www.fda.gov/cellphones/index.html>

XVIII. National Institutes for Health - National Toxicology Program

The National Toxicology Program (NTP) is a part of the National Institute for Environmental Health Sciences, National Institutes for Health. Public and agency comment has been solicited on whether to add radiofrequency radiation to its list of substances to be tested by NTP as carcinogens. In February 2000 the FDA made a recommendation to the NPT urging that RF be tested for carcinogenicity (www.fda.gov.us). The recommendation is based in part on written testimony stating:

“ Animal experiments are crucial because meaningful data will not be available from epidemiological studies for many years due to the long latency period between exposure to a carcinogen and the diagnosis of a tumor.

“There is currently insufficient scientific basis for concluding either that wireless communication technologies are safe or that they pose a risk to millions of users.”

“FCC radiofrequency radiation guidelines are based on protection from acute injury from thermal effects of RF exposure and may not be protective against any non-thermal effects of chronic exposures.”

In March of 2003, the National Toxicology Program issued a Fact Sheet regarding its toxicology and carcinogenicity testing of radiofrequency/microwave radiation. These studies will evaluate radiofrequency radiation in the cellular frequencies.

“The existing exposure guidelines are based on protection from acute injury from thermal effects of RF exposure. Current data are insufficient to draw definitive conclusions concerning the adequacy of these guidelines to be protective against any non-thermal effects of chronic exposures.”

XIX. US Food and Drug Administration

In February of 2000, Russell D. Owen, Chief of the Radiation Biology Branch of the Center for Devices and Radiological Health, US Food and Drug Administration (FDA) commented that there is:

“currently insufficient scientific basis for concluding whether wireless communication technologies pose any health risk.”

“Little is known about the possible health effects of repeated or long-term exposures to low level RF of the sort emitted by such devices.”

“Some animal studies suggest the possibility for such low-level exposures to increase the risk of cancer...”

Dr. Owen’s comments are directed to users of cell phones, but the same questions are pertinent for long-term RF exposure to radiofrequency radiation for the larger broadcast transmissions of television, radio and wireless communications (Epidemiology Vol. 1, No. 2 March 2000 Commentary). The Food and Drug Administration signed an agreement (CRADA agreement) to provide funding for immediate research into RF health effects, to be funded by the Cellular Telephone Industry of America. The FDA no longer assures the safety of users. No completion date has been set.

XX. National Academy of Sciences - National Research Council

An Assessment of Non-Lethal Weapons Science and Technology by the Naval Studies Board, Division of Engineering and Physical Sciences (National Academies Press (2002) has produced a report that confirms the existence of non-thermal bioeffects from information transmitted by radiofrequency radiation at low intensities that cannot act by tissue heating (prepublication copy, page 2-13).

In this report, the section on Directed-Energy Non-Lethal Weapons it states that:

“The first radiofrequency non-lethal weapons, VMADS, is based on a biophysical susceptibility known empirically for decades. More in-depth health effects studies were launched only after the decision was made to develop that capability as a weapon. The heating action of RF signals is well understood and can be the basis for several additional directed-energy weapons. Leap-ahead non-lethal weapons technologies will probably be based on more subtle human/RF interactions in which the signal information within the RF exposure causes an effect other than simply heating: for example, stun, seizure, startle and decreased spontaneous activity. Recent developments in the technology are leading to ultrawideband, very high peak power and ultrashort signal capabilities, suggesting the the phase space to be explored for subtle, uyet potentially effective non-thermal biophysical susceptibilities is vast. Advances will require a dedicated effort to identify useful susceptibilities.”

Page 2-13 of the prepublication report (emphasis added)

This admission by the Naval Studies Board confirms several critical issues with respect to non-thermal or low-intensity RF exposures. First, it confirms the existence of bioeffects from non-thermal exposure levels of RF. Second, it identifies that some of these non-thermal effects can be weaponized with bioeffects that are incontrovertibly adverse to health (stun, seizure, startle, decreased spontaneous activity). Third, it confirms that there has been knowledge for decades about the susceptibility of human beings to non-thermal levels of RF exposure. Fourth, it provides confirmation of the concept that radiofrequency interacts with humans based on the RF information content (signal information) rather than heating, so it can occur at subtle energy levels, not at high levels associated with tissue heating. Finally, the report indicates that a dedicated scientific research effort is needed to really understand and refine non-thermal RF as a weapon, but it is promising enough for continued federal funding.

XXI. The IEEE (United States)

IEEE ICES SCC-28 SC-4 Subcommittee (Radiofrequency/Microwave Radiation)

Members of the ICES SCC-28 SC-4 committee presented their views and justifications in a Supplement to the Bioelectromagnetics Journal (2003). It offers a window into the thinking that continues to support thermal-only risks, and on which the current United States IEEE recommendations have been made. The United States Federal Communications Commission (FCC) has historically based its federally-mandated public and occupational exposure standards on the recommendations of the IEEE.

Radiofrequency/Microwave Radiation

IEEE's original biological benchmark for setting human exposure standards (on which most contemporary human standards are based) is disruption of food-motivated learned behavior in subject animals. For RF, it was based on short, high intensity RF exposures that were sufficient to result in changes in animal behavior.

“The biological endpoint on which most contemporary standards are based is disruption of food- motivated learned behavior in subject animals. The threshold SAR for behavioral disruption has been found to reliably occur between 3 and 9 W/kg across a number of animal species and frequencies; a whole-body average SAR of 4 W/kg is considered the threshold below which adverse effects would not be expected. To ensure a margin of safety, the threshold SAR is reduced by a safety factor of 10 and 50 to yield basic restrictions of 0.4 W/kg and 0.08 W/kg for exposures in controlled (occupational) and uncontrolled (public) environments, respectively.” (Osepchuk and Petersen, 2003).

The development of public exposure standards for RF is thus based on acute, but not chronic exposures, fails to take into account intermittent exposures, fails to consider special impacts of pulsed RF and ELF-modulated RF, and fails to take into account bioeffects from long-term, low-intensity exposures that may lead to adverse health impacts over time.

XXII. BEMS Supplement 6 (Journal of the Bioelectromagnetics Society)

BEMS Supplement 6 was prepared in support of the IEEE SC-4 committee RF recommendations. In explaining and defending revised recommendations on RF limits contained within C.95.1, some key members took out space in Bioelectromagnetics (the Journal of the Bioelectromagnetic Society) to present papers ostensibly justifying a relaxation of the existing IEEE RF standards, rather than making the standards more conservative to reflect the emerging scientific evidence for both bioeffects and adverse health impacts.

Several clues are contained in the BEMS Supplement 6 to understand how the SC-4 IEEE C.95 revision working group and the ICES could arrive at a decision to not to recommend tighter limits on RF exposure. Not one but two definitions of “adverse effect” are described, one by Osepchuk/Petersen (2003) and another by the working group itself (D’Andrea et al, 2003). Both set a very high bar for demonstration of proof, and both are ignored in the final recommendations by the SC-4 Subcommittee.

Second, many of the findings presented in the papers by individual authors in the BEMS Supplement 6 do report that RF exposures are linked to bioeffects and to adverse effects; but these findings are evidently ignored or dismissed by the SC-4 Subcommittee, ICES and by the eventual adoption of these recommendations by the full IEEE membership (in 2006). Even with a very high bar of evidence set by the SC-4 Subcommittee (and two somewhat conflicting definitions of adverse effect against which all scientific papers were reviewed and analyzed); there is clear sign that the “deal was done” regardless of even some of the key Subcommittee member findings reporting such effects at exposure levels below the existing limits.* sidebar

The SC-4 Subcommittee has developed a new and highly limited definition on RF effects, adverse effects and hazards that is counter to the WHO Constitution Principle on Health. The definition as presented by D’Andrea et al (2003, page S138) is based on the SC-4 IEEE C.95 revision working group definition of adverse effect:

“An adverse effect is a biological effect characterized by a harmful change in health. For example, such changes can include organic disease, impaired mental function, behavioral disfunction, reduced longevity, and defective or deficient reproduction. Adverse effects do not include: biological effects without detrimental health effect, changes in subjective feelings of well-being that are a result of anxiety about RF effects or impacts of RF infrastructure that are not related to RF emissions, or indirect effects caused by electromagnetic interference with electronic devices. An adverse effects exposure level is the condition or set of conditions under which an electric, magnetic or electromagnetic field has an adverse effect.”

Further, the working group extended its definition to include that of Michaelson and Lin (1987) which states:

“If an effect is of such an intense nature that it compromises the individual’s ability to function properly or overcomes the recovery capability of the individual, then the ‘effect’ may be considered a hazard. In any discussion of the potential for ‘biological effects’ from exposure to electromagnetic energies we must first determine whether any ‘effect’ can be shown; and then determine whether such an observed ‘effect’ is hazardous.”

The definition of adverse effect according to Osepchuk and Petersen (2003) reported in the same BEMS Supplement 6 is:

“An adverse biological response is considered any biochemical change, functional impairment, or pathological lesion that could impair performance and reduce the ability of an organism to respond to additional challenge. Adverse biological responses should be distinguished from biological responses in general, which could be adaptive or compensatory, harmful, or beneficial. “

In contrast, the World Health Organization draft framework has accepted definitions of bioeffect, adverse health effect and hazard (WHO EMF Program Framework for Developing EMF Standards, Draft, October 2003). These definitions are not subject to the whim of organizations preparing public exposure standard recommendations. The WHO definition states that:

“(A)nnoyance or discomforts caused by EMF exposure may not be pathological per se, but, if substantiated, can affect the physical and mental well-being of a person and the resultant effect may be considered as an adverse health effect. A health effect is thus defined as a biological effect that is detrimental to health or well-being. According to the WHO Constitution, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

The SC-4 definitions require proof that RF has caused organic disease or other cited

effects that qualify. The burden of proof is ultimately shifted to the public, that bears the burden of unacknowledged health effects and diseases, where the only remedy is proof of illness over a large population of affected individuals, over a significant amount of time, and finally, delays until revisions of the standards can be implemented. The results of studies and reviews in the BEMS Supplement 6 already acknowledge the existence of bioeffects and adverse effects that occur at non-thermal exposure levels (below current FCC and ICNIRP standards that are supposedly protective of public health. However, they go on to ignore their own findings, and posit in advance that adverse effects seen today will, even with chronic exposure, not conclusively reveal disease or dysfunction tomorrow at exposure levels below the existing standards.

Sidebar: Quotes from BEMS Supplement 6

- a) Studies and reviews where bioeffects likely to lead to adverse health effects with chronic exposure are reported;
- b) adverse effects which are already documented;
- c) studies where non-thermal RF effects are reported and unexplained;
- d) effects are occurring below current exposure limits, and
- e) conclusions by authors they cannot draw conclusions about hazards to human health

These quotes appear in articles presented by the IEEE SC-4 Subcommittee in BEMS Supplement 6. Despite these acknowledged gaps in information, lack of consistency in studies, abundant conflicting evidence documenting low level RF effects that can resulting serious adverse health impacts (DNA damage, cognitive impairment, neurological deficits, cancer, etc), and other clear instances of denial of ability to predict human health outcomes, the IEEE SC-4 Subcommittee has proposed recommendations to relax the existing limits.

XXIII. Proceedings of the NATO Advanced Research Workshop – Mechanisms of the Biological Effect on Extra High Power Pulses (EHPP) and UNESCO/WHO/IUPAB Seminar “Molecular and Cellular Mechanisms of Biological Effects of EMF” held March 2005, Yerevan, Armenia.

The proceedings conclude that “*the authors agreed with one main conclusion from these meeting(s): that in the future worldwide harmonization of standards have to be based on biological responses, rather than computed values*”. The authors included 47 scientists, engineers, physicians and policy makers from 21 countries from Europe, North and South America, and Asia.

“The ICNIRP Guidelines for radiofrequency electromagnetic exposure are based only on thermal effects, and completely neglects the possibility of non-thermal effect.”

“The guidelines of the International Commission on Non-Ionizing Radiation Protection (ICNIRP) specify the quantitative characteristics of EMF used to specify the basic restrictions are current density, specific absorption rate (SAR) and power density, i.e., the energetic characteristics of EMF. However, experimental data on energy-dependency of biological effects by EMF have shown that the SAR approach, very often, neither adequately describes or explains the real value of EMF-induced biological effects on cells and organisms, for at least two reasons: a) the non-linear character of EMF-induced bioeffects due to the existence of amplitude, frequency and ‘exposure time-windows’ and b) EMF-induced bioeffects significantly depend on physical and chemical composition of the surrounding medium.” (Preface pages XI – XIII).

References

Baan R, Lauby-Secretan B, El Ghissassi F, Bouvard V, Benbrahim-Tallaa, Guha N, Islami F, Galiecht L, Straif K, on behalf of the WHO International Agency for Research on Cancer Monograph Working Group, Carcinogenicity of Radiofrequency Electromagnetic Fields. Lancet Oncology, Published on line June 22, 2011, DOI:10.1016/S1470-2045(11)70147-4

Baan, Robert, Personal Communication to Connie Hudson, August 29, 2011. Subject "EMF Class 2B Classification".

BioInitiative Working Group, 2007. Letter to the RFI AWG dated January 24, 2007 and signed by Martin Blank, David Carpenter, Zoreh Davanipour, Olle Johansson, Michael Kundi, Henry Lai, Cindy Sage, Eugene Sobel.

D'Andrea Adair ER de Lorge JO. 2003a. Behavioral and Cognitive Effects of Microwave Exposure Bioelectromagnetics Supplement 6:S7-S16.

D'Andrea Chou CK Johnston SA Adair ER. 2003b. Microwave Effects on the Nervous System Bioelectromagnetics Supplement 6: S107-S147

Elwood JM 2003. Epidemiological Studies of Radiofrequency Exposures and Human Cancer Bioelectromagnetics Supplement 6:S63-S73.

European Commission, 2002. European Treaty 174 at http://www.law.harvard.edu/library/services/research/guides/international/eu/eu_legal_research_treaties.php

European Commission, Health and Consumer Protection, 2007. Scientific Committee on SCENIHR Report on Emerging and Newly Identified Health Risks – Possible Effects of Electromagnetic Fields (EMF) on Human Health.

European Union Treaty 174.
http://www.law.harvard.edu/library/services/research/guides/international/eu/eu_legal_research_treaties.php

Food and Drug Administration, 2007. NAS RF Research Announcement. National Academy of Sciences Project: NRSB-O-06-02-A
www.nationalacademies.org/headlines/2007 and
<http://www.fda.gov/cellphones/index.html>

IEGMP - Stewart Report, 2000. United Kingdom Independent Expert Group on Mobile Phones, Health Protection Agency. www.iegmp.org.uk
and
www.hpa.org.uk/hpa/news/nrpb_archive/response_statements/2000/response_statement_2_00.htm

INTERPHONE Study Group, 2010. Brain tumour risk in relation to mobile telephone use: results of the INTERPHONE international case-control study. International Journal of Epidemiology 2010;1-20, DOI:10.1093/ije/dyq079

International Commission on Non-Ionizing Radiation Protection. 1998. Guidelines for limiting exposure to time-varying electric, magnetic and electromagnetic fields (up to 300 GHz). Health Physics Vol 74:4 April, 1998.
<http://www.icnirp.de>

Institute of Electrical and Electronics Engineers, Inc (IEEE) 1992. Section 4.2 of "IEEE Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3 kHz to 300 GHz," ANSI/IEEE C95.1-1992. New York, NY 10017.

Lotz G. 1999. Letter from Greg Lotz, PhD, Chief Physical Agents Effects Branch, Division of Biomedical and Behavioral Science, National Institute of Occupational Safety and Health to Richard Tell, Chair, IEEE SCC28 (SC4) Risk Assessment Work Group dated June 17, 1999.

National Academy of Sciences National Research Council 2002. An Assessment of Non-Lethal Weapons Science and Technology by the Naval Studies Board, Division of Engineering and Physical Sciences. National Academies Press.

National Academy of Sciences, National Research Council, 2008. Identification of Research Needs Relating to Potential Biological or Adverse Health Effects of Wireless Communication Devices. ISBN: 0-309-11295-8, 78 pages, Download - <http://nap.edu/catalog/12036.html>

National Cancer Institute, 2010. Presidents Cancer Panel Report 2008-2009.

National Institutes for Health - National Toxicology Program, 2002. www.fda.gov.us

NRPB, 2001. Power Frequency Electromagnetic Fields and the Risk of Cancer Doc. 12, No. 1 NRPB Response Statement to the IARC Classification of ELF as Possible Human Carcinogen.
http://www.hpa.org.uk/hpa/news/nrpb_archive/response_statements/2004/response_statement_5_04.htm

Osepchuk JM, Petersen, RC. 2003. Historical Review of RF Exposure Standards and the International Committee on Electromagnetic Safety (ICES), Bioelectromagnetics Supplement 6:S7-S16.

US Government Accountability Office, 2012. Telecommunications: Exposure and Testing Requirements for Mobile Phones Should Be Reassessed. GAO - 12 - 771.

WHO September 1996 Press Release - Welcome to the International EMF Project.
<http://www.who.int/peh-emf>

WHO EMF Program Framework for Developing EMF Standards, Draft, October 2003 at
www.who.int/peh-emf

WHO 2002. Children's Health and Environment: A Review of Evidence: A Joint Report from the European Environmental Agency and The World Health Organization.
<http://www.who.int/peh-emf>

WHO 2003. WHO EMF Program Framework for Developing EMF Standards, Draft, October 2003. www.who.int/peh-emf

WHO 2007. WHO Fact Sheet No. 322, www.who.int/peh-emf/project/en and
http://www.who.int/peh-emf/meetings/elf_emf_workshop_2007/en/index.html

WHO 2007. Extremely Low Frequency Fields Environmental Health Criteria Monograph 238. www.who.int/peh-emf/project/en and http://www.who.int/peh-emf/meetings/elf_emf_workshop_2007/en/index.html

WHO Research Agenda for Radiofrequency Fields, 2010, ISBN 978 92 4 159994 8
(NLM classification: QT 34)