

BIOINITIATIVE 2012 – CONCLUSIONS Table 1-1

Overall, these 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 μW/cm2 at lower levels than reported in 2007 (0.05 to 0.1 uW/cm2 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; Otitoloju 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 (μW/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 thay 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 BIOLGICAL 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, 2010 – 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, 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. (Hardell, 2012 – Section 11)

"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.

EVIDENCE FOR GENETIC EFFECTS

Eighty six (86) new papers on genotoxic effects of RFR published between 2007 and mid-2012 are profiled. Of these, 54 (63%) showed effects and 32 (37%) showed no effects.

Forty three (43) new ELF-EMF papers and two static magnetic field papers that report on genotoxic effects of ELF-EMF published between 2007 and mid-2012 are profiled. Of these, 35 (81%) show effects and 8 (19%) show no effect.

EVIDENCE FOR NEUROLOGICAL EFFECTS

One hundred fifty five (155) new papers that report on neurological effects of RFR published between 2007 and mid-2012 are profiled. Of these, 98 (63%) showed effects and 57 (37%) showed no effects.

Sixty nine (69) new ELF-EMF papers (including two static field papers) that report on genotoxic effects of ELF-EMF published between 2007 and mid-2012 are profiled. Of these, 64 (93%) show effects and 5 (7%) show no effect.

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.

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.

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.

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.

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 then 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.

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)
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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.

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 applica- tion, 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)

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.

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.

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.

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).

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.Wireless laptops and other wireless devices should be strongly discouraged in schools for children of all ages.

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.

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.

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.

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.

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