

## INJURIES FROM WIRELESS RADIATION - ACTION NEEDED

(eg: mobile phones, phone masts, cordless phones, 5G, Wifi, Bluetooth, smart meters)

<b>MAJORITY SCIENTIFIC VIEWPOINT</b>	<b>MINORITY SCIENTIFIC VIEWPOINT</b>	<b>ACTION NEEDED</b>
<i>eg: Bioinitiative, EMF Scientist Appeal, EUROPAEM, IGNIR, Seletun</i>	<i>eg: wireless industry and the private cartel ICNIRP which the UK government follows</i>	<i>*Some governments do this already.</i>
<b>1. CANCER</b>	<i>(known since 1953)</i>	<b>GOVERNMENT, NATIONAL and LOCAL</b>
<ul style="list-style-type: none"> <li>• Near phone masts, many types of cancers are increased in a dose-response pattern, with rates of cancer up to 10 times greater.</li> <li>• Wireless radiation causes cancer directly (eg DNA damage) and indirectly (eg oxidative stress, damaged repair mechanisms).</li> <li>• IARC's 2011 Class 2B possible human carcinogen classification should be raised to Class 1 certain, or 2A probable.</li> <li>• Further evidence: the US NTP \$30 million study showing 'clear evidence' of causing cancer, confirmed by the Ramazzini Institute.</li> </ul>	<ul style="list-style-type: none"> <li>• The wireless industry and some regulators still claim that wireless radiation cannot cause cancer because its only danger is bodily heating of one degree in 6 minutes. This is based on Schwan's hypothesis of 1953, now regarded as invalidated by most scientists. Exercise can cause one degree of heating without cancer etc.</li> <li>• The ICNIRP 1998 guidelines are only for short-term heating effects, not for long term cancer etc.</li> <li>• Many mobile phones exceed ICNIRP's short-term heating guidelines if used next to the head, or held in the hands, or kept in a pocket.</li> </ul>	<ol style="list-style-type: none"> <li>1. *Ban further wireless radiation, especially 5G.</li> <li>2. *Warn citizens how to reduce wireless exposure.</li> <li>3. Require fibre-optic cables in all homes and workplaces, like electric cables and plugs, to replace most wireless.</li> <li>4. Create 'green' zones (no wireless) for humans / wildlife.</li> </ol>
<b>2. ELECTROSENSITIVITY (ES) and HYPERSENSITIVITY (EHS)</b>	<i>(known since 1932)</i>	<b>WIRELESS INDUSTRY</b>
<ul style="list-style-type: none"> <li>• 80% (53.6 million people in UK) are affected subconsciously.</li> <li>• 1.2% (8000,000 people in UK) are severely affected with conscious injuries.</li> <li>• Established neurological effects eg anxiety, cognitive disturbance, depression, fatigue, headaches, impaired sleep, memory loss.</li> <li>• Accepted by UK courts since 2012 and by some NHS doctors and hospitals since 2013.</li> </ul>	<ul style="list-style-type: none"> <li>• The World Health Organization confuses real physiological ES/EHS with psychological Electrophobia (EPh) or the nocebo effect.</li> <li>• Only 1% with real ES/EHS also have EPh.</li> <li>• The WHO recognises the symptoms of ES/EHS and that they are a disabling condition.</li> <li>• The ICNIRP accepts some people need long-term biological guidelines, but it does not provide appropriate guidelines for these people.</li> </ul>	<ol style="list-style-type: none"> <li>5. Ensure existing mobile phones, masts and Wifi comply with international long-term biological guidelines.</li> <li>6. Ensure cancer, neurological and other injury warnings are prominent, as for tobacco and asbestos.</li> </ol>
<b>3. FERTILITY DAMAGE and OTHER INJURIES</b>	<i>(known since 1889)</i>	<b>REGULATORS</b>
<ul style="list-style-type: none"> <li>• Fertility: male - reduced; female - damage transmitted to future generations.</li> <li>• Cardiovascular and mitochondrial damage, cumulative and immune injuries, tinnitus, etc.</li> <li>• Especially in children, foetuses, the elderly.</li> </ul>	<ul style="list-style-type: none"> <li>• These injuries are mostly dismissed as non-existent or insignificant by the WHO, ICNIRP, the wireless industry and the UK government, since the injuries occur below ICNIRP's short-term (6 or 30 minutes) heating guidelines.</li> </ul>	<ol style="list-style-type: none"> <li>7. Use international long-term biological guidelines (eg: Bioinitiative, EUROPAEM, IGNIR), instead of obsolete short-term (6 or 30 minutes) heating guidelines (eg ICNIRP), as required by the EU Parliament in 2009.</li> </ol>
		<b>ASSESSORS</b>
		<ol style="list-style-type: none"> <li>8. IARC will re-assess wireless radiation as a high priority (currently 2022-2024, ideally earlier given the urgency).</li> </ol>
		<b>EMPLOYERS and SCHOOLS etc.</b>
		<ol style="list-style-type: none"> <li>9. Protect people with ES by reasonable adjustments.</li> <li>10. Ensure equal access to all areas for people with ES.</li> </ol>
		<b>DHSC, NHS, PHE and the WHO</b>
		<ol style="list-style-type: none"> <li>11. (a) Provide accurate and updated information on real electro-sensitivity (ES/EHS) for doctors and the public. (b) Train doctors to diagnose real electro-sensitivity (ES/EHS) and differentiate it from electrophobia (EPh).</li> <li>12. Update WHO claims on ES/EHS (backgrounder 296, dated 2005) which are now inaccurate and outdated.</li> </ol>

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May 2019

For further information, see: [ES-UK](#), [Bioinitiative](#), [Internation EMF Scientist](#), [EUROPAEM](#), [IGNIR](#), [SSITA](#). [Selected Studies on ES and EHS](#).