

**ES-UK's 1000-word Response  
to  
the ASA's Draft Recommendation**  
(received March 5 2018)

- The Draft shows lack of scientific expertise in this area.
- The request for "robust scientific evidence emerging" has already been fulfilled by the hundreds of studies already provided in my 160 pages of substantiation and [Selected Studies](#).
- Seven additional points follow.

**1. "Robust"**

The Draft's main criticism is that none of these hundreds of studies is "robust".

- (a) The Draft does not specify a single study which it claims is not "robust".
- (b) The Draft ignores the UK government's recognition of "robust" evidence for health risks in advising children to restrict mobile use, and requiring mobiles to state their safety distance from the body.
- (c) The WHO's IARC's terms, "reproducible" and "sufficient", are more precise than the Draft's ill-defined "robust".

**2. WHO's IARC: "sufficient" evidence for human carcinogenicity**

- (a) Instead of "robust", the WHO's IARC classifies human and animal evidence as "no evidence", "inadequate", "limited", or "sufficient".
- (b) In 2011 it classified RF as 2B (possible), from "limited" evidence in humans and animals, as evidenced in the poster.<sup>1</sup>
- (c) IARC's requirements for 2A are:<sup>2</sup> (i) two species of animals, (ii) reproducibility. Scientists often define "robust" as "reproducible", unlike the ASA.<sup>3</sup> Since both requirements have been met since 2011, RF will have to be reclassified as class 2A (probable). Carcinogenic animal evidence has been reproduced in the 1980-82 \$4.5 USAF, 1993-99 \$28.5m WTR, 1999-2018 \$25m NTP and 2001-18 €5m Ramazzini studies. Moreover, since 2011, studies showing RF as a tumour-promoter have been reproduced.

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<sup>1</sup> [Bann et al.](#), 2011.

<sup>2</sup> "Preamble" 2006.

<sup>3</sup> [Begley et al.](#), 2015.

(d) Further, since human evidence is now "sufficient", RF will have to become class 1 (certain). Carcinogenic human evidence has been shown since 1953 and reproduced in the 1969-82 Maryland, 1971-85 Polish, Interphone long-term, Swedish and French studies.

(e) Since 2013 experts have increasingly argued that the evidence is now sufficient for class 2A or 1.<sup>4</sup>

If "limited" and "sufficient" evidence is adequate for the WHO's IARC classifications, then the ASA should adopt similar standards and not dismiss hundreds of peer-reviewed studies considered as adequate evidence by the WHO's IARC.

### 3. "Potential" and "Possible"

The poster's "potential health risks" carefully matches the WHO's IARC's current "possible" human carcinogen classification.

### 4. Evidence

(a) The Draft states about my 160 pages of substantiation: *"A significant proportion of the evidence supplied dated back as early as 1962 ... was likely to be out of date ... research cited before 2014 ... likely to be out of date."*

1.5% were from the 1960s, not a "significant proportion", with 25% from the 2000s and 62% from the 2010s.

(b) The dates of sufficient studies are irrelevant.

(c) The Draft, without any evidence, condemns studies as "likely" out of date.

(d) The Draft condemns studies as not being "emerging", but the poster stated "more and more" ... "starting to show".

(e) As required by the ASA, my substantiations included quotations from specific studies, whereas the Draft does not specify a single study, or give any quotation.

(f) The Draft relies on WHO, NHS and AGNIR which were not peer-reviewed.

(g) The Draft takes a minority viewpoint on AGNIR being 'inaccurate' and 'unsafe'.<sup>5</sup>

(h) The Draft references MTHR, notorious for its negative results suiting its industry and government sponsors.

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<sup>4</sup> [Carlberg et al](#), 2017; [Hardell et al.](#), 2013; [Peleg et al.](#), 2018; [Morgan et al.](#), 2015; [\(Miller\)](#), 2017.

<sup>5</sup> [Starkey](#), 2016.

- (i) The Draft references MWS, when MWS's only phone study found increased acoustic neuroma, supporting the poster's message.

## 5. WHO sheet 193: worthless

The WHO's webpage, sheet 193, on which the Draft bases many of its claims, is scientifically worthless.

### (a) Outdated:

Although dated 2014, it has only three studies, none after 2011. Since 2011 the evidence of potential health risks has grown massively. The [International EMF Scientist Appeal](#) shows that the majority of involved scientists reject the WHO's belief in Schwan's mistaken 1953 hypothesis (heating is the only adverse effect).

### (b) Unsubstantiated:

It gives no evidence proving RF is harmless and does not disprove any study showing harm.

### (c) Not peer-reviewed:

It is not peer-reviewed. It could not pass peer-review since it makes unsubstantiated, anonymous and outdated claims. Emilie van Deventer, responsible for WHO sheets, refused to name their author.

### (d) WHO in crisis

Sheet 193 states that "WHO will conduct a formal risk assessment of all studied health outcomes from radiofrequency fields exposure by 2016", but this is still unpublished. The WHO and its EMF Project have conflicts of interest with industry and ICNIRP. It excludes experts questioning its minority heating hypothesis. It is subservient in radiation to the [IAEA](#). The WHO is a "[hard nut to crack](#)".

## 6. More official warnings

The WHO's sheet 193 claimed in 2014, without evidence: "To date, no adverse health effects have been established as being caused by mobile phone use". However, in 2018 England's CMO, Professor Dame Sally Davies, stated that "Mobiles phones should be turned off before bed" because of health risks.<sup>6</sup> Similarly California's Public Health Officer stated: "moving [your mobile phone] away from your bed at night can help reduce exposure."<sup>7</sup> France already bans Wifi in nurseries and infant schools, and from September 2018 will ban mobile phones in schools for under 15s.

The poster matches these warnings. However, the ASA Draft is badly lagging behind the current science.

<sup>6</sup> "Silent killer in your bedroom ... a mobile phone" [Times](#), March 2 2018.

<sup>7</sup> "[CDPH Issues Guidelines on How to Reduce Exposure to RF Energy from Cell Phones](#)", December 13 2017.

## **7. Summary**

1. Electrosensitivity UK's experts consider the poster accurate, truthful and fully substantiated in quotations from over 400 studies in 160 pages. In contrast, the Draft's critical substantiation almost entirely lacks properly referenced scientific evidence and has no quotations in its mere 2 pages.
2. The poster cannot in any way be "misleading" or "unsubstantiated". Its wording of "potential" health risks agrees almost exactly with the WHO's IARC wording of "possible" health risks.

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