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Wireless Infrastructure Strategy: call for evidence

Evidence on behalf of Electrosensitivity UK

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1. *What wireless connectivity will the UK require by 2030 in order to support the needs of consumers, businesses and public services?*

- (a) The estimated 800,000 people in the UK (1.2 % of UK's population) who are severely disabled by wireless connectivity and devices need at present, and will require by 2030, zones free of all man-made wireless connectivity and devices.
- (b) The established weight of scientific evidence since 1733 for such people shows that these zones should have all wireless connectivity radiation, including from phone masts, wifi, phone signals, wireless smart meters, Bluetooth and satellite signals, at levels under the international biological non-thermal guidelines, such as Bioinitiative, Building Biology, EUROPAEM, IGNIR and Seletun.
- (c) Current ICNIRP guidelines, as used by the DCMS, DHSC and PHE/UKHSA, are arbitrary, unscientific, unprotective, short-term only and heating-based only. They do not protect against established adverse effects such as cancers, wireless connectivity radiation intolerance injuries, and other established symptoms of wireless connectivity radiation.
- (d) ICNIRP recognised in 2002 that people can be adversely affected by wireless connectivity and individual governments should apply their own long-term and non-thermal guidelines to protect these people. The UK government, PHE/UKHSA and the DCMS have not yet done so, although they say that they follow ICNIRP.

- (e) ICNIRP was established as a 'front' to uphold the interests of the radiation and wireless industry. The World Health Organization has given the radiation industry total control over its guidelines, setting unprotective short-term only and heating-only wireless guidelines. It has been established since the 1930s that short-term only and heating-only guidelines are not protective of people or wildlife.
- (f) US Regulators in 1957 and US Appeal Court Judges in 2021 condemned short-term thermal-only guidelines, like the UK's ICNIRP guidelines, as 'arbitrary'.
- (g) The first guidelines, in the 1930s, were non-thermal. Since the 1930s it has been established scientifically that the primary harm from wireless is non-thermal, not through heating. Heating is a secondary effect.
- (h) The UK should aim by 2030 to extend the use of fibre-optic cable so that all internet and phone access can be wired, not wireless. There should be plugs and access points available in each home, workplace and public space, as already with electricity, gas and water supplies.
- (i) At the present rate of increase in adverse effects and disorders established as caused by wireless connectivity, including ones involving neurological, cardiovascular, fertility and cancer outcomes, the health and care costs will continue to increase. This will be in addition to the increasingly detrimental effects on general social life and well-being.
- (j) The World Health Organisation's IARC classified all wireless connectivity radiation as a 2B carcinogen in 2011.
- (k) The leading experts have stated since 2013 that there is now sufficient scientific evidence requiring that wireless connectivity radiation should be reclassified as a class 1 certain cancer agent.
- (l) The FDA/NTP's \$30 million study, on whether wireless connectivity radiation from mobile phones causes cancer, found in 2018 'clear evidence', their highest category, that mobile phone wireless connectivity radiation causes cancer.
- (m) This FDA/NTP study confirmed what has been shown since 1953, that wireless connectivity radiation causes cancer.

- (n) The Ramazzini study found in 2018 that phone mast wireless connectivity radiation causes cancer, just like mobile phone wireless connectivity radiation.
- (o) The insurance industry since the 1990s has refused to underwrite wireless connectivity risks, except in the highest category along with, for instance, asbestos.
- (p) The UK's aim for 2030 should be to remove the toxic pollution of the current high levels of electrosmog allowed under ICNIRP's unscientific and unprotective guidelines which are based on a minority industry hypothesis. The UK should aim for hygienic levels, as under IGNIR, so that the health of the UK population can be restored and the 1.2% of the UK population, who are currently often forced out of their homes, jobs and good health by the high levels of electrosmog, can enjoy equal rights to a healthy life with other people.
- (q) The vision of DCMS and the DHSC should be to follow the mainstream science and weight of evidence which shows the serious adverse effects like cancers and disability caused by high levels of wireless connectivity radiation under ICNIRP's minority viewpoint. Instead of following the wireless industry like the WHO and its ICNIRP, the DCMS and the DHSC should be guided by established science since 1733 and protect all the UK population from the known adverse effects of current levels of wireless connectivity.

7. What should government consider when designing a policy and regulatory framework to support the development of new wireless technologies?

a). Is the current policy and regulatory framework suitable? If not, what changes are required?

- (a) The government should ensure that its policy and regulatory framework follow the majority mainstream science, not disinformation and lies about the 'safety' of wireless connectivity radiation promulgated by some wireless industry agents.
- (b) The government should ensure that DCMS and Ofcom follow the mainstream and majority science since 1733 and do not, as at present, contravene the Health and Safety at Work Act 1974 and the Equality Act 2010 by choosing to adopt arbitrary, unscientific and unprotective wireless connectivity radiation guidelines.

8. *What can the UK learn about the development and deployment of wireless networks in other countries?*

(a) Many other countries follow the mainstream and majority viewpoint scientific weight of evidence and reject the ICNIRP's invalidated short-term heating-only hypothesis based on Schwan's mistake of 1953.

(b) The first wireless connectivity radiation guidelines in the 1930s were non-thermal. The UK should adopt long-term and non-thermal guidelines like countries with more advanced research and understanding into the adverse health effects of wireless radiation, known since 1733.

M Bevington,
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Electrosensitivity UK

This evidence may be published. It is not confidential.