CHILDREN'S ENVIRONMENTAL HEALTH & PROTECTION ADVISORY COUNCIL MARYLAND DEPARTMENT OF THE ENVIRONMENT
REPORT ON WI-FI RADIATION IN SCHOOLS
SUMMARY OF RECOMMENDATIONS OF FINAL REPORT DECEMBER 13, 2016

The Council recommends that the Maryland Department of Health and Mental Hygiene ask the United States Department of Health and Human Services to formally petition the FCC to revisit the exposure limit to ensure it is protective of children's health and that it relies on current science.

The following recommendations are based on principles of industrial hygiene and occupational health. The Council also recommends that:

The Maryland State Department of Education should recommend that local school systems:

- Consider using wired devices.
    - Where classrooms have internet access with a wireless connection, WiFi can be turned off and wired local area network (LAN) can provide a reliable and secure form of networking for as many wireless devices as necessary without any microwave electromagnetic field exposure.
    - If a new classroom is to be built, or electrical work is to be carried out in an existing classroom, network cables can be added at the same time, providing wired network access with minimal extra cost and time.
- Locate laptops in the classroom in a way that keeps pupil heads as far away from the laptop screens (where the antennas are) as practicable.
- Consider using screens designed to reduce eyestrain.
- Consider using a switch to shut down the router when it is not in use.
- Teach children to turn off WiFi when not in use.
- Consider placing routers as far away from students as possible.
- Share this document with teachers and parents.

- The General Assembly should consider funding education and research on electromagnetic radiation and health.
- The Maryland Department of Health and Mental Hygiene should provide suggestions to the public on ways to reduce exposure:

    Sit away from WiFi routers, especially when people are using it to access the internet.
    Turn off the wireless on your laptop when you are not using it.
    Turn off WiFi on smartphones and tablets when not surfing the web.
    Switch tablets to airplane mode to play games or watch videos stored on the device.

This report should be posted on the Council website and shared with the United States Department of Health and Human Services, the Federal Communications Commission, the Maryland State Department of Education and the Maryland General Assembly.

CHILDREN'S ENVIRONMENTAL HEALTH & PROTECTION ADVISORY COUNCIL

May 1, 2019

RF Safety Program
Federal Communications Commission
Office of Engineering and Technology
445 12th Street, SW
Washington, DC 20554
rfsafety@fcc.gov

Re: **Requesting update of the FCC's evaluation of the effect of emissions on the quality of the human environment – specifically the impact to children and their environment**

Dear Sir or Madam,

The Maryland Children's Environmental Health and Protection Advisory Council (CEHPAC) requests that the U.S. Federal Communications Commission (FCC) re-evaluate its guidelines[1,2] related to the impact of Radiofrequency Electromagnetic Field (RFEM) exposure on human health. Specifically, we are concerned about the health effects of children's exposure to RFEM exposures, and we ask if the FCC included such impacts to children and pregnant women when determining the current policy. Other questions we have include whether current policy ensures that newer devices do not expose children to unsafe levels of radiation – especially when used in a classroom setting – and whether the FCC provides guidance for using such devices in schools.

To protect children from environmental hazards, it is necessary to consider the special vulnerability of children due to their developing physiology, and their exposures, behaviors, and diets, which can differ greatly from those of adults. The current FCC guidance on RFEM is decades old and we are calling for it to be updated to reflect current science on thermal and non-thermal health effects and newer (or emerging) exposures, especially to children. Since 1999, when the FCC published "Questions and Answers about Biological Effects and Potential Hazards of Radiofrequency (RF) Electromagnetic Fields,"[3] there has been expanded use of RFEM technology and documentation has emerged to show that such exposure is (potentially) causing significant risks to human health.

CEHPAC relies on the FCC to provide up-to-date information and to answer some of the most commonly asked questions related to this topic. We address this letter to you as we understand that any questions on the Commission's policies with respect to radio frequency electromagnetic fields should be addressed to the RF Safety Program. We understand that the National Environmental Policy

[1] 47 CFR § 1.1310 - Radiofrequency radiation exposure limits.
[2] U.S. Federal Communications Commission, 1997. "Evaluating Compliance with FCC Guidelines for Human Exposure to Radiofrequency Electromagnetic Fields. OET Bulletin 65, Ed. 97-01. Washington, DC. Accessed 3/27/19 at: https://transition.fcc.gov/bureaus/oet/info/documents/bulletins/oet65/oet65.pdf.
[3] U.S. Federal Communications Commission, 1999. "Questions and Answers about Biological Effects and Potential Hazards of Radiofrequency (RF) Electromagnetic Fields." OET Bulletin 56, Fourth Edition. Washington, DC. Accessed 3/27/19 at: https://transition.fcc.gov/Bureaus/Engineering_Technology/Documents/bulletins/oet56/oet56e4.pdf.

Act of 1969 requires the FCC to evaluate the effect of emissions from FCC-regulated transmitters on the quality of the human environment.[4] We also understand that currently there is no federally mandated radio frequency (RF) exposure standard.

As defined in statute (Md. Code Ann., Health-General §§ 13-1501 thru 1506), CEHPAC seeks to ensure that the rules, regulations, and standards adequately protect the health of children from environmental hazards. CEHPAC's goal is to enable children in Maryland to grow up in a safe and healthy environment. Our duties include:

- ✓ Provide input to the General Assembly on legislation that may impact environmental hazards that affect the health of children;
- ✓ Recommend uniform guidelines for State agencies to follow to help reduce and eliminate children's exposure to environmental hazards; and
- ✓ Educate others regarding the environmental hazards that impact children's health, the means to avoid those hazards and provide any other relevant information that will assist in protecting children health. [5]

The opinions of CEHPAC expressed in this letter do not necessarily reflect that of the Maryland Department of Health or any other State agency. CEHPAC looks forward to working with the FCC as well as the Governor and the General Assembly of Maryland on this issue, and thanks FCC for its leadership and support in identifying potential public health impacts of Radiofrequency Electromagnetic Field exposure.

For CEHPAC,



Megan Weil Latshaw PhD, MHS

Cc: Robert R. Neall, Secretary, Maryland Department of Health
Benjamin Grumbles, Secretary, Maryland Department of the Environment

[4] 47 CFR § 1.1307 - Actions that may have a significant environmental effect, for which Environmental Assessments (EAs) must be prepared

[5] See, for example, "Children and Electromagnetic Radiation in Schools," at: https://phpa.health.maryland.gov/OEHFP/EH/Pages/WiFiCEHPAC.aspx.

Maryland Children's Environmental Health and Protection Advisory Council

Guidelines to Reduce Electromagnetic Field Radiation

December 2022

Introduction

The Maryland Children's Environmental Health and Protection Advisory Council (CEHPAC) identifies environmental health issues that impact children and seeks to protect them from exposure to environmental hazards. Under Md. Code Ann., Health-General §13–1506, CEHPAC is directed to:
(4) Gather and disseminate information to the public, including the research and medical communities, community–based organizations, schools, and State agencies, on how to reduce, treat, and eliminate children's exposures to environmental hazards to further the public's understanding of the environmental hazards that may potentially affect children; and

(5) Recommend uniform guidelines for State agencies to follow to help reduce and eliminate children's exposure to environmental hazards, especially in areas reasonably accessible to children…

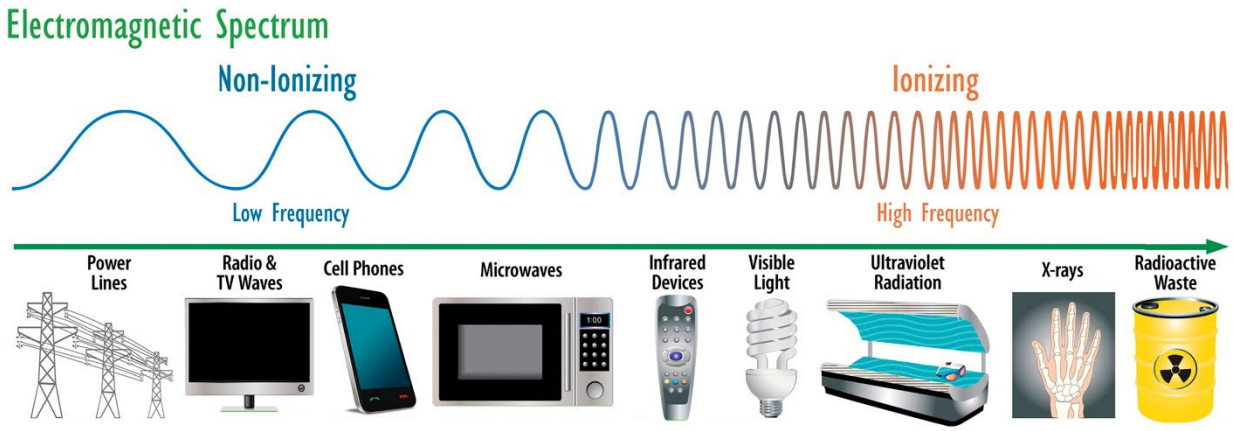


Figure 1. Source: National Institute of Environmental Health Sciences

In 2016, CEHPAC adopted a report on WiFi Radiation in Schools in Maryland to examine questions related to potential health outcomes linked to exposures associated with WiFi technology. This report expands on that work by compiling information on how families can reduce their daily exposure to non-ionizing electromagnetic fields. If you are interested in a more detailed analysis and policy recommendations please see the 2016 WiFi Radiation in Schools in Maryland Final Report.

What are electromagnetic fields?

"Electromagnetic fields are a combination of invisible electric and magnetic fields of force. They are generated by natural phenomena like the Earth's magnetic field but also by human activities, mainly through the use of electricity. Mobile phones, power lines and computer screens are examples of equipment that generates electromagnetic fields." - European Commission's Directorate General for Health & Food Safety

How do wireless devices work?

Cell phones and wireless devices use a type of non-ionizing electromagnetic field called radiofrequency radiation to transmit information.

"Radiofrequency (RF) energy is a type of electromagnetic radiation. It is used to transmit signals carrying information in the form of radio waves. Radio waves are broadcast using a transmitter. When the radio waves reach a receiver, the signal is converted back into the information that was originally sent by the transmitter. When you talk on a cell phone, your cell phone acts as a transmitter and your voice is carried on radio waves to the person you are calling. Their phone acts as the receiver and converts the signal back into your voice. In addition to cell phones, other wireless devices such as radios, Wifi routers, satellites, radars and pacemakers can send or receive RF energy waves." - US EPA's RadTown

Are there health concerns about exposure to RF energy from cell phones and wireless technologies?

For a more detailed analysis, please see the 2016 WiFi Radiation in Schools in Maryland Final Report, which examined the current evidence linking radiofrequency radiation to health outcomes, including cancer. While the science is still evolving, there are broad concerns about exposure to RF radiation.

According to the California Department of Public Health, "…some laboratory experiments and human health studies have suggested the possibility that long-term, high use of cell phones may be linked to certain types of cancer and other health effects, including:

- brain cancer and tumors of the acoustic nerve (needed for hearing and maintaining balance) and salivary glands,
- lower sperm counts and inactive or less mobile sperm,
- headaches, and
- effects on learning and memory, hearing, behavior, and sleep"

There are no definitive studies establishing a causal link in humans, and scientists disagree about whether cell phones cause these health problems and how great the risks might be.

Children may be at greater risk than adults from exposure to RF energy. Their bodies and brains are still developing and are more vulnerable to exposures that could cause harm. Because their skulls are thinner and their heads are smaller than those of adults, children have a relatively greater risk of exposure to the RF energy of cell phones. Children also will accumulate many more years of cell phone and wireless exposure than adults. Animal research has also shown the potential for health effects of RF radiation to a developing fetus.

In 2011, the International Agency for Research on Cancer (IARC) classified wireless radiofrequency radiation as a Class 2B possible carcinogen based on research that found long term cell phone use associated with a form of brain cancer.

The 2016 WiFi Radiation in Schools in Maryland Final Report recommended "…limiting exposures as much as feasibly practical, without negatively impacting education." The Department of Connecticut Department of Health takes this a step further and states, "It is wise to reduce children's exposure."

Sources of Children's Exposure to Wireless Radiofrequency Radiation

Common sources of radiofrequency radiation exposure to children include:

- Cell phones
- Cordless phones and their base station
- Tablets, laptops, and computers
- WiFi routers and hotspots
- Wireless video game consoles/handsets
- Wireless Baby monitors
- Signal boosters
- Wireless headphones, printers, speakers, keyboard, mouse
- Wearable wireless tech including "smart" watches and fitness wristbands
- Wireless "smart" appliances
- Wireless utility meters
- WiFi or Bluetooth toys

The Basics of Reducing RF Exposure

Increase Your Distance

The closer you are to a cell phone or wireless device, the higher the exposure to your brain and body. The further away you are, the lower the radiation your body absorbs. Notice how close children are to you when you are using a cell phone or wireless device, and minimize their exposure. For example, do not rest a cell phone on your baby or hold a transmitting device near their bodies.

Minimize Time on Wireless

A child's daily exposure adds up over time. Every time you reduce your child's exposure, even in small ways, you can decrease the overall cumulative exposure to mitigate risk.

Choose Safer Technology Solutions

As consumers, parents and caregivers have safer options when it comes to connecting to the internet or choosing which electronics to purchase. Once you are aware of this issue, you can make low RF radiation choices and choose corded connections whenever possible. Take a look at what you have in your home and swap wireless devices with corded connections if possible. For example, use a corded keyboard or earbuds with a wire.

Recommendations to Reduce Cell Phone and Wireless Device Radiation Exposure

Cell phones, wireless devices, and WiFi routers emit RF radiation all the time, even when you are not using them. Even in standby mode, your phone emits RF radiation because it is constantly searching for service or new messages. If you do not need your cell phone, simply turn it off or put it in airplane mode. This applies to all other wireless devices, including laptops, tablets, video gaming consoles and smart speakers. Additional recommendations are provided below as general guidelines.

Around the Home[1]

- Replace cordless phones with corded home phones.
- Unplug cordless phones when not in use (if you have at least one corded telephone in the house, you can always be reached, even if the cordless phone is off at night).
- Remove electronics from the bedroom and especially around your bed and the crib.
- Avoid sleeping with electric blankets and heating pads; if you use an electric blanket to preheat your bed, unplug it before sleeping. If you only turn it off, the electromagnetic field will still be present.
- Do not stand close to a microwave oven when it is on or let your child press their face up to it watching the food cook.

Cell Phones

- Try to keep devices, especially cell phones, away from the head and body. Keeping them an arm's distance away significantly reduces exposure.[2]
- When you are talking on a cell phone, use the speakerphone to reduce exposure to your head.[2]
- Avoid carrying your phone against the body like in a pocket, sock, bra, or spandex pants. Cell phone manufacturers cannot guarantee that the amount of radiation you are absorbing will be at a safe level.[2]
- Make only short or essential calls on cell phones so that you minimize your daily exposure.[2]
- Use text messaging rather than voice calls when possible.[2]

Laptops and Computers

- Choose wired Internet (ethernet cable modems) at home instead of wireless systems, if possible.[3]
- Place WiFi routers as far away from children as possible.[3]
- Consider using a switch to shut down your wireless router when it is not in use.[3]

[1] These recommendations are based on a Fact Sheet by the Collaborative on Health & the Environment.
[2] These recommendations come from the American Academy of Pediatrics (AAP).
[3] Based on the California Department of Health review.

- Instead of laps, place electronic devices, tablets, and laptops on desks and tables which can serve to increase the distance between the device and children's bodies.[3]

Turn Wireless Antennas Off

- Airplane mode is a setting that turns transmitting antennas off in wireless devices.
- If you plan to watch a movie on your device, download it first, then switch to airplane mode while you watch to avoid unnecessary radiation exposure.[2]
- Teach children to turn off WiFi when not in use, especially if they are sleeping (also see bedroom suggestions below).[3]
- Newer phone models turn most of the wireless antennas off with Airplane mode, but Bluetooth or WiFi may stay on, so check that all antennas are set to off such as 4G, 5G, Bluetooth, WiFi hotspot, location.

Learn About When Your Cell Phone Goes to Highest Exposure

Reduce or avoid use of cell phones and wireless technologies when the devices are going to maximum power, which means the device will result in higher radiation exposures.[2,3]

- *You are in an area of low signal:* Keep an eye on your signal strength (i.e. how many bars you have). The weaker your cell signal, the harder your phone has to work and the more radiation it emits. It is better to wait until you have a stronger signal before using your device.
- *You are traveling in a car or vehicle:* Avoid making calls in cars, elevators, trains, and buses. The cell phone works harder to get a signal through metal, so the power level increases. When vehicles are traveling, the device also increase power to switch connection to each cell tower the vehicle passes.
- *You are streaming video and large files:* The more streaming data, the higher the radiation exposure.

Helpful Tips

- If your tablet or laptop does not have an ethernet port you can get a special adapter that allows you use ethernet with thunderbolt or USB ports.
- Many cell phones can also be plugged into ethernet port with an adapter made for cell phones.
- Use wired peripherals and accessories (e.g. a wired mouse, wired speakers, and wired printers) rather than wireless.
- Wireless virtual assistants emit RF so choose wired tech whenever possible.
- Wireless gaming consoles emit RF even when not in use so keep these out of the bedroom and choose wired handsets.

In the Bedroom

- Cell phones should be powered off at night.[2]

- If your child or teen needs an alarm clock, get a battery powered alarm clock for the bedroom.[2]
- If they must use a cell phone for an alarm clock, teach them to turn the phone to airplane mode with wireless antennas off every night (the alarm will still work).[2]
- Do not charge a cell phone or wireless devices near your child's bed. Charging creates higher electromagnetic fields even if you are not using the device.
- Children should not sleep with their head near a wall that has the electric panel, electric meter, or appliance on the other side.

Read the Fine Print

Read the "fine print" from the manufacturer's instruction manual which may tell users to keep a distance between the phone and your head and body. These fine print warnings range from a few millimeters to almost an inch. The fine print warnings on other wireless devices such as WiFi routers, home cordless phone base stations, and baby monitors generally state devices should be at 20 cm, or about 8 inches. If people are closer than the manufacturer-stated separation distance, then they can be exposed to RF levels that violate the US government FCC limits for this type of radiation.

Beware Radiation Protection Devices

Do not rely on a "radiation shield" or other products claiming to block RF energy, electromagnetic fields, or radiation from cell phones. According to the U.S. Federal Trade Commission, products that interfere with the phone's signal may force it to work harder and emit more RF energy to stay connected, possibly increasing your exposure. There are no standard protocols for testing and comparing devices to ensure they work. It is best to use wired corded electronics to reduce RF radiation rather than rely on an untested product.[3]

If You are Pregnant

Findings on prenatal impacts have led doctors to sign onto an EPA-recognized educational campaign called The BabySafe Project*urging pregnant women to reduce wireless exposure to minimize risks to their babies' brain development. They recommend many of the same things listed above, including:

- Keep your cell phone away from your body. Never carry it in a pocket or bra.
- Do not sleep with your phone. Switch your phone to airplane mode whenever you are not using it.
- Keep your wireless laptop or tablet away from your body. Never rest your wireless device on your tummy.
- Use a corded landline if at all possible, rather your cell phone or cordless phone.
- Don't sit anywhere close to your router or smart meter. Turn off routers at night.
- Whenever possible, connect to the internet using wired (ethernet) connections.

*The BabySafe Project is a joint initiative of Environmental Health Trust and Grassroots Environmental Education.

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Building science and radiofrequency radiation: What makes smart and healthy buildings

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ABSTRACT

Radiofrequency radiation (RFR), used for wireless communications and "smart" building technologies, including the "Internet of Things," is increasing rapidly. As both RFR exposures and scientific evidence of harmful effects increase apace, it is timely to heed calls to include low RFR levels as a performance indicator for the health, safety and well-being of occupants and the environment.

Adverse biochemical and biological effects at commonly experienced RFR levels indicate that exposure guidelines for the U.S., Canada and other countries are inadequate to protect public health and the environment.

Some industry liability insurance providers do not offer coverage against adverse health effects from radiation emitted by wireless technologies, and insurance authorities deem potential liability as "high." Internationally, governments have enacted laws, and medical and public health authorities have issued recommendations, to reduce and limit exposure to RFR.

There is an urgent need to implement strategies for no- or low-RFR emitting technologies, and shielding, in building design and retrofitting. These strategies include installing wired (not wireless) Internet networks, corded rather than cordless phones, and cable or wired connections in building systems (e.g., mechanical, lighting, security). Building science can profit from decades of work to institute performance parameters, operationalizing prudent guidelines and best practices. The goal is to achieve RFR exposures that are ALARA, "As Low As Reasonably Achievable."

We also challenge the business case of wireless systems, because wired or cabled connections are faster, more reliable and secure, emit substantially less RFR, and consume less energy in a sector with rapidly escalating greenhouse gas emissions.

1. Introduction

Radiofrequency radiation (RFR) exposures are increasing rapidly with wireless technologies, but rarely are the terms "building science" and "RFR" used in the same sentence. Building science attends to the physical performance of buildings, the comfort, health, safety of occupants, and the larger natural and built environment [1]. "Science" includes physics and the electromagnetic spectrum, including RFR.

Building science considers the building *as a system* and devises effective solutions for design concerns. The primary system elements include: the building enclosure (building envelope); inhabitants (humans, animals, and/or plants); building services (electrical/mechanical/

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electronic systems); site, with its landscape and services infrastructure; and external environment (landscape, weather and micro-climate) [1]. To achieve a well-performing building, all these elements must be harmonized.

Historically, awareness of indoor environmental quality heightened with novel materials following World War II, and was bolstered with improved air-tightness during the energy crisis of the 1980s. Minimizing chemical off-gassing of composite materials, maintenance products and mold is advised to optimize indoor air quality and occupants' health [2]. Similarly, magnetic and electrical fields and currents with early electrical applications are also associated with adverse health effects. Assiduous adherence to electrical codes and best practices, and isolation of potentially problematic equipment, are among measures to address ongoing power-frequency, "dirty power" and ground current concerns [3,4].

Today engineers, architects, planners and others are challenged to keep abreast of research and policies that address potential harm from wireless technology. This paper builds on long-standing recommendations to expand the typical scope of building science to consider RFR [3,4]. It briefly describes RFR in the electromagnetic spectrum, use of wireless technology in "smart" buildings, and summarizes peer-reviewed, scientific research regarding biological effects on human and environmental health. Key reasons as to why action should be taken include potential liability risks when technology is not implemented safely. International measures and guidelines for lower RFR exposure are highlighted. Finally, practices are outlined and recommendations made to minimize the impact of RFR on public and environmental health in the design, construction and maintenance of safer, modern buildings.

Internationally, a broad range of standards and policies limit magnetic and electric fields over a broad range of frequencies, including RFR [5]. It is beyond the scope of this paper to address the full electromagnetic spectrum.

2. Radiofrequency radiation explained

2.1. The electromagnetic spectrum

The electromagnetic spectrum (Fig. 1) is a continuum ranging from low to high frequencies, associated with the longest to shortest wavelengths, respectively [6,7]. A distinction is made between high frequency non-ionizing versus higher frequency ionizing radiation that has enough energy to displace electrons and "ionize" atoms and molecules. Ionizing radiation includes ultraviolet light, X-rays and gamma rays. Below these frequencies, non-ionizing radiation includes visible and infrared light, and frequencies for wireless communications and radar. Lower frequencies are used to broadcast commercial radio and television, while alternating currents at 50 or 60 cycles per second or Hertz (Hz) are in power lines and building wiring.

RFR is sent wirelessly from a transceiver (e.g., Wi-Fi router) to another transceiver (e.g., computer) and vice versa. The RFR frequency range covered in guidelines and standards is generally from 3 kHz to 300 GHz and includes the microwave (MW) range. The terms RFR and MW are sometimes used interchangeably. Uses of frequency ranges overlap, so there are no precise boundaries for any particular technology. Information is encoded in the modulation (superimposed higher frequency irregularities) on a radiofrequency carrier wave. While the frequency of the carrier wave is stated in the manufacturer's specifications for various devices, the actual human exposure includes these overlain or superimposed signals [6]. Modern devices utilize multiple carrier frequencies.

Devices that receive and emit RFR include personal items that communicate wirelessly such as: cordless and mobile phones; computers, laptops, tablets and peripheral equipment; monitors (e.g., for babies, or medical purposes); toys, video game and entertainment systems; virtual reality headsets; GPS systems; and Bluetooth-enabled "wearables" such as for personal fitness. RFR-emitting equipment that may be installed in buildings includes: wireless routers and associated mesh networks; "smart" utility metering; identification and security systems; cell boosters; power transfer/battery charging stations; and the "Internet of Things" (IoT) such as building systems (e.g., heating, ventilation and lighting), and appliance monitoring and control.[1] These devices are designed to use a number of presently used plus new radiofrequency bands, from 600 MHz to GHz frequencies. Fifth generation or 5G frequencies that are being licensed by the U.S. Federal Communications Commission (FCC) will include lower frequencies used for television, through higher frequencies into the millimeter wavelength range (above 30 GHz) [9]. Higher frequencies provide greater bandwidth, albeit with shorter range and poorer penetration of structures and vegetation; these are discussed in Section 3.1.

Microwave ovens and other RFR-emitting devices (e.g., Wi-Fi and cell phones) rely on similar frequencies, but the power and signal characteristics are different. Ovens heat with 1000 Watts (W) of continuous-wave radiation, whereas wireless devices are lower power; for example a cell phone is a two-way microwave radio, using on average less than 1 W of modulated radiation. Wireless communications signals, however, are in short bursts, that are biologically active, independent of the carrier frequency [10,11]. Another key feature of anthropogenic electromagnetic radiation is polarization; i.e., that the waves may be in one plane [12].

2.2. Regulatory history of RFR in the United States

In the U.S., the FCC authorizes and licenses devices, transmitters and facilities that generate RFR [13]. The U.S. does not have federally developed safety limits, as the Environmental Protection Agency never developed biologically based limits. The current FCC RFR exposure limits were adopted in 1996 based on recommendations from the National Council on Radiation Protection and Measurements (NCRP) [14], the American National Standards Institute (ANSI) and the Institute of Electrical and Electronics Engineers, Inc. (IEEE); specifically *IEEE C95.1–1991* and *ANSI/IEEE C95.1–1992*. None of these institutes have expertise in public health or biology. The FCC RFR exposure guidelines have not been substantially revised since 1996.

Presently, frequency bands between 9 kHz and 275 GHz have been allocated for various communications uses by the FCC [15].

2.3. RFR guidelines

The FCC RFR limits for public exposure reference three metrics: 1) the "Specific Absorption Rate" (SAR) is the rate at which RF energy is absorbed by human tissue; 2) power density, the rate of deposition of energy per unit area, is a function of the electrical and magnetic fields, at a particular frequency; and 3) the electrical field strength [7]. SAR limits apply to wireless wearable devices, cell phones and other items held close to the body. Power density limits apply to exposures at a distance, such as from cellular antennas and Wi-Fi.

2.3.1. Specific Absorption Rate (SAR)

The FCC and other governments' agencies require that all wireless devices such as cell phones or computers comply with SAR limits when the device is operating at its maximum power, before being placed on the market.

SAR is a measure of RFR energy dose to parts of the body closest to antennas, in the "near field," such as from the personal use of wireless devices. SAR is usually expressed in units of Watts per kilogram (W/kg) or milliwatts per gram (mW/g). The SAR for a given power density varies according to equipment details, the frequency and modulation,

[1] IoT is the comprehensive plan to connect billions of physical devices around the world to the Internet, collecting and sharing data.

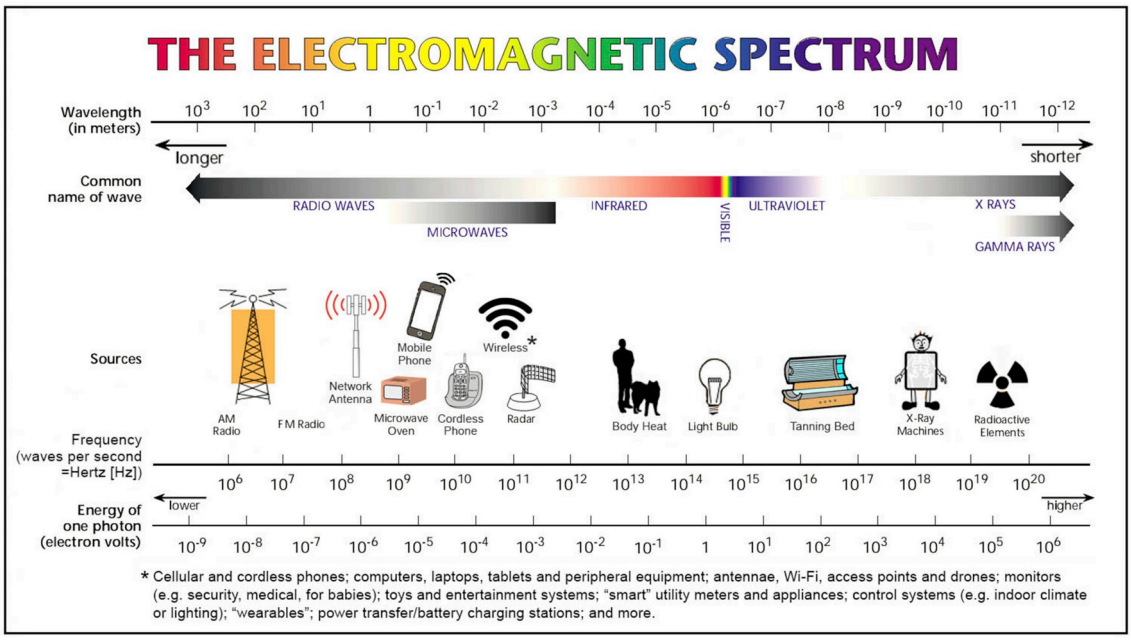


Fig. 1. The Electromagnetic spectrum (presented with permission) [8].

and the absorptive and reflective properties of the body or structure being exposed [7].

The FCC promulgated both public and occupational SAR limits. For the general public (commercial devices), the SAR limits for the head and the body are 1.6 W/kg averaged over a 1 g cube of tissue, and 4 W/kg averaged over a 10 g cube of tissue for ears, hands, feet, wrists and ankles [16]. Workers may be exposed to higher levels; occupational SAR limits are double those for the general public in the U.S., and five-fold greater for workers in "controlled environments" in Canada [17] as well as the many countries relying upon International Commission on Non-ionizing Radiation Protection (ICNIRP) guidelines [18].

Researchers have long criticized the SAR as an inadequate metric as it is measured in a mannequin – a liquid-filled phantom [19]. This does not capture the complex characteristics and interactions of living tissues' electromagnetic properties, or of RFR signals (e.g., the wave perturbations necessary to transmit information may cause additional biological impacts) [20]. FCC SAR limits and the measured SAR levels can be found in the manufacturer's instructions that come with every commercially sold wireless device, or on the manufacturer's website.

SAR testing protocols do not require cell phones and devices to be tested touching the body/skin or in novel configurations such as for virtual reality, despite the fact that this is the way they are often carried and used today [20,21,22]. Some cell phones are tested at as much as 25 mm separation distance. The national agency regulating radio-frequency radiation in France (ANFR) tested 450 cell phones in various configurations. The SAR exceeded the standard for 90% of the models that were tested as if they were contacting the body [23,24]. More than a dozen models were withdrawn from the market or had software updates to reduce RFR emissions.

2.3.2. Power density

Power density measurements address compliance in buildings or outdoor environments, such as when concerns are raised about RFR exposures from a nearby cell tower or from the Wireless Local Area Network (WLAN) system in a school. The FCC exposure limits range from 0.4 to 1.0 mW/cm^2 (4000 to 10,000 mW/m^2) [16] for commonly used frequencies.

Power density may be expressed as milliWatts or microWatts per square centimeter (mW/cm^2 or μW/cm^2), or milliWatts per square meter (mW/m^2).

For comparison, 1 mW/cm^2 = 1000 μW/cm^2 = 10,000 mW/m^2.

2.3.3. Electric field

"Electromagnetic" refers to both electrical and magnetic fields (EMF). Limits are established for electric fields, reported as volts per meter (V/m). Electric fields are commonly measured and reported during surveys of radiofrequency exposures, to characterize electromagnetic fields (EMF) across a broad range of frequencies [7].

2.3.4. Exposure attenuation

RFR reductions are generally reported as decibels. This is a non-linear, logarithmic scale, such that a signal that is 10 dB lower than another, is one tenth the signal strength of the comparator [25].

3. Information technologies and building science

Indoor environmental quality (IEQ) in more highly developed countries has advanced in terms of thermal comfort, air quality and construction for environmental performance (e.g., insulation), for example with guidance and classifications by The World Green Building Council [26] or Leadership in Energy and Environmental Design (LEED) [27]. These factors translate into familiar physical sensations of warmth, fresh air and comfort, versus cold drafts and stuffy air. Over the past decades, understanding of the modern sources of lower frequencies and now RFR within and surrounding building assemblies, and effects on inhabitants and surroundings, has gained recognition [3,28].

3.1. Developing technologies

Beyond Wi-Fi, a recent trend is the integration of wireless controls for lighting and heating/ventilation, as well as wireless security and audio/visual technology systems in buildings. "Smart buildings," with "smart systems" and "smart appliances" allow users to monitor and to control many interconnected mechanical and electronic systems via computers or "smart phones." Utility providers are utilizing "smart meters" for electricity, gas and water to transmit usage data electronically using RFR. Wireless charging stations for many items, from electronic devices to vehicles, may be additional sources of EMF.

Plans for the burgeoning IoT and 5th Generation (5G) wireless services are to transport large volumes of data quickly (e.g., for videos).

The proposed evolution of the “smart city” will imbue entire buildings and neighborhoods with higher levels of currently used frequencies, as well as the higher frequencies into millimeter wavelengths, which carriers plan to use in 5G [29]. A European Parliament report "5G Deployment: State of Play in Europe, USA, and Asia" explains how 5G radio emissions are different from those of previous generations because of their complex, highly focused, beam-formed transmissions, and that “it is not possible to accurately simulate or measure 5G emissions in the real world” [30].

Environments with very low RFR exposures can be achieved by choosing wired and fiber-optic cable connections, to buildings and throughout buildings. In fact, RFR is not only unnecessary for a “smart building;” wireless options will not match the bandwidth or reliability of fiber-optic or other cable options (“wired”) [31]. Wired options are faster and more secure, and require much less energy to operate [29,32], making them safer for human and environmental health.

4. Adverse health effects of RFR

4.1. Introduction

In many countries, guidelines and standards to protect the public from adverse effects of radiofrequency radiation (RFR) are based on an assumption that harm results only from excessive heating of tissue (thermal effects); however, numerous scientific publications document that RFR affects living organisms at exposures within regulatory parameters, at “non-thermal” levels.

“Microwave assisted chemistry” accelerates particular chemical reactions with low levels of RFR [33,34], and has been commercialized [33,35]. In living systems, the acceleration of some chemical reactions would cause molecular damage, chemical imbalances and dysfunction, and is consistent with observations of significant effects in humans, animals, plants and isolated cells.

Effects observed in studies of humans exposed to non-thermal levels of RFR include: cancer; early childhood developmental problems; brain, sperm and DNA damage; as well as electromagnetic hypersensitivity.

4.2. Cancer

4.2.1. RFR classified as a possible human carcinogen

The adequacy of RFR regulatory limits was challenged in 2011 when an expert panel convened by the International Agency for Research on Cancer (IARC) of the World Health Organization classified RFR (100 MHz–300 GHz) as a Group 2B, *possible* human carcinogen, largely based on the human epidemiological evidence of increased risk of glioma [36,37], a type of brain cancer. This classification includes wireless frequencies from all types of RFR-emitting devices, including Wi-Fi. In 2019, an IARC advisory group recommended reassessment of the 2011 classification, in light of recent animal research [38].

4.2.2. Subsequent evidence supports upgrading the IARC classification

In 2018, Miller et al. concluded that as a result of human epidemiology, and animal studies published following the IARC 2011 panel meeting, RFR should be categorized as a Group 1 *known* human carcinogen [39]. Hardell and Carlberg came to the same conclusion [40]. Tobacco smoke and asbestos are in Group 1.

The main human evidence for this proposed classification upgrade is a large French epidemiological study [41], as well as a meta-analysis of pooled case-controlled studies in Sweden [42]. In addition, a 2018 Israeli occupational exposure study concluded that overall the evidence “make[s] a coherent case for a cause-effect relationship and classifying RFR exposure as a human carcinogen (IARC group 1)” [43]. A case series also reports breast cancers associated with carrying a cell phone in the bra [44].

Canadian data (2001–2004) showed evidence of doubled risk of developing glioma for adults who used cell phones for 558 lifetime hours or more [45]. Consistent with the increasing use of cell phones, there was a statistically significant increase in incidence of primary malignant brain and central nervous system tumors in children and adolescents in the U.S. between 2000 and 2010 [46], and brain tumors subsequently became the most common malignancy in children and adolescents, with disease shifting to more aggressive gliomas [47].

Further supporting evidence came from three recent RFR rodent studies. The first two studies reported higher incidence of cancers in male rats exposed to RFR: 1) a $30 million study by the U.S. National Toxicology Program (NTP) of the National Institutes of Environmental Health Sciences (NIEHS), studied radiation simulating RFR intensity from cell phones [48]; and 2) a study by the Italian Ramazzini Institute [49] that was conducted at lower intensities (below FCC limits) designed to mimic radiation from cell towers. The tumors found in these large-scale studies were of the same histotype as in some human epidemiological cell phone studies.

A third large study demonstrated increased initiation and acceleration of tumor growth with RFR when the exposure was in conjunction with a cancer-causing chemical [50], replicating findings of a 2010 study [51].

4.3. Early life stages

During their rapid development, the embryo, fetus, infant and child are more vulnerable to many environmental insults, and impacts are potentially lifelong. Various life stages have different vulnerabilities

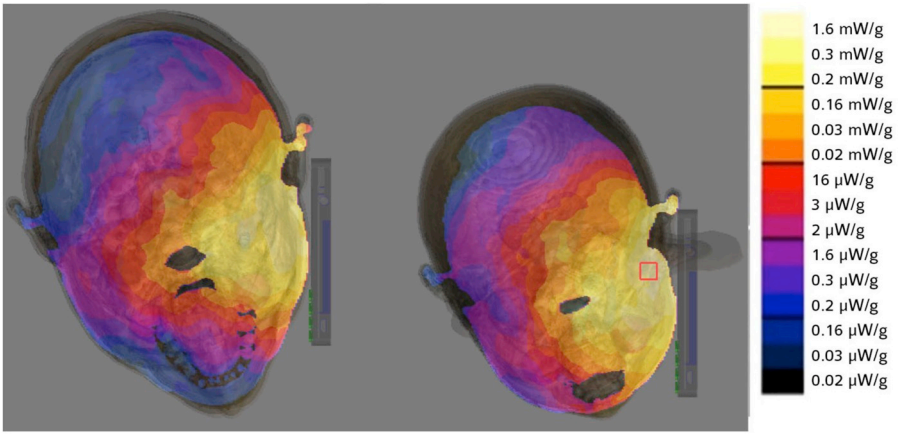


Fig. 2. Specific Absorption Rate (SAR) in adult and child (age 6 years) male heads with phone in talk position. The scale is 50 dB with 0 dB = 1.6 mW/kg. From work of Claudio Férnandez, 2018 [20] (used with permission of Environmental Health Trust).

and susceptibilities to RFR [52,53,54,55]. Modeling indicates that children absorb substantially higher RFR doses from cell phones, in deeper brain structures, than do adults (Fig. 2) [20]. Research has also found proportionately higher doses to tissues in children compared with adults, from wireless laptops and utility meters [56,57,58].

Research has linked exposure during pregnancy to adverse effects. The authors of a case-control study published in 2015 stated, "use of mobile phones can be related to early spontaneous abortions" [59]. Maternal mobile phone use during the first trimester of pregnancy may contribute to slowing or halting of embryonic development [60], possibly due to effects on membrane receptors in human amniotic cells [61]. A 2019 study of over 55,000 pregnant women and infants in four countries (Denmark, the Netherlands, Spain and Korea) linked maternal cell phone use during pregnancy with shorter pregnancy duration and increased risk for preterm birth [62].

Behavioral problems have been associated with prenatal and postnatal cell phone exposure. In five cohorts, Birks et al. found cell phone use by a pregnant woman to be associated with an increased risk for behavioral problems, particularly hyperactivity/inattention in her child [63], and Divan et al. reported behavioral problems in children up to seven years of age [64,65]. Studies of children and adolescents report possible associations of wireless technology use with addictions and depression [66], fatigue [67], altered baseline thyroid hormone levels [68], and poorer well-being [69,70]. Sage and Burgio discuss the damage from low levels of RFR to genetic material including DNA and nuclear structures in the cell, and potential mechanisms of child neurodevelopmental impairment [71].

A Yale University study found that when mice were exposed *in utero* to cell phone radiation, they had impaired memory and increased hyperactivity in adulthood [72].

Not only can RFR act along with carcinogens to promote tumor development [50], it also may synergize with toxic chemicals in other ways. For example, in a study of Attention Deficit Hyperactivity Disorder in children, ADHD was associated with mobile phone use for voice calls only in children who were also exposed to relatively high lead levels (lead is an established, potent neurotoxin) [73]. Further synergistic effects between RFR and various chemicals including nutrients (i.e., both beneficial and adverse) are described in a 2016 review by Kostoff and Lau [74].

4.4. Sperm

Three systematic reviews published from 2014 to 2016 [75,76,77] reported significant adverse effects on sperm quantity and quality, as well as DNA damage, from everyday RFR exposures. Animal studies reported testicular damage at 0.002 W/kg [78] and sperm damage at 0.024 W/kg SAR values [79].

4.5. Wi-Fi and other ambient RFR

Much of the RFR research reported thus far has focused on exposures to users of devices in close proximity (e.g., cell phones). More distant sources such as Wi-Fi access points or cell towers generally contribute less to exposures because RFR drops off quickly with distance from the source, following the "inverse square law" (levels are a quarter at twice the distance; one-ninth at three times the distance; etc.). Although exposure intensities from distant sources are usually low compared with devices in close proximity, simultaneous exposures are complex as devices connect to networks, people move around, and RFR may be reflected or absorbed by building materials, other surroundings, and inhabitants [80,81].

At any particular point in space and time, electromagnetic exposures are the sums of electrical and magnetic field vectors [7]. Of importance for health, effects (e.g., oxidative stress and consequences in tissues) may be cumulative over time, and these effects are modulated by other exposures to chemicals (nutrients as well as adverse substances) and other stressors [8]. 5G is to be deployed with multiple directional antennas, but future exposures are not well characterized [30], and less is known of future health outcomes from this technology.

In a comprehensive literature review, Pall states that "Wi-Fi causes oxidative stress, sperm/testicular damage, neuropsychiatric effects including EEG changes, apoptosis [cell death], cellular DNA damage, endocrine changes, and calcium overload," that the effects from continuous, long-term exposure may be cumulative, and that pulsed signals are more biologically active than a smooth carrier wave [82].

Impaired brain development and cognitive function, as well as addictive behaviors in children and adolescents are observed with exposure to RFR [71,81]. In a study of exposure to RFR in schools, 18 teachers wore "exposimeters" to continuously record exposures to a spectrum of RFR. Mean exposure levels varied widely according to activities in the classroom, but peak measures were up to 83,000 μW/m^2 [81]. The highest levels occurred when students were streaming video, and the lowest occurred when the teacher had a wired Internet connection in a classroom far from Wi-Fi access points and students' laptops were in airplane/flight mode [81].

Measurements of ambient RFR have been carried out in other settings, including a train station [80] and other Stockholm landmarks [83], and neighborhood surveys from a car [84]. Ambient measurements correlate moderately with personal monitoring.

In an extensive review, Dürrenberger et al. characterized RFR and emissions from infrastructure in micro-environments [85]. Exposures are typically underestimated, and experts, officials and citizens may be surprised at the differences among venues. These uncertainties make it statistically difficult to detect health effects, resulting in under-estimation of harms as well [86]. Although exposures generally meet government regulatory limits, they exceed precautionary recommendations [80]. Recent reviews of RFR assessments found higher levels in offices and public transportation [87,88].

Researchers in a Bavarian village followed a natural experiment over 18 months, when a central cell tower was installed [89]. They found dose-dependent dysregulation of stress hormones, according to peak RFR exposure measured at the doorstep [89].

Effects reported in RFR studies may be complex and non-monotonic (i.e., effects occur at lower exposure levels that do not manifest at higher levels) [48,50,90]. It is known that biological mechanisms are established whereby chemicals cause complex dose-responses, particularly for hormone-related effects (the endocrine system) [91,92].

4.6. Electromagnetic hypersensitivity (EHS)

As with other environmental exposures, some people are more susceptible (sensitive or intolerant) and overtly affected by RFR. Electromagnetic hypersensitivity (EHS) is also commonly termed electrical sensitivity, electrohypersensitivity, idiopathic environmental intolerance, or (historically) microwave sickness.

Common symptoms of EHS include headaches, cognitive difficulties, sleep problems, dizziness, depression, fatigue, skin rashes, tinnitus and flu-like symptoms [93,94]. Adverse reactions to wireless devices range from mild and readily reversible to severe and disabling, and individuals must greatly reduce their exposures to sources of electromagnetic radiation [95,96,97].

Surveys conducted in several countries at times ranging from 1998 to 2007 estimated that approximately three to thirteen percent or more of the population experience symptoms of EHS [98–101].

As well as being difficult to manage in the modern world, EHS is typically unexpected. The theory that EHS is merely a "nocebo" response – that it results from suggestion and worry over possible effects of electronic devices – is the opposite of experience. In a study of 40 people, their EHS was only recognized following a period of illness and self-experimentation [102]. Further research has confirmed that lived experience is not consistent with the nocebo hypothesis [103].

EHS is recognized as a disability and is accommodated in the U.S.

under the *Americans With Disabilities Act* [104]. Sweden recognizes EHS as a functional impairment [99]. In Canada, the condition is included under environmental sensitivities [97,105]. Legal cases for compensation, disability pensions and accommodation in various countries are discussed in Section 6.

Physicians' organizations' research, experiences, practices and statements over the years were summarized by the European Academy of Environmental Medicine (EUROPAEM) in 2016 [4]. Sensitivities vary among individuals, and symptoms may also occur with exposures outside the RFR range. The consensus of the *EUROPAEM EMF Guideline* is that the most important action for treatment and management of EHS is reduction and avoidance of pertinent exposures in locations where significant amounts of time are spent, especially in sleeping areas. Other recommended measures include a suite of healthy lifestyle measures such as nutrition, stress reduction and measures to avoid toxicants, as well as to reduce levels of toxicants sequestered in the body [4].

4.7. Rigorous systematic review of the scientific evidence, for public health, policy and regulation

As evidenced here, contributions of RFR to adverse effects on public health may be substantial [106,107]. Public policy, and safety guidelines and standards, should be based on all of the best available scientific evidence; however, there has never been a systematic review conducted according to international best practices [108] of the RFR evidence, upon which to base exposure guidelines.

Influence of biases and conflicts of interest has been documented as a serious concern for international authoritative bodies such as the World Health Organization-International Electromagnetic Fields (EMF) Project, and the International Commission on Non-Ionizing Radiation Protection [109–111]. The same is true for the national authorities in Australia [112], Canada [113–115], the European Commission [116], the United Kingdom [117] and the U.S [118]. Bias in original scientific studies is evident in that studies funded by industry are less likely to identify adverse effects than those that are independently funded, and even less likely to conclude that adverse effects exist [119–121].

An important step towards resolution of the adequacy of guidelines and standards to protect public health, as well as policy and practical responses for individuals who experience EHS, would be a thorough systematic literature review conducted by independent, knowledgeable specialists. This would examine all of the RFR literature dating back to the identification of health concerns with the development and deployment of radar during World War II, including the studies in the 1971 review by Dr. Zorach Glaser [122].

Key features of this type of review include that all steps and findings must be transparent, such as bibliographic search methods, study selection, data extraction and meta-analyses, quality assessment and the weight of evidence analysis [108].

5. Environmental impacts of cell tower and radiofrequency radiation

Built and natural environments are interconnected. Biological systems are integrated, complex and operate using minute electrical charges combined with precise chemical signals. These mediate complex functions such as development, reproduction and cognition. Recent research has demonstrated adverse effects of radiofrequency radiation (RFR) on environments and wildlife, including birds, amphibians, insects, fish, mammals and plants [123–125]. For example, trees near cell towers can become visibly unhealthy on the side facing a cellular antenna, and can die prematurely [126].

A diverse array of species depends upon the Earth's low-level magnetic field to navigate for migration, homing, breeding, foraging and survival. RFR can have significant long-term impacts on the natural environment via disruption of normal positioning and orientation abilities as well as other complex cellular and biologic processes. Incremental effects may be only slowly recognized as species and ecosystems decline.

Small deposits of the iron-containing mineral magnetite act as magnetoreceptors to sense the Earth's magnetic field in a variety of organisms, including bacteria, insects, fish, birds and mammals [127–129].

Some bird species are strongly influenced by the low-intensity magnetic fields of the Earth for directional reference. Newer studies suggest that light-dependent cryptochrome photo receptors in birds' eyes are also sensitive to magnetic forces, and communicate with the brain [130,131].

RFR can interfere directly with magnetoreception in birds, disabling their avian magnetic compass [132]. A series of double-blinded studies replicated over several years demonstrated that migratory European robins lost their ability to orient and navigate in a city with high background "electromagnetic noise" and broadband frequencies [133]. Effects can be complex, as illustrated by findings that some birds can be more sensitive to weak broadband than to stronger fields [134,135].

Bees use magnetite crystals in their abdomens for navigation [136]. This sensory modality can be disrupted by electromagnetic fields, causing a loss of colony strength [137–140]. Scientists are increasingly concerned about the impacts of wireless radiation on the worldwide decline of domestic bees and colony collapse disorder [141,142]. Other insects are also adversely affected by RFR [142–145].

Review articles indicate that the weight of evidence is that RFR acts as an environmental toxin with ecosystem-wide harm from increasing ambient RFR emitted by cell towers and other RFR infrastructure [146–152].

6. Liability

Some industry liability insurance providers do not provide coverage against adverse health effects from RFR. Lawsuits for RFR health-related conditions are underway, and some have been successful in different countries.

6.1. Insurance industry and liability related to radiofrequency radiation

Insurers have declined to provide coverage to wireless product manufacturers and U.S. mobile operators for health damages from their products and networks since the early 2000s [153]. Insurers often exclude or limit coverage for the risk from electromagnetic fields (EMFs) posed by commercial general liability policies, decline policyholders in the wireless industry, and only provide coverage via pollution liability policy enhancements.

Insurance authorities also address the risks of electromagnetic fields. In 2014, the Swiss RE report *New emerging risk insights* listed the potential impact of the "Unforeseen consequences of electromagnetic fields" as "High" and examined further incremental risk associated with smart cities [154]. In its 2019 update, Swiss Re identified the top two emerging risks to be "digital technology's clash with legacy hardware, and potential threats from the spread of 5G mobile networks" [155].

In 2010, the Emerging Risk Team of Lloyds issued a white paper [156] indicating that the potential risks to insurers from health damage claims associated with cell phones and wireless radiation are comparable to those posed by asbestos. The 2013 Lloyds Risk Index lists "harmful effects of new technology" as an increasing environmental risk [157].

Some corporate insurance policies feature a general exclusion section that explicitly prohibits liability for injury or property damages from electromagnetic fields. This is considered to be a standard across the North American insurance industry [158].

Insurance company policies will often define electromagnetic radiation as a "pollutant." According to the AT&T Mobile 2012 Insurance policy, "Pollutants" mean: "Any … artificially produced electric fields,

magnetic field, electromagnetic field, sound waves, microwaves, and all artificially produced ionizing or non-ionizing radiation and waste." [159]. Policy enhancements can be purchased to cover environmental pollutants, which include EMFs [160,161].

The Austrian Worker's Compensation Board (AUVA) commissioned the Vienna Medical University to research effects of cell phone radiation on the brain, immune system, DNA and proteins, and published a series of reports that present the research evidence and conclude by recommending precautions to reduce exposure [162,163].

6.2. Summary of 10 K reports

Publicly traded companies issue annual 10-K reports to the U.S. Securities and Exchange Commission, summarizing the company's financial performance and status. Mobile operator reports identify potential liabilities for health damages from exposure to wireless devices as a risk, and provide no assurances that their products or equipment will be safe in future years.

Crown Castle states in their 2017 Annual Report [164], "If radio frequency emissions from wireless handsets or equipment on our communications infrastructure are demonstrated to cause negative health effects, potential future claims could adversely affect our operations, costs or revenues."

Verizon's 2017 Annual Report [165] states, "… our wireless business also faces personal injury and wrongful death lawsuits relating to alleged health effects of wireless phones or radio frequency transmitters. We may incur significant expenses in defending these lawsuits. In addition, we may be required to pay significant awards or settlements."

6.3. Lawsuits related to electromagnetic fields

In the U.S., the first cell phone cancer case was filed in 1992 and was followed by a series of cases that were either settled by confidential resolutions or dismissed due to lack of evidence or lack of authority of the court [166]. At the time of writing, there are thirteen active consolidated cases with defendants alleging their brain cancers were from cell phone use [167]. In 2017, Italy's highest court recognized a causal link between development of a brain tumor and cell phone use, and awarded social security payments [168].

Internationally there are several lawsuits related to cell phones and cancer and disability from EMF exposures. For example, Australian [169] and Spanish [170] courts have awarded disability to workers claiming sensitivity to electromagnetic radiation.

In January 2019, an Italian court ordered the government to launch a campaign to advise the public of the health risks from mobile and cordless phones [171].

7. International actions to limit public exposure to RFR

Some international governments have passed legislation (Table 1), and health and environmental authorities in numerous countries, regions and cities have issued recommendations (Table 2) to reduce exposure of the public to radiofrequency radiation (RFR). Measures frequently focus on children's vulnerabilities [172], identifying "sensitive areas" with stricter exposure limits where the young sleep, play and learn.

5G, the next generation of wireless technology, will utilize frequencies presently in use, plus higher frequency millimeter waves not previously used for commercial telecommunications. Regional governments, such as the Cantons of Geneva, Vaud and Neuchâtel in Switzerland, are issuing decrees calling for moratoriums on the rollout of 5G technology until the health effects are better understood [173–175].

7.1. Regional U.S. Guidelines and recommendations to limit RFR exposure in schools

In addition to national policies to reduce children's EMF exposures, several authorities in the U.S. have issued guidelines for schools. In 2014, the Collaborative for High Performance Schools (CHPS) [189], the leading organization for healthy schools in the U.S., first published recommendations to minimize exposure to both Extremely Low Frequency (ELF) magnetic fields and RFR. Criteria for "Low-EMF Best Practices" include:

- providing a wired local area network (LAN) for Internet access throughout the school;
- disabling all wireless transmitters on all devices;
- ensuring that all laptops or notebooks have an Ethernet port and a single physical switch to disable all wireless radios;
- providing easily accessible hard-wired phones for teacher and student use;
- prohibiting the installation or use of DECT cordless phones; and
- prohibiting the use of cell phones and other personal electronic devices in instructional areas.

In 2016, the New Jersey Educational Association [190] and the Maryland Children's Environmental Health and Protection Advisory Council (CEHPAC) [191] also issued recommendations to reduce RFR in school classrooms, including, "if a new classroom is to be built, or electrical work is to be carried out in an existing classroom, network cables can be added at the same time, providing wired network access with minimal extra cost and time."

Measures to reduce exposures regarding personal devices are listed in the Appendix.

8. Recommendations for the building industry

Rapidly evolving technology is resulting in an evolution of building systems, moving to integration of air quality control, power management, surveillance and access, communications and data management, etc. in "smart" buildings. Although wireless "Internet of Things" may be popularized as central to "smart" infrastructure and conveniences, key features can readily be physically connected non-wirelessly. Sinopoli detailed essential elements of design, construction (installation of cables/wiring), integration and operation of networked systems to improve indoor environments and function, and achieve efficiencies in indoor spaces [192].

Electromagnetic interference is another reason to minimize radiofrequency radiation RFR [193]. It can degrade operation of wireless systems (e.g., Wi-Fi), and sensitive electronic equipment (wired or wireless) such as for entertainment recording or medical applications. Addition of cell towers in proximity to unshielded areas (indoors or outdoors) can also cause signal interruptions and static. In the extreme, wireless systems can be shut down by malicious attack with strong signals "drowning out" signals on designated frequencies.

Health care policies have evolved to protect operation of essential equipment. Mobile phones were initially forbidden in hospitals due to risks of interference with operation of sensitive equipment. Based on limited study, it is now recommended that wireless devices be kept at a distance from sensitive equipment (e.g., in intensive care units [ICUs]) [194]. Today, wireless access for patients and the public is often provided in hospitals, and wireless devices are common in healthcare [195]. There is no evidence of clinical benefit, and reviews did not investigate potential clinical harms [195].

For any systems that are not "wired," architects, builders, owners and inhabitants all must operate within constraints of regulated RFR exposure levels. RFR exposure limits vary among jurisdictions, with the highest permitted personal exposures in the U.S.A. and Japan. Many countries adhere to the International Commission on Non-Ionizing

Table 1
Examples of national legislation limiting RFR.

Year	Country and Reference	Legislation
2016	French Polynesia [176]	Banned marketing of cell phones to children. Prohibited wireless in nursery schools.
2015	France [177]	Banned Wi-Fi from nursery schools. Decreed that in schools Wi-Fi be turned off as default, unless the teacher uses it for specific instruction. Wi-Fi hotspots must be labeled.
2014	Korea [178]	Mandated SAR labeling on cell phones and portable devices. Public health recommendations to reduce exposure to cell phone radiation.
2013	Belgium [179]	Banned marketing of cell phones to children below age 14. Phones designed for children below age 7 years are prohibited from sale.
2012	India [180]	Limited RF-EMF exposure levels from cell antennas to 1/10th of International Commission on Non-Ionizing Radiation Protection (ICNIRP) guidelines. Required SAR labeling on phones.
2012	Greece [181]	Forbade installation of mobile phone base stations on the premises of schools, kindergartens, hospitals or eldercare facilities.
2010	France [182]	Required that cell phones be sold with a headset and recommendation to limit exposure to the head. Cell phone advertising aimed at children below age 14 years was banned.

Radiation Protection (ICNIRP) recommended guidelines for power flux density, electrical fields and SAR for various frequencies [196]. Exposure limits range widely, for example in terms of power density at 900 MHz, as summarized in Fig. 3.

8.1. Building guidelines for lower electromagnetic field (EMF) exposures

Green building standards for occupants' health put great emphasis on indoor air quality, and the electromagnetic characteristics of the indoor environment are beginning to gain more widespread attention. This is exemplified by the aforementioned CHPS "Low-EMF Best Practices" in the U.S [189].

In Austria, Germany and Switzerland, however, electromagnetic fields and radiation exposures have long been a green building consideration. In Germany, the first precautionary exposure guideline for sleeping areas (SBM-2015) [28] was issued by Baubiologie Maes in cooperation with the Institute of Building Biology and Sustainability (IBN) in 1992. Based on thousands of electromagnetic assessments, radiofrequency radiation (RFR) levels in the bedroom below 0.1 $\mu W/m^2$ are considered "no anomaly." RFR levels above 1000 $\mu W/m^2$ (1 mW/m^2) are considered an "extreme anomaly."

The Total Quality Building Assessment Tool (TQB) is a widely used green building rating system [199], addressing a broader range of parameters than the Leadership in Energy and Environmental Design (LEED) rating system [27]. Since its inception in 2001 the TQB tool has included low-intensity EMFs and radiation – both low-frequency alternating magnetic fields and RFR. The TQB awards points in the planning and final testing stages for low levels of RFR.

The European Academy for Environmental Medicine (EUROPAEM) EUROPEAM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses [4] details recommendations for precautionary threshold electromagnetic exposure levels, including for RFR.

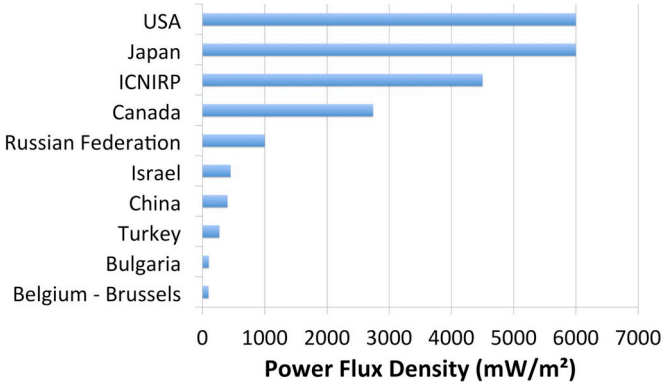


Fig. 3. International RFR power flux density exposure limits at 900 MHz [197,198].

To put these recommendations into context, the precautionary thresholds fall somewhere between the low natural background level and official exposure limits (Fig. 3). For comparison, Table 3 summarizes prudent, precautionary recommendations of European specialists.

The guiding principle of "as low as reasonably achievable" (ALARA) was introduced as early as the 1950s to protect against ionizing radiation [200] and holds true for many toxicants to the present day [91], including RFR [201]. RFR levels in indoor environments can be minimized by integrating the principal of ALARA (minimize emissions and exposures, maximize distance and use protection) [202] into selection of the building location, design and materials, as well as choices of electrical, monitoring, control, surveillance and other systems and services.

Table 2
Examples of national policies, public health advice and medical organization recommendations.

Year	Organization and Reference	Advice and Recommendations
2017	Athens Medical Association [183]	Sixteen recommendations to reduce human exposure to wireless radiation
2016	France - National Decree [184]	Reduced EMF exposure of workers, especially pregnant women
2016	US - American Academy of Pediatrics [185]	Ten recommendations to reduce exposure to cell phone radiation
2015	Cyprus National Committee on Environment and Child Health [186]	Public service videos and brochures for families about how to reduce cell phone and wireless exposure
2009, 2015	Finland - Radiation and Nuclear Safety Authority [187]	Recommendations to reduce RFR exposure, especially of children
2011	Parliamentary Assembly, Council of Europe [188]	"The potential dangers of electromagnetic fields and their effect on the environment" recommends As Low As Reasonably Achievable (ALARA), awareness, precautionary approaches, transparency, research, etc.
2010	France - National Public Health Agency [182]	An awareness campaign about ways to reduce RFR exposure

Table 3
Precautionary guidance RFR exposure levels [4,199].

		Exposure to 900–1800 MHz RFR (mW/m^2)
TQB Tool	Planning stage	
	10 points (best)	≤ 1
	5 points	≤ 3
	0 points	> 3
	Final stage	
	10 points	$S \leq 0.01$
	8 points	$0.01\ mW/m^2 < S \leq 0.1$
	6 points	$0.1\ mW/m^2 < S \leq 1$
	4 points	$1\ mW/m^2 < S \leq 3$
	0 points	> 3
EUROPAEM 9001800 MHz		
	Daytime	0.1
	During sleep	0.01
	Sensitive Populations	0.001
Natural Background		0.000000001

8.2. Strategies to eliminate or minimize RFR exposures from sources within buildings

As exemplified in section 8.1, engineers, architects, designers and planners have a unique opportunity to create healthier living, learning and work environments by reducing use of wireless technologies and thereby reducing levels of RFR. Although it is simpler, preferable and less expensive to implement RFR-free options during the initial design and construction stages, existing buildings represent many opportunities for improvements.

8.2.1. Connect necessary technologies with cables

An important first step to minimize levels of RFR within buildings is to eliminate indoor sources of RFR, and to connect all technologies via wire or fiber cable ("wired").

Consider alternative approaches to wireless technology. Recommendations include:

- Neighborhood infrastructure with cable access for high-speed, wired telephone and Internet;
- Within buildings use cables, preferably shielded, in Local Area Networks (LAN) to provide wired access points for all networking and data transmission, including wired connections for modems, routers, Internet and media; lighting, heating, ventilation, air conditioning (HVAC), thermostats and humidistats; surveillance and security systems; fire detection and response (e.g., sprinklers); pool equipment such as pump and treatment controls, etc.;
- Install easily accessible wired (not cordless) phones and prohibit installation and use of cordless phones;
- Throughout the building, provide connections to hardwired CAT6 or CAT7 Ethernet cables, preferably shielded, to service devices such as computers, tablets and other devices. Use wired peripherals and accessories. Ensure that all wireless features are turned off or disabled;
- Install wired RJ11 phone jacks for corded and landline telephones; and
- Use analog, non-transmitting utility (water, electricity, gas) meter options, that do not transmit data wirelessly.

8.3. Strategies to minimize the RFR exposures from external sources

8.3.1. Building location and landscaping

To achieve very low RFR levels, new buildings may be located in a low-RFR environment, for example at a distance from cell towers, radio and TV broadcast towers, and radar sites (e.g., airports). Evaluate the proposed location with professional grade RFR equipment to determine ambient RFR levels and sources. Sites in valleys may be at least partially protected from regional sources of RFR by surrounding hills, as may underground structures by intervening earth that absorbs RFR, depending upon composition and moisture level [203]. Conductivity and permittivity of soil increases with moisture content [204]; MW radiation is strongly absorbed by water.

Vegetation, with its significant water content, will absorb some RFR. While foliage of tall deciduous or evergreen trees may present challenges to wireless service providers, absorption of RFR from nearby antennas may also harm vegetation [126].

8.3.2. Building materials and shielding

RFR may be either reflected or absorbed by building materials, and there is a continuum of how opaque building elements are to RFR [204]. Shielding with highly absorbing or conductive materials can be very effective to reduce RFR originating from outdoors sources [205].

Many building materials such as wood and wallboard are largely transparent to present day RF signals, but research is intensifying on RFR-absorbing materials and fabrics that contain metals or carbon based substances (e.g., nanotubes) [206,207]. Construction materials are less effective barriers to RFR in the MHz and lower GHz frequency ranges, as currently used for cell phones, than for higher GHz frequencies planned for 5th generation (5G) technologies [208].

Absorption rather than reflection offers clear advantages for protection from RFR, and considerable relevant research has been devoted to materials that absorb radar [205]. Thick layers of dense building materials such as concrete offer some potential to absorb RFR and thereby reduce levels, particularly in the GHz range. Early research indicating high attenuation [209] was not precisely replicated with drier samples.

Conductive materials must be used with care and caution because reflections may result in unanticipated exposures. Totally enclosing a space with reflective materials (e.g., metal) results in a "Faraday cage." Radiation from sources within the "cage" reflects from one surface to another and this can result in higher local levels than would be the case if RFR was transmitted or absorbed by structural materials and furnishings.

To shield against incoming RFR from cell antennas, Wi-Fi networks and radio broadcast towers, shielding may be integrated across the entire building envelope or selected rooms or zones of a building.

Low-E windows coated with a transparent layer of metal oxides (developed to reflect infrared to retain heat in buildings and reflect ultraviolet light from the outdoors) and metals reflect RFR. Exterior shielding may be achieved with metal cladding/roofing, metal window and door frames, metal or metal-clad doors, low-E windows, metal screens, RF window film, and fine metal mesh or radiant barrier foil integrated into the building envelope. Further options indoors include high quality carbon-based shielding paints or fine metal mesh, and RF-shielding drapes/sheers. Conductive shielding materials including paint must be electrically connected and properly grounded.

It is essential to recognize that within shielded spaces, devices must have all wireless functions turned off. Poor network connections for cell phones will result in stronger RFR signals from the device itself, with potentially four-fold higher exposure to the user [210], and reflections from metal shielding may result in yet higher exposures. Thus, prominent explanatory safety notices are necessary to ensure that all cell phones are "off," set to "airplane mode," or are left outside of the low-RFR shielded zone. Options to meet occupants' needs include provision of accessible corded landline telephones to which cell phone calls can be forwarded, and provision of wired connections for devices.

Whatever options are used to achieve low RFR levels, it is necessary to verify final results with measurements using an RFR meter. RFR from equipment and exterior sources, along with reflections, and interactions with conductive infrastructure can result in complex, unanticipated patterns of electromagnetic fields, including hotspots [193,208]. Periodic checks are necessary to ensure that additional equipment,

furnishings or modifications, indoors or outdoors have not increased RFR levels.

Each make and model of RFR meter or measurement instrumentation has different specifications. To confirm the effectiveness of an RFR meter, obtain a third-party calibration report from a certified testing facility.

8.3.3. Partial RFR-Reduction measures for internet connectivity in buildings

In homes, schools, and workplaces, the installation and exclusive use of wired Internet access and electronic communication among devices mitigates the RFR emissions from internal network systems.

During any time that a wireless function is enabled, on stationary or mobile equipment, routine signals to maintain connections will expose building occupants to RFR, whether or not the device is actually being used.

In situations where decision makers decide not to hardwire a building immediately and instead continue with wireless connectivity, some partial measures may partially reduce unnecessary exposure. Importantly, these partial reduction steps do not equate with complete RFR mitigation, do not ensure safety for occupants, and do not reduce liability.

Recommendations include:

- Connect routers to a power source using a timer, to power off when not routinely in use, such as at bedtime;
- Wireless routers and access points should have an easily accessible switch to turn them off when not in use;
- Choose routers that can accommodate wired input, equipped with an accessible on/off switch for wireless features, and use a wired connection to a wired modem, to provide Internet connection when the wireless function is turned off;
- Avoid modems that also act as public “hot spots;”
- Do not install wireless access points near bedrooms or other highly or frequently occupied spaces;
- Clearly label wireless access points and areas where wireless antennas are in use;
- Use wired connections for HVAC monitoring and control, lighting, security and other fixed monitors and controllers;
- For improved security and lower carbon footprint, as well as reduced RFR, access data and controllers via a wired connection;
- If a wired analogue utility meter is not an option, mount the wireless meter at a distance, shield appropriately and direct signals to where they are read. Locate wireless meters away from high-use areas, particularly bedrooms; and
- If the building is mostly shielded, but has an unshielded zone for wireless device use, ensure that there is signage informing people: 1) of the RFR exposures along with wireless access (and alternatives onsite); and 2) the need to have all wireless functions turned off in shielded zones.

Implementation of partial measures will continue to expose occupants to RFR at levels associated with adverse effects. Measures such as turning off wireless features when not in use still result in RFR exposures, are not ALARA, and ideally will only be used in the interim while wiring plans are being developed and implemented.

8.4. Sensitive and vulnerable individuals

All of the above and more may need to be implemented to reduce RFR adequately in indoor and outdoor environments, to accommodate sensitive individuals. This will often require engaging an EMF expert, because the behavior of electromagnetic fields, currents and radiation is complex and difficult to predict. Sensitive individuals must be consulted throughout the duration of any renovation or building project, because individuals may react differently to various electromagnetic exposures. These individuals may also be sensitive to indoor air quality, so they must be involved in selection of materials for construction or retrofitting [2].

8.5. Challenging the business case of wireless systems

Not only are multiple risks invoked by choices of wireless instead of wired technology, there are many advantages to wired solutions.

Wireless networks [29,211]:

- continue to be about 100 times slower than wired systems;
- are unreliable, and more prone to both latency and delay issues;
- consume significant amounts of energy – more than wired – and are not sustainable;
- increase the points of vulnerability; and
- increase the security and privacy risks to personal and business data.

Some companies are cautioning that deployment of wireless 5G and beyond will be hampered by current regulatory power density exposure limits [212,213].

9. Discussion and conclusion

The breadth of peer-reviewed scientific research demonstrating biological effects of radiofrequency radiation (RFR) below current guidelines and standards highlights the need to further develop and codify pertinent building technology standards and guidance. Public health risks, accessibility needs, industrial liability and international precautionary actions indicate that RFR is an important performance parameter in building science.

Parallel with rapid innovation in wireless technologies, and the increasing RFR both inside and outside building structures, building science must also innovate to include alternative, physically connected technologies and systems. This is important to achieve accessibility and a building's success. Ensuring that the health and safety of occupants are not compromised requires those in the building science professions to develop and apply needs and means assessments, as well as best practices for methods and models for communications, with RFR wireless technology as a less-preferred option.

Research and knowledge transfer are needed to develop, publish, and encourage compliance with explicit directions for the integration of wired communications technologies in the design, planning, engineering, construction, operation and life cycle of a building.

Building science has embraced ecology and sustainability as core tenets in building performance. Currently, modern technologies minimizing RFR exposures offer an under-addressed opportunity for “smart” buildings also to be healthy – for their occupants, and for natural and built environments.

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Appendix

General Safety Tips to Reduce Radiofrequency Radiation (RFR) Exposure from Personal Devices

- Keep cell phones away from the head and body, and keep wireless devices at a distance, and off of laps.
- Make only short or essential calls on cell phones.
- Use text messaging instead of voice calls whenever possible.
- As much as possible power off phones and personal digital devices, or set on airplane mode with Wi-Fi, Bluetooth, Data, Mobile Hotspot and Location off.
- Avoid sleeping next to cell phones or wireless devices; power them

off at night. If a cell phone must be used as an alarm clock, turn the phone to airplane mode, or use a separate battery-powered clock.
- Keep non-prescription electronics out of bedrooms. If you depend upon medical devices with wireless functions, check how often they may be set to “airplane mode,” and ask your health care provider about adequate alternatives that do not emit RFR.
- Avoid charging phones and devices near beds.
- Use a corded (not cordless) home phone (wired [not wireless] VoIP or landline) whenever possible, especially for long voice calls.
- Pre-download videos and music rather than streaming.
- Minimize the number of apps running on wireless devices.
- Choose wired Internet connections instead of wireless systems, whenever possible. Provide wired Internet connections for others.
- If Wi-Fi cannot be entirely eliminated, put the Wi-Fi router on a timer to turn off when not needed (especially while sleeping).
- When digital devices are connected with wired Internet connections, turn off the Data, Wi-Fi and Bluetooth (in device settings) and turn off the Wi-Fi on the router.
- Request wired options and provide them to others, such as for computers, laptops, tablets, printers, gaming consoles and handsets, mouse, keyboards, video cameras, speakers, headphones, microphones and other accessories.

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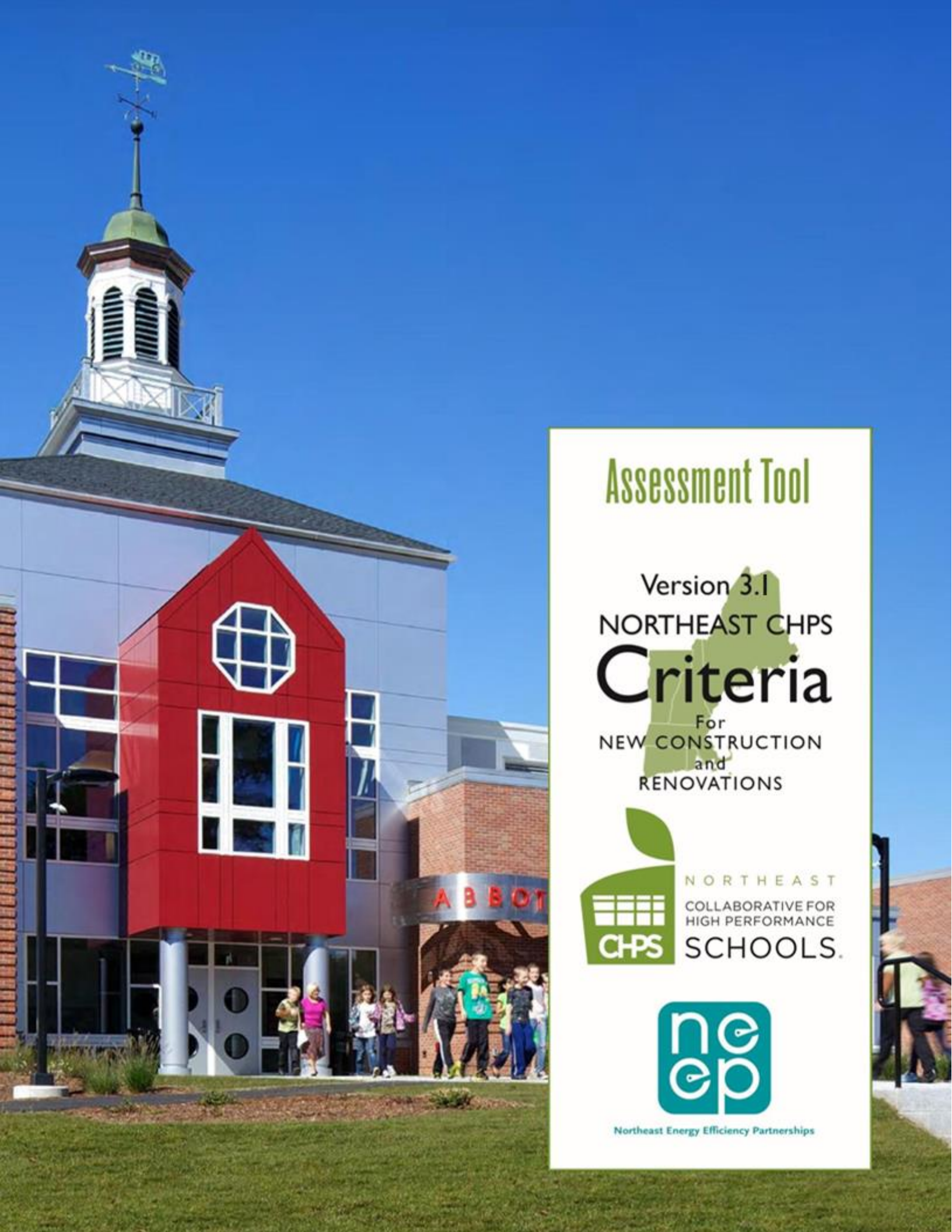
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Assessment Tool

Version 3.1

NORTHEAST CHPS

Criteria

For
NEW CONSTRUCTION
and
RENOVATIONS

NORTHEAST
COLLABORATIVE FOR
HIGH PERFORMANCE
SCHOOLS

Northeast Energy Efficiency Partnerships

Low-EMF Best Practices

Intent

Minimize exposure to extremely low frequency (ELF) magnetic fields.

EQ 15.1 – Low-EMF Wiring

EQ 15.2 – Low-EMF Best Practices

The US National Electrical Code (NEC) has been published since 1897 to promote safe electrical installations and to prevent fire hazards and electric shock. Wiring errors not only violate electrical code rules but may also cause unnecessary ELF magnetic field exposures. Wiring errors may occur in new construction or renovation projects, and inspections conducted by local code enforcement authorities may not detect the great majority of these problems.

In 2000, the expert panel of the California EMF Project (scientists of the California Department of Health Services on behalf of the California Public Utilities Commission) concluded based on the then available scientific evidence that "*EMFs can cause some degree of increased risk of childhood leukemia, adult brain cancer, Lou Gehrig's Disease, and miscarriage."*

In 2002, the International Agency for Research on Cancer classified **extremely low frequency magnetic fields** (ELF MF) as possibly carcinogenic (monograph volume 80).

In 2006, the IEQ Indoor Environmental Quality Project committee of the **US National Institute of Building Sciences** recommended to keep magnetic field exposure levels in occupied areas below 2.5 mG (250 nT), and preferably below 1 mG (100 nT).

In 2009, the **Austrian Sustainability Building Council** with support by the Federal Ministry of Transportation, Innovation and Technology released its latest version of the Total Quality Building Assessment tool. This green building rating system includes a criterion for low ELF magnetic field exposure levels: less than 1 mG (100 nT) "excellent", 1-2 mG (100-200 nT) "very good" (summary of threshold levels in English).

In addition, many education technology tools such as desktop computers, laptops, tablets, and other electronic devices are sources of electromagnetic fields. When used within close range of the human body, a student's exposure to electromagnetic fields (EMF) such as ELF magnetic and electric as well as radio-frequency electromagnetic fields may increase considerably. ELF magnetic fields were classified as possibly carcinogenic by the World Health Organization (WHO) International Agency for Research on Cancer (IARC) in 2002, and radio-frequency (RF) electromagnetic fields (including mobile phones) were classified as possibly carcinogenic by the WHO/IARC in 2011. In order to reduce the potential for adverse effects due to these exposures, it is important in school environments with children to apply the precautionary principle "as low as reasonably achievable (ALARA)" by providing low-EMF classrooms, specifying low-EMF IT equipment and wired Internet access network technology, and establishing low-EMF user practices.

EQ 15.1 – Low-EMF Wiring	Credit		
	1 point		
Applicability	**Verification Required**		
All projects.	Design Review	Construction Review	Performance Review

Requirement

1 point	EQ 15.1	*No net current magnetic fields – Correct school wiring* The wiring in all school rooms shall be compliant with the currently adopted US National Electrical Code (NEC) in the local jurisdiction, and applicable state electrical code 1. All school rooms shall be free of the following common wiring errors: a. Improperly wired subpanels (neutral-to-ground bond); b. Incorrect three-way switch wiring; c. Incorrect wiring of switched outlet circuits; d. Neutrals from separate branch circuits that are connected anywhere beyond the panel of origin for the circuits; e. Neutral-ground shorts (intentional or inadvertent) anywhere in the system. The correctness of the wiring shall be checked in each room and the ELF magnetic field exposure measured levels (tRMS) comply with 1 mG (100 nT) in new construction and 2 mG (200 nT) in existing school renovations, see the Austrian Sustainability Building Council (2009) – Total Quality Building Assessment Rating System as shown in Table 6 below.

EQ 15.2 – Low-EMF Best Practices	Credit		
	2 points		
Applicability	**Verification Required**		
All projects.	Design Review	Construction Review	Performance Review

Requirement

1 point	EQ 15.2.1	*Low EMF Best Practices for Computers* The District or equivalent governing body for a private school shall pass a resolution indicating that: • Require desktop computers, laptops, notebooks, and tablets to only be operated on a desk. Prohibit operation of these devices on an occupant's lap or body. Additionally, install computer workstation equipment greater than 2 feet from occupants. • Desktop computers, laptops, notebooks, and tablets shall be TCO-certified or laboratory tested to meet TCO Criteria "Mandate A.4.2" for EMF emissions. Install only laptops or notebooks that have an Ethernet port and a physical switch to conveniently disable all wireless radios at once and an adaptor with a 3-pin plug. Additionally, install only tablets that support a USB Ethernet adaptor for a wired network connection. Operate tablets only in battery mode and not when plugged in.
OR 1 point	EQ 15.2.2	*Wired local area network (LAN) to reduce RF EMF* • Install a wired local area network (LAN) for Internet access throughout the school. Provide wired network connections for desktop computers, laptops, notebooks, and tablets. All wireless transmitters shall be disabled on all Wi-Fi-enabled devices. Provide wired input devices for computer workstations.
OR 1 point	EQ 15.2.3	*Wired Phones to reduce RF EMF in classroom* • Install easily accessible hard-wired phones for teacher and student use and prohibit installation and use of standard DECT cordless phones and cordless phones operating at 2.4 GHz and 5.8 GHz unless they have been laboratory tested to demonstrate that the cordless phone base station and handsets (whether placed in the charging station or not) do not emit RF EMF emissions in standby mode. • Prohibit the use of cell phones and other personal electronic devices in instructional areas / classrooms. Additionally, they shall be required to be powered off or be in airplane mode (sleep mode is not sufficient) except during fire-life-safety drills and incidents.

Implementation

EQ 15.1

ELF measurements shall be measured using a professional 3-axis gaussmeter . The international standard unit for ELF magnetic fields is microtesla (μT) or nanotesla (nT). A nanotesla is 1/1000th of a microtesla. 1 mG is equivalent to 100 nT.

Special Consideration

The World Health Organization International Agency for Research on Cancer has classified ELF magnetic fields and radio-frequency (RF) electromagnetic fields as possibly carcinogenic based on scientific evidence surrounding incidence of childhood leukemia and brain cancer. Schools districts and design teams should:

1. Not allow cell phone towers and base stations on school buildings or school property. (See siting)
2. Not have above ground transformers within 50ft from outdoor play, exercise and recreation areas. (See siting)
3. Run conduits for the future possibility of fiber optic connections.
4. Position electrical supply rooms and building power supply adjacent to low occupancy areas among other strategies.

If using a wireless local area network (WLAN) for Internet access, choose the minimum number of access points and adjust the power output of the access points to the lowest maximum level required to meet the needs. Access points shall be placed a minimum distance of 16-32 feet (5-10 m) from where students and staff spend the majority of their time. The access points and Wi-Fi transmitters in the computer devices shall be turned off when not in use. Clearly label access points with warning signs.

Provide a Wireless-free Zone where cell phones, cordless phones, and Wi-Fi-enabled electronic devices shall not be used. Post clear signage at the door to instruct users on how to disable the wireless transmitters on their personal electronic devices (power off or airplane mode) before entering this space.

EMF Measurement Information

ELF EMF measurements are made with a professional 3-axis gaussmeter (broadband, minimum sensitivity: 0.2 mG (20 nT)). The ELF magnetic field exposure level at a given student seating area or workstation shall be as low as possible or less than 1 mG (100 nT) (tRMS – true root mean square). See Table 6. Measurements shall be taken on the floor in the foot area and across a vertical plane at half way between floor and edge of desk, at the edge of desk, and at 6 feet (180 cm). Retest ELF magnetic field exposure levels if the placement of workstations is changed or changes are made to the electrical installation

RF EMF measurements are made with a professional RF meter or spectrum analyzer (minimum sensitivity: 0.02 V/m or -50 dBm; minimum frequency range 10 MHz – 3 GHz (preferably higher)). The radio-frequency electromagnetic field exposure level at a given student seating area or workstation shall be as low as possible or less than 0.2 V/m or

100 μW/m^2 (peak). Measurements shall be taken on the floor in the foot area and across a vertical plane at half way between floor and edge of desk, at the edge of desk, and at 6 feet (180 cm). Retest RF electromagnetic field exposure levels if IT equipment, electronic devices, or networks with wireless connectivity are installed or added.

Table 6: ELF EMF Exposure Guidelines and Reference Levels

EMF Emission Standard or Guideline	Performance Measure	Reference Level Band I ELF 5 Hz-2 kHz Magnetic field
CA EMF EMF Project **Survey of 89 schools- 5,403 school rooms**	20% of measured areas had average magnetic fields	>1 mG (100 nT)
EMF Working Group of the Austrian Medical Association – Exposure greater than 4 hours per day	Within normal limits	≤0.2 mG (20nT)
	Slightly above normal limits	0.2-1 mG (20-100 nT)
	Above normal limits	1-4 mG
	Far above normal limits	≥4 mG
Austrian Sustainability Building Council (2009) – *Total Quality Building Assessment* Rating System	Excellent	≤1 mG (100 nT)
	Very good	1-2 mG
	Good	2-4 mG
	Satisfactory	≥4 mG
IEQ Project Committee Recommendation of the U.S. National Institute of Building Sciences (2006)	Preferably	<1 mG (100 nT
	All occupied areas	<2.5 mG (250 nT)
TCO Criteria "Mandate A.4.2": – International sustainability standard for IT equipment (since 1992)	At 12-20" distance from equipment	≤2 mG (200 nT)
Federal Safety Guideline of Russia for Computer Workstations, including schools (2003)	At 20" distance from equipment	≤2.5 mG (250 nT)
International Agency for the Research on Cancer/WHO (2002)	Possibly carcinogenic Group 2B	>3-4 mG (300-400 nT) Increased childhood leukemia risk

Documentation Requirements

Design Review

15.1: Provide specifications requiring compliance with the necessary codes and best practices. Include specifications to test rooms for compliance.

15.2.1: Submit the resolution compliant with the requirements. Submit specifications for computer equipment that includes the requirements.

15.2.2: Submit wiring diagrams indicating LAN wiring to all rooms that contain computers.

15.2.3: Submit wiring diagrams indicating phone wiring to all rooms with telephones. Also include the district policy prohibiting cell phones and other personal electronic devices as required.

Construction Review

Submit receipts for purchase of all compliant products.

Resources

- National Electrical Code NFPA 70: www.nfpa.org/aboutthecodes/AboutTheCodes.asp?DocNum=70
- Suggested Protocol for School Electricians for Correcting Wiring Errors Causing Net Current Magnetic Fields www.ehib.org/emf/WiringProtocol.pdf
- Tracing EMFs in Building Wiring and Grounding. (book),Karl Riley (2005): www.magneticsciences.com/TracingEMFsBook.html
- Tracing Magnetic Fields in Building Wiring. (DVD) www.magneticsciences.com/TracingEMFsVideo.html
- California EMF Project- School Related Documents, www.ehib.org/emf/general.html#school School Design Guidelines http://www.ehib.org/emf/cklist.html
- ELECTRIC AND MAGNETIC FIELD EXPOSURE ASSESSMENT OF POWERLINE AND NON-POWERLINE SOURCES FOR CALIFORNIA PUBLIC SCHOOL ENVIRONMENTS, Luciano E. Zaffanelia, H. Christopher Hooper, Prepared for the Public Health Institute, California Department of Health Services EMF Program, , January 31,2000, www.ehib.org/emf/school_exp_ass_exec.pdf
- EU Directive 90/270/EEC (1990 May 29) on the minimum safety and health requirements for work with display screen equipment: eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CELEX:31990L0270:EN:HTML
- Ministry of Health of the Russian Federation. 2003 Jun 30. [Sanitary and epidemiological norms on hygienic requirements for personal computers and work organization]. Norm No.: SanPiN 2.2.2./2.4.1340-03. (in Russian)
- Katharina Gustavs (2008): Options to Minimize Non-Ionizing Electromagnetic Radiation Exposures (EMF/RF/Static Fields) in Office Environments: buildingbiology.ca/wd/wp-content/uploads/2012/09/2008_Low_EMR_Office_Environment.pdf
- TCO standards for IT equipment: www.tcodevelopment.com
- Product search data base: http://79.136.114.89/pls/nvp/!tco_search
- Displays: tcodevelopment.com/manufacturer-resources/product-categories-2/displays/

- Notebooks: tcodevelopment.com/manufacturer-resources/product-categories-2/notebooks/
- Desktops: www.ultrasone.com/index.php/en/company/technology/ule-technology.html
- All-in-on PCs: tcodevelopment.com/manufacturer-resources/product-categories-2/all-in-one-pcs/
- Projectors: tcodevelopment.com/manufacturer-resources/product-categories-2/projectors/
- Headsets: tcodevelopment.com/manufacturer-resources/product-categories-2/headsets/
- Desktops: www.ultrasone.com/index.php/en/company/technology/ule-technology.html
- All-in-on PCs: tcodevelopment.com/manufacturer-resources/product-categories-2/all-in-one-pcs/
- Projectors: tcodevelopment.com/manufacturer-resources/product-categories-2/projectors/
- Headsets: tcodevelopment.com/manufacturer-resources/product-categories-2/headsets/
- Austrian Sustainability Building Council with support by the Federal Ministry of Transportation, Innovation and Technology: Total Quality Building Assessment tool www.oegnb.net/de/zertifikat.htm?typ=wb
  Threshold levels for ELF-modulated RF radiation: <10 µW/m^2 excellent / 10-100 µW/m^2 very good / 100-1000 µW/m^2 good / 1000-3000 µW/m^2 satisfactory
- EMF Working Group of the Austrian Medical Association (2012): EMF Guideline of the Austrian Medical Association for the diagnosis and treatment of EMF-related health problems and illnesses. freiburger-appell-2012.info/media/EMF%20Guideline%20OAK-AG%20%202012%2003%2003.pdf
  Benchmarks apply to regular exposure of more than four hours per day: <1 µW/m2 within normal limits / 1-10 µW/m2 slightly above normal limits / 10-1000 µW/m2 far above normal limits / >1000 µW/m2 very far above normal limits

Dr. Hugh Scully Testimony to the City of Toronto

(Past-President of Ontario Medical Association, Past-President of Canadian

Medical Association, Past-President of Canadian Cardiovascular Society.)

As a physician leader in Canada with a great commitment to the health of Canadians, I am very concerned about the increasing evidence internationally that EMR is creating increasing health problems in our population as its use increases exponentially. This is particularly true among children and young Canadians, and teachers and nurses who are continuously exposed to WiFi routers in schools [and hospitals].

As a cardiac specialist, I am concerned that approximately 20% of people have detrimental cardiac rhythm sensitivity to EMR.

This issue is under active consideration by the Health and Public Policy Committee of the Royal College of Physicians and Surgeons of Canada, the Health Policy and Public Health Committees of the Canadian Medical Association and the Council of Family Physicians of Canada, the Canadian Pediatric Society and the Canadian Cardiovascular Society.

There is an abundance of evidence from around the world that EMR can be harmful to health. Many countries...not Canada or the United States...have initiated policies to mitigate the risks. We, in Canada, need to do the same or more.

It is imperative that City of Toronto does not install WiFi's in public parks and spaces. I ask you to vote against Councillor Matlow's proposal.

Sincerely,

Dr. Hugh Scully, BA,MD,MSc,FRSC[C],FACS

Professor of Surgery and Health Policy, University of Toronto, Past-President, OMA, CMA, CCS, Former Member of Council [Board], RCPSC and WMA, Member, Health Policy Advisory Council, American College of Surgeons.

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December 12, 2015

Montgomery County Schools
Carver Educational Services Center
850 Hungerford Drive
Rockville, MD 20850

cc Montgomery County City Council

Dear Montgomery County School District,

I am a pediatric neurologist and neuroscientist on the faculty of Harvard Medical School and on staff at the Massachusetts General Hospital. I am Board Certified in Neurology with Special Competency in Child Neurology, and Subspecialty Certification in Neurodevelopmental Disorders.

I have an extensive history of research and clinical practice in neurodevelopmental disorders, particularly autism spectrum disorders. I have published papers in brain imaging research, in physiological abnormalities in autism spectrum disorders, and in environmental influences on neurodevelopmental disorders such as autism and on brain development and function.

A few years ago I accepted an invitation to review literature pertinent to a potential link between Autism Spectrum Disorders and Electromagnetic Frequencies (EMF) and Radiofrequency Radiation(RFR). I set out to write a paper of modest length, but found much more literature than I had anticipated to review. I ended up producing a 60 page single spaced paper with over 550 citations. It is available at http://www.bioinitiative.org/report/wp-content/uploads/pdfs/sec20_2012_Findings_in_Autism.pdf and it was published in a revised and somewhat shortened form in two parts in the peer reviewed indexed journal *Pathophysiology (2013)*with the title: Áutism and EMF? Plausibility of a pathophysiological link." Please also see the appendix to this letter which contains a summary of this material and includes substantial scientific citations.

More recently I published an article entitled "Connections in Our Environment: Sizing up Electromagnetic Fields," in *Autism Notebook Spring 2015* edition in which I summarized and personalized the information in the . In this article I describe how here is a whole series of problems at the cellular, sub-cellular and metabolic levels and immune levels that have been identified in autism. And interestingly, for every single one of those problems, there's literature about how EMFs can create those kinds of problems.

The argument I made in these articles is not that EMF is proven to cause autism, but rather, that EMF can certainly contribute to degrading the physiological integrity of the system at the cellular and molecular level" – and this in turn appears to contribute to the pathogenesis/causation not only of autism but of many highly common chronic illnesses, including cancer, obesity, diabetes and heart disease.. Please see this article on page 24-25 at the link http://virtualpublications.soloprinting.com/publication/?i=252361

In fact, there are thousands of papers that have accumulated over decades –and are now accumulating at an accelerating pace, as our ability to measure impacts become more sensitive – that document adverse health and neurological impacts of EMF/RFR. Children are more vulnerable than adults, and children with chronic illnesses and/or neurodevelopmental disabilities are even more vulnerable. Elderly or chronically ill adults are more vulnerable than healthy adults.

Current technologies were designed and promulgated without taking account of biological impacts other than thermal impacts. We now know that there are a large array of impacts that have nothing to do with the heating of tissue. The claim from wifi proponents that the only concern is thermal impacts is now definitively outdated scientifically.

Radiofrequency electromagnetic radiation from wifi and cell towers can exert a disorganizing effect on the ability to learn and remember, and can also be destabilizing to immune and metabolic function. This will make it harder for some children to learn, particularly those who are already having learning or medical problems in the first place. And since half of the children in this country have some kind of chronic illness, this means that a lot of people are more vulnerable than you might expect to these issues.

Powerful industrial entities have a vested interest in leading the public to believe that EMF/RFR, which we cannot see, taste or touch, is harmless, but this is not true. Please do the right and precautionary thing for our children.

I urge you to opt for wired technologies in Montgomery County classrooms, particularly for those subpopulations that are most sensitive. It will be easier for you to make a healthier decision now than to undo misguided decisions later.

Thank you.



Martha Herbert, PhD, MD

Selected pertinent publications

Connections in our Environment: Sizing up Electromagnetic Fields by M.R. Herbert (published in Autism Notebook Spring 2015, pp.. 24-25) reviews in two pages key points of the more technical Herbert & Sage Autism-EMF paper

Herbert, M.R. and Sage, C. "Autism and EMF? Plausibility of a Pathophysiological Link". Part 1: *Pathophysiology* , 2013, Jun;20(3):191-209, epub Oct 4, PMID 24095003. Pubmed abstract for Part 1. Part II: *Pathophysiology,* 2013 Jun;20(3):211-34. Epub 2013 Oct 8, PMID 24113318. Pubmed abstract for Part II.

APPENDIX: MORE DETAILED SUMMARY OF THE PATHOPHYSIOLOGY

I became interested in the health and brain effects of electromagnetic frequency (EMF) and radiofrequency radiation (RFR) exposures in relation to my brain research because I was interested in how such exposures might alter brain function. In order to familiarize myself in more detail existing literature on the pathophysiological impacts of EMF/RFR, I coauthored a 40,000 word chapter in the 2012 update of the Bioinitiative, [1] and published an updated 30,000 word version of that paper ("Autism and EMF? Plausibility of a Pathophysiological Link") in 2013 in two parts in the peer reviewed journal *Pathophysiology.* [2, 3] My intention was to assess the plausibility of an association between increasing incidence of autism spectrum disorder and increasing EMF/RFR exposures. Rather than directly address the epidemiological issues, I looked at the parallels between the pathophysiological features documented in autism and the pathophysiological impacts of EMF/RFR documented in the peer-reviewed published scientific literature.

I will include here a brief summary of the paper (prepared for a lay audience) of the features of EMF/RFR that I reviewed (with citations at the end of this letter):

- EMF/RFR stresses cells. It lead to cellular stress, such as production of heat shock proteins, even when The EMF/RFR isn't intense enough to cause measurable heat increase. [4-6]
- EMF/RFR damages cell membranes, and make them leaky, which makes it hard for them to maintain important chemical and electrical differences between what is inside and outside the membrane. This degrades metabolism in many ways – makes it inefficient. [7-15]
- EMF/RFR damages mitochondria. Mitochondria are the energy factories of our cells. Mitochondria conduct their chemical reactions on their membranes. When those membranes get damaged, the mitochondria struggle to do their work and don't do it so well. Mitochondria can also be damaged through direct hits to steps in their chemical assembly line. When mitochondria get inefficient, so do we. This can hit our brains especially hard, since electrical communication and synapses in the brain demands huge amounts of energy.
- EMF/RFR creates "oxidative stress." Oxidative stress is something that occurs when the system can't keep up with the stress caused by utilizing oxygen, because the price we pay for using oxygen is that it generates free radicals. These are generated in the normal course of events, and they are "quenched" by antioxidants like we get

in fresh fruits and vegetables; but when the antioxidants can't keep up or the damage is too great, the free radicals start damaging things.

- EMF/RFR is genotoxic and damages proteins, with a major mechanism being EMF/RFR-created free radicals which damage cell membranes, DNA, proteins, anything they touch. When free radicals damage DNA they can cause mutations. This is one of the main ways that EMF/RFR is genotoxic – toxic to the genes. When they damage proteins they can cause them to fold up in peculiar ways. We are learning that diseases like Alzheimer's are related to the accumulation of mis-folded proteins, and the failure of the brain to clear out this biological trash from its tissues and fluids.
- EMF/RFR depletes glutathione, which is the body's premier antioxidant and detoxification substance. So on the one hand EMF/RFR creates damage that increases the need for antioxidants, and on the other hand they deplete those very antioxidants.[1, 16]
- EMF/RFR damages vital barriers in the body, particularly the blood-brain barrier, which protects the brain from things in the blood that might hurt the brain. When the blood-brain barrier gets leaky, cells inside the brain suffer, be damaged, and get killed. [1, 16, 17]
- EMF/RFR can alter the function of calcium channels, which are openings in the cell membranes that play a huge number of vital roles in brain and body. [18-27]
- EMF/RFR degrades the rich, complex integration of brainwaves, and increase the "entropy" or disorganization of signals in the brain – this means that they can become less synchronized or coordinated; such reduced brain coordination has been measured in autism. [28-40]
- EMF/RFR can interfere with sleep and the brain's production of melatonin. [41-43]
- EMF/RFR can contribute to immune problems. [44-50]
- EMF/RFR contribute to increasing stress at the chemical, immune and electrical levels, which we experience psychologically. [51-57] [17, 58-62] [63-68]

Please note that:

1. There are a lot of other things that can create similar damaging effects, such as thousands of "xenobiotic" substances that we call toxicants. Significantly, toxic chemicals (including those that contain naturally occurring toxic elements such as lead and mercury) cause damage through many of the same mechanisms outlined above.
2. In many of the experimental studies with EMF/RFR, damage could be diminished by improving nutrient status, particularly by adding antioxidants and melatonin. [69-72]

I understand that the concept of electromagnetic hypersensitivity is not always well understood in the medical and scientific communities. Indeed, the inter-individual variability is perplexing to those who would expect a more consistent set of features.

But given the range of challenges I have listed that EMF/RFR poses to core processes in biological systems, and given the inter-individually variable vulnerability across these symptoms, it is really not surprising that there would be subgroups with different combinations of symptom clusters.

It also appears to be the case that the onset and duration of symptoms or even brain response to EMR/RFR can be variable. This again is to be expected given the mediation of these symptoms through a variety of the above-listed pathophysiological processes, many of which differ in scale (ranging from molecular to cellular to tissue and organ) and time course of impact. The different parts of the body also absorb this energy differently, both

because of their biophysical properties and as a function of their state of health or compromise thereof.

Here is a list of subgroups of symptom clusters identified by a group of German physicians, t exemplifies these variability issues:

Group 1 no symptoms
Group 2 sleep disturbance, tiredness, depressive mood
Group 3 headaches, restlessness, dazed state, irritability, disturbance of concentration, forgetfulness, learning difficulties, difficulty finding words
Group 4 frequent infections, sinusitis, lymph node swellings, joint and limb pains, nerve and soft tissue pains, numbness or tingling, allergies
Group 5 tinnitus, hearing loss, sudden hearing loss, giddiness, impaired balance, visual disturbances, eye inflammation, dry eyes
Group 6 tachycardia, episodic hypertension, collapse
Group 7 other symptoms: hormonal disturbances, thyroid disease, night sweats, frequent urge to urinate, weight increase, nausea, loss of appetite, nose bleeds, skin complaints, tumors, diabetes

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UNIVERSITY AT ALBANY
State University of New York

Institute for Health and the Environment
WHO Collaborating Center in Environmental Health

3 August 2016

Petaluma City Schools
District Office
200 Douglas Street
Petaluma, California 94952

Dear Sirs/Madams:

I am a public health physician who served as the Co-Editor of the Bioinitiative Report, published in 2007 as a comprehensive review of the adverse health effects of radiofrequency electromagnetic fields.

There is strong and consistent evidence that excessive exposure to radiofrequency electromagnetic fields has adverse human health effects. Of particular concern is the clear evidence that children are more vulnerable than adults. The best-documented adverse effects are an increase in risk of cancer, but cancers do not appear immediately upon exposure but rather come years later. The National Toxicology Program has within the past couple of months reported that even rats exposed to radiofrequency radiation develop brain cancer! Within a school setting there is increasing evidence that excessive exposures reduce learning ability, which is the last thing one wants in a school. Some children will also develop a syndrome of electrohypersensitivity, where they get headaches and reduced ability to pay attention and learn. While these effects are not nearly as well documented as those relating to cancer, they are particularly important within a school. This is especially the case in a wireless computer classroom, where exposure can be very high. However there will be essentially no exposure in a wired computer classroom.

The exposure levels of the Federal Communications Commission are totally outdated and do not protect the health of the public, especially of children. I urge you to abandon any plans for wireless communication within schools. It is of course critical that all children have access to the Internet, but when this is done through wired connections they will not be exposed to excessive electromagnetic fields.

Yours sincerely,

David O Carpenter

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District Office
200 Douglas Street
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4 August, 2016

Dear Petaluma City Schools;
Superintendent Gary Callahan and Board of Trustees

Regarding: Wireless technology should not be used in schools or pre-schools due to health risks for children and employees

We have been asked to declare our opinion about wireless technology in schools by parents that are concerned about their children.

Based on current published scientific studies, we urge your administration to educate themselves on the potential risks from wireless technologies in schools, and to choose wired teaching technologies. The well-being and educational potential of children depends on it.

High-speed connectivity to schools is important but it can be a wired connection instead of Wi-Fi. Wireless classroom infrastructure and wireless devices for schoolchildren should be avoided for these reasons:

- Wireless radiofrequency (RF) radiation emissions were classified as a Possible Human Carcinogen (group 2B) by the World Health Organization International Agency for Research on Cancer (IARC) in May 2011. One of the signers, Dr Hardell, was part of the evaluation group.
- The IARC classification holds for *all forms of radio frequency radiation* including RF-EMF emissions from wireless transmitters (access points), tablets and laptops.
- Epidemiological studies show links between RF radiation exposure and cancer, neurological disorders, hormonal changes, symptoms of electrical hypersensitivity (EHS) and more. Laboratory studies show that RF radiation exposure increases risk of cancer, abnormal sperm, learning and memory deficits, and heart irregularities. Foetal exposures in both animal and human studies may result in altered brain development in the young offspring, with disruption in learning, memory and behaviour.
- Recently a report was released from The National Toxicology Program (NTP) under the National Institutes of Health (NIH) in USA on the largest ever animal study on cell phone RF radiation and cancer (http://biorxiv.org/content/biorxiv/early/2016/05/26/055699.full.pdf). An increased incidence of glioma and malignant schwannoma in the heart was found. Interestingly our research group and others have in epidemiological studies shown that persons using wireless phones (both mobile phones and cordless phones; DECT) have an increased risk for glioma and acoustic neuroma. Acoustic neuroma or vestibular schwannoma is the same type of tumour as the one found in the heart, although benign.
- The research showing increased brain cancer risk in humans *has strengthened* since the IARC 2011 classification as new research has been published which repeatedly shows a significant association after RF radiation exposure. In addition, tumour

promotion studies have now been replicated showing cancer promotion after exposures at low levels.

- It is our opinion and that of many colleagues that the current IARC cancer risk classification should move to an *even higher* risk group. The carcinogenic effect has been shown in human and animal studies. Several laboratory studies have shown mechanistic effects in carcinogenesis such as oxidative stress, down regulation of mRNA, DNA damage with single strand breaks.
- In summary RF radiation should be classified as Carcinogenic to Humans, Group 1 according to the IARC classification. This classification should have a major impact on prevention.

The evidence for these statements is based on hundreds of published, peer-reviewed scientific studies that report adverse health effects at levels much lower than current ICNIRP and FCC public safety limits. Compliance with government regulations does not mean that the school wireless environment is safe for children and staff (especially pregnant staff).

As researchers in cancer epidemiology and RF radiation exposures, we have published extensively in this area and it is our opinion that schools should choose wired Internet connections. Multiple epidemiological research studies show that exposures equivalent to 30 minutes a day of cell phone use over ten years results in a significantly increased brain cancer risk.

What will be the health effect for a child exposed all day long in school for 12 years? Wireless networks in schools result in full body low level RF radiation exposures that can have a cumulative effect on the developing body of a child. No safe level of this radiation has been determined by any health agency and therefore we have no safety assurances. Cancers can have long latency periods (time from first exposure until diagnosis) and it will take decades before we know the full extent of health impacts from this radiation. The statistics and effects will be borne by the children you serve.

Wi-Fi in schools, in contrast to wired Internet connections, will increase risk of neurologic impairment and long-term risk of cancer in students. Promoting wireless technology in schools disregards the current health warnings from international science and public health experts in this field.

We recommend that your school district install wired Internet connections and develop curriculum that teaches students at all ages safer ways to use their technology devices. If cell phones and other wireless devices are used in the school curriculum (as many schools are now doing with Bring your Own Device Policy) then there should be educational curriculum in place and well posted instructions in classrooms so that the students and staff use these devices in ways that reduce exposure to the radiation as much as possible.

Supporting wired educational technologies is the safe solution in contrast to potentially hazardous exposures from wireless radiation.

Respectfully submitted

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August 4, 2016

Petaluma City Schools
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Re: Adverse Effects of Radiofrequency fields

I am writing to express my concern over the increasing exposure of children in schools to Radiofrequency Fields (e.g. from wi-fi, as required for cell phones and iPads, and emitted by cell towers) and the lack of concern expressed by many councils, governments and School Boards on this issue. In particular, justification for the "safety" of radiofrequency fields is placed upon the use of outdated safety standards, based upon tissue heating, whereas it has now been well demonstrated that adverse biological effects occur at far lower levels of radiofrequency fields that do not induce tissue heating, including a recent animal study performed by the National Toxicology Program in the United States which found an increased incidence of brain cancers and other cancers in rats exposed to prolonged Radiofrequency fields.

I am a physician and epidemiologist specializing in cancer etiology, prevention, and screening, expert in epidemiology, and particularly causes of human cancer. I have performed research on ionizing radiation and cancer, electromagnetic fields and cancer, and have served on many committees assessing the carcinogenicity of various exposures, including working groups of the International Agency for Research on Cancer (IARC), widely regarded as providing unbiased assessment on the carcinogenicity of chemicals and other exposure to humans.

In 2011, an IARC working group designated radiofrequency fields as a class 2B carcinogen, a <u>possible</u> human carcinogen. Since that review a number of additional studies have been reported. One of the most important was a large case-control study in France, which found a doubling of risk of glioma, the most malignant form of brain cancer, after two years of exposure to cell phones. After five years exposure the risk was five-fold. They also found that in those who lived in urban environments the risk was even higher. In my view, and that of many colleagues who have written papers on this issue, these studies provide evidence that radiofrequency fields are not just a <u>possible</u> human carcinogen but a <u>probable</u> human carcinogen, i.e. IARC category 2A. It would be impossible to ignore such an assessment in regulatory approaches.

It is important to recognize that there are no safe levels of exposure to human carcinogens. Risk increases with increasing intensity of exposure, and for many carcinogens, even more with increasing duration of exposure. The only way to avoid the carcinogenic risk is to avoid exposure altogether. This is why we ban known carcinogens from the environment and why much effort is taken to get people, particularly young people, not to smoke. We now recognize that exposure to carcinogens in childhood can increase the risk of cancer in adulthood many years later. Further, people vary in their genetic makeup, and certain genes can make some people more susceptible than others to the effect of carcinogens. It is the young and those who are susceptible we should protect.

As an epidemiologist who has done a great deal of work on breast cancer, I have been concerned by a series of case reports from California and elsewhere of women who developed unusual breast cancers in the exact position where they kept cell phones in their bras. These are unusual cancers. They are multifocal, mirroring where the cell phone was kept. Thus in these relatively young women the radiofrequency radiation from very close contact with a cell phone has caused breast cancer.

Not only brain and breast cancers but parotid gland tumors, tumors of the salivary gland, have been associated with prolonged exposure to cell phones.

Given the long natural history of cancer and the fact that human populations have not been exposed for a sufficient length of time to reveal the full adverse effects of radiofrequency fields, it is extremely important to adopt a precautionary approach to the exposure of humans to such fields. An individual, if appropriately informed, can reduce her or his exposure to radiofrequency fields from devices that use wi-fi, but in the case of cell towers, smart meters and wi-fi in schools, the exposure they receive is outside their control. Then, with the people who manufacture these devices and those who promote wi-fi failing to issue adequate health warnings, we are reaching a situation where schools, work places and homes are being saturated with radiofrequency fields.

Thus to avoid a potential epidemic of cancer caused by radiofrequency fields from wi-fi and other devices, we should introduce means to reduce exposure as much as reasonably achievable, use hard wire connections to the internet and strengthen the codes that are meant to protect the public.

Yours sincerely



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Karolinska Institutet
Department of Neuroscience
Experimental Dermatology Unit

Stockholm, December 8, 2015

To:
MCPS CEO Dr. Andrew Zuckerman [Andrew_Zuckerman@mcpsmd.org]
MCPS Superintendent Mr. Larry Bowers [Larry_Bowers@mcpsmd.org]
MCPS Chief Technology Officer Mr. Sherwin Collette [Sherwin_Collette@mcpsmd.org]
MCPS Board of Education [boe@mcpsmd.org]
840 Hungerford Drive
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cc:
Montgomery County Council [county.council@montgomerycountymd.gov]

Dear Madame or Sir,

My name is Olle Johansson, and I am an associate professor, heading the Experimental Dermatology Unit at Sweden's Karolinska Institute in the Department of Neuroscience. I understand you have recently made public pronouncements regarding the safety of Wi-Fi. As a neuroscientist who has been studying the biophysical and epidemiological effects of electromagnetic fields (EMFs) for over 30 years, I believe this designation is short-sighted.

Wireless communication is now being implemented in our daily life in a very fast way. At the same time, it is becoming more and more obvious that the exposure to electromagnetic fields not only may induce acute thermal effects to living organisms, but also non-thermal effects, the latter often after longer exposures. This has been demonstrated in a very large number of **non-ionizing radiation** studies and includes cellular DNA-damage, disruptions and alterations of cellular functions like increases in intracellular stimulatory pathways and calcium handling, disruption of tissue structures like the blood-brain barrier, impact on vessel and immune functions, and loss of fertility. Whereas scientists can observe and reproduce these effects in controlled laboratory experiments, epidemiological and ecological data derived from long-term exposures in well-designed case-control studies reflect this link all the way from molecular and cellular effects to the living organism up to the induction and proliferation of diseases observed in humans. It should be noted that we are not the only species at jeopardy; practically all animals, plants and bacteria may be at stake. Although epidemiological and ecological investigations as such never demonstrate causative effects, due to the vast number of confounders, they confirm the relevance of the controlled observations in the laboratories.

Many times since the early 1980s I have pointed out that the public's usage of cell phones has become the largest full-scale biological and medical experiment ever with mankind, and I was also the first person to firmly point out that this involuntary exposure violates the Nuremberg Code's principles for human experimentation, which clearly states that voluntary

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consent of human subjects is absolutely essential. Among many effects seen, the very serious one is the deterioration of the genome. Such an effect - if seen in a food item under development or in a potential pharmaceutical drug - immediately would completely ban it from further marketing and sale; genotoxic effects are not to be allowed or spread. For these reasons above, we, scientists, can not accept that children undergo an enormous health risk for their present and future, by being exposed to WI-FI in kindergardens or schools (even if the WI-FI masts/routers are not in the children's classroom). The precautionary principle has to be respected. Furthermore, when men place cell phones in their front pocket, or laptops on their laps, it should be noted that experimental studies have demonstrated that after similar exposures there is a decrease in sperm count as well as in the quality of sperm, which is a phenomenon that could affect society's overall ability to procreate in the future. Experiments in mice point to that it may be true already in 5 generations time.

Many other states including France, Russia, Israel and Germany, have employed various precautionary steps and their responses (including labelling cell phones and other transmitting devices with SAR ratings, discouraging the use of cell phones and other wireless gadgets by children, warning parents of the risks, and removing or restricting WiFi in schools and replacing it with hard-wired ethernet) as a result of the *WHO/IARC classification of radiofrequency electromagnetic radiation in 2011 as a Class 2B carcinogen as well as the earlier classification of power-frequent magnetic fields in 2001 also as a Class 2B carcinogen*, the information summarized in the Bioinitiative Reports of 2007 and 2012, and the other considerable international and independent research and reviews, that show adverse biological effects from electromagnetic fields, including heart palpitations, headaches, skin rashes, damage to DNA, mental health effects, impaired concentration, decreased problem-solving capacity, electrohypersensitivity, etc., are about to set a new standard for educational quality with due respect to children's and staff's health.

In the case of "protection from exposure to electromagnetic fields", it is thus of paramount importance to act from a prudence avoidance/precautionary principle point of view. Anything else would be highly hazardous. Total transparency of information is the key sentence here, as I believe the public does not appreciate having the complete truth revealed years after a certain catastrophe already has taken place. For instance, it shall be noted, that today's recommended values for wireless systems, such as the SAR-values, are just recommendations, and not safety levels. Since scientists observe biological effects at as low as 20 microWatts/kg, can it truly be stated that it is safe to allow irradiation of humans at SAR 2 W/kg, or at 100,000 times stronger levels of radiation?

IMBALANCED REPORTING

Another misunderstanding is the use of scientific publications (as the tobacco industry did for many years) as 'weights' to balance each other. But one can NEVER balance a report showing a negative health effect with one showing no effect. This is a misunderstanding which, unfortunately, is very often used both by the industrial representatives as well as official authorities to the detriment of the general public. True balance would be reports showing negative health effects against *exact replications* showing no or positive effects. However, this is not what the public has been led to believe.

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NEED FOR INDEPENDENT RESEARCH
In many commentaries, debate articles and public lectures - for the last 20-30 years – I have urged that completely independent research projects must be inaugurated immediately to ensure our public health. These projects must be entirely independent of all types of commercial interests; public health can not have a price-tag! It is also of paramount importance that scientists involved in such projects must be free of any carrier considerations and that the funding needed is covered to 100%, not 99% or less. This is the clear responsibility of the democratically elected body of every country.

WHO/INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC), 2011
Very recently (in Lyon, France, May 31, 2011) the WHO/International Agency for Research on Cancer (IARC) has classified radiofrequency electromagnetic fields as possibly carcinogenic to humans (Group 2B), based on an increased risk for glioma, a malignant type of brain cancer. This should be added to the previous (2001) 2B classification of power-frequent (ELF) electromagnetic fields – emitted at high levels from handheld gadgets, such as eReaders and mobile phones – as a risk factor for childhood leukemia. Given the 2001 very close votes (9 to 11) for moving it to 2A and all the new knowledge that has accumulated since 2001, today the association between childhood leukemia and power-frequent (ELF) electromagnetic fields would definitely be signed into the much more serious 2A ("probably carcinogenic") category. So, the 'red flag' is – unfortunately – flying very high.

INVOLUNTARY EXPOSURE
According to Article 24 of the UNICEF's Child Convention "children have the right to … a clean and safe environment, and information to help them stay healthy". We must all ensure that this article never is violated. This is about our social responsibility, and is very much a public health issue.

In summary, electromagnetic fields may be among the most serious and overlooked health issues today, and having these fields checked and reduced/removed from schools and kindergardens may be essential for health protection and restoration, and is a must for persons with the functional impairment electrohypersensitivity as for children who are more fragile (cf. Belyaev I, Dean A, Eger H, Hubmann G, Jandrisovits R, Johansson O, Kern M, Kundi M, Lercher P, Mosgöller W, Moshammer H, Müller K, Oberfeld G, Ohnsorge P, Pelzmann P, Scheingraber C, Thill R, "EUROPAEM EMF Guideline 2015 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses", Rev Environ Health 2015; 30: 337–371). In addition, as recently discussed in a think-tank group here in Stockholm, it is very important to constantly educate oneself and participate in the general debate and public discussions to keep the information build-up active. Thus, it is of paramount importance to keep the "kettle boiling", never blindly trusting or accepting given 'facts', but only read and think for yourself and for your loved ones. Only so you can arrive at a genuinely working precautionary principle.

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CONCLUSION

In conclusion, wireless systems, such as Wi-Fi routers or cell towers, and their electromagnetic fields, can not be regarded as safe in schools, but must be deemed highly hazardous and unsafe for the children as well as for the staff.

I encourage governments and local health and educational bodies to adopt a framework of guidelines for public and occupational EMF exposure that reflect the Precautionary Principle. As noted, the Precautionary Principle states when there are indications of possible adverse effects, though they remain uncertain, the risks from doing nothing may be far greater than the risks of taking action to control these exposures. The Precautionary Principle shifts the burden of proof from those suspecting a risk to those who discount it — as some nations have already done. Precautionary strategies should be based on design and performance standards and may not necessarily define numerical thresholds because such thresholds may erroneously be interpreted as levels below which no adverse effect can occur.

Some 100 years back, we learned the hard lessons of ionizing radiation and the need for strict health protections – now we must openly face the possibility that we must take a seat in life's school and learn again. This time it is about non-ionizing radiation.

Based on all of the above, I strongly urge you to reconsider your public stance on the safety of Wi-Fi, cell towers, and similar systems in schools as their non-ionizing radiation emissions very likely are hazardous and unsafe for students, staff and teachers.

With my very best regards
Yours sincerely
Olle Johansson

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January 3, 2016

Dear Montgomery County COO Dr. Andrew Zuckerman, Interim Superintendent Larry Bowers, Board of Education and Office of Technology;

I have been asked to comment on the MCPS Statement Concerning Deployment of Wireless Computing Technologies. I am happy to do so.

The first paragraph in that statement is not relevant to the issue at hand because it is perfectly possible to use wired communication for such education. This document is being produced on a computer on which I only use wired communication, connecting to the internet, connecting to my printer and for other purposes, as well.

The 2nd and 3rd paragraphs of your statement may well be technically correct. However these give us no assurance whatsoever of safety of Wi-Fi fields. The FCC guidelines as are many other such guidelines, are based on the assumption that only heating effects of microwave/lower frequency EMFs can have biological effects. However that assumption has been falsified by thousands of studies published from the 1950s to the present, each showing that non-thermal levels of exposure often produce biological effects. For example, in 1971, the U.S. Office of Naval Medical Research produced a document reporting over 100 different non-thermal effects [1], listing 40 apparent neuropsychiatric changes produced by non-thermal microwave frequency exposures, including 5 central/peripheral nervous system (NS) changes, 9 central NS effects, 4 autonomic system effects, 17 psychological disorders, 4 behavioral changes and 2 misc. effects [1]. It also listed cardiac effects including ECG changes and cardiac necrosis as well as both hypotension and hypertension, and also 8 different endocrine effects.

Changes affecting fertility included tubular degeneration in the testis, decreased spermatogenesis, altered sex ratio, altered menstrual activity, altered fetal development, programmed cell death (what is now known as apoptosis) and decreased lactation. Many other non-thermal changes were also listed for a total of over 100 non-thermal effects. They also provided [1] approximately 2000 citations documenting these various health effects. That was almost 45 years ago and is only the beginning of the evidence for the existence of non-thermal effects. My own recent paper [2] shows that widespread neuropsychiatric effects are caused by non-thermal exposures to many different microwave frequency electromagnetic fields (EMFs).

Tolgskaya and Gordon [3] in 1973 published a long and detailed review of effects of microwave and lower frequency EMFs on experimental animals, mostly rodents. They report that non-thermal exposures impact many tissues, with the nervous system being the most sensitive organ in the body, based on histological studies, followed by the heart and the testis. They also report effects of non-thermal exposures on liver, kidney, endocrine and many other organs. The nervous system effects are very extensive and include changes many changes in cell structure, disfunction of synaptic connections between neurons and programmed cell death and are discussed in Refs. [2,3] and more modern studies reporting extensive effects of such non-thermal EMF exposures on the brain are also cited in [2]. There are also many modern studies showing effects of non-thermal exposures on fertility in animals.

The Raines 1981 National Aeronautics and Space Administration (NASA) report [4] reviewed an extensive literature based on occupational exposures to non-thermal microwave EMFs. Based on multiple studies, Raines [4] reports that 19 neuropsychiatric effects are associated with occupational microwave/ radiofrequency EMFs, as well as cardiac effects, endocrine including neuroendocrine effects and several other effects.

I reviewed many other scientific reviews on this topic, each of which clearly supports the view that there are various non-thermal health impacts of these EMFs [5]. In 2015, 206 international scientists signed a statement sent to the United Nations Secretary General and to member states, stating that international safety guidelines and standards are inadequate to protect human health [6]. Each of these 206 scientists from 40 countries had scientific publications on biological effects of such EMFs and therefore each is well qualified to judge this. ***It can be seen from this statement to the UN, that there is a strong scientific consensus that current safety guidelines and standards are inadequate because they do not take into consideration all of the non-thermal health effects produced by various EMF exposures.***

That scientific consensus also rejects, therefore, the FCC EMF guidelines, guidelines that cannot be defended despite your own attempt to do so in MCPS Statement Concerning Deployment of Wireless Computing Technologies.

It can be seen from the previous paragraphs, that the following non-thermal effects of EMF exposures are well documented:

Ø Widespread neuropsychiatric effects
Ø Several types of endocrine (that is hormonal) effects
Ø Cardiac effects impacting the electrocardiogram (Note: these are often associated with occurrence of sudden cardiac death)
Ø Male infertility

However, there are many additional types of biological changes produced by non-thermal EMF exposures (reviewed in 5,7] including:

Ø Oxidative stress
Ø Changes in calcium fluxes and calcium signaling
Ø Several types of DNA damage to the cells of the body, including single strand and double strand DNA breaks and 8-OH-guanine in DNA
Ø Cancer (which is undoubtedly caused, in part, by such DNA damage)
Ø Female infertility
Ø Lowered melatonin; sleep disruption
Ø Therapeutic effects of EMFs when they are highly controlled and focused on a specific part of the body

It can be seen from the above, that each of the things that we most value as individuals and as a species are being attacked by non-thermal microwave frequency EMFs [5.7]:

§ **Our Health**
§ **Our brain function**
§ **The integrity of our genomes**
§ **Our ability to produce healthy offspring**

I want to emphasize that the specific health effects listed above are **not** the only things that are likely to be impacted by non-thermal EMF exposures, they are however the best documented such effects.

While it has been clear for many years that there are many non-thermal health effects of microwave frequency EMFs, it has not been clear until about 2 ½ years ago, how these effects are produced by such exposures. I stumbled onto the mechanism in 2012 and published on it in mid-2013. This 2013 paper [8] was honored by being placed on the Global Medical Discovery web site as one of the most important medical papers of 2013. At this writing, it has been cited 61 times according to the Google Scholar database, with over 2/3rds of those citations during 2015. So clearly it is having a substantial and rapidly increasing impact on the scientific literature. I have given 26 professional talks, in part or in whole on EMF effects in 10 different countries over the last 2 1/4 years. So it is clear that there has been a tremendous amount of interest in this research.

What the 2013 study showed [8], was that in 24 different studies (and there are now 2 more that can now be added [2]), effects of low-intensity EMFs, both microwave frequency and lower frequency EMFs could be blocked by calcium channel blockers, drugs that block what are called voltage-gated calcium channels (VGCCs). There were a total of 5 different types of calcium

channel blocker drugs used in these studies, with each type acting on a different site on the VGCCs and each thought to be highly specific for blocking VGCCs. What these studies tell us is that these EMFs act to produce non-thermal effects by activating the VGCCs. Where several effects were studied, when one of them was blocked or greatly lowered, each other effect studied was also blocked or greatly lowered. This tells us that the role of VGCC activation is quite wide – many effects go through that mechanism, possibly even all non-thermal effects in mammals. There are a number of other types of evidence confirming this mechanism of action of microwave frequency EMFs [2,]. Each of the 11 health impacts caused by non-thermal EMF exposures can be explained as being produced by indirect effects of VGCC activation [5,7].

It is now apparent [7] that these EMFs act directly on the voltage sensor of the VGCCs, the part of the VGCC protein that detects electrical changes and can open the channel in response to electrical changes. The voltage sensor (and this is shown on pp. 102-104 in [7]) is predicted, because of its structure and its location in the plasma membrane of the cell, to be extraordinarily sensitive to activation by these EMFs, about 7.2 million times more sensitive than are single charged groups elsewhere in the cell. What this means is that arguments that EMFs produced by particular devices are too weak to produce biological effects, are immediately highly suspect because the actual target, the voltage sensor of the VGCCs is extremely sensitive to these EMFs. **Because heating is mostly produced by forces on these singly charged groups elsewhere in the cell, limiting safety guidelines to heating effects means that these guideline allow exposures that are something like 7.2 million times too high**.

Why then does the FCC stick with these totally unscientific safety guidelines? That is the 64 billion dollar question. The FCC has been shown, in a long detailed document published by Harvard University Center for Ethics, to be a “captured agency”, that is captured by the telecommunications industry that the FCC is supposed to be regulating [9; can be obtained full text from web site listed in 9]. So perhaps the failure of the FCC to follow the extensive science in this important area, can be understood. Of course, what that means is that the FCC is completely failing in its role of protecting the public and it is a major blunder, therefore for either you or any other organization to depend on the FCC guideline as a reliable predictor of impacts of EMFs in humans.

So what is known about health impacts of Wi-Fi EMFs?

Table 1. The following Table summarizes various health impacts of Wi-Fi EMF exposures:

Citation(s)	**Health Effects**
[10,11,12,13,14,15,16]	Sperm/testicular damage, male infertility
[10,15,17,18,19,20]	Oxidative stress
[20]	Calcium overload

[11,12,20]	Apoptosis (programmed cell death)
[17]	Melatonin lowering; sleep disruption
[10,13]	Cellular DNA damage
[21]	MicroRNA expression (brain)
[18]	Disrupts development of teeth
[22]	Cardiac changes, blood pressure disruption; erythrocyte damage; catecholamine elevation
[23,24]	Neuropsych changes including EEG
[25]	Growth stimulation of adipose stem cells (role in obesity?)

Each of the effects reported above in 2 to 7 studies have an extensive literature for their occurring in response to various other microwave frequency EMFs so it should be clear that these observations on Wi-Fi exposures are highly probable to be correct. These include (see Table 1) findings that Wi-Fi exposures produce impacts on the testes leading to lowered male fertility; oxidative stress; intracellular calcium overload; apoptosis (a process that has an important causal role in neurodegenerative diseases); cellular DNA damage; neuropsychiatric changes including EEG changes. Each of these are very serious and oxidative stress has causal roles in many different human diseases; intracellular calcium overload has many different consequences – for example, it has a central role in causing neurodegenerative diseases; cellular DNA damage can cause cancer and produce mutations that impact future generations (if there are any). Other Wi-Fi effects each only documented by a single study are also effects where a variety of other non-thermal microwave EMFs also cause these, as shown by extensive literature on each of them. These include: melatonin lowering and sleep disruption; and the effects reported by Saili et al [22] cardiac changes, blood pressure disruption; erythrocyte damage; catecholamine elevation. So these may well be correct observations as well despite having only a single Wi-Fi specific study for each.

Summary:

1. The EMF safety guidelines supported by the FCC and others assume that only heating effects need be of concern. These assumptions have been known to be false for at least 45 years and there is a scientific consensus on this, that has lead to the petition by 206 highly qualified international scientists to the UN stating that current safety guidelines are inadequate.
2. We now know that low intensity non-thermal exposures work via VGCC activation and that indirect effects of such VGCC activation can produce each of the health effects that have been widely reported to occur in response to such EMF exposures for something like 60 years. These attack:
    a. **Our health**

b. **Our brain function**
c. **The integrity of our genomes**
d. **Our ability to produce healthy offspring**

3. The voltage sensor of the VGCCs is stunningly sensitive to such low intensity EMFs, about 7.2 million times more sensitive than are singly charge groups elsewhere in our cells. The consequence of this is that safety guidelines allow exposures that are very roughly 7.2 million times too high.
4. The FCC has been shown, in a detailed Harvard University study, to be a Captured Agency, captured by the industry that it is supposed to be regulating. This provides an additional reason to be very highly skeptical about all FCC safety guidelines.
5. 15 studies have each shown health effects of Wi-Fi, most of which have also been shown to occur in response to low intensity exposures to other types of microwave frequency EMFs. These are likely to have massive health effects by producing male infertility (female infertility has not been studied in response to Wi-Fi), oxidative stress (involved in dozens of human diseases), cellular DNA damage (possibly leading to both cancer and mutations in future generations), life threatening cardiac effects, cellular apoptosis and also intracellular calcium overload (with both of these possibly leading to neurodegenerative diseases), various neuropsychiatric changes and many others.

It is my view that it is sheer insanity to fail to see the threat to our and to all human civilization by continuing to ignore the threats from such EMFs, starting with Wi-Fi.

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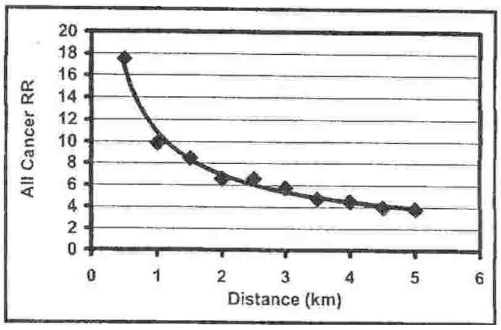
Re: Health effects of cell tower radiation

As an active researcher on biological effects of electromagnetic fields (EMF) for over twenty five years at Columbia University, as well as one of the organizers of the 2007 online Bioinitiative Report on the subject, I am writing in support of a limit on the construction of cell towers in the vicinity of schools.

There is now sufficient scientific data about the biological effects of EMF, and in particular about radiofrequency (RF) radiation, to argue for adoption of precautionary measures. We can state unequivocally that EMF can cause single and double strand DNA breakage at exposure levels that are considered safe under the FCC guidelines in the USA. As I shall illustrate below, there are also epidemiology studies that show an increased risk of cancers associated with exposure to RF. Since we know that an accumulation of changes or mutations in DNA is associated with cancer, there is good reason to believe that the elevated rates of cancers among persons living near RF towers are probably linked to DNA damage caused by EMF. Because of the nature of EMF exposure and the length of time it takes for most cancers to develop, one cannot expect 'conclusive proof' such as the link between helicobacter pylori and gastric ulcer. (That link was recently demonstrated by the Australian doctor who proved a link conclusively by swallowing the bacteria and getting the disease.) However, there is enough evidence of a plausible mechanism to link EMF exposure to increased risk of cancer, and therefore of a need to limit exposure, especially of children.

EMF have been shown to cause other potentially harmful biological effects, such as leakage of the blood brain barrier that can lead to damage of neurons in the brain, increased micronuclei (DNA fragments) in human blood lymphocytes, all at EMF exposures well below the limits in the current FCC guidelines. Probably the most convincing evidence of potential harm comes from living cells themselves when they start to manufacture stress proteins upon exposure to EMF. The stress response occurs with a number of potentially harmful environmental factors, such as elevated temperature, changes in pH, toxic metals, etc. This means that ***when stress protein synthesis is stimulated by radiofrequency or power frequency EMF, the body is telling us in its own language that RF exposure is potentially harmful.***

There have been several attempts to measure the health risks associated with exposure to RF, and I can best summarize the findings with a graph from the study by Dr. Neil Cherry of all childhood cancers around the Sutro Tower in San Francisco between the years 1937 and 1988. Similar studies with similar results were done around broadcasting antennas in Sydney, Australia and Rome, Italy, and there are now studies of effects of cellphones on brain cancer. The Sutro tower contains antennas for broadcasting FM (54.7 kW), TV (616 kW) and UHF (18.3 MW) signals over a fairly wide area, and while the fields are not uniform, and also vary during the day, the fields were measured and average values estimated, so that one could associate the cancer risk with the degree of EMF exposure.



The data in the figure are the risk ratios (RR) for a total of 123 cases of childhood cancer from a population of 50,686 children, and include a 51 cases of leukaemia, 35 cases of brain cancer and 37 cases of lymphatic cancer. It is clear from the results that the risk ratio for all childhood cancers is elevated in the area studied, and while the risk falls off with radial distance from the antennas, as expected, it is still above a risk ratio of 5 even at a distance of 3km where the field was 1μW/cm^2. This figure is what we can expect from prolonged RF exposure. In the Bioinitiative Report, we recommended 0.1μW/cm^2 as a desirable precautionary level based on this and related studies, including recent studies of brain cancer and cellphone exposure.

As I mentioned above, many potentially harmful effects, such as the stress response and DNA strand breaks, occur at nonthermal levels (field strengths that do not cause a temperature increase) and are therefore considered safe. It is obvious that the safety standards must be revised downward to take into account the nonthermal as well as thermal biological responses that occur at much lower intensities. Since we cannot rely on the current standards, it is best to act according to the precautionary principle, the approach advocated by the European Union and the scientists involved in the Bioinitiative report. In light of the current evidence, the precautionary approach appears to be the most reasonable for those who must protect the health and welfare of the public and especially its most vulnerable members, children of school-age.

Sincerely yours,

Martin Blank, Ph.D.
Associate Professor of Physiology and Cellular Biophysics

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MCPS COO Dr. Andrew Zuckerman
MCPS Interim Superintendent Larry Bowers
MCPS Board of Education
MCPS Office of Technology
Montgomery County Schools
Carver Educational Services Center
850 Hungerford Drive
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December 13, 2015

Dear Montgomery County COO Dr. Andrew Zuckerman, Interim Superintendent Larry Bowers, Board of Education and Office of Technology;

In my capacity as a pediatric occupational therapist, biologist, international speaker, and author on the subject of the impact of technology on child development and learning, I'm writing to you on behalf of students, teachers, and parents requesting you reconsider the use of devices which operate using wireless radiation.

Please find below guiding principles regarding managed balance between technology and healthy activity, as well as information on wireless radiation. More judicious use of educational based technologies is a safe manner, will serve to ensure sustainable futures for all children. Reversion to Ethernet or fiber optic cable devices, until such time as the World Health Organization deems wireless to not be harmful to young children, is recommended.

Guiding principles for the use of educational based technology in school environments.

Minimize Risk and Maximize Safety.

- Wireless radiation has not been proven safe (WHO 2011).
- Recent research indicates wireless radiation causes harmful effects to adult humans (Avendano 2012, Hardell 2013).
- Long term effects of wireless radiation on children are unknown at this time (AAP 2013).
- Children have thinner skulls, more aqueous bodies, and have rapidly developing cells, indicating they are exceedingly more vulnerable to harmful effects from wireless radiation than adults (AAP 2013, C4ST 2015).
- The American Academy of Pediatrics and the Canadian Pediatric Society recommends no more than 1-2 hours total technology use per day, including

educational technology. Many schools exceed these expert guidelines (AAP 2014).

Weigh Risk vs. Benefit.

- Education technology is not evidence based and is laden with conflict of interest e.g. manufacturers claims are financially motivated, and are not substantiated by university level research.
- Traditional and standardized teaching methods have substantive research support and evidence, yet are being rapidly replaced with education technology.

Ensure adequate foundational skills prior to use of technology.

Children need to balance the following 4 critical factors with technology, to optimize development and learning. Time spent with technology adversely affects these factors.

- *Movement:* stimulates vestibular, proprioceptive and cardiovascular systems.
- *Touch:* stimulates parasympathetic system for lowered cortisol and adrenalin.
- *Human Connection:* activates parasympathetic system; a life sustaining force.
- *Nature:* attention restorative, improves learning, erases effects of technology.
- *See video:* Message to Schools on EdTech

Risks associated with the use of technology by children are as follows:

- *Sedentary nature* of technology use is causally related to the recent rise in obesity/diabetes, developmental delay and learning difficulties (Tremblay 2011, HELP EDI Mapping 2009/13, Ratey 2008, PISA 2012).
- *Isolating factor* of technology use is associated with escalation in social impairments, mental illnesses (including adhd and autism), and self-regulation difficulties (Houtrow 2014).
- *Overstimulation* from technology use is a causal factor in rise in attention deficit, aggression, sleep disturbance, and chronic stress from hyper-arousal of the sympathetic nervous system (Christakis 2004, Gentile 2009, Markman 2010, Bristol University 2010).
- *Neglect* of students by teachers and support staff who are engaged in their own personal technology, is unfortunately common.
- Consequently, the risks associated with using education technology far outweigh the dubious benefits.

When In Doubt, Act With Caution.

- Existing research on harmful effects of wireless radiation on *adults*, indicates taking a cautionary approach when considering same radiation exposure to *children* (AAP 2014).

- Rapid cell turnover in children creates particular concern regarding potential DNA damage from wireless radiation, and consequent susceptibility to cancer. While rise in cancer incidence is becoming more apparent, rise in rates of cancer in children will not be observable until adulthood.
- Removal of wireless radiation and reversion to Ethernet cabled devices, will ensure immediate and long term safety to all students, teachers, and support staff.
- Defaulting to a remote authority regarding removing wireless radiation from schools, is not acting in the best interests of students and staff, and may not be defensible in a court of law.

Montgomery County's statement that the radiofrequency levels in schools "is compliant" with federal regulations *does not* assure safety to the students in your care. The current proposed technology plan to further increase the use of screens in classrooms on a daily basis, clearly does not support children's healthy development.

The implications of failure of schools to act with caution now regarding wireless radiation and technology, could potentially be horrific in both scope and magnitude, and may constitute neglect of children. Please act now to safeguard your children's future.

Respectfully,

CRowan

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Blog: www.movingtolearn.ca

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Montgomery County Board of Education
Montgomery County Schools
Carver Educational Services Center
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January 20, 2016

Dear Montgomery County Board of Education,

Concerned parents in your school district have asked me to write to you regarding the health risks of wireless radiofrequency radiation exposure in the classroom. Based on what I have been told, I want to urge you to halt programs that currently have students use their own phones in ways that expose their eyes and brains to levels of radiation that have never been tested for safety.

I was Founding Director of the Board on Environmental Studies and Toxicology of the U.S. National Research Council, and Founding Director of the Center for Environmental Oncology at the University of Pittsburgh Cancer Institute. President Clinton appointed me to the Chemical Safety and Hazard Investigation Board, and I am former Senior Advisor to the Assistant Secretary for Health in the Department of Health and Human Services. I founded the non-profit Environmental Health Trust in 2007 to provide basic research and education about environmental health hazards. Our scientific team is currently focusing on the health risks of radiofrequency radiation as an important public health issue.

Many people are unaware that cell phones and wireless laptops and tablets function as two-way microwave radios. A typical classroom might have the following scenario: every student has a laptop--which is typically tested for use 8 inches from an adult male body--a cell phone in the pocket--which is also tested at a minimum distance from an adult male body-- and a network transmitter on the ceiling and possibly a cell tower outside next to the sports field. All these devices emit microwave radiation which can be readily absorbed into children's bodies and brains.

Manufacturers specifically recommend that cell phones be used “as tested”—at this little-known minimum distance from the body. Recently, *Consumer Reports* in November advised that people should not keep phones in the pocket—advice that few children or adults appreciate. *These devices have never been tested for safety with children.* Accumulating research indicates that long-term exposure to low levels over long lifetimes could pose a serious risk to our health.

Regarding tested distances for using laptops, the Federal Communications Commission (FCC) states that laptops and computers are "mobile devices are transmitters designed to be used in such a way that a separation distance of at least 20 centimeters is normally maintained between the transmitter's radiating structure(s) and the body of the user or nearby persons." The body in this instance refers to a large male weighing more than 200 pounds and standing six feet tall.

As the county is preparing to increase student use of Chromebooks, please be aware that the Samsung Chromebook manual states:
"United States of America USA and Canada Safety Requirements and Notices

- Do not touch or move antenna while the unit is transmitting or receiving.
- Do not hold any component containing the radio such that the antenna is very close or touching any exposed parts of the body, especially the face or eyes, while transmitting.
- Regardless of the power levels, care should be taken to minimize human contact during normal operation.
- This device should be used more than 20 cm (8 inches) from the body when wireless devices are on and transmitting.
- FCC Statement for Wireless LAN use: *"While installing and operating this transmitter and antenna combination the radio frequency exposure limit of 1mW/cm2 may be exceeded at distances close to the antenna installed. Therefore, the user must maintain a minimum distance of 20cm from the antenna at all times."*

As one of the leaders in educational policy of this nation, your school district has an opportunity to set an example for school districts nationwide by installing safer technology in classrooms and educating students, teachers and staff about tested distances that devices should be used to reduce radiation. A number of public and private schools have already implemented such policies. Just as we provide children with seat belts and bike helmets, a precautionary approach to wireless is recommended by many scientists and governments worldwide.

For more information about all of these issues, please read cell phone instructions for various models at http://showthefineprint.org. Our newly posted Ebook also details fine print safety instructions in wireless device user manuals.

When children use these devices close to their bodies, they are exceeding these safety instructions, and exposing themselves to radiofrequency (RF) radiation levels which can exceed our government FCC RF radiation exposure limits. The FCC RF exposure limit was designed to protect the public from the thermal (heating) effects of acute exposure to RF energy. The FCC states, "Tissue damage in humans could occur during exposure to high RF levels because of the body's inability to cope with or dissipate the excessive heat that could be generated. Two areas of the body, the eyes and the testes, are particularly vulnerable to RF heating because of the relative lack of available blood flow to dissipate the excess heat load."

CHILDREN ABSORB MORE RADIATION THAN ADULTS

Our recently published research in the IEEE *Spectrum* with investigators at the Federal Universities of Brazil provides new state-of-the-art radiation exposure brain modeling which confirms that substantially higher radiofrequency radiation doses occur in younger children as compared to adults even where products comply with tested guidelines developed for adults.

FCC REGULATIONS ARE OUTDATED

FCC exposure limits were set more than 19 years ago and were based on decades-old research. The Government Accountability Office published a 2012 Report that calls on the FCC to formally reassess their current RF energy (microwave) exposure limits, stating that the "FCC RF energy exposure limit *may not* reflect the latest research." I encourage you to read scientific submissions to FCC Proceeding Number 13-84 at http://bit.ly/1aGxQiq. It is unknown when the FCC will make a ruling, however, *until that time* the current outdated FCC limits are *not reflective* of the current state of science.

FCC REGULATIONS DO NOT PROTECT THE PUBLIC FROM BIOLOGICAL EFFECTS

As the California Medical Association states in their 2014 Resolution calling for updated FCC Regulations, "peer reviewed research has demonstrated adverse biological effects of wireless EMF [electromagnetic fields] including single and double stranded DNA breaks, creation of reactive oxygen species, immune dysfunction, cognitive processing effects, stress protein synthesis in the brain, altered brain development, sleep and memory disturbances, ADHD, abnormal behavior, sperm dysfunction, and brain tumors."

In May 2015, over 200 scientists who have authored more than 2,000 articles on this topic appealed to the United Nations to address "the emerging public health crisis" related to cellphones and other wireless devices, urging that the United Nations Environmental Programme (UNEP) initiate an assessment of alternatives to current exposure standards and practices that could substantially lower human exposures to non-ionizing radiation. These scientists state that "the ICNIRP guidelines do not cover long-term exposure and low-intensity effects, " and are " insufficient to protect public health." They also state that "the various agencies setting safety standards have failed to impose sufficient guidelines to protect the general public, particularly children who are more vulnerable to the effects of EMF." Please see their website at https://emfscientist.org.

INCREASED CANCER RISK

Wireless radiofrequency radiation was classified as a Class 2B "Possible Human Carcinogen" by the World Health Organization's International Agency for Research on Cancer in 2011. According to many scientists, evidence *has increased* since 2011, indicating that cell phone and wireless radiation should be classified as a "probable carcinogen." Those exposed at younger ages show four to eight times increased cancer risk. Replicated research just published in Biochemical and Biophysical Research Communications indicates that radiofrequency acts as a *tumor promoter* at low to moderate levels.

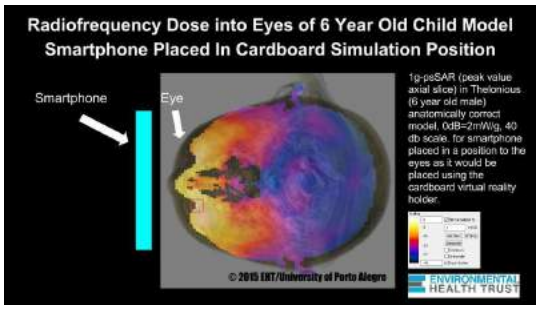
CONCERN FOR PREGNANT STUDENTS AND STAFF

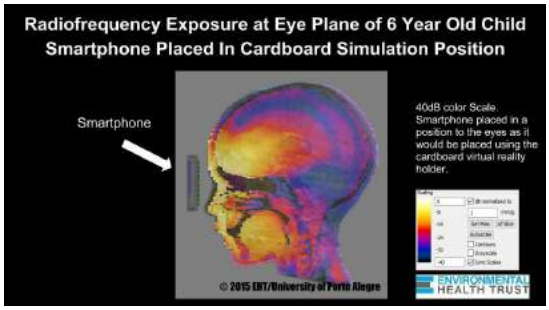
Pregnant students and staff are especially at risk from wireless because the fetus is the most vulnerable to toxic exposures. Several experimental studies are showing irreversible changes after prenatal exposure to cell phone and wireless radiation such as altered brain functioning, decreased brain cells and altered reproductive organ development. More than 100 physicians, scientists and public health professionals joined together to express their concern about the risk that wireless radiation poses to pregnancy and now *urge pregnant women to limit their exposures*. Please read these scientists BabySafe Joint Statement

VIRTUAL TECHNOLOGY RESULTS IN HIGHER EXPOSURES TO THE EYE AND BRAIN

Most recently, I was contacted by a parent in your district about the virtual reality devices now used in MCPS classrooms to go on a virtual "field trip." As indicated by online instructions, this experience involves using smartphones placed directly in front of the child's eyes so that they can directly watch a fascinating video of faraway lands. The smartphone is streaming radiation throughout the classroom from the teacher's iPad for the entire "field trip."

Please be aware that FCC regulations set decades ago did not utilize science that looks at the effects from cell phones on different body tissues such as the eyes. Upon hearing about this issue, I contacted EHT-associated scientists at federal universities of Brazil who do state-of-the-art computer modeling. I asked them to position the phone as it would be in the virtual reality cardboard for use in front of the child's eyes and assess the microwave radiation. The yellow and orange color show the highest exposures.





My colleagues and I are sharing this work with you today because we believe you should have more information about microwave radiation exposures that will take place through this system.

This research image above utilizes a sophisticated computer system that the U.S. Food and Drug Administration (FDA) currently applies to evaluate medical devices. It simulates the radiation absorption into *anatomically correct models*--something that currently used systems for testing phones and devices cannot do. In a study from Memorial Sloan-Kettering Cancer Center, radiation physicist David Gultekin, working with Bell Labs electrical engineer Lothar Moeller, reported that normal working cell phones can create tiny hotspots within brain tissue. Unlike other organs, eyes do not have circulation to effectively carry away heat.

In addition to the impact from the microwave radiation, there could also be impacts to a child's retina from the blue light emitted by the screen. Youths under the age of 20, and especially very young children,

have little or no yellowing of the lens (which helps protect the adult eye). Therefore, blue light (or UV) which enters the eye is unfiltered in children and strikes the retina at full-strength exposing not only the retina, but the lens to possible damage over the long time. Such injury may not be evident until later in time.

In 2010, Andreas Christ and team reported that children's hippocampus and hypothalamus absorbs 1.6–3.1 times higher and the cerebellum absorbs 2.5 times higher microwave radiation compared to adults; children's bone marrow of the skull absorbs 10 times higher microwave radiation than in adults, *and children's eyes absorb much higher microwave radiation than adults.* A recent Deans' Lecture I delivered to University of Melbourne provides an overview on this research.

SIMPLE STEPS WILL PROTECT CHILDREN

Compelling research raises the possibility of very serious harm to children from radiofrequency radiation exposures well below "FCC compliant" levels. Legal does not mean safe. Based on the preliminary work that I share with you here, I urge you to forgo the use of such devices such as virtual reality cardboard as there is no research that has considered their impact on children's eyes. At this time, the smart choice for school decision makers is to act now and reduce radiofrequency wireless exposures. In fact, many countries (over 20) and health authorities worldwide recommend reducing radiofrequency radiation to children.

More recently, the Cyprus Government's National Committee on Environment and Children's Health released a video about reducing wireless and I invite you to watch this excellent example of responsible action at this link https://www.youtube.com/watch?v=H43IKNjTvRM .

I understand that your county has a Bring Your Own Device policy whereby cell phones are not only allowed *in* the classroom but are actively used in the curriculum. As I have been told, students in film class might use their cell phones to take footage to create a movie, and in some math classes they use their cell phones as a calculator. Advice should be routinely provided to any student using a wireless device at school about *how to reduce exposures*. For example, if phones are used on airplane mode, and wireless is turned off on computers then these devices will neither send nor receive microwave radiation.

When powered on, phones undergo short bursts of microwave radiation up to 900 times per minute, *whether or not the phone is being used for talking.* Once teachers and students are educated on how they can simply turn their phone onto airplane mode, then they can use the phone in the classroom *without* being exposed to unnecessary radiofrequency radiation.

Likewise, laptops such as Chromebooks are also emitting constant radiation and at much higher levels when a student is streaming video or using cloud based applications. Laptops can easily be hardwired to ethernet so that students can safely use the internet without radiation emissions. Please review the Best Practices for Low EMF in Schools developed by the Northeast Collaborative For High Performing Schools which details how schools can reduce exposure to radiofrequency fields and still have full internet connectivity.

Along with the recommendation of over 200 scientists (see https://emfscientist.org) and health authorities worldwide, I recommend that the best course of action is to take simple precautions—as many nations already currently advise. *Children's exposures to wireless radiation should be reduced as much as possible.* We have a responsibility to act now to reduce children's exposure to radiofrequency radiation. Children's nervous, immune and reproductive systems are rapidly developing and, along with pregnant women, children deserve an abundance of caution.

As several colleagues and I wrote in a letter to the U.S. Secretary of Education just a few months ago, we recommend your school district do the following:

1. **Raise school community awareness through new educational curriculum:** Students, teachers and their families should be given information on wireless health risks and simple precautionary steps they can take to protect their health. It is important to teach children how to use technology both safely and more responsibly in order to protect their health and wellbeing.

2. **Install a safe communication and information technology infrastructure in schools to meet educational needs:** Solutions exist to reduce exposures to wireless emissions and mitigate the health risk. Low-EMF Best Practices have been developed, allowing educational needs to be met with safer, hard-wired Internet connections, which are also faster and more secure.

Low-EMF Best Practices are the solution that allows for full communication, information access and learning tools use in the classroom while minimizing unnecessary health risks. Your district can thoughtfully integrate safe technology into every classroom while responsibly safeguarding the health of every generation.

I fully understand that this information has not been widely understood. I would be happy to provide or develop an online technical briefing to your senior staff to assist you as you make decisions today that will affect the health of students for the rest of their lives.

Yours respectfully,



Devra Davis, PhD MPH
President and Founder
Environmental Health Trust
Visiting Professor of Medicine
The Hebrew University, Hadassah Medical Center
Associate Editor, Frontiers in Radiation and Health
ehtrust.org

UNIVERSITY AT ALBANY
State University of New York

Institute for Health and the Environment
WHO Collaborating Center in Environmental Health

July 28, 2014

Board of Trustees
Fay School
48 Main Street
Southborough, MA 01772

Re: Advisability of WiFi in schools

Dear Sirs/Madams:

This is concerning potential adverse health effects associated with exposure to radiofrequency/microwave (RF/MW) radiation, specifically that from wireless routers and wireless computers. I am writing to express concern that students at your school are experiencing electrosensitivity symptoms from these technologies.

I am a public health physician who has been involved in issues related to electromagnetic fields (EMFs) for several decades. I served as the Executive Secretary for the New York Powerline Project in the 1980s, a program of research that showed that children living in homes with elevated magnetic fields coming from powerlines suffered from an elevated risk of developing leukemia. I served as Director of the Wadsworth Laboratory of the New York State Department of Health, as well as Dean of the School of Public Health at the University at Albany/SUNY. I have edited two books on effects of EMFs, ranging from low frequency fields to radiofrequency/ microwave radiation, or the kind emitted by WiFi routers, cell phones, neighborhood antennas and wireless computer equipment. I served as the co-editor of the BioInitiative Report 2012 (Bioinitiatve.org), a comprehensive review of the literature showing biological effects at non-thermal levels of exposure, much of which has since been published in the peer-reviewed journal, *Pathophysiology* (attached). Also, I served on the President's Cancer Panel that examined radiation exposures as they relate to cancer risk, in 2009, and a report from that testimony is also attached. Thus, this is a subject which I know well, and one on which I take a public health approach rooted in the fundamental principle of the need to protect against risk of disease, even when one may not have all the information that would be desirable.

There is clear and strong evidence that intensive use of cell phones increases the risk of brain cancer, tumors of the auditory nerve and cancer of the parotid gland, the salivary gland in the cheek by the ear. The evidence for this conclusion is detailed in the attached publications. The WHO's International Agency for Research on Cancer has also classified the radiation from both cell phones and WiFi as a Class 2B "Possible Carcinogen" (2011). WiFi uses similar radio-frequency radiation as cell phones (in the 1.8 to 5.0 GHz range). The difference between a cell phone and a WiFi environment, however, is that while the cell phone is used only intermittently, and at higher power, a WiFi environment is continuous, and transmitting even when not being used. In addition, WiFi transmitters are indoors, where people (and in this case, children) may be very close by, or certainly close to devices using the WiFi, such as wireless computers, iPads and smart boards, the radiation from which can be intolerable to sensitive people.

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www.albany.edu/ihe

Furthermore, commercial routers, like those in schools, operate at much higher wattage than consumer routers. They are designed to penetrate through materials like cement, wood and brick, to handle dozens to hundreds of users, and to reach into outdoor areas, so industrial grade routers are of much greater concern.

An additional consideration to appreciate is that it is not only the power of wireless radiation that causes biological dysregulation, but the frequencies, pulsing, amplitude, and the quantity and kind of information being transmitted that can have effects as well. These 'non-thermal effects' have been shown in thousands of studies to be biologically active, and may be more important than the effects from the power. Thus, while a router may be in the ceiling, or not right next to a student, teacher or administrator, the known biological and health effects, particularly the non-thermal ones, are still very much occurring.

Finally, while acute electrosensitivity symptoms, like the ones I understand your students are experiencing, are of course of great concern (such as cognitive effects impairing attention, memory, energy levels, and concentration; cardiac irregularities, including in children; or, headaches or other symptoms in students wearing braces), the full effects for society from chronic and cumulative exposures are not known at this time. Given what we do know, however, including the DNA effects, I must, as a public health physician, advise minimizing these exposures as much as possible. Indications are that cell phones and wireless technologies may turn out to be a serious public health issue, comparable to tobacco, asbestos, DDT, PCBs, pesticides and lead paint, or possibly worse given the ubiquitous nature of the exposures. While unfortunately we must wait for federal regulation to catch up with the science, the prudent thing to do in the interim would be to exercise precaution at every opportunity.

Computers and the world-wide web have tremendous value in education, but the value also depends on how these are used in numerous respects. As wired internet connections do not pose radiation risk, are readily available, are faster and more secure than WiFi, and are now even available for certain tablets, I highly recommend you factor the risks I have described into your technology planning. At the same time, I would urge you to take the complaints of your students very seriously, and potentially involve the school nurse and teachers in helping to assess the extent of the electrosensitivity problem among students at the school.

An excellent reference on the EMF and electrosensitivity science is "Electrosensitivity and Electrohypersensitivity—A Summary" (2013) authored by M.J. Bevington and available through Electrosensitivy-U.K. (www.es-uk.info/)

If I can be of further help, please do not hesitate to call.

Yours sincerely,



David O. Carpenter, M.D.
Director, Institute for Health and the Environment
University at Albany

Enclosures

Martin Blank, PhD
Department of Physiology and Cellular Biophysics
Columbia University
New York, NY 10032

July 25, 2014

Mr. Thomas McKean, President, Board of Trustees
Mr. James Shay, President-Elect, Board of Trustees
Fay School
48 Main Street
Southborough, MA01772

To the Board of Trustees,

It has been brought to my attention that school children have become symptomatic at your school after installation of WiFi. I am writing to express my concern and to encourage you to review the independent science on this matter.

I can say with conviction, in light of the science, and in particular in light of the cellular and DNA science, which has been my focus at Columbia University for several decades, putting radiating antennas in schools (and in close proximity to developing children) is an uninformed choice. Assurances that the antennas are within 'FCC guidelines' is meaningless today, given that it is now widely understood that the methodology used to assess exposure levels only accounts for one type of risk from antennas, the thermal effect from the power, not the other known risks, such as non-thermal frequencies, pulsing, signal characteristics, etc. They fail also to consider multiple simultaneous exposures from a variety of sources in the environment, and cumulative exposures over a lifetime. Compliance with FCC guidelines, thus, unfortunately, is not in any way an assurance of safety today, as the guidelines are fundamentally flawed. Until the guidelines and advisories in the U.S. are updated, the intelligent thing for your Board of Trustees to do is to exercise the Precautionary Principle and hard wire all internet connections.

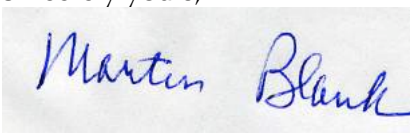
I know this might be disappointing to hear, as I understand you have invested in the WiFi. But there is no amount of money that could justify the added physiological stress from wireless antenna radiation and its many consequences, most in particular for children. Our research has shown that the cellular stress response, a protective reaction that is indicative of cellular damage, occurs at levels that are deemed 'safe'. Many other harmful reactions have been reported, such as the impairment of DNA processes that can account for the observed increased risk of cancer, as well as the potential cognitive decline, and sleep effects that may be due to impairment of the blood brain barrier. The DNA effects are of particular concern for future generations, an area of research that is just beginning to raise alarms. As with other environmental toxic exposures, children are far more vulnerable than adults, and they will have longer lifetimes of exposure.

The science showing reasons for concern about the microwave radiation emitted by antennas is abundant and there will be a day of reckoning. As I explain in my recent book,

Overpowered, The Precautionary Principle instructs us that in the face of serious threats, a lack of scientific 'certainty' never justifies inaction. The changes occurring at the molecular level, and known associations with many diseases, are sufficient at this time to give us pause and to recommend minimizing exposures to these fields, in our homes, schools, neighborhoods and workplaces. There is significant potential for risk, and to very large numbers of people, and the effects are occurring nonetheless whether or not we are noticing them.

I recommend you hardwire the internet connections at your school, and also encourage students to use hard wired connections at home for internet access, as well as for all computer equipment connections and voice communications.

Sincerely yours,



Martin Blank, PhD
mb32@columbia.edu,



Martin Blank, PhD, Special Lecturer and (ret.) Associate Professor, Columbia University, Department of Physiology and Cellular Biophysics. Dr. Blank is a leading expert in the effects of electromagnetic fields on DNA and biology, and Past President of the Bioelectromagnetics Society. He holds two PhDs, in physical chemistry and in colloid science, an interdisciplinary field involving chemistry, physics and nanoscience. Dr. Blank was author of the BioInitiative Report's section on the impact of electromagnetic fields on Stress Proteins; Editor of the journal *Pathophysiology*'s special issue on Electromagnetic Fields (2009); and co-author of "Electromagnetic fields and health: DNA based dosimetry" (2012), which recommends a new way of assessing the biological impact of electromagnetic fields across the spectrum, using DNA. Dr. Blank's book, *"Overpowered—What Science Tells Us About the Dangers of Cell Phones and Other WiFi-Age Devices",* was published in 2014.



Wi-Fi in Schools

Are We Playing It Safe With Our Kids?

"Current FCC standards do not account for the unique vulnerability and use patterns specific to pregnant women and children. It is essential that any new standard for cell phones or other wireless devices be based on protecting the youngest and most vulnerable populations to ensure they are safeguarded throughout their lifetimes." American Academy of Pediatrics Letter to FCC August 29, 2013 (20)

By Cindy Russell, MD
VP of Community Health, SCCMA

Industry has been quite successful in creating magically useful wireless technologies such as cell phones, Ipads, Wi-Fi, and now wearable tech devices such as Google glasses, we all love. Many of these handy gadgets have now reached the typical classroom across the globe. It has become apparent, however, that there are substantial downsides to being too connected to technology and as safety concerns mount, governments such as France and Israel are backing away from the blind adoption of wireless technology in schools, especially for young children.

These devices are cool and convenient, however there remains nagging questions of overuse and safety as the application of these devices has increased to the point we are literally exposed 24 hours a day to this radiation. Wireless microwaves come from many sources both at work and at home.

An increasing number of physicians, scientists, and parents are concerned about long term health effects from Wi-Fi in schools. (42)(43)(44)(49) As any parent knows, computers now are as ubiquitous in schools as they are at work. From kindergarteners on up kids are required to learn computer skills in order to take core testing online. There is a push to enable students to be connected to the internet 24/7 to take photos, email documents, and research a topic. In schools, wired connections for computers have been rapidly being eliminated to install wireless systems that connect students both indoors and outdoors on campus.

Europe and some schools in the U.S. are taking a different more precautionary approach and going back to the future with wired plug in computers. Studies have also cast doubt on some of the benefits of classroom computers and warned of the new age of "Digital Dementia" which has now crept into Korean youth due to the heavy use of electronic gadgets. (17)(48)

Professors in college are banning computers during lectures and finding students learn more. (38) (39)

CHILDREN ARE MORE VULNERABLE THUS NEED MORE PROTECTION

Children have several organ systems that are immature at birth and are thus much more sensitive to toxic exposures. The human brain, one of the top vital organs, is far from being a finished product in youth. Long-term structural maturation of the nervous system is required for successful development of cognitive, motor, and sensory functions. Neuronal axons – long thin projections from the nerve cell – act as electronic transmission lines. Axons in major pathways of the brain continue to develop throughout childhood and adolescence. Myelin is the insulation surrounding individual nerves protecting it from outside electrical charges. The process of myelination is much faster the first two years but continues into adulthood. (16) Children have thinner skulls (29), their immune systems are undeveloped, their cells are dividing more rapidly, thus, they are more vulnerable to EMF radiation and other carcinogens. They also have a longer cumulative exposure to all toxins including EMF radiation.

CURRENT WIRELESS SAFETY STANDARDS AND MICROWAVING POTATOES

Wireless devices work on high frequency microwaves similar to the microwave you use to cook food with. It is with less power but substantial research (1)(2)(3)(4) demonstrates that even at low power within the current safety standards these microwaves can cause biologic harm to plants, animals, and cellular structures. Current Federal Communications Commission (FCC) standards are based only on heat generated by the device, not on adverse biological effects seen in hundreds of studies and at much lower levels.

Our own CMA supports reassessment of EMF standards. The California Medical Association, in 2014, passed a resolution as follows:

> "Resolved 1:That CMA supports efforts to re-evaluate microwave safety exposure levels associated with wireless communication devices, including consideration

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of adverse nonthermal biologic and health effects from non-ionizing electromagnetic radiation used in wireless communications and be it further

Resolved 2: That CMA support efforts to implement new safety limits for wireless devices to levels that do not cause human or environmental harm based on scientific research.

ADVERSE EFFECTS DEMONSTRATED IN PEER REVIEWED PUBLISHED RESEARCH (2)

- DNA with single and double stranded breaks
- Leakage of the blood brain barrier (two hours of cell phone exposure causes 7+ days of albumin leakage)
- Stress protein production in the body indicating injury
- Infertility/reproductive harm
- Neurologic harm with direct damage to brain cells
- Lowering of melatonin levels
- Immune dysfunction
- Inflammation/oxidation.

PLAUSIBLE MECHANISM FOUND FOR EMF MICROWAVE EFFECTS

Dr. Martin Pall, Professor Emeritus of Biochemistry, Washington State University has studied how electromagnetic fields impact the cells of our bodies. His 2013 paper on this subject highlights a major biological mechanism of action of EMF microwave radiation on cell structure. His work, along with two dozen prior studies, demonstrated that EMF microwave radiation effects cellular calcium channels and this can be inhibited with calcium channel blockers. "A whole series of biological changes reportedly produced by microwave exposures can now be explained in terms of this new paradigm of EMF actions via Voltage Gated Calcium Channels (VGCC) activation." (14)(15)

EMF AFFECTS ON WILDLIFE: BIRDS, BEES, AND TOMATO PLANTS

Bird researchers in Germany found that their migratory European Robins lost their sense of navigation when in the city. (5) This was found to be due to the EMF radiation interfering with the bird's special internal magnetic compass. They replicated the experiment over seven years before publishing the results in the prestigious journal *Nature*.

John Phillips and others have found that newts, sea turtles, and migratory birds use a magnetic compass to navigate long distances and this can be interrupted by low levels of EMF. (6)(7) A review of effects on cell towers and wireless devices showed that beehives can have rapid colony collapse with exposure to cell phone radiation. (8)

Plants have been shown to have stress response to EMF from wireless devices. (9)(10) (22) In tomatoes exposed for short duration, the stress response seen by exposure to EMF was prevented by administration of calcium counteracting drugs. (11) Even simple high school science experiments document abnormal seed growth near Wi-Fi routers. (19) There appear to be adverse biological effects of this seemingly harmless radiation.

HUMAN ELECTROSENSITIVITY: IS IT REAL?

There is varied opinion about those who state they are sensitive to EMF. Scientific research has not given a definitive answer, nevertheless, many seem to suffer from vague and often disabling symptoms they feel in the presence of EMF. Exposure to EMF radiation in some people reportedly causes headaches, memory problems, fatigue, sleep disorders, depression. This is so significant for some people that they have to live in a very low EMF environment to feel normal. (25)

Sweden recognizes electro-sensitivity as a functional impairment and estimates that about 3% of the population suffers from this. (23)(24) Dr. Magda Havas found in replicated studies that some EMF sensitive individuals heart rates increased with wireless devices turned on in double blind study. (12)(26) Researchers at Louisiana State University, in 2011, studied a self reported EMF sensitive physician and found "In a double-blinded EMF provocation procedure specifically designed to minimize unintentional sensory cues, the subject developed temporal pain, headache, muscle twitching, and skipped heartbeats within 100 s after initiation of EMF exposure ($p < .05$)." They concluded that "EMF hypersensitivity can occur as a bona fide environmentally inducible neurological syndrome." (27)

In May 2011, the International Agency for Research on Cancer (IARC) classified radiofrequency electromagnetic fields as possibly carcinogenic to humans (Group 2B).(30)

Genius and Lipp reviewed the current literature on EHS, in 2011, and point to several explanations for this multisystem phenomenon, including toxicant induced loss of tolerance as many with EHS symptoms had high levels of PCB's possibly causing immune dysfunction. Scientific research also identifies an inflammatory response with cytokine production. Another aspect of research points to catecholamine and adrenal gland dysfunction. In addition, heavy metal toxicity has also been proposed as contributing to EHS. (28)

The Austrian Medical Association feels Electrohypersensitivity is a real phenomenon and in 2012 published Guidelines for EMF and Electro-hypersensitivity. They state the primary method of treatment should consist in the prevention or reduction of EMF exposure, taking care to reduce or eliminate all sources of EMF if possible. (32)

GOVERNMENT ACTIONS ON WI-FI IN SCHOOLS

While much of the U.S. is marching forward with Wi-Fi in schools, Europe is changing direction, as indicated by the policies listed below. (45) Internationally there is wide disagreement in standards. The U.S. and Canadian limits are 1000 microwatts/cm2. China and Russia are 10 microwatts/cm2. Belgium is 2.4 microwatts/cm2, and Austria is 0.001 microwatts/cm2. The Bioinitiative Report 2012 recommendation for "No Observable Effect" is 0.0003 microwatts/cm2. Cosmic background EMF we evolved with is <0.00000000001 microwatts/cm2. (2)

COUNCIL OF EUROPE PARLIAMENT ASSEMBLY 2011 EMF MICROWAVE POLICY : "THE POTENTIAL DANGERS OF ELECTROMAGNETIC FIELDS AND THEIR EFFECT ON THE ENVIRONMENT"

The report notes "other non-ionizing frequencies, whether from ex-

tremely low frequencies, power lines or certain high frequency waves used in the fields of radar, telecommunications, and mobile telephony, appear to have more or less potentially harmful, non-thermal, biological effects on plants, insects, and animals, as well as the human body, even when exposed to levels that are below the official threshold values."

The Council calls for a number of measures to protect humans and the environment, especially from high-frequency electromagnetic fields. One of the recommendations is to "take all reasonable measures to reduce exposure to electromagnetic fields, especially to radio frequencies from mobile phones, and particularly the exposure to children and young people who seem to be most at risk from head tumors". (37)

IN FRANCE: A NEW NATIONAL LAW BANS WI-FI IN NURSERY SCHOOLS

In January 2015, France passed a landmark law that calls for precaution with wireless devices for children and the general public. (34)(35) It calls for:

1. Wi-Fi banned in nursery schools.
2. Wi-Fi routers should be turned off in school when not in use.
3. Schools are informed when new tech equipment is installed.
4. Citizens will have access to environmental cell tower radiation measurements near homes.
5. There will be continued research conducted into health effects of wireless communications.
6. Information on reducing exposure to EMF radiation is mandatory in the contents of the cell phone package.
7. Wi-Fi hotspots are labeled.

ISRAELI MINISTRY OF EDUCATION ISSUE GUIDELINES TO LIMIT WI-FI IN SCHOOLS

On August 27, 2013, the Israeli Ministry of Education issued new guidelines regarding Wi-Fi use in schools. (33) The guidelines will:

1. Stop the installation of wireless networks in classrooms in kindergarten.
2. Limit the use of Wi-Fi between first and third grades. In the first grade, students will be limited to use Wi-Fi to study for one hour per day and no more than three days per week. Between the first and third grades, students will be limited to use Wi-Fi up to two hours per day for no more than four days per week.
3. To limit unnecessary exposure teachers will be required to turn off mobile phones and Wi-Fi routers when they are not in use for educational purposes.
4. All Wi-Fi equipment be tested for compliance with safety limits before and after installation in an Israeli school.
5. Desktop computers and power supplies be kept at least 20 cm from students.

2012 THE RUSSIAN COMMITTEE ON NON-IONIZING RADIATION PROTECTION OFFICIALLY RECOMMENDED THAT WI-FI NOT BE USED IN SCHOOLS.



2011 THE RUSSIAN COMMITTEE ON NON-IONIZING RADIATION PROTECTION (RNCNIRP) RELEASED THEIR RESOLUTION ENTITLED "ELECTROMAGNETIC FIELDS FROM MOBILE PHONES: HEALTH EFFECTS ON CHILDREN AND TEENAGERS."

According to the opinion of the Russian National Committee on Non-Ionizing Radiation Protection, the following health hazards are likely to be faced by the children mobile phone users in the nearest future: disruption of memory, decline of attention, diminishing learning and cognitive abilities, increased irritability, sleep problems, increase in sensitivity to the stress, increased epileptic readiness. (36)

Expected (possible) remote health risks: brain tumors, tumors of acoustical and vestibular nerves (in the age of 25-30 years), Alzheimer's

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disease, "got dementia", depressive syndrome, and the other types of degeneration of the nervous structures of the brain (in the age of 50 to 60).

PLAYING IT SAFE FOR OUR KIDS

A healthy and safe learning environment is a cornerstone of education. Current FCC standards are obsolete and inappropriate as they are based only on heat effects, not biological effects. They give us a false sense of security. There may be higher EMF levels at school than at home as routers are more powerful. Cumulative Effects on DNA or cell structures are not taken into consideration in any safety standard. Because of the long-term exposure to EMF microwave radiation this generation is experiencing, they will be at higher risk for potential health problems. We will not know what happens to our progeny's DNA until our grandchildren are born.

Considering there has been a more precautionary approach internationally to microwave radiation exposure and the trend is toward less exposure in schools, especially to vulnerable populations such as children, it makes sense to re-evaluate our wireless schools. We buckle our seat belts and wear a helmet when we ride bikes even though we don't know if we will get in an accident. Although not all the issues of wireless microwaves are understood, there is enough science to understand it acts as a toxicant at even low levels that fall within current safety standards. We also know that decades of research precedes meaningful regulation in the area of toxins, thus the only reasonable approach is precautionary.

In addition, we need to be thoughtful about how much our kids should use computers and what this is doing not only to them, but to our society as a whole. We get starry eyed with every new wireless gadget, however, in "Alone Together" Sherry Turkle expertly addresses the rise in isolation, loneliness, lack of privacy, and increasing pressure on students in this age of invasive technology. Her thorough and non-judgmental scientific investigation of the psychological effects of computers makes us aware that we need to take care that we do not replace real human connection with a "virtual reality" that will redirect us in an unhealthy direction.

As physicians and parents, we understand that decisions we make today may have far reaching consequences in the future for our kids. Let's play it safe for them right now.

RECOMMENDATIONS FOR SCHOOLS

1. **Wired internet connections** like we used to have are the safest and possibly cheapest option – all the benefits of the internet without the risk.
2. **Wireless devices**, but with an on/off switch in each room so teachers can use only when needed for educational purposes.
3. **Limit Wi-Fi** use, especially in younger grades.
4. **Cell phones stay off and in the backpacks during class** and on the campus during school hours.
5. **Have EMF and electrical measurements done by one or more qualified, experienced consultants before and after any installation**. Understand you may need to increase your knowledge of low and high frequency electromagnetic fields and limits to accurately interpret the reports. The Bioinitiative Report is a very useful compendium that has recommendations for safer levels.
6. **Support efforts by governments to provide independent standardized transparent research to define safe limits in all the different wireless frequencies used commercially**. This could lead to less EMF emissions and safer wireless devices.

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STEPHEN T. SINATRA M.D., F.A.C.C.
F.A.C.N., C.N.S., C.B.T.,
Integrative Metabolic Cardiology

July 16, 2014

Chairman and Trustees
Fay School
48 Main Street
Southborough, MA 01772

RE: Wi-Fi in Schools

Dear Chairman and Trustees:

I am writing this letter on behalf of concerned parents of children who are attending schools with Wi-Fi technology. I'm a cardiologist and co-founder of Doctors for Safer Schools, an organization dedicated to informing teachers, parents and superintendents about the uncertainty and possible environmental health hazards of Wi-Fi technologies.

The heart is a delicate and complex electromagnetic organ that can be adversely affected by exogenous signals from wireless technology and microwave radiation. For this reason it is unwise to expose students and teachers to Wi-Fi radiation for internet access, especially when safer alternative wired options are available. Children are particularly vulnerable to this radiation and the incidents of cardiovascular events including sudden cardiac arrest, seems to be increasing, especially among young athletes (up to the age of 19). In some cases this is due to undetected heart defects, blunt trauma to the heart in contact sports, and heat stress during strenuous exercise, but in instances these irregularities may be exacerbated by or due to microwave signals interfering with the autonomic nervous system that regulates the heart.

I know this because I am a board certified cardiologist and have been a Fellow of the American College of Cardiology since 1977. At the Manchester Memorial Hospital in Connecticut, I served in several roles, including Chief of Cardiology, Director of Cardiac Rehabilitation, and Director of Medical Education.

In both Canada and the United States a large number of students are complaining that they feel unwell in classrooms that have Wi-Fi technology. These complaints have been investigated and what emerges is the following:

1. Symptoms common among these students include headaches, dizziness, nausea, feeling faint, pulsing sensations or pressure in the head, chest pain or pressure, difficulty

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concentrating, weakness, fatigue, and a racing or irregular heart accompanied by feelings of anxiety. These symptoms may seem diverse but they indicate autonomic dystonia or dysfunction of the autonomic nervous system.

2. Symptoms do not appear in parts of the school that do not have this technology (Wi-Fi-free portables) and they do not appear in homes that do not have wireless technology.

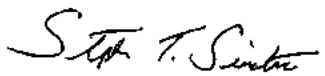
3. We know that the heart is sensitive to and can be adversely affected by the same frequency used for Wi-Fi (2.4 GHz) at levels a fraction of federal guidelines (less than 1%) and at levels that have been recorded in two Ontario schools with Wi-Fi technology.

4. The incidence of sudden cardiac arrests (SCA) among young athletes is increasing and doctors don't know why. In one small Ontario community, the number of students experiencing SCA is disturbingly high. Whether WiFi and nearby cell phone antennas exacerbate SCA needs to be investigated further before students are subjected to these fields.

In conclusion it is unwise to install wireless technology (WiFi) in schools. We do not know what the long-term effects of low-level microwave radiation are on students and teachers. The safety of this technology on children has not been tested and I would advise that you follow the precautionary principle that states the following:
"*In order to protect the environment, the precautionary approach shall be widely applied by States according to their capabilities. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost-effective measures to prevent environmental degradation.*"
(Rio Conference 1992).

The principle implies that we have a social responsibility to protect the public from exposure to harm, when scientific investigations have found a plausible risk. That "plausible risk" exists for microwave radiation at very low levels. These protections can be relaxed only if further scientific findings emerge that provide sound evidence that no harm will result. In some legal systems the application of the precautionary principle has been made a statutory requirement.

Sincerely,



Stephen T. Sinatra, M.D., F.A.C.C., F.A.C.N., C.N.S

Karolinska Institutet
Department of Neuroscience
Experimental Dermatology Unit

Stockholm, July 24, 2014

Mr. Thomas McKean, President, Board of Trustees
Mr. James Shay, President-Elect, Board of Trustees
Fay School
48 Main Street
Southborough, MA 01772

Ladies and Gentlemen,

It has been brought to my attention that children in your school are physically being impacted by radiation from WiFi antennas, and that some of the student's reactions have been severe. I was concerned to learn this. It is unwise to chronically expose children to this type of radiation, as their bodies are more sensitive than adults and the radiation has been shown to impair not just physiological functioning but cognitive function and learning.

Radiation of the kind emitted by WiFi transmitters impacts attention, memory, perception, learning capacity, energy, emotions and social skills. There is also diminished reaction time, decreased motor function, increased distraction, hyperactivity, and inability to focus on complex and long-term tasks. In some situations, children experience cardiac difficulties. In one Canadian school district, incidence of cardiac arrest in children was 40x the expected rate, and defibrillators have had to be placed at each school. Online time, particularly multi-tasking in young children, has been linked with a chronically distracted view of the world preventing learning critical social, emotional and relational skills. There is a physiological as well as psychological addiction taking place. I am sure, that as stewards of the lives of the children in your charge, you would not wish any of these outcomes.

Given the large and growing body of science indicating biological and health effects from the radiation emitted by antennas, it would be most imprudent at this time to permit wireless antennas on—or inside—your property. Understand the FCC exposure guidelines only protect against the acute power density, or acute thermal, effects, and they do nothing to protect against the other aspects of the radiation's risk, such the frequencies, amplitude, pulsing, intensity, polarity and biologically disruptive information content. Thus, until the FCC establishes guidelines for the non-thermal effects, any reliance by your school on current FCC guidelines, based solely on *thermal effects* would necessarily be incomplete. I urge a school of your caliber to be a leader on this issue, and appreciate that two wrongs do not make a right.

I enclose for your review the transcript of the Seletun Scientific Statement laying out the key concerns on this topic. If I can be of further help, please, do not hesitate to be in touch.

Yours truly,

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CC: cheemf@lists.healthandenvironment.org
Sent: 2/8/2013 2:21:54 P.M. Pacific Standard Time
Subj: [cheemf] Adoption of Wi-Fi in Los Angeles USD classrooms

TO: Los Angeles Unified School District (LAUSD)

FROM: Joel M. Moskowitz, Ph.D.
Director, Center for Family and Community Health
School of Public Health
University of California, Berkeley

RE: Adoption of Wi-Fi in Classrooms

DATE: February 8, 2013

Based upon my review of the research of the health effects associated with exposure to radiofrequency (RF) electromagnetic radiation (EMR), especially microwave radiation, I feel compelled to register my concern that adoption of Wi-Fi in LAUSD classrooms is likely to put at risk the health of many students and employees in the District.

In December, Dr. Gayle Nicoll of URS Corporation asked me to serve as an expert reviewer for a report that URS prepared for the LAUSD regarding the adoption of Wi-Fi in classrooms. Since Ms. Nicoll could not assure me that URS has no conflicts of interest, I turned down her request and sent her references to recent studies about Wi-Fi radiation. I cc:ed Board members and key staff as I was concerned about the health risks of unnecessarily subjecting 660,000 children to 13,000 hours of Wi-Fi microwave radiation during their K-12 school years.

Although I have not seen the URS report, I imagine it is based on the FCC's outmoded 1996 safety standards which only protect the public from the **thermal risk of RF EMR exposure** (i.e., from heating of tissue). For the past three years, in numerous media interviews I have been calling on the FCC to strengthen its standards and testing procedures to protect the public and workers from the low-intensity, **non-thermal risks of RF EMR exposure** that have been reported in hundreds, if not thousands, of research studies. These include increased risk of neurological and cardiovascular problems, sperm damage and male infertility, reproductive health risks, and cancer.

The **precautionary principle** should be applied to this critical policy decision. This principle, developed at a U.N. environmental conference in 1992 states that in the absence of scientific consensus if an action has a suspected risk of causing harm, the burden of proof it is not harmful falls on those taking the action, and all reasonable measures to reduce the risk must be taken.

Internet access can be provided to students through wires or optical fiber without installing Wi-Fi in the classrooms.

For further information, please see my **Electromagnetic Radiation Safety web site** at http://saferemr.blogspot.com where I have archived news releases and links to recent reports by major scientific groups and political agencies.

Sincerely,

Joel M. Moskowitz, Ph.D.

==========

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December 1, 2015

Montgomery County Schools
Carver Educational Services Center
850 Hungerford Drive
Rockville, MD 20850

Attention: Dr. Andrew Zuckerman, Chief Operating Officer
MCPS Board of Education Members

This letter of comment has been prepared after reviewing the *Montgomery County Public Schools Radiofrequency (RF) Summary Monitoring Report* dated July 2015 produced by AECOM Environment.

1) The instrument cited as being used for the peak measurements in section 7, a Narda SRM-3006, is not suitable to measure the very short (1 millisecond) spikes typically found in WiFi 802.11n communication. As stated on page 7-1, each data sweep takes 550 milliseconds, making the instrument unsuitable for reliably logging the short bursts typical in 802.11n WiFi communications. Palit et al conclude that 50% of the uplink traffic will be in bursts shorter than 2 milliseconds. The peak levels of those packets will not be reliably logged by a device with a 550 millisecond sweep time.

Palit et al, 2012. Anatomy of WiFi Access Traffic of Smartphones and Implications for Energy Saving Techniques. International Journal of Energy, Information and Communications, Vol. 3, Issue 1.

2) Even the average-level tests seem inconsistent with engineering reality. Figure 7.1 shows a background noise level mostly flat between 2.4GHz and 5.8Ghz. That noise (typically -70dBm) is generally consistent with the internal thermal noise in a quality wide-band measuring instrument. Two tiny peaks out of that noise are represented to be the "*average electric field generated at one foot away from an AP in use at Beverly Farms Elementary School*." Even with just the 802.11n beacon-frame idling, the peak field a foot away from an access point should be a million times higher than the levels of figure 7.1. Why do we just see a blip on the chart? Clearly some unusual 'averaging' has occurred, yet the parameters of that averaging, and the potential clinical implications of that averaging, are not noted in the annotation to the Figures. Further, Figure 7.2 shows a background noise level some 10dB higher than figure 7.1, something that would be very unusual in measurements at these Gigahertz frequencies.

3) The RF exposure estimates are additionally inadequate because, in reality, there is no way to meet the distancing that AECOM's report bases it's measurements on for an individual student. In normal use, kids hover over devices. They hug them to the body. They put them in their laps at lunchtime, on the couch and in bed doing homework. It is entirely unrealistic to expect teachers and parents to guarantee that students always keep their Chromebooks at some arbitrary distance during use.

4) The report concludes with classroom RF measurement comparisons to an outdated 2007 BioInitiative Report recommendation of 0.1 uW/cm2. (Section 7). Graphics need to be re-drawn with comparisons to the 2012 recommended BioInitiative level, and do so not only for a 12" spacing, but also for the one-inch distance measured from the Chromebook (Figure 7-3 and 7-4). Using an arbitrary 12" distance to report and compare to either the 2007 or 2012 BioInitiative recommendations will seriously underestimate RF exposures since students don't always (or even typically) maintain a foot of distance. Their 'leaning in' and having to place their faces close to the device is common usage, and is unavoidable.

5) The methodology is not specific as to the number of operating devices and clustering of students at work – which is necessary to characterize exposures from a room full of operational wireless devices. Figure 2.1 shows multiple wireless devices connected to one wireless router. Measuring one or several Chromebooks rather than one Chromebook for each of the 25-35 students plus router isn't how a normal classroom operates. It **does not** produce RF measurements of a typical class using many wireless devices at once, so this is a fundamental flaw. It will underestimate RF exposures.

6) There is also a comment to be made here about the setup – how does this methodology reasonably reflect how smaller or younger children with short arms and torsos actually use tablets? What RF exposures they can expect to receive? The likely consequence to the measurements is greater exposure. Unless the students are using chopsticks instead of their fingers, or are using wired keyboards that increase the distance to the wireless device, RF exposures will be worse for the younger or smaller-stature students.

7) This Report appears to legitimize MCSD's use of wireless in the classroom by asserting compliance with the 2007 BioInitiative Report recommendation, yet the report does not mention the significant revision of that threshold in the years between 2007 and 2012. Both BioInitiative Reports clearly state that their recommendations are interim and 'that they may have to go lower.' Recent studies of students reporting headache, irritability, concentration and behavior problems at levels as low as 0.003-0.006 uW/cm2, indicate that neither BioInitiative Report threshold may be low enough to assure safety. As the co-editor of the BioInitiative Reports, and a founding member of the BioInitiative Working Group, the way in which our work has been invoked is not consistent with the findings of the BioInitiative Reports overall. The conclusions of this report cannot be said to give a positive assertion of safety because of the degree of uncertainty over whether the testing equipment was adequate (we believe it was not); the lack of comparison data; and the failure to measure RF exposures at realistic distances from the student(s).

8) Correct BioInitiative citations are:

BioInitiative Working Group, Cindy Sage and David O. Carpenter, Editors. BioInitiative Report: A Rationale for Biologically-based Public Exposure Standards for Electromagnetic Radiation at

www.bioinitiative.org, December 31, 2012.

BioInitiative Working Group, Cindy Sage and David O. Carpenter, Editors. BioInitiative Report: A Rationale for a Biologically-based Public Exposure Standard for Electromagnetic Fields (ELF and RF) at www.bioinitiative.org, August 31, 2007

CONCLUSION

The data in this report cannot therefore be used to infer safety, or lack of safety, of children in any of the tested locations.

Respectfully submitted,

Cindy Sage. MA
Sage Associates
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Prof. Trevor Marshall, PhD
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trevor.m@trevormarshall.com



September 22, 2014

On behalf of the BioInitative Working Group, we are writing to express our concern about the views expressed by CEOs from Google, Dell, Apple, Adobe, eBay, Facebook, the George Lucas Educational Foundation and others to the FCC supporting wireless technologies in schools.

Your letter to the FCC dated July 7, 2014 titled Education Superhighway, states:

> *"Today, we are writing to you to urge swift bi-partisan action at your July 11, 2014 meeting to adopt the E-Rate modernization proposal set forth by Chairman Wheeler."*
> *"By responsibly investing $2 billion of unused funds and providing predictable ongoing support for Wi-Fi, the plan will make dramatic progress in bringing high-speed connectivity to our classrooms."*

No one denies that bringing high-speed connectivity to our classrooms is important. But it can be a wired connection and does not have to be WiFi. It does not reflect well on the ethics of your corporations to encourage the FCC to provide $2 billion dollars for new wireless classroom infrastructure and devices for school children, knowing that wireless emissions have been classified as a Possible Human Carcinogen by the World Health Organization's International Agency for Research on Cancer (2011). To promote wireless technologies in schools is to deliberately and knowingly disregard current health warnings from international science and public health experts.

Saturating schools with wireless technology will likely create unnecessary liability for municipalities and result in a loss of public trust and confidence in the corporations that push their wireless products with a blind eye toward health concerns.

Epidemiological studies show links between radiofrequency radiation (RFR) exposure and cancers, neurological disorders, hormonal changes, symptoms of electrical hypersensitivity (EHS) and more. Laboratory studies show that RFR exposure increases risk of cancer, abnormal sperm, learning and memory deficits, and heart irregularities. Fetal exposures in both animal and human studies result in altered brain development in the young offspring, with disruption in learning, memory and behavior. The brain development of a fetus can be impaired by in-utero exposure to a pregnant woman. The evidence for these statements is based on hundreds of published, peer-reviewed scientific studies that report adverse effects at levels much lower than current FCC public safety limits. WiFi is schools, in contrast to wired internet connections, will increase risk of neurologic impairment and long-term risk of cancer in students. Corporations cannot avoid responsibility simply by asserting compliance with existing legal, but outdated and inadequate FCC public safety limits.

Today, corporations that deal with educational technology should be looking forward and helping school administrators and municipal leaders to access safe, wired solutions. Your corporations can reasonably foresee and offer alternatives to potentially hazardous exposures to wireless radiation by choosing to support wired educational technologies.



Thank you for your attention to this letter.

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David O. Carpenter, MD, Tel: 518-525-2660 Email: dcarpenter@albany.edu
Co-Editors, BioInitiative 2012 Report
For the BioInitiative Working Group

Copies: CEOs signing Education Superhighway letter to the FCC
Federal Communications Commission
The White House, President Obama
US Secretary of Education Secretary Arne Duncan

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May 13, 2013

Open Letter to the Superintendents
of the School Districts of the United States

The American Academy of Environmental Medicine (AAEM) strongly supports the use of wired Internet connections.

The AAEM comprises Medical Doctors, Osteopaths, and PhD researchers focusing on the effects of environmental agents on human health. For forty years the Academy has trained Physicians to treat the most difficult patients who are often overlooked by our medical system, because the cause of their illness, rather than being caused by an infection or traditionally understood cause, is related to more basic underlying causes such as chemical, toxic metal, food or radiation exposures.

In May 2011 the World Health Organization elevated exposure to wireless radiation, including WiFi, into the Class 2b list of Carcinogens.

There is consistent emerging science that shows people, especially children who are more vulnerable due to developing brains, and thinner skulls, are affected by the increasing exposure to wireless radiation. In September 2010, the Journal of the American Society for Reproductive Medicine-Fertility and Sterility, reported that only four hours of exposure to a standard laptop using WiFi caused DNA damage to human sperm.

In December 2012 the American Academy of Pediatrics- representing 60,000 pediatricians, wrote to Congress requesting it update the safety levels of microwave radiation exposure especially for children and pregnant women.

In a school setting, children are exposed to WiFi for an unprecedented period of time, for their entire childhood. Some of these signals will be much more powerful than is received at home, due to the need for the signals to go through walls, and serve multiple computers simultaneously. The school signals are dozens of times more powerful than the café and restaurant systems.

To install this system in your school district risks a widespread public health hazard that the medical system is not yet prepared to address. Statistics show that you can expect to see an immediate reaction in 3% and delayed effects in 30%, including teachers.

It is better to exercise caution and substitute with a safe alternate such as a wired connection, which is not classified as a possible Carcinogen. While more research is being conducted children must be protected. Wired technology is not only safer, it also stronger and more secure.

While the debate ensues about the dangers of WiFi, cell phone towers and cell phones, it is the doctors who must deal with the after affects. Until we can determine why some get sick and others do not, and some are debilitated for indeterminate amounts of time, we implore you to not take the risk, with the health of so many children who have entrusted you to keep them safe while at school.

Respectfully,

The Executive Committee of the American Academy of Environmental Medicine

Message to Schools and Colleges about Wireless Devices and Health

If wireless devices, such as Wi-Fi, are used in your schools and colleges, then the health of your students, your faculty, and your staff can be at risk. This is a difficult problem but an addressable one if you act.

Background: Wireless devices transmit information using radiofrequency/microwave radiation. The international biomedical research community has been studying the biological impact of such radiation for decades, but more intensely in recent years. Thousands of peer-reviewed studies published in biomedical research journals have contributed to our understanding of this impact. So many serious biological effects have been found that immediate responsive action is warranted. Further, these biological effects are occurring at levels of radiation far lower than earlier understood. Simply stated, a worldwide health crisis is emerging and is becoming a hallmark of the 21st Century. The international biomedical research community is trying to warn us; but we, in the USA, are not yet listening. I hope this message will help to change that.

As a scientist, I urge you to look into the **health impact of the radiofrequency/microwave radiation** produced by wireless devices. Examples of wireless devices of concern in our environment are Wi-Fi in all of its forms; cell phones and cell towers (especially those located on school grounds); cordless phones; wireless computers, whether desktop, laptop, or tablet versions; wireless baby monitors; wireless smart electricity meters; emerging wireless smart appliances; and microwave ovens (because they always leak radiation).

This crisis is the consequence of many factors. Here are some of them:

- All living things are bioelectrical in nature. That is why electrocardiograms and electroencephalograms work. They, of course, measure the tiny electrical signals that operate the heart and the brain. The critical tasks performed by these tiny electrical signals, and so many other electrical signals in all living things, can be disrupted by radiofrequency/microwave radiation.

- The levels of manmade radiofrequency/microwave radiation in our environment are increasing exponentially and already exceed, by many orders of magnitude, the levels at which all life on Earth evolved. Simply stated, we are drowning in a rising sea of manmade radiofrequency/microwave radiation.

- The invisible nature of radiofrequency/microwave radiation leaves the public and the decision-makers unaware of the rising levels of radiation around them.

- The genuine usefulness of wireless devices promotes denial of the risks.

- The intense advertising, the economic power, and the political power of profitable wireless industries enable them to dominate the public dialogue and to hold sway over government regulators and legislators.

- Current Federal standards for limiting the exposure of the public to radiofrequency/microwave radiation are outdated and overly permissive. Those standards are based on thermal heating alone. In effect, the Government claims that if you are not cooked too much by the radiation, then you are fine. Those Federal standards ignore the many biological effects that occur at much lower levels of radiation, leaving the public unprotected.

- Federal and state governments are advocating unlimited expansion of wireless technology, and are even co-funding such expansion and mandating the acceptance of wireless technology by the public. Such

actions reflect a widespread lack of understanding of, or willful blindness to, the underlying science and its consequences for public health.

- Some of the more serious consequences of exposure to radiofrequency/microwave radiation (such as DNA damage, cancer, and infertility) are especially nefarious because they give no early warning signs.

- Other consequences of exposure do give early warning signs (such as sleep disruption, headaches, fatigue, ringing in the ears, memory loss, dizziness, heart arrhythmia, and many others); but those signs are too often dismissed because they can have other causes as well, complicating identification of the true cause.

- The absence of routine training of physicians in the biological effects of radiofrequency/microwave radiation makes it difficult for physicians to identify the causes and to provide responsive guidance.

- Even aware individuals cannot control their exposure in any environment shared with others, because the radiation around them, much like second-hand smoke, is forced on them by unaware individuals. Only governments can fully solve this problem, but they are currently part of the problem. For now the public will have to protect itself, and that will require public education and action.

Fortunately, many of the services that wireless devices offer can be realized with much safer wired devices. The wired devices achieve connectivity with fiber-optic, coaxial, or Ethernet cables. The wired devices are faster, more reliable, and more cyber secure. They are, however, less mobile, often less convenient, and somewhat more expensive to install. But those drawbacks pale in comparison to the benefits of good health.

Simply stated, schools and colleges can protect their students, staff, and faculty from the health risks posed by wireless devices, including Wi-Fi, by converting to safe wired connectivity. If your institution lacks the resources to convert now, do consider shutting down your wireless devices anyway and converting as soon as you can. You can advance learning without leaving a trail of illness behind you, some of which can be lifelong.

As a suggested starting place for exploring the concerns about the radiation from wireless devices, I have appended an “Annotated List of References” and an “Annotated List of Videos”. Please view, especially, video (1) called “Wi-Fi in Schools, the Facts”, made in Australia, on page 6.

Regards,

Ronald M. Powell, Ph.D.
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Montgomery Village, MD 20886-4007
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My background

I am a retired U.S. Government scientist (Ph.D., Applied Physics, Harvard University, 1975). During my Government career, I worked for the Executive Office of the President, the National Science Foundation, and the National Institute of Standards and Technology. For those organizations, respectively, I addressed Federal research and development program evaluation, energy policy research, and measurement development in support of the electronics and electrical-equipment industries and the biomedical research community. I currently interact with other scientists and with physicians around the world on the impact of the environment – including the radiofrequency/microwave environment – on human health.

ANNOTATED LIST OF REFERENCES

The international biomedical research community has conducted thousands of studies seeking to identify the biological effects of exposure to both low frequency and radiofrequency electromagnetic fields, extending into the microwave region. So many serious biological effects have been found from such fields, at levels earlier thought to be low enough to be safe, that immediate action is needed to alert and protect the public.

The most massive review of this biomedical literature is the 1479-page BioInitiative 2012 Report which considered about ***1800*** biomedical research publications, most issued in the previous five years. The BioInitiative 2012 Report was prepared by an international body of 29 experts, heavy in Ph.D.s and M.D.s, from 10 countries, including the USA which contributed the most experts (10). The review concludes that "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."

> BioInitiative Working Group, Cindy Sage, M.A. and David O. Carpenter, M.D., Editors, BioInitiative Report: A Rationale for Biologically-based Public Exposure Standards for Electromagnetic Radiation, December 31, 2012
> http://www.bioinitiative.org

A group of six doctors in Oregon, led by Paul Dart, M.D., released, in June 2013, a 74-page review of ***279*** biomedical research publications. This review makes the health case against "cell phones, base stations, Wi-Fi, Smart Meters and other RF *[radiofrequency]* or ELF *[extremely low frequency]* -emitting devices". The review notes that "The current levels of exposure need to be reduced rather than increased further. The FCC *[Federal Communications Commission]* must especially protect vulnerable groups in the population including children and teenagers, pregnant women, men of reproductive age, individuals with compromised immune systems, seniors, and workers." This review is posted on the website of the FCC at the link entitled "Health Effects of RF - Research Review (87)".

> Biological and Health Effects of Microwave Radio Frequency Transmissions, A Review of the Research Literature, A Report to the Staff and Directors of the Eugene Water and Electric Board, June 4, 2013
> http://apps.fcc.gov/ecfs/comment/view?id=6017465430

Michael Bevington, in 2013, published a book that summarizes the findings of ***1828*** international biomedical research publications. The book describes the symptoms caused by exposure to electromagnetic radiation, the many diseases associated with such exposure, and the relative risk levels associated with specific sources of electromagnetic radiation. The citations of papers include the PMID index numbers for easy location on the PubMed.gov website of the National Institutes of Health. This website provides the largest index to the biomedical research literature in the world.

> Electromagnetic Sensitivity and Electromagnetic Hypersensitivity: A Summary by Michael Bevington
> NEW EDITION: March 2013
> http://www.es-uk.info

About 200 scientists from 39 countries around the world submitted an international appeal to the United Nations and to the World Health Organization in May 2015. These scientists seek improved protection of the public from harm from the radiation produced by many wireless sources, including "cellular and cordless phones and their base stations, Wi-Fi, broadcast antennas, smart meters, and baby monitors" among others.

Together, these scientists have published over 2000 peer-reviewed research papers on this subject.

https://www.emfscientist.org/index.php/emf-scientist-appeal

The International Agency for Research on Cancer, of the World Health Organization, has already classified radiofrequency electromagnetic fields as a Class 2B carcinogen ("possible carcinogen"), based primarily on the increased risk of brain cancer. That decision was made in 2011. Since then, the research supporting a higher classification of risk ("probable carcinogen", or even "known carcinogen") has continued to build.

http://www.iarc.fr/en/media-centre/pr/2011/pdfs/pr208_E.pdf

The American Academy of Environmental Medicine (AAEM), which trains physicians in preparation for Board Certification in Environmental Medicine, states: "The AAEM strongly supports the use of wired Internet connections, and encourages avoidance of radiofrequency such as from WiFi, cellular and mobile phones and towers, and 'smart meters'." AAEM further states that "The peer reviewed, scientific literature demonstrates the correlation between RF *[radiofrequency]* exposure and neurological, cardiac, and pulmonary disease as well as reproductive and developmental disorders, immune dysfunction, cancer and other health conditions. The evidence is irrefutable." The AAEM concludes: "To install WiFi in schools plus public spaces risks a widespread public health hazard that the medical system is not yet prepared to address."

AAEM, Wireless Radiofrequency Radiation in Schools, November 14, 2013
http://www.aaemonline.org/pdf/WiredSchools.pdf

The American Academy of Pediatrics (AAP), whose 60,000 doctors care for our children, supports the development of more restrictive standards for radiofrequency radiation exposure that would better protect the public, particularly the children. The AAP, in a letter to the Federal Communications Commission (FCC) and the Food and Drug Administration (FDA), dated August 29, 2013, states that "Children are not little adults and are disproportionately impacted by all environmental exposures, including cell phone radiation. Current FCC standards do not account for the unique vulnerability and use patterns specific to pregnant women and children. It is essential that any new standard for cell phones or other wireless devices be based on protecting the youngest and most vulnerable populations to ensure they are safeguarded throughout their lifetimes."

http://apps.fcc.gov/ecfs/document/view?id=7520941318

The U.S. Government bears a major responsibility for the exponential growth in the levels of radiation from wireless devices in the environment. In 1996, the U.S. Congress passed, and the President signed, the Telecommunications Act of 1996. Under pressure from the cell phone industries, this law included this provision: "No State or local government or instrumentality thereof may regulate the placement, construction, and modification of personal wireless service facilities *[cell towers]* on the basis of the environmental effects of radio frequency emissions to the extent that such facilities comply with the *[Federal Communications]* Commission's regulations concerning such emissions." Because the Federal Communications Commission's regulations on radiation exposure are so permissive, this provision prevents state and local governments from protecting their people from radiation from cell towers, based on health concerns.

Telecommunications Act of 1996
https://transition.fcc.gov/Reports/tcom1996.pdf

The Federal Communications Commission (FCC) has acted in partnership with the wireless industries by permitting wireless radiation levels far higher than the biomedical research literature indicates are necessary to protect human health. The success of the wireless industries in capturing the FCC, the committees in the U.S. Congress that oversee the FCC, and the Executive Branch is detailed in a new monograph from the Center for Ethics at Harvard University. As an example of that capture, the President recently appointed, as head of the FCC, the former head of the CTIA – The Wireless Association, which is the major lobbying organization for the wireless industry. This, of course, is the infamous "revolving door".

> Norm Alster, Captured Agency: How the Federal Communications Commission is Dominated by the Industries It Presumably Regulates (2015)
> http://ethics.harvard.edu/news/new-e-books-edmond-j-safra-research-lab

Further, the U.S. Government's "American Recovery and Investment Act of 2009" provided funding that was used to motivate the installation of wireless smart meters (also called the "Advanced Metering Infrastructure" or "AMI") by offering cost sharing, in the form of grants, to the utilities that would adopt such meters.

> https://www.smartgrid.gov/recovery_act/overview/smart_grid_investment_grant_program.html

Many states then extended the impact of the above Act by *mandating* the acceptance of wireless smart meters by the public. These meters contain microwave transmitters/receivers and are placed either on, or inside, every home and many businesses. A California court-ordered document indicates that each smart meter broadcasts bursts of radiation, on average about 10,000 times per day and up to a maximum of about 190,000 times per day. Such bursts flood neighborhoods with radiation, day and night, throughout the year.

> http://emfsafetynetwork.org/wp-content/uploads/2011/11/PGERFDataOpt-outalternatives_11-1-11-3pm.pdf

Increasingly, the public is becoming aware of the threat that wireless radiation poses to health. The initial opposition focuses primarily on *mandated* sources of exposure, especially when the individuals exposed include the unborn and young children as they are among the most vulnerable. Thus, the strongest initial opposition is surfacing for cell towers, especially on school grounds; for Wi-Fi in schools and colleges; and for wireless smart meters placed on, or inside, homes and businesses. Most states now have opposition groups, and some states have even 10 or 20 such groups. These groups are pursuing relief through state regulatory bodies, through state legislatures, and through the courts. Below is a sampling of the hundreds of U.S. websites that reflect the nature and scope of the opposition to the unbridled expansion of wireless technology. Such websites seek to educate the public and decision-makers, and thus to promote responsive action, based on the underlying science.

> The BabySafe Project
> http://www.babysafeproject.org/the-science/
>
> National Association for Children and Safe Technology
> http://www.nacst.org/
>
> Stop Smart Meter's listing of groups in the USA and other countries opposed to wireless smart meters
> http://stopsmartmeters.org/frequently-asked-questions/contacts-database/
>
> Smart Grid Awareness, a Website by SkyVision Solutions, Consumer Protection Advocate
> http://smartgridawareness.org

ANNOTATED LIST OF VIDEOS

There are hundreds of videos on the Internet that address the impact of wireless radiation on health. Here are just a few that provide an especially good introduction to this topic. An Internet search will surface many more.

(1) An introduction to the health risks posed by Wi-Fi in schools

Wi-Fi in Schools, the Facts (September 9, 2013) (18 minutes)
Produced by Wi-Fi in Schools Australia.
https://www.youtube.com/watch?v=QQryZbxlqXI&feature=youtu.be

(2) Wide ranging overview of the impact of electromagnetic radiation on human health, particularly at microwave frequencies, with a special emphasis on children and the school environment

Electromagnetic Radiation Health for Children 2014 (70 minutes)
Presented by Dr. Erica Mallery-Blythe, a UK physician.
https://www.youtube.com/watch?v=sNFdZVeXw7M

(3) Documentary on the wireless industry's efforts to suppress public awareness of the health effects of wireless radiation

Microwaves, Science & Lies (2014) (90 minutes)
Produced by Jean Heches and Nancy de Meritens of France.
https://vimeo.com/ondemand/17755/89417454

(4) Samples of video testimony by individuals harmed by the radiation from wireless devices

Cell Phones Cause Cancer (October 17, 2012) (9 minutes)
Presented by Jimmy Gonzalez, Esq.
https://www.youtube.com/watch?v=DIlOVJd0lA8

Woman suffers acute radiation exposure from a bank of smart meters (January 21, 2015) (3 minutes).
Produced by Maryland Smart Meter Awareness.
https://www.youtube.com/watch?v=F9QZuWPw6Y0&feature=youtu.be

Man experiences adverse health effects from exposure to a smart meter (March 7, 2013) (3 minutes).
Presented by Garic Schoen of Gaithersburg, MD.
Produced by Maryland Smart Meter Awareness.
http://marylandsmartmeterawareness.org/smart-meter-news/maryland-ms-resident-testimony-to-economic-matters-committee-re-hb1038-on-march-14-2013/

Individuals with high sensitivity to the radiation from wireless devices search for increasingly rare safe electromagnetic environments.
Searching for a Golden Cage (May 8, 2014) (13 minutes)
Produced by Nadav Neuhaus.
http://time.com/golden-cage/

IDEA

IRISH DOCTORS' ENVIRONMENTAL ASSOCIATION
CUMANN COMHSHAOIL DHOCTÚIRÍ NA HEIREANN

Patrons:
Prof. Declan Kennedy
Prof. Vyvyan Howard
Prof. Risteard Mulcahy

7th January, 2013

Dear Principal,

The Irish Doctors Environmental Association (IDEA) has very serious concerns in relation to the ubiquitous use of Wi-Fi in Irish schools, and alerts you to the warnings of many leading international scientists and medical doctors who believe Wi-Fi is harmful to health, especially children's health.
http://wifiinschools.org.uk/resources/safeschools2012.pdf
Wi-Fi is an unregulated technology and there is absolutely no evidence that it is safe.

Since May 31st, 2011, radiofrequency electromagnetic fields (as in Wi-Fi) have been classified by the World Health Organisation as 'possibly carcinogenic' to humans. The IDEA unequivocally supports the Council of Europe, The European Environmental Agency and The International Commission for Electromagnetic Safety (ICEMS) in urging the adoption of the Precautionary Principle to protect human health.
Warnings by Scientists and Doctors:
http://www.iemfa.org/index.php/appeals

The Precautionary Principal has already been adopted by a number of Governments and agencies internationally.
Governments & organisations banning and warning against Wi-Fi:
http://www.cellphonetaskforce.org/?page_id128

While we fully support the promotion of technology in education we urge you to use wired technologies for your own safety and that of your pupils and staff. The tragedy of avoidable illness is only superseded by the knowledge that it could have been avoided.

Yours sincerely

Elizabeth Cullen M.B. B.Ch. B.A.O. M.Sc. Ph. D 045-485215

p.p. Philip Michael
Philip Michael M.B. B.Ch. B.A.O. D.C.H. MICGP 023 8844697

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Affiliated to: ISDE - International Society of Doctors for the Environment. www.isde.org
and members of HEAL - Health and Environment Alliance www.env-health.org
and HCWH - Health Care Without Harm. www.noharm.org

Linked officially with WHO - World Health Organisation

Affiliated to International Physicians for the Prevention of Nuclear War - IPPNW (Nobel Prize Winner 1985)

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April 9, 2014

Via email: rec@harlanglaw.dk

Dear members of The Committee on Radiation Protection/Komitéen for Strålebeskyttelse:

My name is Frank Clegg and I am the CEO of Canadians for Safe Technology, C4ST, a volunteer based, national organization which promotes the safe use of wireless technology.

In my previous role as President of Microsoft Canada, I witnessed the incredible benefits that technology can provide. I also witnessed the potential harmful effects if technology is not implemented safely. Though wireless technologies afford schools various advantages, this solution cannot overshadow the evidence which demonstrates cause for concern. I request that you consider the following important facts.

The Canadian Teachers' Federation (CTF) is a national alliance of provincial and territorial teacher organizations that represent nearly 200,000 elementary and secondary school teachers across Canada. In their submission to the public consultation of the Royal Society of Canada, Oct. 28, 2013, they submitted the following recommendations. (Safety Code 6 is Health Canada's guideline regarding the limits of radiation from wireless devices).

Recommendations...

... That Safety Code 6 include a recommendation for prudent use of Wi-Fi whenever possible including the recommendation to limit consistent exposure in schools by turning off wireless access points when not in use. ...

That Safety Code 6 exposure thresholds be based upon both thermal and biological effects of exposure to Wi-Fi.

... That the Expert Panel recommend an education program regarding the relative safety of Wi-Fi exposure and that appropriate resources be developed to educate the public regarding ways to avoid potential exposure risks of Wi-Fi access points and devices.

As reported by CBC News on Aug. 17, 2013, http://www.cbc.ca/news/canada/toronto/story/2013/08/17/toronto-cell-phone-ban.html "The Elementary Teachers' Federation of Ontario has updated its policy position on the student use of personal electronic devices, preferring for them to be turned off and put away unless a teacher says otherwise. That policy, which was amended at the union's annual general meeting, informs ETFO in its discussions with the government and school boards on related issues. A portion of that policy now states that such devices, which include cellphones, should "be stored and turned off during the instructional day unless their use is directly authorized by staff." In a separate resolution, ETFO voted to study the effects of non-ionizing electromagnetic radiation, the potentially harmful radiation emitted by cellphones. A report is due on the matter in February."

In a letter to the Peel Region, April 22, 2013, The American Academy of Environmental Medicine stated "To install this widespread wireless internet access system in Peel District schools risks a widespread public health hazard that the medical system is not yet prepared to address. Statistics show that you can expect to see an immediate reaction in 3% and delayed effects in 30%, including teachers."

In 2012, the BC Confederation of Parent Advisory Councils passed resolution 18 which states: "BCCPAC call on Boards of Education to cease to install Wi-Fi and other wireless networks in schools where other networking technology is feasible." http://www.bccpac.bc.ca/resolutions/wi-fi-classrooms-committee-report

In May 2011, the World Health Organization (WHO) announced that the radiation emitted from wireless devices, including Wi-Fi, is a Class 2B carcinogen, which falls into the same category as lead and DDT.

You may already be aware that some schools and libraries in France and Switzerland have already removed Wi-Fi due to the suspected harmful health effects.

The Council of Europe, which includes 47 countries, adopted resolution 1815 which suggests in member countries "give preference to wired Internet connections, and strictly regulate(s) the use of mobile phones by schoolchildren on school premises."

The European Parliament (EU) resolutions 2008/2211(INI) & 2007/2252(INI,) state: "wireless technology (mobile phones, Wi-Fi / WiMAX, Bluetooth, DECT landline telephones) emits EMFs that may have adverse effects on human health... particularly to young people whose brains are still developing... **the limits on exposure to electromagnetic fields which have been set for the general public are obsolete."** (emphasis in original)

Other countries such as Israel, Russia, Switzerland, Frankfurt, Bavaria, and Salzburg have followed suit making the difficult decision to use hard wired connections as well. Recently, France passed a law recommending hard wired technology in schools.

The Austrian Medical Chamber shares that “WiFi may lead to concentration difficulties and memory problems in certain individuals.” The Austrian Medical Association recommends Wi-Fi free school environments.

The International Society of Doctors for the Environment (ISDE) and Irish Doctors Environmental Association (IDEA) advises to “Avoid Wi-Fi in home or work if possible, particularly in schools or hospitals. Use wired technology whenever possible” sharing that: “Because of the potentially increased risks for the fetus, infants and young children due to their thinner more permeable skulls and developing systems, particularly the immune and neurological systems, based on the precautionary principal and on the mounting evidence for harm at the sub-cellular level, we recommend that EMR exposure should be kept to a minimum.”

The American Academy of Pediatrics (AAP) - 60,000 Pediatricians and Pediatric Surgeons calls for caution as well stating that "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... the current exposure limits may not reflect the latest research on RF energy" and lends support to removing Wi-Fi from schools as well.

As stewards of the public trust, I urge you to ensure the safest possible learning environment for the students in your care and to set an example for school districts by removing Wi-Fi and adopting “Best Practices” which limit the use of other wireless technologies.

Sincerely,



Frank Clegg
CEO,
Canadians for Safe Technology (C4ST)
frank@c4st.org

cc: Susanne Hansen, sh.klodskov@gmail.com

UNIVERSITY AT ALBANY
State University of New York

Institute for Health and the Environment
and
Department of Environmental Health Sciences
School of Public Health

28 February 2011

Chairman and Trustees
Kawartha Pine Ridge District School Board
Education Centre
1994 Fisher Drive
Peterborough, Ontario K9J7A1

Dear Sirs/Madams:

This is concerning potential adverse health effects associated with exposure to radiofrequency (RF) radiation, specifically that from wireless routers. I am a public health physician who has been involved in issues related to electromagnetic fields (EMFs) for a number of years. I served as the Executive Secretary for the New York Powerline Project in the 1980s, a program of research which showed that children living in homes with elevated magnetic fields coming from powerlines suffered from an elevated risk of developing leukemia. I have edited two books on effects of EMFs, including RF radiation. I served as the co-editor of the Bioinitiative Report (www.bioinitiative.org), a comprehensive review of the literature on this subject. The public health chapter from this report was subsequently published in a peer reviewed journal, and that is attached. Also I testified before the President's Cancer Panel on this subject in 2009, and a publication coming from that testimony is also attached. Thus this is a subject which I know well, and one on which I take a public health approach that has as a fundamental principle the need to protect against risk of disease even when one does not have all the information that would be desirable.

There is clear and strong evidence that intensive use of cell phones increases the risk of brain cancer, tumors of the auditory nerve and cancer of the parotid gland, the salivary gland in the cheek by the ear. The evidence for this conclusion is detailed in the attached publications. WiFi uses similar radiofrequency radiation (1.8 to 5.0 GHz), although the intensity of exposure in the immediate environment is much lower than what one gets from holding a cell phone close to your head. The difference between a cell phone and a WiFi environment, however, is that while the cell phone is used only intermittently a WiFi environment is continuous. In addition WiFi transmitters are indoors, where people (and in this case, children) may be very close to them. There is evidence from Scandinavian studies of cell phone usage that children who use cell phones are about five times more likely to develop brain cancer than if use starts as an adult. Thus it is especially important to protect children.

To my knowledge there has not been any health investigation of individuals living or working in WiFi environments as compared to others who are not. However, because the radiation is the same as those for cell phones, there is every reason to assume that the health effects would be the same, varying only in relation to the total dose of radiation. Wired facilities do not generate any RF radiation. While there is not specific proof that WiFi increases risk of cancer, there is certainly no evidence that it is safe. I urge you to not put WiFi in any school. Children should not be put at increased risk of developing cancer.

Yours sincerely,

David O Carpenter

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MSc. Tarmo Koppel, Tallinn, Estonia

1. Regarding: Measurements related problems in the MCPS Wi-Fi Report

We have analysed the measurement report and would like to note the following:

- In the **Comparison-table 2.2.** the MCPS provides only average values, no peak values. In cell phone technologies (like GSM) the difference between average and peak value is 2-fold. **In Wireless local area technologies like Wi-Fi, the difference between average value and peak value is up to 100-fold** (Ferro & Potorti, 2005). Note that in the table 2.2. by the MCPS only average values are presented. Later you provide **in the chapter 7.2.2 Maximum, Instantaneous Power Density**, **which needs attention since these levels occasionally exceeded in your school measurements allowable EMC-levels (EN60601-1 → 3 V/m) for medical instruments** (Robinson *et al*., 2003).

- **Almost all MCPS measurements were done in the near field of the devices under 3 wavelengths.** The wavelength for 2,4 GHz is 12,5 cm and for 5 GHz is 6 cm. That means that the near field will be <37,5 cm for 2,4 GHz and <18 cm for 5 GHz. In order to assess power density exposure in near field one needs to measure both electric and magnetic field components.

- The MCPS has not provided **information about Wi-Fi technology, namely it's beacon signal**. This signal, officially **SSID (Service Set IDentifier), is created by the access point (AP) by sending constantly SSID 10 times in a second , at 10 Hz** (Ferro and Poporti, 2005). **Mobile industry has patented technology to avoid this constant SSID sending for health reasons** (Swisscom, 2004). This SSID sending at 10 Hz is an additional risk-factor and it should be mentioned. Our brain operates in alpha, beta and gamma bands. This Wi-Fi beacon overlaps the alpha band. Low-frequency EMFs (including low-frequency pulses) have an effect on evoked potentials of the brain (Carrubba *et al*., 2008).

- **Because of the risk of this 10 Hz Beacon signal of Wi-Fi, The European Academy for Environmental Medicine has assigned very strict precautionary RF-levels for Wi-Fi** (Belyaev et al., 2015). Please, pay attention to Wi-Fi RF power density peak-levels in the next picture.

RF source Max Peak/Peak Hold	Daytime exposure	Nighttime exposure	Sensitive populations[1)]
Radio broadcast (FM)	10,000 µW/m²	1000 µW/m²	100 µW/m²
TETRA	1000 µW/m²	100 µW/m²	10 µW/m²
DVBT	1000 µW/m²	100 µW/m²	10 µW/m²
GSM (2G) 900/1800 MHz	100 µW/m²	10 µW/m²	1 µW/m²
DECT (cordless phone)	100 µW/m²	10 µW/m²	1 µW/m²
UMTS (3G)	100 µW/m²	10 µW/m²	1 µW/m²
LTE (4G)	100 µW/m²	10 µW/m²	1 µW/m²
GPRS (2.5G) with PTCCH* (8.33 Hz pulsing)	10 µW/m²	1 µW/m²	0.1 µW/m²
DAB+ (10.4 Hz pulsing)	10 µW/m²	1 µW/m²	0.1 µW/m²
Wi-Fi 2.4/5.6 GHz (10 Hz pulsing)	10 µW/m²	1 µW/m²	0.1 µW/m²

Picture. Precautionary levels for RF-radiation. **For Wi-Fi less than 10 μW/m² (peak value), which is 0,001 μW/cm² (peak value).** By the **European Academy for Environmental Medicine** (Belyaev *et al*., 2015, p. 356)

- **We would like to draw attention to** long-term exposure related health risks.

Radiofrequency radiation from Wi-Fi devices causes fertility problems as shown by several in vivo and in vitro studies (see for example Atasoy *et al*., 2013, Avendaño *et al*,. 2012, Dasdag *et al*., 2015a, Shokri *et al*., 2015).

Additionally, **RF-radiation from Wi-Fi access points (AP) causes oxidative stress in cells which leads to several disorders** (see for example Nazıroğlu *et al*., 2012, Aynali *et al*., 2013, Salah *et al*., 2013). The overall detrimental impact of RF radiation induced oxidative stress is summarised in the review of Yakymenko *et al*. (2015).

2. Regarding: The IARC classification of RF-EMF as Group 2B, i.e., 'possibly' carcinogenic to humans and the MCPS Report's inaccurate interpretation

The classification of radiofrequency electromagnetic fields (RF-EMF) as Group 2B, i.e., 'possibly' carcinogenic to humans,was made by 30 scientists from 14 countries at a meeting 2011 for the International Agency for Research on Cancer (IARC), World Health Organization (IARC 2011, Baan et al. 2012). **The working group mainly based their classification on one cohort study** (Schüz et al., 2006) **and five case-control studies** (Muscat et al., 2000, Inskip et al., 2001, Auvinen et al.,2002, The Interphone study group, 2010, Hardell et al., 2011).

They also reviewed more than 40 studies that assessed the carcinogenicity of RF-EMF in rodents, including seven 2-year cancer bioassays and also many studies with endpoints relevant to mechanisms of carcinogenesis, including genotoxicity, effects on immune function, gene and protein expression, cell signaling, oxidative stress, and apoptosis (Baan et al., 2011).

The referred INTERPHONE study (The Interphone study group, 2010), in the MCPS radiation report, was one of the case-control studies. **The Interphone study was a multicentre study of mobile phone use and brain tumours, including malignant tumours in the brain as glioma and benign tumours as acoustic neuroma and meningioma**. The pooled analysis included 2708 glioma cases and 2972 controls (participation rates 64% and 53%, respectively). In the Interphone study a regular user of mobile phones had an average of at least one call per week for a period of ≥6 months. **This very low user group was compared to several other groups of low users compared to nowadays more extensive use of mobile phones.** The highest group of users, ≥1640 hours was divided in three sub groups depending on how many years they had used a mobile phone. For the shortest time span on 1-4 years only 23 of the glioma cases and 8 of the controls had used their mobile phones for more than 1640 hours. If any of these 23 persons with a brain cancer or any of the 8 controls had used their mobile phones for only one year they would have used it at least in average for four and a half hours a day during a year. If they instead had talked in their mobile phones during four years it would be for an average of a little more than an hour a day.
For the group of users between 5 and 9 years, 84 cases and 73 controls, the use per day would be at least between 54 minutes and 30 minutes. **For the long user group of 10 years or more, 93 cases and 73 controls, they talked in their mobile phones for 27 minutes a day or less for more than 10 years of use.**
For the main part of cases their use of mobile phones had been for a lot less than four hours a day. Today when most people use only their mobile phone and landline phones both at home and at work are becoming scarce, an amount of 4 hours or more wireless telephone use / day for salesman, telephone operators and so on is not uncommon.
In the Interphone study there was an statistical significant increased risk for a malignant brain tumour of 1.4 times (odds ratio, OR, 1.4, 95% CI 1.03-1.89) only for the highest user group of a total on more than 1640 hours.
Hardell et al. (2011) in Sweden found that **cases who had used a mobile phone for more than 1 year had an increased risk for glioma of 1.3** (OR 1.3, 95% Cl 1.1-1.6).

The **risk increased with increasing time since first use and with total call time, reaching 3.2 times** (OR 3,2, Cl 2.0-5.1) **for more than 2000 hours of use**. Use of the mobile phone on the same side of the head as the tumour was associated with higher risk.

Since 2011 several other studies have been published which are strengthening the possible association between RF-EMF and cancer. Using the **Bradford Hill viewpoints for evaluating strengths of evidence of the risk for brain tumours associated with use of mobile and cordless phones the classification should be upgraded to group 1 carcinogen, i.e., "the agent is carcinogenic to humans"** (Hardell & Carlberg, 2013).

New case-control studies have verified Hardell's studies (Coureau et al., 2014) and up to 20 years of mobile phone use have found even higher risk for brain tumours (Hardell & Carlberg, 2015).

A newly published study has found a tumor promotion effect on mice from exposure to radiofrequency electromagnetic fields below exposure limits for humans (Lerchl *et al*., 2015). RF-EMFs do not cause direct DNA damage. On the contrary **numerous studies have shown generation of reactive oxygen species (ROS) that can cause oxidative damage of DNA. This is a well-known mechanism in carcinogenesis for many agents.** The broad biological potential of ROS and other free radicals makes radiofrequency radiation a potentially hazardous factor for human health, not only cancer risk but also other health effects (Yakymenko *et al*., 2015).

The IARC classification of RF-EMF as Group 2B, possibly carcinogenic to humans, doesn't only include exposure from mobile phones near the ear. **The classification includes all sources of RF-EMFs.** The exposure from mobile phone base stations, Wi-Fi access points, smart phones, laptops and tablets can be long term, sometimes around the clock both at home and at school. **This constant exposure to lower levels of exposure may be as deleterious to health as higher exposure during short time** (Fragopoulou et al., 2012, Dasdag et al., 2015b). This **risk may be accentuated for children because their probable longer use of wireless devices** (Morgan et al., 2014). **Children are also growing and have more immature cells which can be more sensible to RF-EMF** (Markova et al., 2010)

In conclusion, long term health effects from RF EMFs are still under investigation and a significant amount of troublesome scientific evidence has surfaced. By using wireless technologies at close range, long term health risks cannot be excluded. Therefore, we recommend schools to use wired technologies.

Respectfully submitted

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24 March 2014

Open letter by British medical doctors: Health and safety of Wi-Fi and mobile phones

We wish to highlight our concern over the safety of exposure to microwave radiation from wireless technology, particularly for vulnerable groups like children, pregnant women, the elderly and those with compromised health.

There is growing concern that chronic (long-term) exposure to radiofrequency/microwave radiation from wireless technologies causes damage, particularly genetic damage, cognitive damage, cancer and decreased fertility. There is now substantial evidence of a link between mobile phone use and brain cancer. This was recognised by the International Agency for Research on Cancer (IARC)'s 30-strong panel of scientists, which in 2011 classed radiofrequency radiation as "possibly carcinogenic".

Additionally, doctors are encountering a significant and growing number of people presenting with **a range of acute (short-term) symptoms from wireless radiation, including headaches, palpitations, rashes, fatigue, sleep disturbance, allergies and memory and concentration problems.**

International medical agencies have recognised the evidence of harm (see appended list) but these rulings may take many years to be reflected in public health policy. This controversy is a common characteristic of scientific understanding when environmental exposures are new.

New technologies and substances often come with scientific conflict, which can continue for several decades before consensus is achieved. Commercial pressures often delay the acceptance of health risks, even when scientific evidence is compelling. In the case of tobacco, asbestos, x-rays and leaded petrol, for example, it took many decades before damage was established and accepted by health agencies and, during those decades, millions of people suffered ill health and death as a result of the delay. Now, despite evidence of harm, wireless technology is being rolled out widely.

We urge health agencies and the public to act immediately to reduce exposure to radiofrequency/ microwave radiation. This is especially important for children, who are physiologically more vulnerable to this exposure, and for whom adults have a safeguarding responsibility. **Children's health should be put ahead of convenience and commercial benefits. Children should not use mobile phones except in an emergency, and WiFi should be replaced with wired alternatives in schools and other settings where children spend considerable time.**

Yours faithfully,

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Appendix – International Rulings

1. In 2011 the **World Health Organization's scientific panel, the International Agency for Research on Cancer (IARC),** reviewed all the evidence on carcinogenesis (cancer-causing) and categorised electromagnetic radiation from mobile phones and Wi-Fi as **Possibly Carcinogenic (Class 2B).**

See http://www.iarc.fr/en/media-centre/pr/2011/pdfs/pr208_E.pdf

2. **The Council of Europe has called for member states to take measures to reduce exposure to electromagnetic fields and give preference to wired internet connections for children, particularly in schools and classrooms.**

The Parliamentary Assembly stated that "the Assembly regrets that, despite calls for the respect of the precautionary principle and despite all the recommendations, declarations and a number of statutory and legislative advances, there is still a lack of reaction to known or emerging environmental and health risks and virtually systematic delays in adopting and implementing effective preventive measures. Waiting for high levels of scientific and clinical proof before taking action to prevent well-known risks can lead to very high health and economic costs, as was the case with asbestos, leaded petrol and tobacco."

See http://assembly.coe.int/mainf.asp?link=/documents/adoptedtext/ta11/eres1815.htm

3. **The BioInitiative Report**, updated in 2012 by 29 scientists, states that **biological effects are clearly established and occur at very low levels of exposure to electromagnetic fields and radiofrequency radiation** from just minutes of exposure to mobile phone masts (cell towers), WI-FI, and wireless utility 'smart' meters.

See http://www.bioinitiative.org/conclusions

4. **The American Academy of Environmental Medicine** stated in a 2012 Position Paper that "**Multiple studies correlate RF exposure with diseases such as cancer, neurological disease, reproductive disorders, immune dysfunction, and electromagnetic hypersensitivity."**

See http://aaemonline.org/emf_rf_position.html

6. **International Society of Doctors for the environment (ISDE) and Irish Doctors' Environmental Association (IDEA)** state that "**there is sufficient scientific evidence to warrant more stringent controls** on the level and distribution of electromagnetic radiation [EMR]. The joint statement and recommendations are part of a call by medical and scientific experts for safe technologies in schools."

See http://www.env-health.org/news/members-news/article/isde-idea-statement-on

5. The Safe Schools Report 2012 lists statements by **other doctors and medical associations** raising concerns over children's exposure to electromagnetic fields from Wi-Fi and other wireless technology.

See http://wifiinschools.org.uk/resources/safeschools2012.pdf

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July 10, 2009.

Open Letter to Parents, Teachers, & School Boards Regarding Wi-Fi Networks in Schools and Cell Phone Antennas near School Property

I am a scientist who does research on the health effects of electromagnetic radiation and I am becoming increasingly concerned that a growing number of schools are installing WiFi networks and are making their school grounds available for cell phone antennas.

You will be told by both the federal government (Federal Communication Commission in the US; Health Canada and Industry Canada in Canada) as well as by the Wi-Fi provider that this technology is **safe** provided that exposures to radio frequency radiation remain below federal guidelines.

This information is **outdated** and **incorrect** based on the growing number of scientific publications that are reporting adverse health and biological effects below our "short-term, thermal-based" guidelines (see www.bioiniative.org) and the growing number of scientific and medical organizations that are asking for stricter guidelines to be enforced.

For these reasons it is irresponsible to introduce Wi-Fi microwave radiation into a school environment where young children and school employees spend hours each day.

FACT:

1. **GUIDELINES: Guidelines for microwave radiation (which is what is used in Wi-Fi) range 5 orders of magnitude in countries around the world.** The lowest guidelines are in Salzburg Austria and now in Liechtenstein. The guideline in these countries is 0.1 microW/cm^2. See short video (http://videos.next-up.org/SfTv/Liechtenstein/AdoptsTheStandardOf06VmBioInitiative/09112008.html). In Switzerland the guideline is 1 and in both Canada and the US it is 1000 microW/cm^2!

   Why do Canada and the US have guidelines that are so much higher than other countries? Our guidelines are based on a short-term (6-minute in Canada and 30-minute in US) heating effect. It is assumed that if this radiation does not heat your tissue it is "safe". This is NOT correct. Effects are documented at intensities well below those that are able to heat body tissue. See attached report: *Analysis of Health and Environmental Effects of Proposed San Francisco Earthlink Wi-Fi Network* (2007). These biological effects include increased permeability of the blood brain barrier, increased calcium flux, increase in cancer and DNA breaks, induced stress proteins, and nerve damage. Exposure to this energy is associated with altered white blood cells in school children; childhood leukemia; impaired motor function, reaction time, and memory; headaches, dizziness, fatigue, weakness, and insomnia.

2. **ELECTRO-HYPER-SENSITIVITY:** A growing population is adversely affected by these electromagnetic frequencies. The illness is referred to as "electro-hyper-sensitivity" (EHS) and is recognized as a disability in Sweden. The World Health Organization defines EHS as:

   ". . . a phenomenon where individuals experience adverse health effects while using or being in the vicinity of devices emanating electric, magnetic, or electromagnetic fields (EMFs). . . EHS is a real and sometimes a debilitating problem for the affected persons, while the level of EMF in their neighborhood is no greater than is encountered in normal living environments. Their exposures are generally several orders of magnitude under the limits in internationally accepted standards. "

   Health Canada acknowledges in their Safety Code 6 guideline that some people are more sensitive to this form of

energy but they have yet to address this by revising their guidelines.

Symptoms of EHS include sleep disturbance, fatigue, pain, nausea, skin disorders, problems with eyes and ears (tinnitus), dizziness, etc. It is estimated that 3% of the population are severely affected and another 35% have moderate symptoms. Prolonged exposure may be related to sensitivity and for this reason it is imperative that children's exposure to microwave radiation (Wi-Fi and mobile phones) be minimized as much as possible.

3. **CHILDREN'S SENSITIVITY:** Children are more sensitive to environmental contaminants and that includes microwave radiation. The Stewart Report (2000) recommended that children not use cell phones except for emergencies. The cell phone exposes your head to microwave radiation. A wireless computer (Wi-Fi) exposes your entire upper body and if you have the computer on your lap it exposes your reproductive organs as well. Certainly this is not desirable, especially for younger children and teenagers. For this reason we need to discourage the use of wireless technology by children, especially in elementary schools. That does not mean that students cannot go on the Internet. It simply means that access to the Internet needs to be through wires rather than through the air (wireless, Wi-Fi).

4. **REMOVAL OF WI-FI:** Most people do not want to live near either cell phone antennas or Wi-Fi antennas because of health concerns. Yet when Wi-Fi (wireless routers) are used inside buildings it is similar to the antenna being inside the building rather than outside and is potentially much worse with respect to exposure since you are closer to the source of emission.

   Libraries in France are removing Wi-Fi because of concern from both the scientific community and their employees and patrons.

   The Vancouver School Board (VSB) passed a resolution in January 2005 that prohibits construction of cellular antennas within 1000 feet (305 m) from school property.

   Palm Beach, Florida, Los Angeles, California, and New Zealand have all prohibited cell phone base stations and antennas near schools due to safety concerns. The decision not to place cell antennas near schools is based on the likelihood that children are more susceptible to this form of radiation. **Clearly if we do not want antennas "near" schools", we certainly do not want antennas "inside" schools!** The safest route is to have wired internet access rather than wireless. While this is the more costly alternative in the short-term it is the least costly alternative in the long run if we factor in the cost of ill health of both teachers and students.

5. **ADVISORIES:** Advisories to limit cell phone use have been issued by the various countries and organizations including the UK (2000), Germany (2007), France, Russia, India, Belgium (2008) as well as the Toronto Board of Health and the Pittsburgh Cancer Institute (July 2008). While these advisories relate to cell phone use, they apply to Wi-Fi exposure as well since both use microwave radiation. If anything, Wi-Fi computers expose more of the body to this radiation than do cell phones.

6. **PRECAUTIONARY PRINCIPLE**: Even those who do not "accept" the science showing adverse biological effects of microwave exposure should recognize the need to be careful with the health of children. For this reason we have the Precautionary Principle, which states:

   In order to protect the environment, the precautionary approach shall be widely applied by States according to their capability. Where there are threats of serious or irreversible damage, lack of full scientific certainty shall not be used as a reason for postponing cost effective measures to prevent environmental degradation.

   In this case "States" refers to the School Board and those who make decisions about the health of children.

The two most important environments in a child's life are the home (especially the bedroom) and the school. For this reason it is imperative that these environments remain as safe as possible. **If we are to err, please let us err on the side of caution.**

Respectfully submitted,
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July 10, 2009

Shallow Minds:
How the Internet and Wi–Fi in Schools Can Affect Learning

By Cindy Lee Russell, MD
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Most of us cannot live without our computers, text messaging, e-mail, and immediate access to the vast cloud of information, especially kids and teenagers who have grown up in the age of the Internet. In fact, more schools are integrating computers at younger ages, even in kindergarten. Forty-nine states are phasing out cursive handwriting altogether. What effects does it have, however, on learning, brain development, cognition, and brain health? Studies have shown some interesting ways that technology is rewiring and shaping our brain, which may not be "all good."

A growing body of scientific evidence suggests that the Internet, with its distractions and interruptions, is turning us into scattered, superficial thinkers. What does that portend for our kids?

Multitasking and Internet Addiction

Nicholas Carr explains, in his book "The Shallows," that we are changing the way we process information. "Dozens of studies by psychologists, neurobiologists, educators, and Web designers point to the same conclusion: When we go online, we enter an environment that promotes cursory reading, hurried and distracted thinking, and superficial learning….The Net delivers precisely the kind of sensory and cognitive stimuli-repetitive, intensive, interactive, addictive, that have been shown to result in strong and rapid alterations in brain circuits and functions."

Researchers from Stanford, in 2009, gave a battery of cognitive tests to a group of heavy and light media Internet multitaskers. They found that the heavy multitaskers were much more easily distracted by "irrelevant environmental stimuli" and had less control over their working memory. In addition, they were much less able to focus on a particular task. Professor Clifford Nass, who led the research, stated intensive multitaskers are "suckers for irrelevancy. Everything distracts them." (5)

"Teaching is a human experience. Technology is a distraction when we need literacy, numeracy, and critical thinking." Paul Thomas, author and associate professor of education at Furman University

Law School Professors Ban Laptops in Classrooms

Several years ago, professors who were irritated with students surfing the Web and hiding behind laptop screens began banning the use of the Internet or laptops in the classroom. Laptops have been banned in classes at Harvard Law School, Yale, George Washington University, University of Virginia, and South Texas College of Law, to mention a few. (4)(15) A 2006 study by Carrie Fried backed up the policies, demonstrating that students who used laptops in

class spent considerable time multitasking. They more importantly found that the level of laptop use was negatively related to several measures of student learning. (3)

A 2012 survey by Elon University, the Pew Internet, and American Life Project asked over 1,000 leaders in the U.S. their thoughts about cognition in our millennial generation. They were asked to consider how the Internet and its environment are changing, for better or worse. Overall, the survey found that multitasking is the new norm and that hyper-connectivity may be leading to a lack of patience and concentration. The "always on" ethos may be encouraging a culture of expectation and instant gratification.

Brain Maturation, Learning, Memory, and Intelligence

The maturation of intelligence requires quiet, deep thought, and time. Established research findings in cognitive science leads to the conclusion that laptop use, especially with Wi-Fi access, could interfere with learning.

The hippocampus, which lies under the cortex, is intimately involved in long-term memory storage. Initial experiences are stored and stabilized in the hippocampus and then later transferred to the cortex. Removal of the hippocampus does not affect long-term memories, but prevents new memories from forming.

Learning depends on the ability to transfer information from our working memory to long-term memory and weave this into other acquired knowledge. There is a bottleneck in the passage of working memory to long-term memory. We have a limited ability as humans to capture and process information. The Internet provides too many choices and too much information at once. Excess distracting information creates "overload," preventing long-term memorization and important information is lost. No one disagrees that we need to protect our memories. As author Nicholas Carr highlights, personal memory is not just for the individual to function, but it shapes and sustains our collective cultural memory.

Brain Drain:

Adverse Neurologic and Health Effects of Wireless Microwave Communications

A growing body of peer reviewed research is showing neurologic damage to fetal brain and other systems from Wi-Fi and other microwave wireless sources. In a prior article, "Why-Fi: Is Wireless Communication Hazardous to Your Health?" in the Sept/Oct 2010 SCCMA *Bulletin*, the full range of effects of EMF from our cell phones and wireless devices was discussed. New basic science research in the last three years is confirming these findings. Initially, the Bioinitiative report of 2007 reviewed the biological effects of low level EMF. It found that there was clear evidence of adverse effects to living systems at current environmental exposures and at doses well below the threshold of the International Commission of Non-Ionizing Radiation Protection (ICNIRP) safety guidelines. Current microwave safety limits are based solely on the heating of tissue and do not take into account research showing negative biological effects on DNA, cancer, protein synthesis, skin tissue changes, sperm motility and viability, cognitive functioning, and disruption of the blood brain barrier.

Current Research on Cognition and Wireless Communication

Fetal Radiofrequency Radiation Exposure From 800-1900 MHz-Rated Cellular Telephones Affects Neurodevelopment and Behavior in Mice. *Scientific Reports*. March 2012.

Aldad et al noted that neurobehavioral disorders are increasingly prevalent in children with 3%-7% of school-aged children diagnosed with attention deficit hyperactivity disorder (ADHD). The etiology is unclear, however, an association between prenatal cellular telephone use and hyperactivity in children has been postulated by others. To test this, he exposed pregnant mice to cell phone radiation throughout gestation (days 1-17), with a sham cell phone control group. He found that the exposed group had dose responsive impaired neurologic transmission in the prefrontal cortex and that the mice exposed in utero were hyperactive and had impaired memory. He concluded "that these behavioral changes were due to altered neuronal developmental programming."(3)

Microwave Radiation Induced Oxidative Stress, Cognitive Impairment, and Inflammation in Brain of Fischer Rats. Megha. 2012.

Megha evaluated the intensity of oxidative stress, cognitive impairment, and brain inflammation in rats exposed to typical cell phone microwave radiation. They were subjected to 900 and 1,800 MHz EMF for two hours a day, for 30 days. They state, "Significant impairment in cognitive function and induction of oxidative stress in brain tissues of microwave exposed rats were observed, in comparison with sham exposed groups… Results of the present study indicated that increased oxidative stress due to microwave exposure may contribute to cognitive impairment and inflammation in brain."

Effect of Low Level Microwave Radiation Exposure on Cognitive Function and Oxidative Stress in Rats. Deshmukh. 2013.

The author highlights the exponential increase in wireless communication devices we are exposed to. He evaluated the effects of cell phone radiation on oxidation in tissues, in addition to cognition in rats. They subjected rats to 900 MHz EMF for two hours per day, five days a week, for 30 days, with an unexposed control group. "Results showed significant impairment in cognitive function and increase in oxidative stress, as evidenced by the increase in levels of MDA (a marker of lipid peroxidation) and protein carbonyl (a marker of protein oxidation) and unaltered GSH content in blood. Thus, the study demonstrated that low level MW radiation had significant effect on cognitive function and was also capable of leading to oxidative stress."

The Internet Can Damage Teenage Brains

A large radiologic study from China, published July 2011, looked at structural brain changes in Internet-addicted teenagers. It is estimated that 24 million teenagers are addicted to the Internet in China. The researchers found a consistent atrophy of grey matter in parts of the brain and shrinkage of the surface of the brain in those addicted to the Internet. The effects were worse the longer the addiction. In addition, the study revealed changes in white matter of the brain, which

function to transmit messages in the brain to the grey matter. They concluded these structural abnormalities were most likely associated with functional impairments in cognitive control.

"It strikes me as a terrible shame that our society requires photos of brains shrinking in order to take seriously the common-sense assumption that long hours in front of screens is not good for our children's health. Dr Aric Sigman, Fellow of the Royal Society of Medicine

WHO Classifies EMF as a Carcinogen

In 2011, The WHO/International Agency for Research on Cancer (IARC) classified radiofrequency electromagnetic fields as "possibly carcinogenic to humans (Group 2B), based on an increased risk for glioma, a malignant type of brain cancer1, associated with wireless phone use."

France Bans Wi-Fi in Schools, But Replaces With Ethernet

The French National Assembly, March 2013, passed an amendment to ban Wi-Fi in their schools until it's proven "safe for human consumption." They instead agreed to install far safer, wired Ethernet cable connections.

The Council of Europe has called for a ban on Wi-Fi use in schools and also recommends a wired alternative.

In Austria, the Austrian Medical Society has also issued a policy statement asking for a ban of Wi-Fi in schools.

The U.K. has a useful frequently-updated website on Wi-Fi in schools, which provides much scientific research. http://www.wifiinschools.org.uk/ Still the controversy persists.

The Cost of a Virtual World

There are a host of concerns with classroom technology, and the virtual world it creates, that have not been explored in the rush to "modernize" education and prevent our kids from becoming "computer illiterate," despite the fact that computers are designed for ease of use. These issues range from distraction in the classroom, impairment of cognitive development and long-term memory, deficiency in learning social skills, Internet addiction, cyber bullying, access to inappropriate content, eye fatigue, and security risks to online learning networks. In addition, the sheer cost of computers and continuous upgrades is likely to break many school budgets. We have not mentioned the issue of toxic e-waste, another growing public health problem.

Common Sense

We will not get rid of the Internet or computers. We should not ignore, however, the enlarging body of science that points to real threats to public health and, especially, our children's safety and well-being. The best approach is precautionary. Reduce the risk by reducing the microwave emissions. It is our obligation as physicians and parents to protect our children. They are the

future and our legacy.

1. Remove wireless devices (white boards and routers) in schools in favor of wired connections and fiberoptic.
2. If there is Wi-Fi, then give teachers the authority to turn it off when not in use or if they feel it is not necessary.
3. Ban cell towers near or on schools.
4. Limit screen time on computers.
5. Limit or ban cell phone use in the class.
6. Limit or ban cell phone use at home.
7. Do not allow laptops to be placed on laps.
8. Undertake independent scientific studies on Wi-Fi and computer use that look at acute and long-term health effects.
9. Train teachers how to recognize symptoms of EMF reactions.
10. Conduct meetings with parents and teachers to address this issue in each school.

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Minimize health risks from electronic devices

Published in the September 2016 NJEA Review
by Adrienne Markowitz and Eileen Senn

Desktops, laptops, tablets, eBook readers, printers, projectors, smart boards, smart TVs, cellphones, cordless phones and wireless networks (WiFi) have become ubiquitous in schools. At their best, they are powerful tools for education. At their worst, they threaten the physical and mental health of teachers, paraeducators, secretaries, librarians and other school staff members and students who spend numerous hours using the devices.

Physical health risks from electronic devices include pain and tingling from repetitive strain injuries to the hands and wrists; pain in the neck, shoulders and back; dry, burning, itchy eyes, blurred vision and headaches; altered sleep patterns and next-day fatigue from exposure to blue screen light; distracted driving; and various health problems from exposure to radiation.

Mental health risks arise from stress due to raised expectations for multitasking, productivity and proficiency with devices; dealing with malfunctioning devices; student and colleague distraction from and addiction to devices; and intrusion of devices into nonwork time.

WiFi devices emit radiation

Radio frequency (RF) electromagnetic frequency (EMF) radiation is sent and/or received by the antennae of phones, routers and other wireless devices. RF radiation is capable of causing cancer, reproductive, neurological and ocular effects. The amount of radiation exposure received depends on the amount of time exposed and distance from the source. Radiation levels fall off exponentially with distance from antennae. If you double the distance, the radiation is four times less. If you triple the distance, it is nine times less, and so on. Children and developing fetuses are particularly at risk because their bodies are still growing. People with implanted medical devices are at risk for device interference.

Hazards and solutions

The most straightforward ways to minimize health risks are to use electronic devices in moderation and to maximize your distance from them. There are also specific solutions to specific hazards listed below.

Local associations should work with their UniServ field representative to negotiate solutions that are in the control of district administrators such as providing training and ergonomic equipment and hard-wiring devices. Individuals should take steps within their control, such as:

For repetitive strain injuries

- Use voice control/speech recognition.
- Use ergonomic alternatives to traditional mice and keyboards.
- Use as many fingers as possible when typing and both thumbs when texting.

For neck, shoulder and back pain

- Ensure an ergonomic workstation.
- When using a hand-held device, support it and the forearms.
- Avoid bending the head down or jutting it forward.
- Take frequent, short breaks from the device.
- Ensure good posture and change positions frequently.
- Stand and do stretching exercises.

For eye pain, blurred vision and headaches

- Use sufficient, but not excessive, lighting.
- Use assistive technology built into Apple, Android and Windows devices.
- Enlarge and darken the cursor and pointer.
- Enlarge the font; magnify the text.
- Use text-to-speech instead of reading.
- Use special computer glasses.
- Relax the eyes on a minibreak.

For altered sleep patterns and next-day fatigue

- Stop using devices at least one hour before bedtime.

For distracted driving

- Use hands-free devices, preferably speakerphones.
- Pull over and park.
- Let someone else drive.

For radiation exposure

- Keep devices away from the body and bedroom.
- Carry phones in briefcases, etc., not on the body.
- Put devices on desks, not laps.
- Hard wire all devices that connect to the internet.
- Hard wire all fixed devices such as printers, projectors and boards.
- Use hard-wired phones instead of cell or cordless phones.
- Text rather than call.
- Keep conversations short or talk in person.
- Put devices in airplane mode, which suspends EMF transmission by the device, thereby disabling Bluetooth, GPS, phone calls, and WiFi.
- Use speaker phone or ear buds instead of holding the phone next your head.
- Take off Bluetooth devices when not using them.

For stress

- Training in device use, assistive technology.
- Easy access to user manuals.
- Easily available technical support.

Cell phones and cancer

The National Toxicology Program (NTP) is conducting the largest set of laboratory rodent studies to date on cellphone RF radiation. The studies cost $25 million and are designed to mimic human exposure. They are based on the cellphone

frequencies and modulations currently in use in the United States. The NTP studies are designed to look at effects in all parts of the body.

On May 27, 2016, NTP released a report with partial results of the studies. They found increased occurrence of rare brain tumors called gliomas and increases in nerve tumors called schwannoma of the heart in male rats. The released results are partial because more rat studies and all of the mouse studies will be forthcoming by 2017. The cells that became cancerous in the rats were the same types of cells as those that have been reported to develop into tumors in human cellphone users.

The EMF produced by cellphones was classified as possibly carcinogenic to humans by the World Health Organization in 2011. They found that long-term use of a cell phone might lead to two different types of tumors, gliomas and acoustic neuroma, a tumor of the auditory nerve.

For more information

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Resolution 1815 (2011)[1]
Final version

The potential dangers of electromagnetic fields and their effect on the environment

Parliamentary Assembly

1. The Parliamentary Assembly has repeatedly stressed the importance of states' commitment to preserving the environment and environmental health, as set out in many charters, conventions, declarations and protocols since the United Nations Conference on the Human Environment and the Stockholm Declaration (Stockholm, 1972). The Assembly refers to its past work in this field, namely Recommendation 1863 (2009) on environment and health: better prevention of environment-related health hazards, Recommendation 1947 (2010) on noise and light pollution, and more generally, Recommendation 1885 (2009) on drafting an additional protocol to the European Convention on Human Rights concerning the right to a healthy environment and Recommendation 1430 (1999) on access to information, public participation in environmental decision-making and access to justice – implementation of the Århus Convention.

2. The potential health effects of the very low frequency of electromagnetic fields surrounding power lines and electrical devices are the subject of ongoing research and a significant amount of public debate. According to the World Health Organization, electromagnetic fields of all frequencies represent one of the most common and fastest growing environmental influences, about which anxiety and speculation are spreading. All populations are now exposed in varying degrees to electromagnetic fields, the levels of which will continue to increase as technology advances.

3. Mobile telephony has become commonplace around the world. This wireless technology relies upon an extensive network of fixed antennae, or base stations, relaying information with radio-frequency signals. Over 1.4 million base stations exist worldwide and the number is increasing significantly with the introduction of third generation technology. Other wireless networks that allow high-speed Internet access and services, such as wireless local area networks, are also increasingly common in homes, offices and many public areas (airports, schools, residential and urban areas). As the number of base stations and local wireless networks increases, so does the radio-frequency exposure of the population.

4. While electrical and electromagnetic fields in certain frequency bands have wholly beneficial effects which are applied in medicine, other non-ionising frequencies, whether from extremely low frequencies, power lines or certain high frequency waves used in the fields of radar, telecommunications and mobile telephony, appear to have more or less potentially harmful, non-thermal, biological effects on plants, insects and animals as well as the human body, even when exposed to levels that are below the official threshold values.

5. As regards standards or threshold values for emissions of electromagnetic fields of all types and frequencies, the Assembly strongly recommends that the ALARA (as low as reasonably achievable) principle is applied, covering both the so-called thermal effects and the athermic or biological effects of electromagnetic emissions or radiation. Moreover, the precautionary principle should be applied when scientific evaluation does not allow the risk to be determined with sufficient certainty. Given the context of growing exposure of the population, in particular that of vulnerable groups such as young people and children, there could be extremely high human and economic costs if early warnings are neglected.

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1. Text adopted by the Standing Committee, acting on behalf of the Assembly, on 27 May 2011 (see Doc. 12608, report of the Committee on the Environment, Agriculture and Local and Regional Affairs, rapporteur: Mr Huss).

6. The Assembly regrets that, despite calls for the respect of the precautionary principle and despite all the recommendations, declarations and a number of statutory and legislative advances, there is still a lack of reaction to known or emerging environmental and health risks and virtually systematic delays in adopting and implementing effective preventive measures. Waiting for high levels of scientific and clinical proof before taking action to prevent well-known risks can lead to very high health and economic costs, as was the case with asbestos, leaded petrol and tobacco.

7. Moreover, the Assembly notes that the problem of electromagnetic fields or waves and their potential consequences for the environment and health has clear parallels with other current issues, such as the licensing of medication, chemicals, pesticides, heavy metals or genetically modified organisms. It therefore highlights that the issue of independence and credibility of scientific expertise is crucial to accomplish a transparent and balanced assessment of potential negative impacts on the environment and human health.

8. In light of the above considerations, the Assembly recommends that the member states of the Council of Europe:

8.1. in general terms:

8.1.1. take all reasonable measures to reduce exposure to electromagnetic fields, especially to radio frequencies from mobile phones, and particularly the exposure to children and young people who seem to be most at risk from head tumours;

8.1.2. reconsider the scientific basis for the present standards on exposure to electromagnetic fields set by the International Commission on Non-Ionising Radiation Protection, which have serious limitations, and apply ALARA principles, covering both thermal effects and the athermic or biological effects of electromagnetic emissions or radiation;

8.1.3. put in place information and awareness-raising campaigns on the risks of potentially harmful long-term biological effects on the environment and on human health, especially targeting children, teenagers and young people of reproductive age;

8.1.4. pay particular attention to “electrosensitive” people who suffer from a syndrome of intolerance to electromagnetic fields and introduce special measures to protect them, including the creation of wave-free areas not covered by the wireless network;

8.1.5. in order to reduce costs, save energy, and protect the environment and human health, step up research on new types of antenna, mobile phone and DECT-type device, and encourage research to develop telecommunication based on other technologies which are just as efficient but whose effects are less negative on the environment and health;

8.2. concerning the private use of mobile phones, DECT wireless phones, WiFi, WLAN and WIMAX for computers and other wireless devices such as baby monitors:

8.2.1. set preventive thresholds for levels of long-term exposure to microwaves in all indoor areas, in accordance with the precautionary principle, not exceeding 0.6 volts per metre, and in the medium term to reduce it to 0.2 volts per metre;

8.2.2. undertake appropriate risk-assessment procedures for all new types of device prior to licensing;

8.2.3. introduce clear labelling indicating the presence of microwaves or electromagnetic fields, the transmitting power or the specific absorption rate (SAR) of the device and any health risks connected with its use;

8.2.4. raise awareness on potential health risks of DECT wireless telephones, baby monitors and other domestic appliances which emit continuous pulse waves, if all electrical equipment is left permanently on standby, and recommend the use of wired, fixed telephones at home or, failing that, models which do not permanently emit pulse waves;

8.3. concerning the protection of children:

8.3.1. develop within different ministries (education, environment and health) targeted information campaigns aimed at teachers, parents and children to alert them to the specific risks of early, ill-considered and prolonged use of mobiles and other devices emitting microwaves;

8.3.2. for children in general, and particularly in schools and classrooms, give preference to wired Internet connections, and strictly regulate the use of mobile phones by schoolchildren on school premises;

8.4. concerning the planning of electric power lines and relay antenna base stations:

8.4.1. introduce town planning measures to keep high-voltage power lines and other electric installations at a safe distance from dwellings;

8.4.2. apply strict safety standards for the health impact of electrical systems in new dwellings;

8.4.3. reduce threshold values for relay antennae in accordance with the ALARA principle and install systems for comprehensive and continuous monitoring of all antennae;

8.4.4. determine the sites of any new GSM, UMTS, WiFi or WIMAX antennae not solely according to the operators' interests but in consultation with local and regional government authorities, local residents and associations of concerned citizens;

8.5. concerning risk assessment and precautions:

8.5.1. make risk assessment more prevention oriented;

8.5.2. improve risk-assessment standards and quality by creating a standard risk scale, making the indication of the risk level mandatory, commissioning several risk hypotheses to be studied and considering compatibility with real-life conditions;

8.5.3. pay heed to and protect "early warning" scientists;

8.5.4. formulate a human-rights-oriented definition of the precautionary and ALARA principles;

8.5.5. increase public funding of independent research, in particular through grants from industry and taxation of products that are the subject of public research studies to evaluate health risks;

8.5.6. create independent commissions for the allocation of public funds;

8.5.7. make the transparency of lobby groups mandatory;

8.5.8. promote pluralist and contradictory debates between all stakeholders, including civil society (Århus Convention).