

Wireless in Education - Background and References

To accompany the May 31, 2011 Comment of The EMR Policy Institute on the joint position statement, "Technology in Early Childhood Programs: Serving Children from Birth Through Age 8," of the National Association for the Education of Young Children (NAEYC) and the Fred Rogers Center for Early Learning and Children's Media (FRCELCM) at Saint Vincent College.

The References are divided into two separate attachments to keep the file sizes manageable for e-mail transmission and downloading.

Attachment 1

*** Copies of these documents are provided herein.

Amicus Curiae briefs in the U.S. Supreme Court calling for the Federal Communications Commission to update its RF radiation safety guidelines based on current scientific research.

2006 - [Brief of Healthy Schools Network, Inc. as Amicus Curiae](#) in Support of Petitioner. HSN is dedicated to assuring every child and school employee an environmentally safe and healthy school through research, information, advocacy and coalition building.

http://www.emrpolicy.org/litigation/case_law/docs/5sep06_amicus_hsn.pdf

HSN's web site is www.healthyschools.org.

2005 - [Amicus Curiae Brief of the State of Connecticut](#) filed by Attorney General Richard Blumenthal. http://www.emrpolicy.org/litigation/case_law/docs/blumenthal_amicus.pdf

Official Comment Submitted in U.S. federal agency proceedings:

The EMR Policy Institute's position continues to be that the current US radiofrequency (RF) radiation safety guidelines are inadequate to protect public health because they are based on research dating only to 1986 and are based only on the "thermal model," i.e., that the only mechanism of harm from RF radiation exposures is tissue heating. FCC RF guidelines address only short-term, high-intensity exposures. They ignore the signaling characteristics of wireless technologies' radiation and its ability to affect the electromagnetic signaling inherent in living cells. www.emrpolicy.org/regulation/united_states/index.htm

Most recent open federal wireless proceedings in which The EMR Policy has filed official Comment are:

May 20, 2011 – The EMR Policy Institute's [Reply in FCC 11-13](#). If the FCC's proposal passes, citizens will be denied the right to choose a landline. Existing landlines should not be replaced with wireless infrastructure. The FCC's duty is to facilitate communications for the whole country and for all US citizens. Its new proposal ignores issues of health, safety, privacy, affordability, reliability and security. See:

http://www.emrpolicy.org/regulation/united_states/fcc_11_13_emrpi_reply_20may2011.pdf

April 17, 2011 - The EMR Policy Institute's [Motion for Extension of Time in FCC 11-13](http://www.emrpolicy.org/regulation/united_states/fcc_11_13_emrpi_%20motion_for_extension.pdf) Notice of Proposed Rule Making on the petition of phone companies to abandon their landline phones as well as to bring mobile broadband service to 98% of the US in the next few years. In this FCC NPRM there are no references to considering the impact of the wireless method for the "Last Mile" of connection to homes on the health of people with electrohypersensitivity and medical implants that The EMR Policy Institute documented in our previous filing on broadband that is part of this docket. See:
http://www.emrpolicy.org/regulation/united_states/fcc_11_13_emrpi_%20motion_for_extension.pdf

Note: The EMR Policy Institute FCC filing from June 7, 2009, has been resubmitted in this proceeding as Appendix A. The EMR Policy Institute FCC filing from July 18, 2009 has been resubmitted in this proceeding as Appendix B. Included in these appendices are the statements of more than 50 people from across the US that document threats to their health and well being due to exposure to wireless devices and infrastructure.

January 24, 2011 - The EMR Policy Institute filed [official comment with the Department of Justice](http://www.emrpolicy.org/regulation/united_states/24jan2011_emrpi_doj_ada_comment.pdf) (DOJ) Disabilities Section in its Advanced Notice of Proposed Rulemaking - Non-Discrimination on the Basis of Disability: Accessibility of Web Information and Services of State and Local Government Entities and Public Accommodations. This Comment focuses on the disabled Americans who access to public services and private accommodations is limited by the pervasive radiation of wireless technologies. See:
http://www.emrpolicy.org/regulation/united_states/24jan2011_emrpi_doj_ada_comment.pdf

EMRPI advocates that the US Department of Justice must ensure that individuals with Implanted Medical Devices (IMDs) or with the EMR functional impairments of Electrohypersensitivity (EHS) and Radiofrequency Sickness avoid injury in their daily living and continue to have access to Web Information and Services through hard-wired communications equipment.

[DOJ Comment submitted by Cindy Sage MA](http://www.emrpolicy.org/regulation/united_states/24jan2011_sage_doj_ada_comment.pdf), Sage Associates, Santa Barbara, California on the need for people with medical implants and critical care medical equipment to have the choice to Opt-Out of wireless Smart Meters. See:
http://www.emrpolicy.org/regulation/united_states/24jan2011_sage_doj_ada_comment.pdf

[DOJ Comment submitted by Gary R. Olhoeft, PhD](http://www.emrpolicy.org/regulation/united_states/7jan2011_doj_ada_olhoeft_comment.pdf), Colorado Schools of Mines, on electromagnetic interference (EMI) with his Implanted Medical Device (IMD), i.e., a Deep Brain Stimulator (DBS) to treat his Parkinson's Disease. He describes the threats to his well being and personal safety brought on by the wireless environments he encounters in everyday because they can cause his DBS to malfunction. See:
http://www.emrpolicy.org/regulation/united_states/7jan2011_doj_ada_olhoeft_comment.pdf

Many school-aged children who have IMDs encounter parallel threats to their health, safety and well being from wireless devices and infrastructure. Electronic insulin pumps to treat diabetes and cochlear implants to treat hearing loss are two such IMDs often used to treat children.

Published Science References

The BioInitiative Report: A Rationale for a Biologically-based Public Exposure Standard for Electromagnetic Fields (ELF and RF). This Report reviews more than 2,000 peer-reviewed published papers. An extensive bibliography is included with each Section of this Report. Complete text is found at: www.bioinitiative.org

*** *Pathophysiology*, Volume 16, Issues 2-3, pp 67-250 (August 2009). Electromagnetic Fields (EMF) Special Issues edited by Martin Blank. This issue provides peer review of *The BioInitiative Report*. Table of Contents, Preface and Abstracts provided here. Full articles are available upon request.

Pathophysiology Volume 16, Issues 2-3 (2009), pages 67-250

[Electromagnetic Fields \(EMF\) Special Issue](#)

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Preface

There is an old joke with a well-known punch line about a man who has just fallen from the 86th floor of the Empire State Building in New York. As he passes the 30th floor, he is heard saying to himself ‘so far, so good’ . . .

Most of us laugh because we know where the man is headed, and that he must know too. But, our laughter usually has a guilty edge. We know that many of us are guilty of occasionally displaying a ‘so far, so good’ attitude in our own lives. We think of the smoker who says that about the possibility of getting lung cancer or heart disease and who counts on beating the odds because he feels healthy at the moment. That smoker will not find out if he won the bet until many years later, and by then it is often too late. The ‘so far, so good’ attitude to health is so common that people even kid themselves about it. One smoker told me that smoking would only cut a few years off his life, and that he did not mind losing the last few years because they are usually not much fun anyway.

Unlike the optimist in the joke, whose end is virtually certain, many of us live like the smoker, playing the odds and reassuring ourselves ‘so far, so good’. Diseases like cancer usually take many years to develop, and we try not to think how some of the things we do casually can affect the long-term odds by compromising the natural processes that protect us. We rely on our bodies to be strong and resilient all the time. Yet, we know there are limits to the body’s natural ability to reverse damage to cells. We also know that there may be gaps in the ability of our genetic endowment to cope with damage. At some level, we all know it is just common sense to try to minimize damage to our bodies and maximize the ability to repair.

These opening paragraphs provide a quick introduction to the theme of this issue of Pathophysiology and a summary of the point of view of its authors. The public is currently interested in possible hazards from radio frequency (RF) due to cellphones, towers, WiFi, etc. The concern is certainly warranted, but we are surrounded by electromagnetic fields (EMFs) of many frequencies, and there are also significant biological effects and known risks from low frequency

EMF. The scientific problem is to determine the nature of EMF interaction with biological systems and develop ways of coping with harmful effects in all frequency ranges, as well as their cumulative effects. The practical problem is to minimize the harmful biological effects of all EMF.

The technical papers in this issue are devoted to an examination and an evaluation of evidence gathered by scientists regarding the effects of EMF, especially RF radiation, on living cells and on the health of human populations. The laboratory studies point to significant interactions of both power frequency and RF with cellular components, especially DNA. The epidemiological studies point to increased risk of developing certain cancers associated with long-term exposure to RF. Overall, the scientific evidence shows that the risk to health is significant, and that to deny it is like being in free-fall and thinking ‘so far, so good’. We must recognize that there is a potential health problem, and that we must begin to deal with it responsibly as individuals and as a society.

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EMF effects on DNA

M. Blank and R. Goodman (USA): Electromagnetic Fields Stress Living Cells

Abbreviations: EMF, electromagnetic fields; Hz, hertz (cycles/s the unit of frequency); ELF, extremely low frequency ($3\text{--}3 \times 10^3$ Hz) power frequency is 50–60 Hz; RF, radio frequency (band width 3×10^3 to 3×10^{11} Hz); UHF, ultrahigh frequency band the RF sub-division used for cell phones (3×10^8 to 3×10^9 Hz).

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C. Sage and D.O. Carpenter: Public Health Implications of Wireless Technologies

Special Issue on EMF

Bioelectromagnetics, the study of biological effects of electromagnetic fields (EMF), is an interdisciplinary science with a technical literature that is not easily accessible to the non-specialist. To increase access of the public to the technical literature and to the health implications of the scientific findings, the Bioinitiative Report was organized by an international group of scientists and published online at www.bioinitiative.org on August 31, 2007. The report has been widely read, and was cited in September 2008 by the European Parliament when it voted overwhelmingly that the current EMF safety standards were obsolete and needed to be reviewed.

This special issue of Pathophysiology includes scientific papers on the EMF issue by contributors to the Bioinitiative Report, as well as others, and is prepared for scientists who are not specialists in bioelectromagnetics. Each paper is independent and self-contained. To help the reader appreciate how the different subjects contribute to an understanding of the EMF issue, the papers are arranged in groups that emphasize key areas, and the role of science in analyzing the problem and evaluating possible solutions. The subject headings are:

- DNA to show biological effects at the sub-cellular level that occur at very low EMF thresholds and across frequency ranges of the EM spectrum. Interactions with DNA may account for many of the effects of EMF, and they raise the possibility that genetic damage due to EMF can lead to cancer.
- The Brain is exposed to radiation from mobile phone antennas, and laboratory studies show that the radiation causes leakage of the protective blood–brain barrier, as well as the death of neurons in the brain. Radiation emitted from base stations can affect all who are in the vicinity. Epidemiological studies have shown a relation between exposure to mobile phones, base-stations and the development of brain tumors. Some epidemiological studies have significant flaws in design, and the risk of brain cancer may be greater than reported in the published results.
- In addition to the risk of brain cancer, EMF in the environment may contribute to diseases like Alzheimer’s dementia and breast cancer in humans, as well as reproductive and developmental effects in animals in the wild. EMF affect the biochemical pathways and immunological mechanisms that link the different organ systems in our bodies and those of animals. The human body can act as an antenna for RF signals, and a small percentage of the population appears to be so sensitive to EMF that it interferes with their daily lives. In addition to the growing presence of EMF signals in the environment, the complexity of the signals may be important in altering biological responses. These are among the many factors that must be considered in approaching EMF safety issues.
- Science as a guide to public policy

Four centuries ago, when Francis Bacon envisioned a course for modern science, he expressed the idea that *knowledge is power that should be applied for the benefit of mankind*. It is in keeping with that ethical standard that the last two papers in this issue show how knowledge gained from scientific research can help solve problems arising from EMF in our environment. The first of these papers discusses the Precautionary Principle, its growing acceptance as a rational approach to environmental issues, and how past experience can help us deal with the EMF issue. The second paper, by the editors of the original BioInitiative Report, is an update on how best to deal with the challenge of EMF in the environ-

ment and, specifically, the problems accompanying wireless technologies.

We trust that the reviews and original research papers will increase awareness of the growing impact of EMF in the environment, and the need for modern society to deal expeditiously with the potential health problems brought to light by EMF research.

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Electromagnetic fields stress living cells

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Abstract

Electromagnetic fields (EMF), in both ELF (extremely low frequency) and radio frequency (RF) ranges, activate the cellular stress response, a protective mechanism that induces the expression of stress response genes, e.g., HSP70, and increased levels of stress proteins, e.g., hsp70. The 20 different stress protein families are evolutionarily conserved and act as ‘chaperones’ in the cell when they ‘help’ repair and refold damaged proteins and transport them across cell membranes. Induction of the stress response involves activation of DNA, and despite the large difference in energy between ELF and RF, the same cellular pathways respond in both frequency ranges. Specific DNA sequences on the promoter of the HSP70 stress gene are responsive to EMF, and studies with model biochemical systems suggest that EMF could interact directly with electrons in DNA. While low energy EMF interacts with DNA to induce the stress response, increasing EMF energy in the RF range can lead to breaks in DNA strands. It is clear that in order to protect living cells, EMF safety limits must be changed from the current thermal standard, based on energy, to one based on biological responses that occur long before the threshold for thermal changes.

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Keywords: DNA; Biosynthesis; Electromagnetic fields; ELF; RF

1. Electromagnetic fields (EMF) alter protein synthesis

Until recently, genetic information stored in DNA was considered essentially invulnerable to change as it was passed on from parent to progeny. Mutations, such as those caused by cosmic radiation at the most energetic end of the EM spectrum, were thought to be relatively infrequent. The model of gene regulation was believed to be that the negatively charged DNA was tightly wrapped up in the nucleus with positively charged histones, and that most genes were ‘turned off’ most of the time. Of course, different regions of the DNA code are being read more or less all the time to replenish essential

proteins that have broken down and those needed during cell division.

New insights into the structure and function of DNA have resulted from numerous, well-done laboratory studies. The demonstration that EMF induces gene expression and the synthesis of specific proteins [1,2] generated considerable controversy from power companies, government agencies, physicists, and most recently, cell phone companies. Physicists have insisted that the reported results were not possible because there was not enough energy in the power frequency range (ELF) to activate DNA. They were thinking solely of mechanical interaction with a large molecule and not of the large hydration energy tied up in protein and DNA structures that could be released by small changes in charge [3]. Of the biologists who accepted such results [4], most thought that the EMF interaction originated at, and was amplified by, the cell membrane and not with DNA.

It is now generally accepted that weak EMF in the power frequency range can activate DNA to synthesize proteins. An EMF reactive sequence in the DNA has been identified [5] and shown to be transferable to other gene promoters [6]. This DNA sequence acts as an EMF sensitive antenna

Abbreviations: EMF, electromagnetic fields; Hz, hertz; ELF, extremely low frequency; RF, radio frequency; MAPK, mitogen activated protein kinase; ERK1\2, extracellular signal regulated kinase; JNK, c-Jun-terminal kinase p38MAPK; SAPK, stress activated protein kinase; NADH, nicotinamide adenine dinucleotide dehydrogenase; ROS, reactive oxygen species.

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Electromagnetic fields and DNA damage

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Abstract

A major concern of the adverse effects of exposure to non-ionizing electromagnetic field (EMF) is cancer induction. Since the majority of cancers are initiated by damage to a cell's genome, studies have been carried out to investigate the effects of electromagnetic fields on DNA and chromosomal structure. Additionally, DNA damage can lead to changes in cellular functions and cell death. Single cell gel electrophoresis, also known as the 'comet assay', has been widely used in EMF research to determine DNA damage, reflected as single-strand breaks, double-strand breaks, and crosslinks. Studies have also been carried out to investigate chromosomal conformational changes and micronucleus formation in cells after exposure to EMF. This review describes the comet assay and its utility to qualitatively and quantitatively assess DNA damage, reviews studies that have investigated DNA strand breaks and other changes in DNA structure, and then discusses important lessons learned from our work in this area.

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Keywords: Electromagnetic field; DNA damage; Comet assay; Radiofrequency radiation; Cellular telephone

1. The comet assay for measurement of DNA strand breaks

DNA is continuously damaged by endogenous and exogenous factors and then repaired by DNA repair enzymes. Any imbalance in damage and repair and mistakes in repair result in accumulation of DNA damage. Eventually, this will lead to cell death, aging, or cancer. There are several types of DNA lesions. The common ones that can be detected easily are DNA strand breaks and DNA crosslinks. Strand breaks in DNA are produced by endogenous factors, such as free radicals generated by mitochondrial respiration and metabolism, and by exogenous agents, including UV, ionizing and non-ionizing radiation, and chemicals.

There are two types of DNA strand breaks: single- and double-strand breaks. DNA single-strand breaks include frank breaks and alkali labile sites, such as base modification, deamination, depurination, and alkylation. These are the most commonly assessed lesions of DNA. DNA double-strand breaks are very critical for cells and usually they are

lethal. DNA strand breaks have been correlated with cell death [1–5], aging [6–8] and cancer [9–13].

Several techniques have been developed to analyze single- and double-strand breaks. Most commonly used is microgel electrophoresis, also called the 'comet assay' or 'single cell gel electrophoresis'. This technique involves mixing cells with agarose, making microgels on a microscope slide, lysing cells in the microgels with salts and detergents, removing proteins from DNA by using proteinase K, unwinding/equilibrating and electrophoresing DNA (under highly alkaline condition for assessment of single-strand breaks or under neutral condition for assessment of DNA double-strand breaks), fixing the DNA, visualizing the DNA with a fluorescent dye, and then analyzing migration patterns of DNA from individual cells with an image analysis system.

The comet assay is a very sensitive method of detecting single- and double-strand breaks if specific criteria are met. Critical criteria include the following. Cells from tissue culture or laboratory animals should be handled with care to minimize DNA damage, for instance, by avoiding light and high temperature. When working with animals exposed to EMF *in vivo*, it is better to anesthetize the animals with CO₂ before harvesting tissues for assay. Antioxidants

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Genotoxic effects of radiofrequency electromagnetic fields

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Abstract

101 publications are exploited which have studied genotoxicity of radiofrequency electromagnetic fields (RF-EMF) *in vivo* and *in vitro*. Of these 49 report a genotoxic effect and 42 do not. In addition, 8 studies failed to detect an influence on the genetic material, but showed that RF-EMF enhanced the genotoxic action of other chemical or physical agents. The controversial results may in part be explained by the different cellular systems. Moreover, inconsistencies may depend from the variety of analytical methods being used, which differ considerably with respect to sensitivity and specificity. Taking altogether there is ample evidence that RF-EMF can alter the genetic material of exposed cells *in vivo* and *in vitro* and in more than one way. This genotoxic action may be mediated by microthermal effects in cellular structures, formation of free radicals, or an interaction with DNA-repair mechanisms.

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Keywords: Gene mutations; Cytogenetic effects; DNA fragmentation; Mechanisms of genotoxicity

1. Introduction

Alterations of genetic information in somatic cells are the key event in the process of carcinogenesis [1,2]. Consequently any agent, which has a genotoxic attribute is suspected also to be cancerogenic. This is the driving force behind the multitude of studies on genotoxicity of radiofrequency electromagnetic fields (RF-EMF), conducted so far. A total of 101 publications on genotoxicity studies of RF-EMF are exploited here, of which 49 report genotoxic effects, subsequently marked as GT(+) (Table 1), 43 do not (Table 2), and 9 find, that RF-EMF do not induce genotoxic events by itself but enhance the genotoxic action of other physical or chemical agents (Table 3). Thus, in contrast to several reviews in the past [3–6], it now became evident that non-thermal genotoxic effects of RF-EMF is convincingly demonstrated by a substantial number of published studies. The studies have been performed with a variety of different test systems – some studies used more than one test system – which will be assigned here to the three principle endpoints of a genotoxic action: (1) effect on chromosomes, (2) DNA fragmentation, and (3) gene mutations.

2. Effect on chromosomes

This group comprises the analysis of numerical or structural anomalies of metaphase chromosomes (CA), sister-chromatid-exchanges (SCEs), and formation of micronuclei (MN). Of the 21 studies using CA, 9 are CA-positive, 11 CA-negative, and 1 reports an RF-induced enhancement of genotoxicity by X-rays. In general proliferating cells are required for the study of chromosomal effects, however, micronuclei have also been analysed in polychromatic erythrocytes and in exfoliated cells, for instance from buccal smears [7,8]. Moreover, aneuploidy rates of distinct chromosomes as well as chromosomal translocations can also be studied in interphase nuclei using fluorescence in situ hybridization (FISH). While structural aberrations detected by conventional CA are mainly lethal to the cell, translocations are persistent and may be passed to the cellular progeny. Using FISH increased levels of aneuploidy of chromosome 1, 10, 11, and 17 have been reported in human blood lymphocytes after RF-EMF exposure [9]. In metaphase chromosomes FISH may increase the sensitivity of chromosomal analysis [10] but this has only once been used for RF-EMF studies [11].

CA brings about to detect a variety of chromosomal aberrations. In contrast, micronuclei originate only from acentric

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Increased blood–brain barrier permeability in mammalian brain 7 days after exposure to the radiation from a GSM-900 mobile phone

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Abstract

Microwaves were for the first time produced by humans in 1886 when radio waves were broadcasted and received. Until then microwaves had only existed as a part of the cosmic background radiation since the birth of universe. By the following utilization of microwaves in telegraph communication, radars, television and above all, in the modern mobile phone technology, mankind is today exposed to microwaves at a level up to 10^{20} times the original background radiation since the birth of universe.

Our group has earlier shown that the electromagnetic radiation emitted by mobile phones alters the permeability of the blood–brain barrier (BBB), resulting in albumin extravasation immediately and 14 days after 2 h of exposure.

In the background section of this report, we present a thorough review of the literature on the demonstrated effects (or lack of effects) of microwave exposure upon the BBB.

Furthermore, we have continued our own studies by investigating the effects of GSM mobile phone radiation upon the blood–brain barrier permeability of rats 7 days after one occasion of 2 h of exposure. Forty-eight rats were exposed in TEM-cells for 2 h at non-thermal specific absorption rates (SARs) of 0 mW/kg, 0.12 mW/kg, 1.2 mW/kg, 12 mW/kg and 120 mW/kg. Albumin extravasation over the BBB, neuronal albumin uptake and neuronal damage were assessed.

Albumin extravasation was enhanced in the mobile phone exposed rats as compared to sham controls after this 7-day recovery period (Fisher's exact probability test, $p=0.04$ and Kruskal–Wallis, $p=0.012$), at the SAR-value of 12 mW/kg (Mann–Whitney, $p=0.007$) and with a trend of increased albumin extravasation also at the SAR-values of 0.12 mW/kg and 120 mW/kg. There was a low, but significant correlation between the exposure level (SAR-value) and occurrence of focal albumin extravasation ($r_s=0.33$; $p=0.04$).

The present findings are in agreement with our earlier studies where we have seen increased BBB permeability immediately and 14 days after exposure. We here discuss the present findings as well as the previous results of altered BBB permeability from our and other laboratories.

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Keywords: Albumin; Blood–brain barrier; Mobile phone; Rat

1. Introduction: radiofrequency radiation and the blood–brain barrier

Today about half of the world's population owns the microwave-producing mobile phones. An even larger number is exposed to the radiation emitted from these devices through “passive mobile phoning” [1]. Life-long exposure to the microwaves (MWs) from mobile phones, with start already at a young age, is becoming increasingly common

Abbreviations: BBB, blood–brain barrier; CNS, central nervous system; CW, continuous wave; EMF, electromagnetic field; GSM, global system for mobile communication; ICNIRP, International Commission of Non-ionizing Radiation Protection; MRI, magnetic resonance imaging; RF, radio frequency; SAR, specific absorption rate; TEM-cell, transverse electromagnetic transmission line chamber.

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Epidemiological evidence for an association between use of wireless phones and tumor diseases

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Abstract

During recent years there has been increasing public concern on potential cancer risks from microwave emissions from wireless phones. We evaluated the scientific evidence for long-term mobile phone use and the association with certain tumors in case–control studies, mostly from the Hardell group in Sweden and the Interphone study group. Regarding brain tumors the meta-analysis yielded for glioma odds ratio (OR) = 1.0, 95% confidence interval (CI) = 0.9–1.1. OR increased to 1.3, 95% CI = 1.1–1.6 with 10 year latency period, with highest risk for ipsilateral exposure (same side as the tumor localisation), OR = 1.9, 95% CI = 1.4–2.4, lower for contralateral exposure (opposite side) OR = 1.2, 95% CI = 0.9–1.7. Regarding acoustic neuroma OR = 1.0, 95% CI = 0.8–1.1 was calculated increasing to OR = 1.3, 95% CI = 0.97–1.9 with 10 year latency period. For ipsilateral exposure OR = 1.6, 95% CI = 1.1–2.4, and for contralateral exposure OR = 1.2, 95% CI = 0.8–1.9 were found. Regarding meningioma no consistent pattern of an increased risk was found. Concerning age, highest risk was found in the age group <20 years at time of first use of wireless phones in the studies from the Hardell group. For salivary gland tumors, non-Hodgkin lymphoma and testicular cancer no consistent pattern of an association with use of wireless phones was found. One study on uveal melanoma yielded for probable/certain mobile phone use OR = 4.2, 95% CI = 1.2–14.5. One study on intratemporal facial nerve tumor was not possible to evaluate due to methodological shortcomings. In summary our review yielded a consistent pattern of an increased risk for glioma and acoustic neuroma after >10 year mobile phone use. We conclude that current standard for exposure to microwaves during mobile phone use is not safe for long-term exposure and needs to be revised.

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Keywords: Brain tumors; Glioma; Acoustic neuroma; Meningioma; Cellular phones; Cordless phones

1. Introduction

During the last decade there has been a rapid development of wireless technology and along with that an increased use of wireless telephone communication in the world. Most persons use mobile phones and cordless phones. Additionally most populations are exposed to radiofrequency/microwave (RF) radiation emissions from wireless devices such as cellular antennas and towers, broadcast transmission towers, voice and data transmission for cell phones, pagers and personal digital assistants and other sources of RF radiation.

Concerns of health risks have been raised, primarily an increased risk for brain tumors, since the brain is the near field

target organ for microwave exposure during mobile phone calls. Especially the ipsilateral brain (same side as the mobile phone has been used) is exposed, whereas the contralateral side (opposite side to the mobile phone) is much less exposed [1]. Thus, for risk analysis it is of vital importance to have information on the localisation of the tumor in the brain and which side of the head that has been predominantly used during phone calls.

Since Sweden was one of the first countries in the world to adopt this wireless technology a brief history is given in the following. First, analogue phones (NMT; Nordic Mobile Telephone System) were introduced on the market in the early 1980s using both 450 and 900 Megahertz (MHz) carrier waves. NMT 450 was used in Sweden since 1981 but closed down in December 31, 2007, whereas NMT 900 operated during 1986–2000.

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Mobile phone base stations—Effects on wellbeing and health

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Abstract

Studying effects of mobile phone base station signals on health have been discouraged by authoritative bodies like WHO International EMF Project and COST 281. WHO recommended studies around base stations in 2003 but again stated in 2006 that studies on cancer in relation to base station exposure are of low priority. As a result only few investigations of effects of base station exposure on health and wellbeing exist. Cross-sectional investigations of subjective health as a function of distance or measured field strength, despite differences in methods and robustness of study design, found indications for an effect of exposure that is likely independent of concerns and attributions. Experimental studies applying short-term exposure to base station signals gave various results, but there is weak evidence that UMTS and to a lesser degree GSM signals reduce wellbeing in persons that report to be sensitive to such exposures. Two ecological studies of cancer in the vicinity of base stations report both a strong increase of incidence within a radius of 350 and 400 m respectively. Due to the limitations inherent in this design no firm conclusions can be drawn, but the results underline the urgent need for a comprehensive investigation of this issue. Animal and in vitro studies are inconclusive to date. An increased incidence of DMBA induced mammary tumors in rats at a SAR of 1.4 W/kg in one experiment could not be replicated in a second trial. Indications of oxidative stress after low-level in vivo exposure of rats could not be supported by in vitro studies of human fibroblasts and glioblastoma cells.

From available evidence it is impossible to delineate a threshold below which no effect occurs, however, given the fact that studies reporting low exposure were invariably negative it is suggested that power densities around 0.5–1 mW/m² must be exceeded in order to observe an effect. The meager data base must be extended in the coming years. The difficulties of investigating long-term effects of base station exposure have been exaggerated, considering that base station and handset exposure have almost nothing in common both needs to be studied independently. It cannot be accepted that studying base stations is postponed until there is firm evidence for mobile phones.

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Keywords: Mobile phone base station; Performance; Cancer; In vitro studies; Microwaves

1. Introduction

Modern mobile telecommunication is based on a cellular system. Each cell is covered by a base station that keeps track of the mobile phones within its range, connects them to the telephone network and handles carry-over to the next base station if a customer is leaving the coverage area. Early mobile telecommunication systems had very large cells with tens of kilometers radius and were predominantly located along highways due to offering service mainly for car-phones. With the introduction of digital mobile phone systems cell sizes got much smaller and base stations were erected in densely

populated areas. The limited power of mobile phones made it necessary to reduce the distance to the customers. The cell size depends on (1) the radiation distance of the mobile phone; (2) the average number of connected calls; (3) the topographic characteristics of the covered area and the surrounding buildings, vegetation and other shielding objects; and (4) the type of antenna used. There are essentially three types of cells presently making up mobile telecommunication networks: (1) macro-cells in areas of average to low number of calls; (2) micro-cells in densely populated areas and areas with high telecommunication traffic density; (3) pico-cells within buildings, garages, etc. The types of antennas used, although hundreds of different models are operated, can be subdivided into: omni-directional antennas that radiate in all horizontal directions with the same power; sector antennas

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Review

Estimating the risk of brain tumors from cellphone use: Published case–control studies

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Received 21 November 2008; accepted 30 January 2009

Abstract

This paper reviews the results of early cellphone studies, where exposure duration was too short to expect tumorigenesis, as well as two sets of more recent studies with longer exposure duration: the Interphone studies and the Swedish studies led by Dr. Lennart Hardell. The recent studies reach very different conclusions. With four exceptions the industry-funded Interphone studies found no increased risk of brain tumors from cellphone use, while the Swedish studies, independent of industry funding, reported numerous findings of significant increased brain tumor risk from cellphone and cordless phone use. An analysis of the data from the Interphone studies suggests that either the use of a cellphone *protects* the user from a brain tumor, or the studies had serious design flaws. Eleven flaws are identified: (1) selection bias, (2) insufficient latency time, (3) definition of ‘regular’ cellphone user, (4) exclusion of young adults and children, (5) brain tumor risk from cellphones radiating higher power levels in rural areas were not investigated, (6) exposure to other transmitting sources are excluded, (7) exclusion of brain tumor types, (8) tumors outside the cellphone radiation plume are treated as exposed, (9) exclusion of brain tumor cases because of death or illness, (10) recall accuracy of cellphone use, and (11) funding bias. The Interphone studies have all 11 flaws, and the Swedish studies have 3 flaws (8, 9 and 10). The data from the Swedish studies are consistent with what would be expected if cellphone use were a risk for brain tumors, while the Interphone studies data are incredulous. If a risk does exist, the public health cost will be large. These are the circumstances where application of the Precautionary Principle is indicated, especially if low-cost options could reduce the absorbed cellphone radiation by several orders of magnitude.

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Keywords: Electromagnetic field; Cellphone; Brain tumor; Mobile phone; Cellular phone; Cordless phone; Glioma; Acoustic neuroma; Meningioma; Funding; Interphone

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Review

Long-term exposure to magnetic fields and the risks of Alzheimer’s disease and breast cancer: Further biological research

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Abstract

Objective: Extremely low frequency (ELF) and radio frequency (RF) magnetic fields (MFs) pervade our environment. Whether or not these magnetic fields are associated with increased risk of serious diseases, e.g., cancers and Alzheimer’s disease, is thus important when developing a rational public policy. The Bioinitiative Report was an effort by internationally recognized scientists who have spent significant time investigating the biological consequences of exposures to these magnetic fields to address this question. Our objective was to provide an unbiased review of the current knowledge and to provide our general and specific conclusions. **Results:** The evidence indicates that long-term significant occupational exposure to ELF MF may certainly increase the risk of both Alzheimer’s disease and breast cancer. There is now evidence that two relevant biological processes (increased production of amyloid beta and decreased production of melatonin) are influenced by high long-term ELF MF exposure that may lead to Alzheimer’s disease. There is further evidence that one of these biological processes (decreased melatonin production) may also lead to breast cancer. Finally, there is evidence that exposures to RF MF and ELF MF have similar biological consequences. **Conclusion:** It is important to mitigate ELF and RF MF exposures through equipment design changes and environmental placement of electrical equipment, e.g., AC/DC transformers. Further research related to these proposed and other biological processes is required.

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Keywords: Extremely low frequency (ELF); Magnetic fields (MFs); Amyloid beta (Aβ); Melatonin; Alzheimer’s disease (AD)

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Disturbance of the immune system by electromagnetic fields—A potentially underlying cause for cellular damage and tissue repair reduction which could lead to disease and impairment

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Abstract

A number of papers dealing with the effects of modern, man-made electromagnetic fields (EMFs) on the immune system are summarized in the present review. EMFs disturb immune function through stimulation of various allergic and inflammatory responses, as well as effects on tissue repair processes. Such disturbances increase the risks for various diseases, including cancer. These and the EMF effects on other biological processes (e.g. DNA damage, neurological effects, etc.) are now widely reported to occur at exposure levels significantly below most current national and international safety limits. Obviously, biologically based exposure standards are needed to prevent disruption of normal body processes and potential adverse health effects of chronic exposure.

Based on this review, as well as the reviews in the recent Bioinitiative Report [<http://www.bioinitiative.org/>] [C.F. Blackman, M. Blank, M. Kundi, C. Sage, D.O. Carpenter, Z. Davanipour, D. Gee, L. Hardell, O. Johansson, H. Lai, K.H. Mild, A. Sage, E.L. Sobel, Z. Xu, G. Chen, The Bioinitiative Report—A Rationale for a Biologically-based Public Exposure Standard for Electromagnetic Fields (ELF and RF), 2007)], it must be concluded that the existing public safety limits are inadequate to protect public health, and that new public safety limits, as well as limits on further deployment of untested technologies, are warranted.

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Keywords: Immunology; Radiofrequency fields; Magnetic fields; Power-frequency

1. Introduction

Around the world, for a number of years, there has been an active debate involving the general public, scientists, journalists, politicians, and people from the electric power and telecom companies, all trying to answer the basic question: Is biology compatible with the ever-increasing levels of electromagnetic fields (EMFs)? Or, to put it in more layman's terms: Can we, as human beings, survive all the radiation? Are we built for a 24-h, whole-body irradiation life? Are we immune to these signals, or are we actually playing with our planet's future, putting life at stake? The answers appear to be: *No, we are not designed for such EMF exposure loads. We are not immune. We are gambling with our future.*

Very often the biggest threat from EMF exposure is said to be cancer. However, this is not the most horrifying scenario.

Just imagine if some basic *and general* molecular and/or cellular mechanism were altered. For instance, imagine if one morning the nitrogen-binding bacteria in the soil or the honey bees in the air had been destroyed beyond repair. Or, as this paper will indicate, imagine if our immune system, trying to cope with the ever-increasing electromagnetic signals, finally could not do so any longer!

Is the immune system designed to deal with “allergens” never present before, but now being invented, manufactured and used? Is it likely that our immune system, by some enormously intelligent ‘glitch’ in the evolutionary process has that capacity? Is that even remotely likely? *Of course, not.*

The recommended safe exposure levels have not taken this into account, since the existing standards are only based on the immediate heating of cells and tissues [most often evaluated in fluid-filled plastic dolls!]. They certainly do not take into consideration long-term effects or non-thermal effects that occur before heating can be detected. Furthermore, the recommendations do not take into account all available sci-

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Reproductive and developmental effects of EMF in vertebrate animal models

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Abstract

This paper reviews the literature data on the effects of electromagnetic fields (EMF), in the reproductive organs as well as in prenatal and postnatal development of vertebrate animals. Review articles which have been published till 2001, regarding the reproductive and developmental effects of the entire range of frequency of electromagnetic fields, were surveyed. Experimental studies which were published from 2001 onwards were summarized. Special focus on the effects of radiofrequencies related to mobile communication in the above mentioned topics has been made. According to the majority of the investigations, no strong effects resulted regarding the exposure to EMF of mobile telephony in the animal reproduction and development. However further research should be done in order to clarify many unknown aspects of the impact of EMF in the living organisms.

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Keywords: Electromagnetic fields (EMF); Mobile phones; Teratology; Endometrium; Testis

1. Introduction

During the 20th century, the exposure to electromagnetic fields (EMF) became an important source of concern about the possible effects in the living organisms. The artificial sources of electromagnetic radiation have risen tremendously because of the ongoing needs on electricity, telecommunications, and electronic devices. In this context, World Health Organisation (WHO) established in 1996 the International EMF project in order to assess health and environmental effects of exposure to EMF in the frequency range from 0 to 300 GHz. For the purpose of this paper this range will be divided into static (0 Hz), extremely low frequency (ELF > 0–300 kHz), intermediate frequencies (IF > 300–10 MHz) and radiofrequency (RF 10 MHz–300 GHz) fields [J. Juutilainen, Developmental effects of electromagnetic fields, *Bioelectromagnetics* 7 (2005) S107–S115]. The mobile phone technology is based on radiofrequency radiation with transmission of microwaves carrying frequencies between 880 and 1800 MHz [P.A. Valberg, T.E. van Deventer, M.H. Repacholi, Workgroup report:

base stations and wireless networks-radiofrequency (RF) exposures and health consequences, *Environ. Health Perspect.* 115 (2007) 416–424].

The mobile telephony revolution took place in the last decade. There is an increasing number of cell phone users all over the world. Also, new technologies which use the spectrum of high frequency emissions are incorporated in many aspects of telecommunications. As a consequence, there is a lot of interest about the possible effects of the radiation emitted from the machines which are engaged in the telephony such as hand phones, base stations and transmitters.

The biological effects of EMF have been and are being investigated on different levels of organization. On the level of human populations, epidemiological studies are used whereas, on the level of individuals human, animal and plant *in vivo* experiments are carried out. Furthermore, on the level of organs, tissues and cells *in vitro* investigations are employed. Finally, on the sub-cellular level, biochemical and molecular techniques are utilized.

From another point of view, many studies have been carried out or are in progress about the various effects of radiation emissions regarding the behaviour, cancer, central nervous system, sleep, children, cardiovascular system, immune function, reproduction and development [3].

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Electromagnetic pollution from phone masts. Effects on wildlife

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Abstract

A review on the impact of radiofrequency radiation from wireless telecommunications on wildlife is presented. Electromagnetic radiation is a form of environmental pollution which may hurt wildlife. Phone masts located in their living areas are irradiating continuously some species that could suffer long-term effects, like reduction of their natural defenses, deterioration of their health, problems in reproduction and reduction of their useful territory through habitat deterioration. Electromagnetic radiation can exert an aversive behavioral response in rats, bats and birds such as sparrows. Therefore microwave and radiofrequency pollution constitutes a potential cause for the decline of animal populations and deterioration of health of plants living near phone masts. To measure these effects urgent specific studies are necessary.

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Keywords: Effects on wildlife; Effects on birds; Electromagnetic radiation; Mammals; Microwaves; Mobile telecommunications; Non-thermal effects; Phone masts; Radiofrequencies

1. Introduction

Life has evolved under the influence of two omnipresent forces: gravity and electromagnetism. It should be expected that both play important roles in the functional activities of organisms [1]. Before the 1990's radiofrequencies were mainly from a few radio and television transmitters, located in remote areas and/or very high places. Since the introduction of wireless telecommunication in the 1990's the rollout of phone networks has caused a massive increase in electromagnetic pollution in cities and the countryside [2,3].

Multiple sources of mobile communication result in chronic exposure of a significant part of the wildlife (and man) to microwaves at non-thermal levels [4]. In recent years, wildlife has been chronically exposed to microwaves and RFR (Radiofrequency radiation) signals from various sources, including GSM and UMTS/3G wireless phones and base stations, WLAN (Wireless Local Area Networks), WPAN (Wireless Personal Area Networks such as Bluetooth), and DECT (Digital Enhanced (former European) Cordless Telecommunications) that are erected indiscriminately without studies of environmental impact measuring

long-term effects. These exposures are characterized by low intensities, varieties of signals, and long-term durations. The greater portion of this exposure is from mobile telecommunications (geometric mean in Vienna: 73% [5]). In Germany the GSM cellular phone tower radiation is the dominating high frequency source in residential areas [6]. Also GSM is the dominating high frequency source in the wilderness of Spain (personal observation).

Numerous experimental data have provided strong evidence of athermal microwave effects and have also indicated several regularities in these effects: dependence of frequency within specific frequency windows of "resonance-type"; dependence on modulation and polarization; dependence on intensity within specific intensity windows, including super-low power density comparable with intensities from base stations/masts [4,7–9]. Some studies have demonstrated different microwave effects depending on wavelength in the range of mm, cm or m [10,11]. Duration of exposure may be as important as power density. Biological effects resulting from electromagnetic field radiation might depend on dose, which indicates long-term accumulative effects [3,9,12]. Modulated and pulsed radiofrequencies seem to be more effective in producing effects [4,9]. Pulsed waves (in blasts), as well as certain low frequency modulations exert greater

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FM-radio and TV tower signals can cause spontaneous hand movements near moving RF reflector

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Abstract

For testing human sensitivity to radio frequency (RF) standing waves a movable reflecting wall was constructed. Radio waves from the radio-TV tower reflected back and formed a standing wave near the reflector. When the reflector was moved, the position of the maximums of the standing waves changed and the electromagnetic intensity changed in the body of the standing test subject. The computer with an AD-converter registered the signals of the hand movement transducer and the RF-meter with 100 MHz dipole antennas. A total of 29 adults of different ages were tested. There were 9 persons whose hand movement graphs included features like the RF-meter. Six showed responses that did not correlate with the RF-meter. There were also 14 persons who did not react at all. Sensitive persons seem to react to crossing standing waves of the FM-radio or TV broadcasting signals.

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Keywords: Sensorimotor responses; Radio frequency standing waves

1. Introduction

Radio frequency radiation (RFR) has been studied intensively in the near GHz region. Subjective symptoms, sleeping problems and cognitive performance have been reported in subjects living near mobile phone base stations [1]. In the recent past, frequencies of FM-radio and television (TV) signals have been much less studied even though these frequencies cause biological and health effects, too. The whole body resonance frequency of an average man and thus the maximum absorption of RF energy occur at 70–80 MHz [2]. This is near the frequencies used in very high frequency (VHF) broadcasting. The head and limbs absorb much more energy than the torso at frequencies above body resonance [3]. Greatest absorption in the head region of man occurs at a frequency of about 375 MHz [4]. Absorption is stronger for wave propagation from head to toe than it is when the electric field is parallel to the long axis. The authors [4] believed that the enhanced absorption in the head region may make

head resonance significant in the study of behavioral effects, blood–brain barrier permeability, cataractogenesis, and other microwave bioeffects. Even increased health risks like cancer, especially melanoma incidence, near FM broadcasting and television transmitters have been reported [5,6].

Nerve impulses initiate muscle contraction by calcium ion release from the sarcoplasmic reticulum, which takes place when electric nerve signals reach the plasma membrane and T-tubules of muscle fibers [7]. Voltage dependent Ca-channels open. Acetylcholine esterase (AChE) breaks down the acetylcholine, and Na-channels close [7]. It has been reported that the number of Ca²⁺ ions liberated from hen's frontal brain depends on the modulation frequency of the weak VHF radiation, with a maximum at a frequency of 16 Hz, while an unmodulated field causes no ion release [2,8]. Multiple RF power-density windows in calcium ion release from brain tissue have presented [9]. A significant decrease in AChE activity has been found in rats exposed to radio frequency radiation of 147 MHz and its sub-harmonics 73.5 and 36.75 MHz amplitude modulated at 16 and 76 Hz. A decrease in AChE activity was independent of carrier wave frequencies [10].

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Cell phone radiation: Evidence from ELF and RF studies supporting more inclusive risk identification and assessment[☆]

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Abstract

Many national and international exposure standards for maximum radiation exposure from the use of cell phone and other similar portable devices are ultimately based on the production of heat particularly in regions of the head, that is, thermal effects (TE). The recent elevation in some countries of the allowable exposure, that is, averaging the exposure that occurs in a 6 min period over 10 g of tissue rather than over 1 g allows for greater heating in small portions of the 10-g volume compared to the exposure that would be allowed averaged over 1-g volume. There is concern that ‘hot’ spots, that is, momentary higher intensities, could occur in portions of the 10-g tissue piece, might have adverse consequences, particularly in brain tissue.

There is another concern about exposure to cell phone radiation that has been virtually ignored except for the National Council of Radiation Protection and Measurements (NCRP) advice given in a publication in 1986 [National Council for Radiation Protection and Measurements, Biological Effects and Exposure Criteria for Radiofrequency Electromagnetic Fields, National Council for Radiation Protection and Measurements, 1986, 400 pp.]. This NCRP review and guidance explicitly acknowledge the existence of non-thermal effects (NTE), and included provisions for reduced maximum-allowable limits should certain radiation characteristics occur during the exposure.

If we are to take most current national and international exposure standards as completely protective of thermal injury for acute exposure only (6 min time period) then the recent evidence from epidemiological studies associating increases in brain and head cancers with increased cell phone use per day and per year over 8–12 years, raises concerns about the possible health consequences on NTE first acknowledged in the NCRP 1986 report [National Council for Radiation Protection and Measurements, Biological Effects and Exposure Criteria for Radiofrequency Electromagnetic Fields, National Council for Radiation Protection and Measurements, 1986, 400 pp.].

This paper will review some of the salient evidence that demonstrates the existence of NTE and the exposure complexities that must be considered and understood to provide appropriate, more thorough evaluation and guidance for future studies and for assessment of potential health consequences. Unfortunately, this paper is necessary because most national and international reviews of the research area since the 1986 report [National Council for Radiation Protection and Measurements, Biological Effects and Exposure Criteria for Radiofrequency Electromagnetic Fields, National Council for Radiation Protection and Measurements, 1986, 400 pp.] have not included scientists with expertise in NTE, or given appropriate attention to their requests to include NTE in the establishment of public-health-based radiation exposure standards. Thus, those standards are limited because they are not comprehensive.

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Keywords: Non-thermal effects; Electromagnetic fields; Exposure standards

1. Introduction

1.1. The current approach to exposure limits (based on heating and electric current flow in tissues)

It is universally accepted that radiofrequency radiation (RFR) can cause tissue heating (thermal effects, TE) and that extremely low-frequency (ELF) fields, e.g., 50

[☆] Disclaimer: The opinions expressed in this text are those of its author, and are not necessarily those of his employer, the U.S. Environmental Protection Agency.

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Late Lessons from Early Warnings: Towards realism and precaution with EMF?

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Abstract

The histories of some well-known public and environmental hazards, from the first scientifically based early warnings about potential harm, to the subsequent precautionary and preventive measures, have been reviewed by the European Environment Agency in their report “Late Lessons from Early Warnings: The Precautionary Principle 1896–2000”. This paper summarises some of the definitional and other issues that arise from the report and subsequent debates, such as the contingent nature of knowledge; the definitions of precaution, prevention, risk, uncertainty, and ignorance; the use of different strengths of evidence for different purposes; the nature and main direction of the methodological and cultural biases within the environmental health sciences; the need for transparency in evaluating risks; and public participation in risk analysis. These issues are relevant to the risk assessment of electro-magnetic fields (EMF). Some implications of these issues and of the “late lessons” for the evaluation and reduction of risks from EMF are indicated.

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Keywords: Late lessons; EMF; Precautionary principle, Evaluating evidence

1. Introduction

The histories of fourteen well-known hazards and their harm, which include some chemicals: tributyl tin (TBT), benzene, polychlorinated biphenyls (PCBs), chlorinated fluorocarbons (CFCs), methyl tert butyl ether (MTBE), sulphur dioxide, (SO₂) and Great Lakes pollution; two pharmaceuticals (diethylstilboestrol (DES) and beef hormones); two physical agents (asbestos and medical X-rays); one pathogen (BSE); and fisheries, have been reviewed by the European Environment Agency [1]. The purpose of the review was to see how societies had used, or not, the available scientific information in order to avoid or reduce hazards and risks, and at what overall cost.

Twelve “Late Lessons” were drawn which attempted to synthesise the very different experiences from the case studies into generic knowledge that can help inform decision making on potential hazards from, for example, GMOs [2,3], nanotechnologies [4], mobile phones [5,6] and such

endocrine disrupting substances as phthalates, atrazine and bisphenol A [7–9]. These emerging issues are all cases for which the luxuries of hindsight are not yet available but where there is some plausible evidence of harm, and where exposures are widespread and generally rising.

The purpose of the twelve late lessons is to help societies to make the most of both past experience and current knowledge in order to anticipate and reduce the impact of future “surprises” from technologies, without stifling innovation.

The “late lessons” are reproduced in **Box 1**.

2. The early use of precaution

John Graham, who was senior science policy advisor to President Bush, is a critic of the precautionary principle, but has nevertheless noted that:

Precaution, whether or not described as a formal principle, has served mankind well in the past and the history of public health instructs us to keep the spirit of precaution alive and well [10].

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Public health implications of wireless technologies

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Abstract

Global exposures to emerging wireless technologies from applications including mobile phones, cordless phones, DECT phones, WI-FI, WLAN, WiMAX, wireless internet, baby monitors, and others may present serious public health consequences. Evidence supporting a public health risk is documented in the BioInitiative Report. New, biologically based public exposure standards for chronic exposure to low-intensity exposures are warranted. Existing safety standards are obsolete because they are based solely on thermal effects from acute exposures. The rapidly expanding development of new wireless technologies and the long latency for the development of such serious diseases as brain cancers means that failure to take immediate action to reduce risks may result in an epidemic of potentially fatal diseases in the future. Regardless of whether or not the associations are causal, the strengths of the associations are sufficiently strong that in the opinion of the authors, taking action to reduce exposures is imperative, especially for the fetus and children. Such action is fully compatible with the precautionary principle, as enunciated by the Rio Declaration, the European Constitution Principle on Health (Section 3.1) and the European Union Treaties Article 174. © 2009 Elsevier Ireland Ltd. All rights reserved.

Keywords: Wireless technology; Brain cancer; Radiofrequency; Cell phones; Wireless antenna facilities; Childrens' health

1. Introduction and background

Exposure to electromagnetic fields (EMF) has been linked to a variety of adverse health outcomes that may have significant public health consequences [1–13]. The most serious health endpoints that have been reported to be associated with extremely low frequency (ELF) and/or RF include childhood and adult leukemia, childhood and adult brain tumors, and increased risk of the neurodegenerative diseases, Alzheimer's and amyotrophic lateral sclerosis (ALS). In addition, there are reports of increased risk of breast cancer in both men and women, genotoxic effects (DNA damage and micronucleation), pathological leakage of the blood–brain barrier, altered immune function including increased allergic and inflammatory responses, miscarriage and some cardiovascular effects [1–13]. Insomnia (sleep disruption) is reported in studies of people living in very low-intensity RF environments with WI-FI and cell tower-level exposures [85–93]. Short-term effects on cognition, memory and learning, behavior, reaction time, attention and concentration, and altered

brainwave activity (altered EEG) are also reported in the scientific literature [94–107]. Biophysical mechanisms that may account for such effects can be found in various articles and reviews [136–144].

The public health implications of emerging wireless technologies are enormous because there has been a very rapid global deployment of both old and new forms in the last 15 years. In the United States, the deployment of wireless infrastructure has accelerated greatly in the last few years with 220,500 cell sites in 2008 [14–16]. Eighty-four percent of the population of the US own cell phones [16]. Annualized wireless revenues in 2008 will reach \$144 billion and US spending on wireless communications will reach \$212 billion by 2008. Based on the current 15% annual growth rate enjoyed by the wireless industry, in the next 5 years wireless will become a larger sector of the US economy than both the agriculture and automobile sectors. The annualized use of cell phones in the US is estimated to be 2.23 trillion minutes in 2008 [16]. There are 2.2 billion users of cell phones worldwide in 2008 [17] and many million more users of cordless phones.

Over 75 billion text messages were sent in the United States, compared with 7.2 billion in June 2005, according to

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The London Resolution

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At a scientific conference on 27th November 2007 entitled—“Are Present ICNIRP EMF Exposure Recommendations Adequate?”, hosted by Roger Coghill and Robert Verkerk, at the Royal Society, London, scientists endorsed the BioInitiative Report, extended the 2006 Benevento Resolution and resolved that:

“We, the undersigned, do call on the UK Health Protection Agency (HPA), UK Government and all the health protection agencies and governments world-wide, to take note of the findings and recommendations in the BioInitiative Report (2007) [1] and its predecessors the Benevento Resolution (2006) [2], the Catania Resolution (2002) [3] and the Salzburg Resolution (2000) [4] to immediately reduce the guidelines for exposure to radiofrequency radiation (RF) and extremely low-frequency electromagnetic¹ fields (ELF-EMF) for the following reasons:

- The overwhelming evidence of adverse non-thermal health effects at exposures many times below the current guidelines.
- The near 100% penetration of the market in Europe, the USA and many other markets by mobile phones and increasing penetration elsewhere.
- The vast proliferation of wireless networks and devices beyond those envisaged at the time the current guidelines were set.

We call for the ICNIRP to reconvene as a matter of urgency to reassess the exposure guidelines and to develop and implement biologically based public safety limits reflecting the overall scientific evidence that existing ICNIRP guidelines are not sufficiently protective against health effects from chronic exposures to the rapidly increasing environmental-level ELF-EMF and RF.

Failing that:

- We call for the setting up of an independent body to define new biologically based public exposure limits and/or preventative actions, for ELF-EMF and RF, that address reported biological effects, which, with prolonged exposure, can reasonably be presumed to result in adverse health consequences.
- In the absence of such recommendations we suggest as an intermediate step that the HPA and UK Government immediately implement the ELF-EMF and RF recommendations of the BioInitiative Report 2007 and strive for the recommendations of the Public Health Department of the Government of Salzburg (2002) of 0.06 V/m for outdoor and 0.02 V/m for indoor RF exposure.

Based on the precautionary principle, children and vulnerable groups (such as people with epilepsy and heart conditions) should not be exposed to a risk of harm, thus we propose that

- Children under 16 should use mobile phones and cordless phones for emergency calls only.
- No Wi-fi, WiMax or other forms of wireless networking are placed in homes, schools or public areas or promoted for use thereof.
- That regular and frequent independent audits are undertaken of emissions to ensure that base stations (“masts”) do not exceed the new biologically based guidelines at any locality either singly or by accumulation. Such audits should be widely publicised and made available for public scrutiny.

The precautionary principle needs to be implemented.”
Signed:

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¹ Magnetic fields at 50–60 Hz.

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