

The Health Effects of Non-Ionising Radiation (NIR): RF Emissions from Mobile Phone Networks, Wi-Fi, and the Rollout of 5G

2020 Consensus Statement of UK and International Medical and Scientific Experts and Practitioners

By Physicians' Health Initiative for Radiation and

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Medical experts and practitioners from around the world have united once again to make clear their concerns regarding the health effects of escalating non-ionising radiation (NIR) exposures. NIR is electromagnetic energy ranging from Extremely Low Frequency (ELF) waves right the way up to Ultraviolet (UV). In particular, they are concerned about radiofrequency (RF) emissions from mobile phone networks, Wi-Fi, and the rollout of 5G.

Whilst such emissions were historically presumed to be biologically inert, and are still purported to be safe by many to this day, there is now highly credible evidence to the contrary. The main risks associated with exposure to such (wireless) non-ionising radiation in the peer-reviewed scientific literature include: increased cancer risk, cellular stress, increase in harmful free radicals, genetic damage, structural and functional changes of the reproductive system, learning and memory deficits, neurological disorders, and negative impacts on general well-being in humans.[1]

Mounting human epidemiological evidence of increased cancer has now been corroborated by 'clear evidence' of carcinogenesis from animal studies. These include the two largest investigations ever undertaken globally, from the widely respected National Toxicology Program (USA)[2,3] and Ramazzini Institute (Italy).[4] What is more, law courts are now validating such links with compensation for health damages from mobile phone radiation being won in a growing number of cases internationally.[5] Some legal teams are so certain of negative health effects that civil suits for Wi-Fi/other wireless injury are now being brought on a 'no win no fee' basis,[6] and insurance underwriters consider related risks to be 'high'.[7,8]

Hundreds of peer-reviewed scientific studies have demonstrated adverse biological effects occurring in response to a range of NIR exposures below current safety guidelines;[9] however emissions continue to escalate. Medical evidence of harm has now reached the critical mass necessary to inspire the medical community to step out of their usual roles, stand up and speak out regarding their concerns.

public health. Those responsible for exposing children to non-ionising radiation, especially in schools, should take immediate action to reduce exposure to non-ionising radiation of the children entrusted to their charge. There is sufficient evidence to now classify radiofrequency radiation as a human carcinogen. Action must be taken now to reduce human exposure to non-ionising radiation to as low as can be achievable, including a moratorium on the introduction of 5G." Anthony B. Miller, MD. Professor Emeritus, Dalla Lana School of Public Health, University of Toronto (<u>UofT</u>).**

What is the opposition to their warning? Industry ... in its many forms. Early warning experts have been ridiculed and silenced so many times before and yet as we continue to witness preventable deaths from smoking and asbestos, it seems we have learnt nothing. Industrial influences on public health policies continue to sacrifice evidence-based medicine in favour of revenue, which ultimately leads to those funds being reabsorbed in escalating health and social care costs. This is unsustainable as well as unethical.

The message from these doctors and scientists is a simple one:

"Progress is not progress when the cost to be paid is our health and the health of our children ... Let us stop, take a breath and use our human genius for true evolution that enhances our lives rather than sabotages them." Dr. Erica Mallery-Blythe – Founding Director of Physicians' Health Initiative for Radiation and Environment (PHIRE) and author of the Consensus Statement.

The document has been signed by medical groups representing over 3,500 medical doctors so far, including experienced clinicians and widely published and respected scientists who are experts in this field. It declares current safety levels to be inadequate and highlights some of the disease processes linked with NIR exposure in peer-reviewed publications; it points out the vulnerabilities of children[10] and other hypersensitive groups, whose symptoms may include sleep problems, impaired concentration, headaches, and mood disturbance;11 it also highlights the contravention of Human Rights and Equalities acts and requests urgent responses from governments and health authorities to halt further deployment of emitting technology and address current public health failures.

"In my lifetime our exposure to radiofrequency radiation has increased by up to a billion billion times. There is no excuse any more for pretending this is not harmful – to us and to all life on the planet. Radiofrequency radiation is the new tobacco. Anybody sincerely reading the science should be deeply, deeply concerned." Dr. Damien Downing – President of The British Society for Ecological Medicine (BSEM).

The statement is now open for signing by further experts, medical doctors and scientists in agreement, together with members of wider society who wish to register their concern. To read: click <u>here</u>. To sign: click <u>here</u>.

Potentially harmful personal exposure can be reduced by taking simple steps, such as:

Mobile phones: Do not use mobile phones except for emergencies. Store them in 'airplane' or 'flight' mode (with all wireless services disabled) and switched off. They can also be used to connect to the internet via wired Ethernet adaptors whilst in airplane mode. If you feel you must use them wirelessly then using speakerphone or an air tube headset will allow you

to keep the phone at a greater distance from your body, reducing the intensity of radiation exposure.

Wireless internet: Swap your wireless internet for a hardwired system by using wired Ethernet connections (adaptors are available for tablets also). Remember that because RF radiation is emitted from both devices and routers, you'll need to disable all wireless services on your router, as well as your devices. You can reduce emissions from computers by disabling the wireless card in the device manager, by using airplane/flight mode, or by turning off wireless services (e.g. Wi-Fi and Bluetooth) in network settings.

Landline phones: Swap your cordless landline for a corded speakerphone. If you must have wireless capability, get an ECO DECT phone with a good quality speakerphone, so that it can be used away from your brain, and use ECO mode. This will at least ensure that wireless radiation is emitted only when the phone is in use, rather than continuously, as with other models.

Smart meters: Request a hardwired (non-RF emitting) smart meter or analogue meter to ensure you and your neighbours are not subject to additional wireless radiation.

Other sources in the home: Other common household exposures may come from wireless: baby monitors and security systems, headphones/earphones, smart speakers and virtual assistants, smart TVs, TV boxes, and sticks, media players and printers, games consoles and controllers, and smart watches and fitness monitors – among various other 'smart' appliances, IoT devices, and wearables. In most cases there are hardwired alternatives which can be used instead, or flight modes which disable emissions when desired.

Sources outside the home: Emissions from publicly placed antennas and neighbours' homes might be possible to shield against, but expert advice and metering is recommended to best help reduce exposures.

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**Professor Miller, MD, FRCP, FRCP (C), FFPH, FACE, is an eminent physician and expert in preventative medicine, a scientific advisor to various scientific and health authorities, and a former Senior Epidemiologist and Senior Scientist at the World Health Organisation's (WHO) International Agency for Research on Cancer (IARC).

Notes

- 1 The 5G Appeal, 2017. Over 400 scientists and medical doctors have now signed this appeal.
- 2 <u>Wyde, M.E. et al., 2018</u>. National Toxicology Program Technical Report on The Toxicology and Carcinogenesis Studies in Hsd:Sprague Dawley SD Rats Exposed to Whole-Body Radio Frequency Radiation at a Frequency (900 Mhz) and Modulations (GSM And CDMA) Used by Cell Phones, National Institutes of Health Public Health Service U.S. Department of Health and Human Services.
- 3 Melnick, R, L., 2018. Commentary on the utility of the National Toxicology Program study on cell phone radiofrequency radiation data for assessing human health risks despite unfounded criticisms aimed at minimizing the findings of adverse health effects. Environ Res. 2019 Jan;168:1-6. doi:

10.1016/j.envres.2018.09.010. Epub 2018 Sep 20.

4 <u>Falcioni et al., 2018</u>. Report of final results regarding brain and heart tumors in Sprague-Dawley rats exposed from prenatal life until natural death to mobile phone radiofrequency field representative of a 1.8 GHz GSM base station environmental emission. Environ Res. 2018 Aug;165:496-503. doi: 10.1016/j.envres.2018.01.037.

5 The Court of Appeal of Turin full judgment, 13 January 2020 (904/2019 of 3.12.2019, Romeo v. INAIL).

6 Premier Compensation Lawyers, 2020. WIFI.

7 <u>Swiss Re, 2019</u>. 'Off the leash – 5G mobile networks', in Swiss Re SONARNew emerging risk insights. p.29.

8 <u>Environmental Health Trust, 2019</u>. 'Insurance Authorities rate 5G and Electromagnetic Radiation as High Risk'.

9 Biolnitiative Working Group, Sage, C. and Carpenter, D, Editors (2012). Biolnitiative Report: A Rationale for a Biologically- based Public Exposure Standard for Electromagnetic Radiation at www.bioinitiative.org. As updated in 2014, 2018, 2019, and 2020.

10 Morgan et al., 2014. Why children absorb more microwave radiation than adults: The consequences. Journal of Microscopy and Ultrastructure. 2(4):197-204. doi: 10.1016/j.jmau.2014.06.005.

11 <u>Belyaev et al, 2016</u>. EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses. Rev Environ Health. 2016 Sep 1;31(3):363-97. doi: 10.1515/reveh-2016-0011.

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