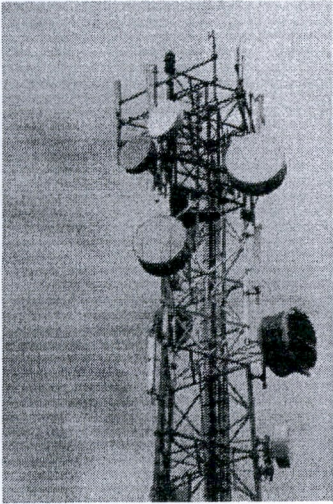


Kelly

Cell Tower Health Risks



Cell Towers are the base stations which control cell (or mobile) phone communication. The term "cell site" can also be used – to include all cell phone towers, antenna masts and other base station forms.

Each cell tower serves a small area around it, known as a cell. Service providers are scrambling to improve their coverage and to service more users, so they need to keep on building more cell sites.

Increased cellphone traffic also contributes to cell tower density. When a cell becomes too busy, a frequent solution is to divide it into smaller cells, which then require more cell sites.

There are over 300,000 cell sites in the USA alone, and in the U.K. over 60,000, and these figures are more than doubling every 10 years.

Cell tower radiation from chimneys?



Cell sites may take the form of a mast or tower, but may also be disguised, in some cases so they cannot be visually discerned at all.

You might notice the camouflaged “trees”, but perhaps not the cell sites on top of buildings, looking like elongated loudspeaker boxes.

You’d very likely fail to notice cell sites installed around chimneys, church steeples, even flagpoles. I have even seen a small cell site installed on the wall of a private house. No doubt the owner was collecting a useful rental, and probably had some screening from the radiation.

But his neighbors were unprotected.

Where a base station is installed on top of a building where people live or work, those people are usually quite unaware that there is a cell site close by, and of the high levels of radiation that they are subjected to every day.

Cell tower health dangers

The cellular phone industry continues to maintain that cell phone towers pose no health risk, but fewer people believe that these days. Almost all scientists in this field would disagree that cell towers are safe, except those employed by the industry, perhaps.

There is strong evidence that electromagnetic radiation from cell phone towers is damaging to human (and animal) health.



Example: A study into the effects of a cell tower on a herd of dairy cattle was conducted by the Bavarian state government in Germany and published in 1998.

The erection of the tower caused adverse health effects resulting in a measurable drop in milk yield.

Relocating the cattle restored the milk yield. Moving them back to the original pasture recreated the problem. [DairyCowStudy.pdf](#).

A human study (Kempton West) in 2007 measured blood levels of serotonin and melatonin (important hormones involved in brain messaging, mood, sleep regulation and immune system function) both before, and five months after, the activation of a new cell site.

Twenty-five participants lived within 300 meters of the site. Substantial unfavorable changes occurred with respect to both hormones, in almost all participants. [Kempton West Study](#).

Can Cell Towers Cause Cancer?

A study performed by doctors from the German city of Naila monitored 1000 residents who had lived in an area around two cell phone towers for 10 years. During the last 5 years of the study they found that those living within 400 meters of either tower had a newly-diagnosed cancer rate three times higher than those who lived further away.

Breast cancer topped the list, but cancers of the prostate, pancreas, bowel, skin melanoma, lung and blood cancer were all increased. [NailaStudy.pdf](#)



Very few studies have specifically concentrated on cancer risk from cell phone towers. This lack of studies is in itself a cause for concern, especially since anecdotal evidence is plentiful.

For example, in a case known as “Towers of Doom”, two cell masts were installed (in 1994) on a five story apartment building in London. Residents complained of many health problems in the following years. Seven of them were diagnosed with cancer.

The cancer rate of the top floor residents (closest to the tower) was 10 times the national average. Further info.

Even the World Health Organization has conceded that radio-frequency radiation may cause cancer. See this report.

If cell towers are causing cancer, you would expect it to occur after several years of exposure, because damage from radiation exposure accumulates over time. Cancer only occurs when all body defenses and repair mechanisms have been exhausted and overwhelmed.

During those years, our bodies would be stressed by that radiation every day. This affects our health in other ways, too.

Other Cell Tower Health Effects

Individuals differ in their response to electromagnetic radiation.

For some people, short term effects from cell tower radiation exposure may include headaches, sleep disorders, poor memory, mental excitation, confusion, anxiety, depression, appetite disturbance and listlessness.

A small group of doctors from Bamberg, Germany, conducted their own study in 2005. They found increasing levels of both minor and serious health problems in patients exposed to higher radiation levels.

These health problems included tumors, diabetes, heart rhythm disturbances, inflammatory conditions, joint and limb pains, frequent infections, headaches, sleep disturbances, depression and memory problems.

Makes you wonder how much more information would be revealed by a well-designed and well-funded government study!

So don't just worry about cancer. Those doctors found that all kinds of illnesses showed a similar pattern: a higher incidence in patients with higher radiation exposure.

The American Academy of Environmental Medicine reports that studies demonstrate “significant harmful biological effects occur from non-thermal RF exposure”, and these effects may include genetic damage, reproductive defects, cancer, neurological degeneration and nervous system dysfunction, immune system dysfunction, cognitive

effects, protein and peptide damage, kidney damage, and developmental effects – all of which have been reported in peer-reviewed scientific literature. [Further Info](#).

Legal Cell Tower Radiation Levels

The current legal limit for cell site radiation in the US and the UK is 1000 microwatts per square centimeter.

Other countries have set limits as low as 1 microwatt per square centimeter! Switzerland, Italy, China and others manage perfectly well with a limit of 10 microwatts per square centimeter.

Why such a huge difference? It appears that some governments are more concerned about EMF safety than others.

The truth is that no one really knows what level of cell tower radiation will prove to be safe in the long term.

But isn't that a good reason to set a low limit, not a high one?

It appears that current EMF limits in the US and UK may have been influenced more by economic and political motives than by health and safety concerns.

Cell towers safe distance

It is hard to predict how much radiation you will experience in your house or workplace.

- Different cell sites emit different amounts of radiation.
- Radiation levels from a single cell site also vary, depending on usage at different times of the day.
- Radiation from a single cell tower may be different in different directions.
- Radiation is affected by the lie of the land too, and by shielding and reflections from buildings.
- And finally, the construction of your house affects its resistance to radio-frequency EMF.

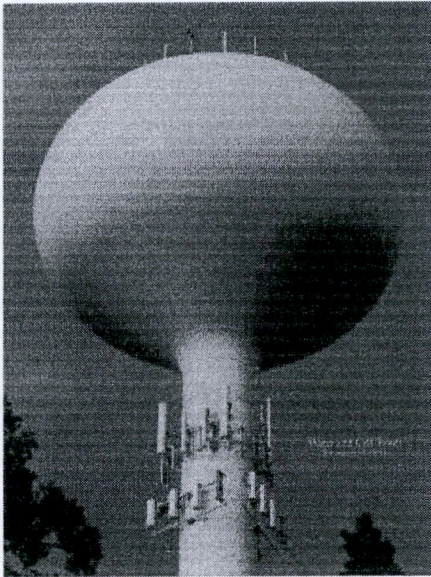
It can also happen that the cell tower you are aware of in your neighborhood is not actually the closest cell site to your house.

Cell sites are often disguised. And many units are much smaller than the old familiar towers (though not necessarily less potent), and installed in unexpected locations.

So start off by making a careful check of your area, to find all the cell sites. Then use a map to work out the distance from each cell site to your house.

If the closest cell site is more than 400 meters away, you are probably not being harmed by it – although high risk groups and electro-sensitive people may need to be more cautious.

Cell tower – Personal Protection



If you are still concerned, try to get hold of an RF (radio frequency) gauss meter designed for measuring electromagnetic radiation in the cell phone frequency (microwave) range.

Another alternative is to order an EMF survey of your property. (EM Watch conducts EMF surveys in the southern half of England.)

Be aware that in every house there are rooms (and areas within rooms) where EMF radiation is higher or lower, just as some parts of your house may be brighter or darker because of window placement.

An EMF meter, or a survey will tell you which places in your home are safe, and which are not ideal for spending lots of time in.

When you next change your job or your house, find out how far away you are going to be from the nearest cell site, and let that influence your decision. Do the same when you decide where to send your child to school.

If you are still worried about cell tower radiation – here are some things you can do

- Spend less time in rooms where you can see the tower from a window. Rooms on the far side of the house from the tower will usually have lower EMF levels.

- EMFs are cumulative. You can't control the radiation coming from the cell tower, but do what you can to reduce EMF from other sources.
- Get a radio-frequency EMF meter and measure the radiation levels in different parts of your house. (Measurement with a suitable meter is the only sure way to know how much radiation you are receiving at any particular spot.)
- Consider shielding to reduce cell tower EMF – it can be shielded with special window film, metallic mesh curtaining, EMF paint, and metal foil in the roof.

High EMF levels are but one source of stress to the body. If your options for reducing EMF are limited, you can help your body in other ways, for example by minimizing exposure to other kinds of pollution in your air, water and food.

Good nutrition, exercise, and plenty of quality sleep will help your body repair radiation damage.

For more suggestions see our page [EMF Protection Tips](#).

In the long term, we need to find ways of providing cell phone services without exposing people to high levels of cell tower and cell phone radiation.

You may find these articles helpful:

[Power Lines and Sub-Stations](#)

[EMF Protection Tips](#)

[EMF Health Effects](#)

[Cell Phones](#)

[Smart Meters](#)

[What EMF Does to You](#)

[Measure Radio-Frequency Radiation](#)

<http://mieuxprevenir.blogspot.com/2012/11/san-diego-state-university-brain-cancer.html>

18 November 2012

San Diego State University Brain Cancer Cluster from Cell Tower?

31 May 2013: This recent example from France is related to the post which follows:

After two cases of cancer in children in the same village of 1,850 inhabitants in the north of France, members of three health agencies, including radiofrequency experts, travelled to the village to hold a public meeting on 22 May 2013 on this issue. Parents felt that the cause may be due to the presence of three mobile phone antennas near the school. One agency is ANSES, the French National Agency for Health, Environment, and Safety. Although not convinced that the mobile phone antennas may be the cause of the cancer, "we are not waiting until a third cancer declares itself," said the regional delegate of Priartem, a national association for the regulation of placement of mobile phone antennas. She is outraged by the manner in which health monitoring is practiced by agencies when confronted with cancer clusters, defined as several cases of cancer (generally of the same type) observed within a group of individuals in a more or less limited geographical area and over the course of a limited period of time."
(Ref: "Radiofréquences : trois agences sanitaires font de la pédagogie", Journal de l'environnement, 17 May 2013.)

Has any health authority seriously investigated the cancer cluster at SDSU?

A mother talks about her 29-year-old son and others at San Diego State University (SDSU) who died of brain cancer within two years of exposure. SDSU remains silent and San Diego journalists will not report the story.

Please also see this article by Rich's mother, Virginia Farver.



Rich Farver

Testimony of Virginia Farver, Fort Collins, Colorado

Posted on EMR Action Day site – 21 April 2012

I lost my beautiful, 29-year-old son Rich to glioblastoma multiforme (GBM) brain cancer on October 11, 2008.

Early in 2008, Rich was working as a teaching assistant in Political Science at San Diego State University (SDSU), where he had received his master's degree. He was a very kind young man who would occasionally go golfing with the professors.

He was in the process of applying for law school, but had confided to me, "I don't know that I can make it through law school because I can't remember things." He was having headaches, memory problems, nosebleeds and excessive sweating and fatigue. I had been noticing that something was off with him. He needed to sleep all the time. There was a blood vessel coming from the right side of his head through his hairline and protruding across this forehead. His girlfriend Jennifer told me he would sleep for hours, curled up like a cat during the day by the patio window. This was not like him.

At the time of Rich's GBM diagnosis in March 2008, Dr. V. Tantuwaya from Poway, CA told us that his cell phone was the culprit. Rich's tumor was

located in his right frontal lobe and he was right-handed. This is referred to as an ipsilateral tumor, one on the same side as where the phone was held.

Rich wanted to live. He had always been a good kid, never drank or did drugs. At 6'2", he'd been on varsity basketball in high school, and was very healthy. So cancer was unthinkable. I told Rich I'd do anything to keep him alive. But after surgery, chemo and radiation, with nine MRIs, multiple hospitals and hospice, he died, seven months following diagnosis.

I learned that similar brain cancers were happening to others on campus. An English teacher, Laurel Amtower, thanked SDSU colleagues for their support before she went through chemo and radiation. She died, too, leaving a 12-year-old daughter. She didn't realize that some she thanked were probably partly responsible for her death.

On August 7, 2009, nine months after Rich's death, I found articles and a video about a "Brain Cancer Cluster on the San Diego State University Campus." I read these (listed below) several times before ending up on the floor. I contacted the SDSU Administration, but was bounced around from one person to another. I then drove to San Diego and stayed the whole month of October 2009. I met off-campus with some professors mentioned in the articles. They told me they had asked for a toxicology study, as there is a huge cell tower right next to the building where Rich spent most of his time grading papers and doing research: Nasatir Hall.

After I returned home, the SDSU Administration sent me an epidemiological report written by a Dr. Thomas Mack. In the third paragraph, Dr. Mack stated he has, "no known knowledge of any chemical or radiation concerns and therefore there are none." That's not a scientific conclusion, it's a cover-up.

I e-mailed Dr. Mack, and he called me at home! I asked him about this cell tower on top of the Communications Building. This rises over Nasatir Hall, where most of the brain cancer victims were located. Dr. Mack quickly denied the connection to the cancer cluster. I then told him of everyone's concerns. He said, "They should be concerned." This made me furious. It didn't make any sense. And the SDSU Administration would not conduct a toxicology study because of Dr. Mack's report! Like some professors, I have requested a study on several occasions, but have received no response.

I then looked into the tower on my own. Owned by Sprint, it has HPWREN or High Performance Wireless Research and Educational Network on it, with a BackBone Node to the UC-SD Supercomputer Center. It also has a GWEN, or Ground Wave Emergency Network, with emissions known to hug the ground. These towers are capable of sending signals hundreds of miles, including to several remote laboratories across California. There is an additional tower on campus on the KPBS News Station. Similar towers are on many college campuses across the US, via the Lambda or Tera Grid, also called the 'smart' grid. Engineers are developing "smart", or "AMI" meters, appliances and whatever else they can dream up to deploy microwave radiation everywhere. This grid is the "military-industrial complex" of which President Dwight Eisenhower warned US citizens of in his 1961 Farewell Speech. He warned of its grave consequences. I know of these consequences.

After Laurel Amtower died of brain cancer on August 29, 2010, I contacted NBC in San Diego. At first, Producer Paul Krueger was interested in doing another story. After I gave him this new information, SILENCE.

I then contacted the San Diego Tribune. A reporter called me at home. He told me that this story would NEVER get out in San Diego. I asked, "Why?" He said, "Because of money." I also contacted the CA Governor's office and area Representative Marti Emerald. Both referred me back to SDSU.

For a month in October 2011, I stood hours each day outside the campus cafeteria, where the kids would congregate and walk to get to their classes. I had about 15 signs taped up against the wall. One said, "Will you be the next victim?" Others said, "Read your cell phone manuals. They say not to hold the phone to your head. Don't keep it in your pocket. It will do genetic damage." Others warned about Wi-Fi and more.

They looked frightened, but they would still grab their cell phones. They would text while walking and ignore everything around them. Some would take pictures, or would peek out of the side of their eyes. A few talked with me.

While there, I walked to Nasatir Hall. Kids were sitting all around. The leaves were dying on the trees. Measurements on an RF meter were beyond the range of the meter. Some kids were high up on outdoor balconies at their dorms, near the levels of the massive discs and antennas on the towers.

When I went directly to Room 131, where Rich and others who died of cancer had worked, I found it all closed up. A policeman asked me what I was doing there. I told him about my son. He asked me about the towers and told me he has two young children.

The known SDSU brain cancer victims are listed below. In addition to the brain cancers there are also breast cancers in the vicinity. The professors are afraid for both their health and their jobs. I've told the SDSU Administration, "I'm not going away!"

- RICH FARVER - DIAGNOSED AND DIED FROM GBM BRAIN CANCER, 2008/ NASATIR HALL, ROOM 131
- CHARLES CUTTER - DIAGNOSED AND DIED FROM GBM BRAIN CANCER, 2008/ NASATIR HALL, ROOM 131
- LOU TERRELL - DIAGNOSED WITH LYMPHOMA BRAIN CANCER, 2008/ NASATIR HALL, ROOM RIGHT NEXT TO 131
- DWIGHT ANDERSON - DIAGNOSED WITH DIFFERENT FORM OF CANCER AND DIED 2008/ NASATIR HALL, ROOM 131
- RICHARD FUNSTON - DIAGNOSED AND DIED FROM GBM BRAIN CANCER IN 90'S WITH CELL TOWER PRESENT/ NASATIR HALL, ROOM 131
- MRS. KATHY O'HARA - DIAGNOSED WITH GBM BRAIN CANCER MAY 2008/ KPBS NEWS STATION ON CAMPUS
- MS. LAUREL AMTOWER - DIAGNOSED WITH GBM NOVEMBER 2009, DIED AUGUST 29, 2010/ ARTS AND LETTERS BUILDING, RIGHT NEXT TO NASATIR HALL

SDSU brain cancer articles and video: (some of these may have already disappeared from the Internet)

www.nbcsandiego.com/news/local-beat/Coincidence-or-Cluster.html
www.nbcsandiego.com/news/health/SDSU_Room_Haunted_by_Cancer_San_Diego.html

www.healthjournalism.org/blog/tag/brain-cancer

www.healthjournalism.org/blog/2009/03/san-diego-cancer-clusters-hazard-

[O...](#)

<http://emractionday.org/story/virginia-farver-fort-collins-co-us>

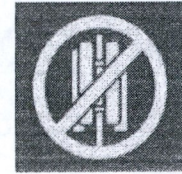
Mrs. Farver may be contacted at:

Virginia Farver

vrfarv@hotmail.com

970-689-3798 corded landline only

Scientists warn of potential serious health effects of 5G



September 13, 2017

We the undersigned, more than 180 scientists and doctors from 35 countries, recommend a moratorium on the roll-out of the fifth generation, 5G, for telecommunication until potential hazards for human health and the environment have been fully investigated by scientists independent from industry. 5G will substantially increase exposure to radiofrequency electromagnetic fields (RF-EMF) on top of the 2G, 3G, 4G, Wi-Fi, etc. for telecommunications already in place. RF-EMF has been proven to be harmful for humans and the environment.

(Note: [Blue links](#) below are references.)

5G leads to massive increase of mandatory exposure to wireless radiation

5G technology is effective only over short distance. It is poorly transmitted through solid material. Many new antennas will be required and full-scale implementation will result in antennas every 10 to 12 houses in urban areas, **thus massively increasing mandatory exposure.**

With "[the ever more extensive use of wireless technologies](#)," nobody can avoid to be exposed. Because on top of the increased number of 5G-transmitters (even within housing, shops and in hospitals) according to estimates, "[10 to 20 billion connections](#)" (to refrigerators, washing machines, surveillance cameras, self-driving cars and buses, etc.) will be parts of the Internet of Things. All these together can cause a substantial increase in the total, long term RF-EMF exposure to all EU citizens.

Harmful effects of RF-EMF exposure are already proven

[More than 230 scientists from 41 countries](#) have expressed their "serious concerns" regarding the ubiquitous and increasing exposure to EMF generated by electric and wireless devices already before the additional 5G roll-out. They refer to the fact that "numerous recent scientific publications have shown that *EMF affects living organisms at levels well below most international and national guidelines*". Effects include increased cancer risk, cellular stress, increase in harmful free radicals, genetic damages, structural and functional changes of the reproductive system, learning and memory deficits, neurological disorders, and negative impacts on general well-being in humans. Damage goes well beyond the human race, as there is growing evidence of harmful effects to both [plants](#) and [animals](#).

After the scientists' appeal was written in 2015 additional research has convincingly confirmed serious health risks from RF-EMF fields from wireless technology. The world's largest study (25 million US dollar) [National Toxicology Program \(NTP\)](#), shows statistically significant increase in the incidence of *brain and heart cancer* in animals exposed to EMF below the ICNIRP (International Commission on Non-Ionizing Radiation Protection) guidelines followed by most countries. These results support results in human epidemiological studies on RF radiation and brain tumour risk. [A large number of peer-reviewed scientific reports](#) demonstrate harm to human health from EMFs.

The International Agency for Research on Cancer (IARC), the cancer agency of the World Health Organization (WHO), in 2011 concluded that EMFs of frequencies 30 KHz – 300 GHz are possibly [carcinogenic to humans \(Group 2B\)](#). However, new studies like the NTP study mentioned above and several epidemiological investigations including the latest studies on mobile phone use and brain cancer risks confirm that [RF-EMF radiation is carcinogenic to humans](#).

The [EUROPA EM-EMF Guideline 2016](#) states that "there is strong evidence that *long-term exposure to certain EMFs is a risk factor for diseases* such as certain cancers, Alzheimer's disease, and male infertility...Common EHS (electromagnetic hypersensitivity) symptoms include headaches, concentration difficulties, sleep problems, depression, lack of energy, fatigue, and flu-like symptoms."

An increasing part of the European population is affected by ill health symptoms that have for many years been linked to exposure to EMF and wireless radiation in the scientific literature. The International Scientific Declaration on EHS & multiple chemical sensitivity (MCS), Brussels 2015, declares that: "In view of our present scientific knowledge, we thereby stress all national and international bodies and institutions...to recognize EHS and MCS as true medical conditions which acting as sentinel diseases may create a *major public health concern in years to come worldwide* i.e. in all the countries implementing unrestricted use of electromagnetic field-based wireless technologies and marketed chemical substances... ***Inaction is a cost to society*** and is not an option anymore... we unanimously acknowledge this serious hazard to public health...that major primary *prevention measures are adopted and prioritized, to face this worldwide pan-epidemic in perspective.*"

Precautions

The Precautionary Principle (UNESCO) was adopted by EU 2005: "*When human activities may lead to morally unacceptable harm that is scientifically plausible but uncertain, actions shall be taken to avoid or diminish that harm.*"

Resolution 1815 (Council of Europe, 2011): "*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...Assembly strongly recommends that the ALARA (as low as reasonably achievable) principle is applied, covering both the so-called thermal effects and the athermic [non-thermal] or biological effects of electromagnetic emissions or radiation" and to "improve risk-assessment standards and quality".*

The Nuremberg code (1949) applies to all experiments on humans, thus including the roll-out of 5G with new, higher RF-EMF exposure. All such experiments: "*should be based on previous knowledge (e.g., an expectation derived from animal experiments) that justifies the experiment. No experiment should be conducted, where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.*" (Nuremberg code pts 3-5). Already published scientific studies show that there is "a priori reason to believe" in real health hazards.

The European Environment Agency (EEA) is warning for "Radiation risk from everyday devices" in spite of the radiation being below the WHO/ICNIRP standards. EEA also concludes: "*There are many examples of the failure to use the precautionary principle in the past, which have resulted in serious and often irreversible damage to health and environments...harmful exposures can be widespread before there is both 'convincing' evidence of harm from long-term exposures, and biological understanding [mechanism] of how that harm is caused.*"

"Safety guidelines" protect industry – not health

The current ICNIRP "safety guidelines" are obsolete. All proofs of harm mentioned above arise although the radiation is below the ICNIRP "safety guidelines". Therefore new safety standards are necessary. The reason for the misleading guidelines is that "conflict of interest of ICNIRP members due to their *relationships with telecommunications or electric companies* undermine the impartiality that should govern the regulation of Public Exposure Standards for non-ionizing radiation...To evaluate cancer risks it is necessary to include scientists with competence in medicine, especially oncology."

The current ICNIRP/WHO guidelines for EMF are based on the obsolete hypothesis that "The critical effect of RF-EMF exposure relevant to human health and safety is heating of exposed tissue." However, scientists have proven that many different kinds of *illnesses and harms are caused without heating* ("non-thermal effect") at radiation levels well below ICNIRP guidelines.

We urge the EU:

- 1) To take all reasonable measures to halt the 5G RF-EMF expansion until independent scientists can assure that 5G and the total radiation levels caused by RF-EMF (5G together with 2G, 3G, 4G, and WiFi) will not be harmful for EU-citizens, especially infants, children and pregnant women, as well as the environment.
- 2) To recommend that all EU countries, especially their radiation safety agencies, follow Resolution 1815 and inform citizens, including, teachers and physicians, about health risks from RF-EMF radiation, how and why to avoid wireless communication, particularly in/near e.g., daycare centers, schools, homes, workplaces, hospitals and elderly care.
- 3) To appoint immediately, without industry influence, an EU task force of independent, truly impartial EMF-and-health scientists with no conflicts of interest¹ to re-evaluate the health risks and:
 - a) To decide about new, safe "maximum total exposure standards" for all wireless communication within EU.
 - b) To study the total and cumulative exposure affecting EU-citizens.
 - c) To create rules that will be prescribed/enforced within the EU about how to avoid exposure exceeding new EU "maximum total exposure standards" concerning all kinds of EMFs in order to protect citizens, especially infants, children and pregnant women.
- 4) To prevent the wireless/telecom industry through its lobbying organizations from persuading EU-officials to make decisions about further propagation of RF radiation including 5G in Europe.
- 5) To favor and implement wired digital telecommunication instead of wireless.

We expect an answer from you no later than **October 31, 2017** to the two first mentioned signatories about what measures you will take to protect the EU-inhabitants against RF-EMF and especially 5G radiation. This appeal and your response will be publicly available.

Respectfully submitted,

Rainer Nyberg, EdD, Professor Emeritus (Åbo Akademi), Vasa, Finland (NRNyberg@abo.fi)

Lennart Hardell, MD, PhD, Professor (assoc) Department of Oncology, Faculty of Medicine and Health, University Hospital, Örebro, Sweden (lennart.hardell@regionorebrolan.se)

WE will add signatories to the following list through the end of 2017. The updated list of signatories and the appeal can be found later [HERE](#).



¹ Avoid similar mistakes as when the [Commission \(2008/721/EC\)](#) appointed [industry supportive members for SCENIHR](#), who submitted to EU [a misleading SCENIHR report](#) on health risks, [giving telecom industry a clean bill to irradiate](#) EU-citizens. The report is now quoted by radiation safety agencies in EU.

Signatories to the 5G Appeal (As of September 13, 2017)

Note: The endorsements are personal and not necessarily supported by the affiliated universities or organizations.

EU and European Nations

AUSTRIA

Gerd Oberfeld, MD, Public Health Officer, Salzburg

BELGIUM

Marie-Claire Cammaerts, PhD, Researcher (retired), Faculty of Science, Free University of Brussels, Brussels

CYPRUS

Stella Canna Michaelidou, PhD, Chemist Expert on Environment, Health and Food Safety, President of the Cyprus National Committee on Environment and Children's Health

FINLAND

Marjukka Hagström, LL.M, M.Soc.Sc., Senior researcher, The Finnish Electrosensitivity Foundation, Turku

Osmo Hänninen, PhD, Professor Emeritus (Physiology), Kuopio

Georgiy Ostroumov, PhD (in the field of RF EMF), independent researcher

FRANCE

Marc Arazi, MD, Physician (Whistleblower on Phonegate international scandal), Nogent-sur-Marne

Dominique Belpomme, MD, MSc, Full Professor in Medical Oncology; Director of ECERI, Paris University, Paris & European Cancer and Environment Research Institute, Brussels

Philippe Irigaray, PhD, Scientific Director, Association for Research on Treatment against Cancer (ARTAC), Paris; European Cancer and Environment Research Institute (ECERI), Brussels

Vincent Lauer, Ing. ECP, Independent Researcher, La Chapelle sur Erdre

Annie J Sasco, MD, DrPH, Former Director of Research, French National Institute of Health and Medical Research; Former Chief of Epidemiology for Cancer Prevention, International Agency for Research on Cancer; Former Acting Chief of Program, Cancer Control, World Health Organization, Bordeaux

GERMANY

Franz Adlkofer, MD, Professor, Pandora-Foundation for Independent Research

Christine Aschermann, MD (retired) member of the Kompetenzinitiative e.V., Leutkirch

Mario Babilon, Dr. rer. nat., Professor, Baden-Wuerttemberg Cooperative State University Stuttgart

Wolf Bergmann, Dr. med., Kompetenzinitiative zum Schutz von Mensch, Umwelt und Demokratie e.V., Freiburg

Rainer Frentzel-Beyme, MD, Professor emeritus, University of Bremen.

Helmut Breunig, Diploma degree in forestry, Specialty: Radio frequency injuries on trees around phone masts, Osterode am Harz

Klaus Buchner, Dr. rer. nat., Professor, MEP – Member of the European Parliament, Kompetenzinitiative zum Schutz von Mensch, Umwelt und Demokratie e.V., München

Horst Eger, Dr. med., Ärztlicher Qualitätszirkel "Elektromagnetische Felder in der Medizin - Diagnostik, Therapie, Umwelt", Naila

Karl Hecht, Dr, Professor of Pathophysiology and Neurophysiology (Emeritus of the Medical center Charite), Berlin

Peter Hensinger, MA, diagnose:funk, consumer protection organisation, Stuttgart

Markus Kern, Dr. med., Kompetenzinitiative zum Schutz von Mensch, Umwelt und Demokratie e.V., Kempten

Florian M. König, Dr.Sc. Man. Dir. & Science Header of the Company/Institute "Florian König Enterprises GmbH"

Andrea Leute, Dr. med., Ärzteinitiative Mobilfunk Allgäu-Bodensee-Oberschwaben, Überlingen

Martin Lion, Dr. med., Allgemeinmedizin - Homöopathie, Ulm

Peter Ludwig, Dr. phil., Kompetenzinitiative zum Schutz von Mensch, Umwelt und Demokratie e.V., Saarbrücken

Willi Mast, Dr., Arzt für Allgemeinmedizin und Innere Medizin, Gelsenkirchen

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**Actions from Peer Review of the Draft NTP Technical Reports on
Cell Phone Radiofrequency Radiation
March 26-28, 2018**

The National Toxicology Program (NTP) convened the NTP Technical Reports Peer Review Panel ("the Panel") on March 26-28, 2018, to peer review two *Draft NTP Technical Reports on Cell Phone Radiofrequency Radiation*. Meeting information, including the draft reports, is available at the NTP website (<https://ntp.niehs.nih.gov/go/36144>). A meeting report will be prepared and posted to the NTP website when completed.

The Panel was divided into two groups. Panel 1 provided consultation on the reverberation chamber technology and Panel 2 provided recommendations on the study findings and NTP's draft conclusions. NTP will consider these comments when finalizing the technical reports. When completed, the technical reports will be published on the NTP website (<https://ntp.niehs.nih.gov/go/189>).

Panel 1 agreed that the reverberation chamber technology was adequate for generating the fields used to assess the effects of cell phone radiofrequency (RFR) exposure in rats and mice.

Working from NTP's scale of *clear evidence, some evidence, equivocal evidence, and no evidence*, Panel 2 made the following recommendations:

Technical Report TR 596: Cell Phone Radiofrequency Radiation Studies in Mice

Neoplastic Lesions: GSM Modulation

Male B6C3F1/N mice, exposed to GSM-modulated cell phone RFR at 1,900 MHz

- Panel 2 voted to accept (8 yes, 3 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male B6C3F1/N mice based on combined incidences of fibrosarcoma, sarcoma, or malignant fibrous histiocytoma in the skin.
- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male B6C3F1/N mice based on incidences of alveolar/bronchiolar adenoma or carcinoma (combined) in the lung.

Female B6C3F1/N mice, exposed to GSM-modulated cell phone RFR at 1,900 MHz

- Panel 2 voted to accept (9 yes, 2 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of female B6C3F1/N mice based on incidences of malignant lymphoma (all organs).

Neoplastic Lesions: CDMA Modulation

Male B6C3F1/N mice, exposed to CDMA-modulated cell phone RFR at 1,900 MHz

- Panel 2 voted to accept (10 yes, 1 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male B6C3F1/N mice based on incidences of hepatoblastoma in the liver.

Female B6C3F1/N mice, exposed to CDMA-modulated cell phone RFR at 1,900 MHz

- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of female B6C3F1/N mice based on incidences of malignant lymphoma (all organs).

Nonneoplastic lesions: GSM and CDMA Modulations

- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusions as written, *Exposure to GSM- or CDMA-modulated cell phone RFR at 1,900 MHz did not increase the incidence of any nonneoplastic lesions in male or female B6C3F1/N mice.*

Technical Report TR 595: Cell Phone Radiofrequency Radiation Studies in Rats

Neoplastic Lesions: GSM Modulation

Male Hsd:Sprague Dawley SD rats, exposed to GSM-modulated cell phone RFR at 900 MHz

- Panel 2 voted to recommend (8 yes, 3 no, 0 abstentions) the conclusion, ***clear evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of malignant schwannoma in the heart.
- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of adenoma or carcinoma (combined) in the prostate gland.
- Panel 2 voted to recommend (7 yes, 4 no, 0 abstentions) the conclusion, ***some evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of malignant glioma in the brain.
- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on benign or malignant granular cell tumors in the brain.
- Panel 2 voted to accept (10 yes, 1 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of adenoma in the pars distalis of the pituitary gland.
- Panel 2 voted to recommend (6 yes, 4 no, 1 abstention) the conclusion, ***some evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of pheochromocytoma (benign, malignant, or complex combined) in the adrenal medulla.
- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of pancreatic islet cell adenoma or carcinoma (combined).

Female Hsd:Sprague Dawley SD rats, exposed to GSM-modulated cell phone RFR at 900 MHz

- Panel 2 voted to recommend (9 yes, 2 no, 0 abstentions) the conclusion, ***equivocal evidence of carcinogenic activity*** of female Hsd:Sprague Dawley SD rats based on incidences of malignant schwannomas in the heart.

Nonneoplastic Lesions: GSM Modulation

- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, *Increases in nonneoplastic lesions in the heart, brain, and prostate gland of male rats occurred with exposures to GSM cell phone RFR at 900 MHz.*
- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, *Increases in nonneoplastic lesions in the heart, thyroid gland, and adrenal gland in female rats occurred with exposures to GSM cell phone RFR at 900 MHz.*

Neoplastic Lesions: CDMA Modulation

Male Hsd:Sprague Dawley SD rats, exposed to CDMA-modulated cell phone RFR at 900 MHz

- Panel 2 voted to recommend (8 yes, 3 no, 0 abstentions) the conclusion, ***clear evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of malignant schwannoma in the heart.
- Panel 2 voted to recommend (6 yes, 4 no, 1 abstention) the conclusion, ***some evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of malignant glioma in the brain.
- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of adenoma in the pars distalis of the pituitary gland.
- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of male Hsd:Sprague Dawley SD rats based on incidences of adenoma or carcinoma (combined) in the liver.

Female Hsd:Sprague Dawley SD rats, exposed to CDMA-modulated cell phone RFR at 900 MHz

- Panel 2 voted to accept (8 yes, 3 no, 0 abstentions) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of female Hsd:Sprague Dawley SD rats based on incidences of malignant glioma in the brain.
- Panel 2 voted to accept (10 yes, 0 no, 1 abstention) the conclusion as written, ***equivocal evidence of carcinogenic activity*** of female Hsd:Sprague Dawley SD rats based on incidences of pheochromocytoma (benign, malignant, or complex combined) in the adrenal medulla.
- Panel 2 voted to recommend (9 yes, 2 no, 0 abstentions) the conclusion, ***equivocal evidence of carcinogenic activity*** of female Hsd:Sprague Dawley SD rats based on incidences of malignant schwannoma in the heart.

Nonneoplastic Lesions: CDMA Modulation

- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***Increases in nonneoplastic lesions of the heart, brain, and prostate gland occurred in males exposed to CDMA cell phone RFR at 900 MHz.***
- Panel 2 voted to accept unanimously (11 yes, 0 no, 0 abstentions) the conclusion as written, ***Increases in nonneoplastic lesions of the brain in females exposed to CDMA cell phone RFR at 900 MHz.***

Oregon Health Authority
Public Health Division
Records Retention Schedule 2012-0011
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Organizational Placement

Schedule Number: 2012-0011

Agency: Oregon Health Authority
Division: Public Health
Office: Public Health Director/State Health Officer
Program: Administration

Program Description

The Office of the State Public Health Director (OSPHD) leads OHA's Public Health Division (PHD) in promoting health and preventing the leading causes of death, disease and injury in Oregon. The Public Health Director, who is appointed by the OHA Director, oversees the operations of OSPHD and three organizational centers: Center for Health Protection, Center for Prevention and Health Promotion, and Center for Public Health Practice. The Director of OHA also appoints the state Public Health Officer, who is responsible for the medical and paramedical aspects of health programs within OHA/PHD.

OSPHD leadership includes the State Public Health Director; Public Health Officer/State Epidemiologist; and the Deputy Public Health Director.

OSPHD provides public health policy planning, development and direction to the public health programs within the division, works closely with OHA's Director's Office and government relations team, and ensures that the disparate programs within and outside the division create an effective and coherent public health system for the state which includes state, local and tribal public health departments and public-private partnerships. OSPHD also provides information to the communities on ways to promote good health and avoid disease and injury, and provides information to agencies, organizations, and the public on the health status of Oregonians.

OSPHD works to promote and protect the health of the public by advancing the quality, performance and equity of the Oregon public health system through performance assessment and management and, using media relations, develops and implements social marketing to promote health and prevention through message development.

OSPHD's Science and Evaluation section leads strategic initiatives that ensure excellence in epidemiology and the science of population health across the division. This section oversees the Public Health Institutional Review Board (PH IRB) and Program Design and Evaluation Services (PDES). The PH IRB reviews research activities involving human subjects to ensure that the rights and well-being of people participating in research are protected, and that the research activities are in compliance with 45 CFR 46, and Public Health Division policies. Program Design and Evaluation Services (PDES) is a research and evaluation program within both the Multnomah County Health Department and Oregon Public Health Division. The PDES team provides a full range of professional services to design, evaluate, and refine public health programs. It provides evaluation support to county and state programs, initiates and conducts applied research studies, and contracts with organizations across the country to improve community health, shape public policy, and reduce health disparities. PDES clients include health departments and state/local government agencies, community-based organizations, foundations, research institutions, and other public health organizations across the country.

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The Behavioral Risk Factor Surveillance System (BRFSS) is a collaborative project of the Centers for Disease Control and Prevention (CDC), and U.S. states and territories to collect uniform, state-specific data on preventive health practices and risk behaviors that are linked to chronic diseases, injuries, and preventable infectious diseases in the adult population.

The Community Liaison Program resides within the OSPHD and provides consultation and technical assistance to local health department staff regarding administration, systems development, and the formation of standards and policies.

OSPHD maintains the official copy of the records of the Oregon Public Health Advisory Board, which advises OHA/PHD on policy matters related to public health programs; reviews statewide public health issues, and makes recommendations to OHA/PHD; and participates in public health policy development. The board is composed of 15 governor-appointed members broadly representing the public, local government, and public/private health providers.

OSPHD maintains the official copy of the meeting records of the Conference of Local Health Officials (CLHO), which serves as a forum for state and local public health officials to discuss minimum standards and financial assistance agreements.

The Task Force on the Future of Public Health Services was created by the Legislative Assembly in 2013 to study the regionalization and consolidation of Oregon's public health services, and make recommendations for legislation. OSPHD maintains the official copy of the task force's records.

All Public Health Division programs receive administrative and technical support from the following OHA/Department of Human Services (DHS) shared service offices: Human Resources; Budget, Planning, and Analysis; Financial Services; Office of Information Services (OIS); Contracts and Procurement; Facilities; Management Audits and Consulting; Image and Records Management; Information Security; Continuous Improvement; Investigations; and Forecasting and Research; Communications; and Publications and Design.

Program Records

001 Accreditation Steering Committee Action Items and Minutes

Retain 10 years, destroy

002 Behavioral Risk Factor Surveillance System Records, 1988 – [ongoing], .5 c.f.

(a) Retain Statewide Annual Reports permanently, transfer to State Archives after 25 years

(b) Retain applications and all hard copy records until entered and verified, destroy

003 Current Disease Summary (CD Summary), 1949 – [ongoing], 1 c.f.

Retain 1 copy permanently, transfer to State Archives after 20 years

004 Conference of Local Health Officials (CLHO) Meeting Records

Retain 25 years, destroy

005 Joint Leadership Team (PHD/CLHO) Records

Retain 10 years, destroy

006 Oregon Community Health Assessment Forum Records

Retain 10 years, destroy

007 Oregon Health Bulletins, 1923 – 1981, 5 c.f.

Retain permanently, transfer to State Archives after 20 years

Oregon State Archives
Records Retention Schedule

Edition: October 2014

Expires: October 2019

- 008 Oregon Health Improvement Plan (Community Health Improvement Plan) Records [ended December 2010]**
Retain 20 years, destroy
- 009 Oregon Public Health Advisory Board Meeting Records, 1983 – [ongoing], 3 c.f. (Formerly Public Health Advisory Board Records)**
(a) Retain meeting minutes, agendas and exhibits permanently, transfer to State Archives after 5 years
(b) Retain all other records 10 years, destroy
- 010 Oregon Public Health Constituency Inquiry Records**
Retain 5 years, destroy
- 011 Oregon's Healthy Future Report Records**
Retain final report 20 years, destroy
- 012 Oregon's State Health Profile Report Records**
Retain final report 20 years, destroy
- 013 Program Design and Evaluation Data Collection Records**
Retain 1 year after study closes, destroy
- 014 Program Design and Evaluation Project Final Reports**
Retain 20 years, destroy
- 015 Program Design and Evaluation Research Project Data Collection Records**
Retain 1 year after study completion, or 3 years, whichever is longer, destroy
- 016 Program Design and Evaluation Research Project Final Reports**
Retain 20 years, destroy
- 017 Public Health Division Executive Team Records, 1985 – 2001, 7 c.f.**
Retain permanently, transfer to State Archives after 10 years
- 018 Public Health Division Institutional Review Board Minutes**
Retain 25 years, destroy
- 019 Public Health Division Institutional Review Board Research Project Records**
Retain 10 years after project is closed or deemed exempt, destroy
- 020 Public Health Division Leadership Team Records**
Retain 10 years, destroy
- 021 Public Health Division Project Review Team Records**
Retain 10 years after delivery of final recommendation, destroy
- 022 Public Health Division Strategic Plan Records, 1971 – [ongoing], 1 c.f.**
Retain final plans permanently, transfer to State Archives after 5 years
- 023 Public Health Division Web Counsel Meeting Minutes**
Retain 10 years, destroy
- 024 Public Health Photographs, 1880s – 1980s, 2 c.f.**
[Filed with Office of Community Liaison, T.R.E.'s Office]
Retain permanently, transfer to State Archives after 20 years
- 025 Quality Improvement Council Records**
Retain 10 years, destroy
- 026 Quarterly Connection Newsletter**
Retain 5 years, destroy
- 027 State Board of Eugenics Meeting Records and Case Files, 1917 – 1967, .5 c.f.**
Retain permanently, transfer to State Archives after 20 years
- 028 State Board of Health Meeting Records, 1903 – 1973, .5 c.f.**
Retain permanently, transfer to State Archives after 20 years

Oregon State Archives
Records Retention Schedule

Edition: October 2014

Expires: October 2019

- 029 State Board of Social Protection Meeting Records and Case Files, 1967 – 1983, .5 c.f.**
Retain permanently, transfer to State Archives after 20 years
- 030 State Health Commission Meeting Records, 1973 – 1977, .5 c.f.**
Retain permanently, transfer to State Archives after 30 years
- 031 Task Force on the Future of Public Health Services Records**
Retain 20 years, destroy

State Agency General Records Retention Schedule Records

Includes but is not limited to:

Administrative Records (OAR 166-300-0015)
Administrative Rule Preparation
Agency Organizational Records
Business Plan Records
Contracts and Agreements
Correspondence
Legislative Tracking Records
Lobbyist Records
Policy Development and Strategic Planning
Press Releases
Publication Preparation Records
Financial Records (OAR 166-300-0025)
Budget Preparation Records
Correspondence, Fiscal
Emergency Board Request Records
Grant Records
Invoice Records
LAB Records
Travel Expense Records
Information and Records Management Records (OAR 166-300-0030)
Information System Planning and Development Records
Payroll Records
Employee Payroll Records
Employee Time Records
Leave Applications
Records Management Records
Personnel Records (OAR 166-300-0040)
Employee Personnel Records
Employee Training Records
Position Descriptions and Reclassification Records
Recruitment and Selection Records
Work Schedule and Assignment Records