



ES-UK Response to Ofcom Consultation

Consultation title:

Implementation of measures to require compliance with international guidelines for limiting exposure to electromagnetic fields (EMF)



FROM

Full name: Michael Bevington
Organisation: Electrosensitivity UK (ES-UK)
Returned to: EMFImplementation@ofcom.org.uk.
 Nothing in this response is confidential.

RESPONSE

Question 1:

The Ofcom October 2020 Statement (Measures to require compliance with international guidelines for limiting exposure to electromagnetic fields (EMF), STATEMENT Publication Date: 5 October 2020) is seriously flawed and should therefore be rejected for the following reasons.

1. Ofcom has selected the wrong guidelines, choosing short-term and heating-only guidelines, instead of the appropriate long-term and non-thermal guidelines

Ofcom stated:

"What we have decided – in brief We will include a specific condition in Wireless Telegraphy Act licences requiring licensees to comply with the ICNIRP general public limits on EMF exposure." [p.1]

and also stated:

"1.1: In the UK, Public Health England takes the lead on public health matters associated with radiofrequency electromagnetic fields, and has a statutory duty to provide advice to Government on any health effects that may be caused by exposure to EMF. PHE's main advice is that EMF exposure should comply with the ICNIRP Guidelines."

- (a) Ofcom should have listened to respondents' concerns and rejected the adoption of the ICNIRP guidelines.
- (b) The ICNIRP guidelines are not scientific and they are not protective for the general public. They are reportedly the result of 'scientific misconduct'.
- (c) Ofcom was warned by responses to its previous consultation that ICNIRP's guidelines are based on Schwan's mistake of 1953. Since 1930 it has been established that non-thermal effects of radio frequency radiation are primary and the heating effects, which ICNIRP still claims as the only effects, are secondary.

- (d) In 1957 the leading regulator in the USA admitted that Schwan's heating hypothesis, still used by PHE and ICNIRP, was not based on scientific evidence and was therefore 'arbitrary'.
- (e) It is unacceptable for any government department in 2020 to adopt guidelines known since 1957 to be established on unscientific and arbitrary assumptions, and not based on the full weight of evidence from the majority of expert scientists. This is especially true, given that Schwan's invalidated hypothesis of 1953 on which ICNIRP guidelines are still based was known since 1930 to be against the established science. That is why other countries adopted long-term and non-thermal guidelines from 1935, before the USA chose its arbitrary and unscientific guidelines in 1957 still followed by ICNIRP.
- (f) Ofcom have chosen the wrong guidelines, short-term and heating-only. They should now reject these and instead follow the majority and mainstream science by adopting the appropriate international long-term and non-thermal guidelines.

2. Ofcom incorrectly claims that it has listened to respondents' concerns

Ofcom concluded in its October 2020 Statement that:

"1.11: We have however listened to respondents' concerns and have introduced important changes to the wording of our proposed licence condition and 'Guidance on EMF Compliance and Enforcement'. These changes clarify the scope of our proposals and address concerns raised by respondents relating to their potential impact."

- (a) This response by Ofcom fails to address the concerns expressed by up to 85% of personal responses, nearly half the total number of responses, which, according to Ofcom "stated their opposition ... in particular on public health grounds".
- (b) If Ofcom had listened to respondents' concerns, it would have rejected its support of PHE and ICNIRP with their wrong guidelines for short-term and heating effects only, and instead chosen appropriate international long-term and non-thermal guidelines.
- (c) It is unacceptable for a government department like Ofcom to put the health of the general public at a risk established since 1930.
- (d) ICNIRP is legally required via the WHO to adopt guidelines sympathetic to the wireless radiation industry and not for the health of all the general public.
- (e) ICNIRP has always included members of PHE since it was set up in 1990 as a spin-off of a radiation committee, which had as an aim the maximisation of the use of radiation.
- (f) ICNIRP is a private single-viewpoint clique without a single expert member with experience in diagnosing the established physiological health effects of radio frequency radiation such as electrosensitivity, known in the scientific literature since 1743.

3. Ofcom's wrong assessment of the science and its support of groups promulgating myths and conspiracy theories.

Ofcom states:

"2.6. Under normal conditions, most uses of radio spectrum for wireless communications present no health risks to humans, but exposure to very high levels of radiofrequency

EMF can be harmful. According to the World Health Organization (WHO), the main effect of radiofrequency EMF is the heating of body tissue."

- (a) This is an absurd claim by Ofcom in terms of the established science. As explained above, it has been known since 1930 that the key effects of radio frequency radiation are non-thermal, with thermal consequences one of many subsequent results. The USA and Russian regulators recognised this in the 1930s. The first radio frequency radiation guidelines were non-thermal, in the 1930s. The unscientific ICNIRP thermal regulations were the result of Schwan's invalidated hypothesis of 1953, which the US government then forced on the US regulators in 1957.
- (b) Ofcom should not, in 2020, be making the same unscientific mistake as 1953, even if it supports the wireless industry.
- (c) If the main effect of radio frequency radiation is heating, as Ofcom claims with no valid scientific evidence, then the UK government and many others would not use non-thermal radio frequency radiation in warfare, as they have done since 1953. In fact, non-thermal radio frequency radiation was a key military factor in all recent middle eastern wars and has also been used in enemy attacks on diplomats and their families.
- (d) If the main effect of radio frequency radiation is heating, as Ofcom claims with no valid scientific evidence, then vast numbers of common procedures used nowadays in nearly all NHS hospitals would not work.
- (e) Ofcom bases its wrong claim, that heating is the main effect of radio frequency radiation, on the World Health Organization. However, the WHO's claim was made under the WHO EMF Project, which is not run by a medical physician with expertise in physiological electrosensitivity and other symptoms caused by toxic radio frequency radiation and EMF exposure, such as cancer, cardiovascular and neurological adverse effects and infertility. The EMF Project is controlled by a trained electrical engineer and co-author of papers with known wireless industry supporters still claiming to believe in Schwan's invalidated 1953 hypothesis. She has refused to name the authors of the anonymous invalidated WHO statements for which she is responsible. The claims by the WHO lack scientific support from the weight of evidence of peer-reviewed studies and are seriously outdated (eg of 2005 and 2014; they omit modern reviews and new studies, such as those requested by the FDA to see if mobile phones cause cancer which found 'certain evidence', their highest category, that mobile phones do cause cancer, and those confirming the existence of real electrosensitivity and its diagnosis).
- (f) As Ofcom will be aware, it has been known since 1953 that radio frequency radiation causes cancer at the levels allowed by ICNIRP.
- (g) Ofcom should not adopt the myths and conspiracy theories put out by groups like the ICNIRP cartel, that radio frequency radiation is safe. It has been established since 1930 that, at the levels currently allowed by ICNIRP, it is not safe and can cause cancer and other adverse effects.

4. Ofcom should not discriminate against the members of the general public who are adversely affected at levels below ICNIRP's. The ICNIRP warns governments and groups like Ofcom to adopt non-thermal limits below its heating limits for such people.

Ofcom states:

"2.9 Ofcom authorises and manages use of the radio spectrum in the UK. In performing that role, we take into account the advice on EMF exposure from the relevant public health authorities such as Public Health England (PHE). PHE's main advice about radio waves is that the guidelines of the International Commission on Non-Ionising Radiation Protection (ICNIRP) should be adopted for limiting exposure."

- (a) It is appalling that in 2020 Ofcom is proposing to discriminate against people adversely affected by thermal limits by adopting ICNIRP 2020 guidelines for everyone. Instead, Ofcom should accommodate people adversely affected at levels below ICNIRP heating limits.
- (b) ICNIRP has stated that governments should adopt lower, non-thermal, limits to protect these members of the public.
- (c) ICNIRP stated in 2002 that governments will probably find it easier to protect these people by adopting non-thermal and long-term limits for all the population. Ofcom should do so.
- (d) This need for lower limits for parts of the general public were recognised by regulators in the USA in 1966. In the USSR and in many other countries they have adopted limits below ICNIRP to help resolve this known and scientifically established problem.
- (e) If Ofcom supports the adoption of ICNIRP then it must also support the right of people adversely affected below ICNIRP's heating standards not to be discriminated against. Ofcom should not be choosing to force such people to get cancer or electrosensitivity or heart attacks or tumours or other established effects of radio frequency radiation and EMFs.

5. Ofcom is wrong to imply that ICNIRP was set up to investigate the adverse effects of radio frequency radiation. The ICNIRP was set up as a 'front' by the radiation industry which aims to maximise the use of radiation. ICNIRP acts for the WHO which is legally subservient to the radiation industry and therefore cannot find any adverse effects.

Ofcom states:

"2.11 ICNIRP is a non-profit independent scientific organisation set up specifically to investigate possible adverse health effects from non-ionising radiation."

- (a) Ofcom is factually wrong here again. The ICNIRP was set up as a 'front', as a spin-off of a radiation committee which had as an aim the maximisation of the use of radiation.
- (b) The 1996 WHO EMF Project, itself controlled by the wireless industry as explained above, was also set up to deal with majority scientific opposition to its invalidated heating hypothesis. In particular, the WHO EMF Project was designed to deal what the wireless industry regarded as the EMF 'issue' or 'problem', namely that by 1995 it was established that radio frequency radiation can break DNA, a precursor of cancer, and that radio frequency radiation can cause electromagnetic hypersensitivity.
- (c) The WHO delegated radio frequency radiation guidelines to the ICNIRP yet the WHO since 1959 has been legally subservient to the radiation industry and cannot adopt any standards not approved by the radiation industry, so ICNIRP is also

required to comply with the myth that radio frequency radiation is safe. Therefore any investigation by ICNIRP into the established adverse health effects will always have to end up by ICNIRP denying them.

- (d) The ICNIRP does not actively undertake scientific investigations into the adverse health effects of radio frequency radiation, but rather reviews some selected studies in an attempt to justify its unscientific and unprotective guidelines.
- (e) The current chair of the ICNIRP is a psychologist and is not an expert in diagnosing real physiological electrosensitivity.
- (f) Since 2005 the ICNIRP has followed the WHO EMF Project in confusing electrosensitivity, known in the scientific literature since 1743, with psychological electrophobia, a different condition known since 1903. Only about 1% of people with electrosensitivity also have electrophobia. Children and unaware adults who suffer from real electrosensitivity cannot have electrophobia or suffer the nocebo effect. This is because such children and unaware adults have not been exposed to prior cognitive conditioning, a requirement for suffering from electrophobia.
- (g) As explained above, the military and many governments would not use non-thermal radio frequency radiation in warfare or against civilians if it had no effect. The military has done so since 1953, using the same effects or symptoms of radio frequency radiation as people experience from mobile phones, cordless phones, Wifi, wireless smart meters and phone masts. These effects have been proved beyond all reasonable doubt, including in research carried out by DARPA.
- (h) The same symptoms can be experienced by a few people from geomagnetic effects such as sferics, thunderstorms, the aurora, and solar flares or pulses from sunspots. These adverse human effects have been known since the 18th century, so ICNIRP is simply wrong here, when supporting the ICNIRP whose members promulgate myths and fictitious theories that radio frequency radiation is safe.
- (i) An ICNIRP chairperson stated that people should be able to choose long-term non-thermal limits, rather than ICNIRP's short-term heating limits, if they wished. If Ofcom follows ICNIRP, it should also follow this ICNIRP statement and ensure that people affected by RFR and EMFs can choose appropriate guidelines.

6. Ofcom is wrong to state that ICNIRP guidelines provide protection from known health effects. Adverse non-thermal effects have been known since 1743 but the ICNIRP guidelines still deny these, so the ICNIRP guidelines do not provide protection from known health effects, the opposite of what Ofcom states.

Ofcom states:

"2.12 The ICNIRP Guidelines ... provide protection from exposure to EMF based on known health effects."

As explained above, adverse health effects to EMF at non-thermal levels have been known since 1743. It is absurd to claim that the ICNIRP guidelines protect from these known adverse effects, since ICNIRP still denies these established effects, against the majority-viewpoint and mainstream scientific evidence.

7. PHE has adopted the wrong guidelines.

Ofcom states:

"2.18 As noted above, PHE's advice is that EMF exposure should comply with the ICNIRP Guidelines. PHE notes that: "... These regulatory areas all consider the international guidelines".

- (a) PHE does not state which international guidelines. ICNIRP's were voted obsolete in 2008 by a large majority of the EU Parliament. In 2020 the ICNIRP guidelines were raised significantly in order to allow the exceptionally high levels of radiation exposure required by 5G.
- (b) ICNIRP guidelines have at least three basic and major faults:
 - they are averaged, when experts require peak electric fields to be the key metric;
 - they are for 6 or 30 minutes, but most people work or sleep near a mast or smart meter or in Wifi for over 6 or 30 minutes and effects can be cumulative;
 - they are based on Schwan's arbitrary short-term heating-only fallacy of 1953. These mistakes were recognised in the 1930s by the majority of expert scientists.
- (c) Instead, Ofcom and PHE should adopt international long-term and non-thermal guidelines such as Bioinitiative, EUROPAEM, IGNIR or Seletun.

8. Ofcom compares levels with the wrong guidelines

Ofcom states:

"2.23 The results of these measurements - published on our website - have consistently shown that EMF levels are well within the ICNIRP general public limits. In April 2020, we published the updated results of EMF exposure measurements at publicly accessible locations near 5G-enabled mobile phone base stations. The highest level measured was approximately 1.5% of the ICNIRP general public limits."

- (a) As explained above, limits based on the invalidated heating hypothesis, averaged, and for only 6 or 30 minutes, are irrelevant to most established health effects, since most people sleep, work or live in one area with eg Wifi, near a phone mast or a radiation smart meter, for longer than 6 or 30 minutes.
- (b) The following table shows the difference in evaluation between the use of ICNIRP invalidated limits and an example of majority-viewpoint international guidelines:

DCMS Ofcom 60 GHz measurements, Liverpool (2020)							
Power Density ($\mu\text{W}/\text{m}^2$)							
$100,000 \mu\text{W}/\text{m}^2 = 0.1 \text{ W}/\text{m}^2$							
Distance	Back-ground Safe Level	DCMS Ofcom measurements		IGNIR (2018)		ICNIRP (2020)	
Metres		Average	Maximum	Long-term Non-thermal Limit	Average (percent)	Short-term Heating Limit	Average (percent)
1.5m	0.000001	118,800	125,800	*100	118,800 %	40,000,000	0.29 %
5m		2,600	3,100		2,600 %		0.0065 %

* The IGNIR limit is $1 \mu\text{W}/\text{m}^2$ or 100 times lower for children, pregnant women, the elderly and the sick.

9. Ofcom should not follow PHE's flawed advice and ICNIRP's members' myths about radio frequency safety. Ofcom should follow majority-viewpoint science and mainstream experts instead.

Ofcom states:

"3.64 However, Ofcom is not responsible for setting EMF safety levels. As an expert health body, PHE takes the lead on public health matters associated with EMF exposure, including in relation to 5G. The judgements about health matters that some respondents are urging Ofcom to make to do not fall within our remit and it would not be appropriate for us to adopt a different approach to that of PHE."

- (a) It is absurd for Ofcom to follow PHE's invalid advice. Ofcom admits it is not an expert health body, so it should follow an expert health body, not PHE whose members belong to ICNIRP which was set up by the radiation industry to maximise radiation levels as required by the WHO under the WHO's legal agreement with the radiation industry in 1959 (see above).
- (b) Instead, Ofcom should follow health experts in the area of radio frequency radiation. PHE does not have a single employee or adviser who is a medical expert in diagnosing real physiological electrosensitivity.
- (c) PHE claims to review the relevant science through its COMARE committee. COMARE was set up in 1985 as a 'front' to protect the radiation industry, but also admits that it has handed over this responsibility of reviewing the science to ICNIRP.
- (d) PHE relied until 2017 on a similar committee, AGNIR, set up in 1990 as another 'front' under Sir Richard Doll to try to refute the scientific evidence on EMFs and radio frequency radiation. Doll was at that time being paid to support industries like asbestos, organophosphates and other carcinogenic industries and was used as a spokesperson to try to plead for high levels of EMFs and wireless radiation.
- (e) PHE was forced to disband AGNIR in 2017 after a paper was published showing PHE's conflicts of interest with ICNIRP and how, like ICNIRP, when some 70-80% of studies showed adverse effects, PHE/AGNIR still claimed that radio frequency radiation and EMFs were somehow 'safe', despite the overwhelming evidence against them.
- (f) Instead of following PHE's unscientific advice and viewpoint, Ofcom should instead follow the international majority-viewpoint and mainstream experts (see references at the end).

10. Ofcom should follow employers using the Health & Safety at Work 1974 to protect employees at levels below ICNIRP by removing mobile phones, Wifi and exposure to masts etc. to provide safe environments; Ofcom should follow law courts and tribunals recognising real electrosensitivity and should therefore adopt appropriate and protective international limits instead of the unprotective ICNIRP limits; Ofcom should recognise and inform the public that underwrites refuse to insure radio frequency radiation risks, or do so only in a high-risk category like asbestos; Ofcom should inform the public that radio frequency radiation and EMFs are 2B carcinogens;

Ofcom should explain to people who are harmed by PHE/ICNIRP's unscientific and unprotective limits how they can acquire appropriate legal redress;

Ofcom should not be both an advocate of radio frequency radiation and the regulator which selects the wrong guidelines.

Ofcom states:

"3.65 It remains the case that the advice from PHE is that EMF exposure should comply with ICNIRP Guidelines. We have therefore decided to adopt this principle in our EMF-related condition."

- (a) This statement by Ofcom appears to ignore the cases since 2006 where employers in the UK have had to remove mobile phones and Wifi and prevent exposure to nearby masts to ensure the health and safety of their employees.
- (b) In addition, courts and tribunals in the UK since 2012 and also around the world have recognised that people suffer real electrosensitivity and are harmed by radio frequency radiation and EMFs below ICNIRP's guidelines and that therefore the ICNIRP guidelines are not protective of the general public.
- (c) Ofcom should adopt appropriate international guidelines, as explained above, recognising the harmful effects of radio frequency radiation known since the 1930s in order to protect the general population. See the table below:

Back-ground (safe) levels	Majority mainstream guidelines			Minority industry guidelines			
		Bioinitiative, EUROPAEM, IGNIIR			ICNIRP		
		Basis: <i>majority scientific evidence</i>			Basis: <i>arbitrary invalidated hypothesis</i>		
		<i>Long-term and short-term</i>			<i>Short-term only</i>		
		<i>Non-thermal and heating</i>			<i>Heating only</i>		
		<i>Peak</i>			<i>Averaged over 6 or 30 minutes</i>		
$\mu\text{W}/\text{m}^2$	Date		$\mu\text{W}/\text{m}^2$	Date		$\mu\text{W}/\text{m}^2$	
0.000001	1935	USSR	100,000	1953	Schwan's mistake	100,000,000	
	1972	Poland	1,000	1998	ICNIRP	10,000,000	
	2012	Bioinitiative	3	2020	ICNIRP	40,000,000	
	2018	IGNIR	*1				
*Children, pregnant women, the elderly, the sick							

- (d) Ofcom should also explicitly recognise and inform all the general public that underwriters refuse to insure all radio frequency radiation risks, or do so only in a high-risk category like asbestos.
- (e) Ofcom should also specify from whom members of the public should seek redress when the ICNIRP limits mean that they suffer adverse effects which can result in them losing their job, losing their home, losing their family or even losing their life from known effects like cancer and cardiovascular and neurological effects, and infertility, as well as electrosensitivity.
- (f) Ofcom states that it does not have any health expertise. PHE has no health experts with relevant medical experience in this field of real electrosensitivity symptoms. This deliberate lack of government expertise denies those harmed by radio frequency radiation and EMFs any remediation or help. According to a UK-government sponsored survey, millions of citizens in the UK are affected by radio frequency radiation and EMFs. Some 800,000 (1.2%) are severely affected. In 2020 a caring society might be expected to follow the established science,

recognise the health effects of radio frequency radiation and EMFs below ICNIRP limits, and try to safeguard these people. The ES-UK Newsletters over the last 12 years give numerous accounts of people harmed by ICNIRP's unprotective limits. Hundreds of websites around the world also provide evidence that ICNIRP's unscientific and unprotective limits cause harm to millions of people.

- (g) Civilised societies ought to put the environment and all people's health and safety before the profits of a small number and a polluting industry. This raises questions about Ofcom's role in being both advocate of radio frequency radiation and regulator in choosing the guidelines for radio frequency radiation.
- (h) Ofcom should be required to act in accordance with the established majority science since the 1740s, and not promote ICNIRP's unscientific myths claiming that concerns about radio frequency radiation, as in 5G, are 'completely unfounded' (Anon. '5G mobile technology', August 27 2020), especially since it admits it lacks the capability to evaluate known health effects. In fact, there are thousands of papers and studies showing known adverse health effects from radio frequency radiation and EMFs.

The following questions are unanswered by Ofcom's Statement of October 2020:

1. Do unelected officials in Ofcom have the right to choose to follow PHE/ICNIRP's unscientific and unprotective short-term heating-only limits voted obsolete in 2008 by the EU Parliament, instead of following the appropriate long-term and non-thermal limits of international groups like Bioinitiative, EUROPAEM, IGNIR and Seletun?
2. Do unelected officials in Ofcom have the right to choose to deprive people of their health, livelihood, families, homes and even their lives, because Ofcom has chosen to follow unscientific advice from PHE and from ICNIRP, a private cartel set up to protect the wireless industry and not people's health?
3. Do unelected officials in Ofcom have the right to deny the established science showing harm from radio frequency radiation and EMFs? They cannot claim ignorance, since this harm has been established since the 1740s in the published literature.
4. Does Ofcom have a duty to protect the general public from the established long-term and non-thermal harm from radio frequency radiation and EMFs, or is Ofcom allowed to be complicit in deliberately and knowingly harming the 800,000 people in the UK who are severely affected by radio frequency radiation and EMFs?
5. If Ofcom knowingly and deliberately chooses to follow PHE/ICNIRP's unprotective limits instead of the safer long-term international limits, should officials in Ofcom be prosecuted under common law like malefactors who knowingly assault innocent and unprotected individuals?
6. If Ofcom knowingly assaults innocent citizens in the UK by adopting PHE/ICNIRP's unscientific and unprotective limits which experts say are the result of scientific misconduct, should ministers and officials in Ofcom be held responsible under the Nuremberg Code, since ICNIRP has said that the rollout of 5G is an experiment, clearly on non-consenting or unaware people, and it is known that radio frequency radiation can cause cancer, electrosensitivity, cardiovascular and neurological effects and infertility, thus contravening the Nuremberg Code in several ways?
7. If Ofcom chooses to adopt PHE/ICNIRP's unprotective limits instead of the international protective limits, is Ofcom open to legal redress for the 800,000

people severely harmed by these unprotective limits? This is especially relevant since on August 6 2020 the PHSO stated that the PHSO has total discretion over PHE's failures and PHE has total discretion to promulgate whatever viewpoint it wishes, however unscientific and unprotective. Therefore the PHSO rejected the six-year complaint made from 2014 by over 80 people, each with their MPs' support. These 80 people were effectively representing the 800,000 people severely harmed by PHE's continuing unscientific and unprotective advice. PHE's advice, for instance, did not always highlight the fact that radio frequency radiation and EMFs are classified as 2B carcinogens.

8. Has Ofcom or PHE or ICNIRP conducted an environmental impact assessment of their proposed radio frequency radiation and EMFs exposure limits? The weight of evidence from peer-reviewed studies shows significant harm to wildlife, including trees, birds, insects, bees etc., as well as to humans, at the unprotective and unscientific levels proposed by PHE and ICNIRP.
9. Does Ofcom support the NHS Act 2006 requiring local authorities to promote health and thus requiring Ofcom to adopt protective long-term non-thermal guidelines and not ICNIRP's? Or does Ofcom have exemption from this act, along with exemption from the Health and Safety at Work Act 1974 and Equality Act 2010, allowing Ofcom to harm and effectively 'torture' the 800,000 people in the UK known to be severely affected by radio frequency radiation and EMFs by following PHE/ICNIRPs' unscientific and unprotective guidelines?
10. If Ofcom mistakenly decides to adopt PHE/ICNIRP's unscientific and unprotective short-term and heating-only guidelines, does Ofcom also give to the 800,000 people in the UK who are severely harmed by PHE/ICNIRP's level of radio frequency radiation and EMFs exposure the right of physical self-defence against this assault? Can such people take protective and defensive action against devices emitting this established harm, including Wifi routers, wireless smart meters, Bluetooth devices, mobile phones and phone masts, wireless watches and wireless-linked home appliance, just as people try to defend themselves from other unprovoked assaults which cause physical harm?
11. Have MPs given Ofcom the right to adopt the wrong set of guidelines, such as PHE/ICNIRP's unprotective ones, instead of the safer international long-term and non-thermal guidelines, knowing that PHE/ICNIRP's guidelines are in contravention of basic human rights, under the United Nations, the World Health Organization and Human Rights treaties? According to these groups and treaties, all individuals have the right to live lives with full and equal opportunities of access to all aspects of society, and to live healthy lives, not hampered or harmed by the known adverse effects of radio frequency radiation and EMFs.

Further information:

[Bionitiative Report and Guidelines.](#)
[Critique of ICNIRP's defence of mobile phone radiation.](#)
[Critique of World Health Organization's defence of mobile phones.](#)
[EMF Call.](#)
[EUROPAEM EMF Guideline 2016.](#)

[Factual proof of the dangers of wireless radiation, including 5G, against the 'unscientific' claims of lobbyists following ICNIRP, AGNIR and COMARE.](#)
[ICNIRP Guidelines: Unscientific and Not Protective.](#)
[IGNIR Guidelines.](#)
[International EMF Scientist Appeal.](#)

[Majority-viewpoint and minority-viewpoint guidelines, and non-thermal effects.](#)
[MHCLG, DCMS, Ofcom and 5G Health Risks.](#)
[Selected Studies.](#)
[Stop 5G On Earth and In Space. Seletun 2010.](#)
[2020 Consensus Statement.](#)
[5G Appeal.](#)