

## Your response

Question	Your response
<p><b>Question 1: Please provide feedback on the additions, amendments and clarifications we have made to the wording of the licence condition to implement our decisions on the scope of the licence condition in our October 2020 Statement, giving reasons for your response.</b></p>	<p>Confidential? – N</p> <ol style="list-style-type: none"> <li>1. ICNIRP guidelines do NOT protect vulnerable groups from biological damage from EMF's. NHS patient medical records show a causal effect of severe symptoms at levels as low as 0.02v/m ie several thousands of times lower than ICNIRP guidelines which are industry set, not medically set. Medical records show the following symptoms during and after exposure to EMF &gt;0.02v/m:  Head pain, neck pain, chest pain, eye pain with visual disturbance, extreme variances of blood pressure, lowering of blood oxygen levels, adverse disturbance of blood glucose levels, burning skin, rashes and other lesions, promotion of cancer, insomnia, extreme anxiety for no apparent reason, heart abnormalities, immune system abnormalities, cardiac arrest.  Instead, <b>IGNIR</b> guidelines should be adopted by all telecoms as they make provision for vulnerable groups.</li> <li>2. Case by case basis must allow for certain vulnerable people who for health reasons must be permanently shielded from EMF's &gt;0.01v/m. No EMf's greater than 0.01v/m should be allowed to cross the threshold of their property without written consent.</li> <li>3. Licensees must keep records of how they adhere to <b>IGNIR</b> guidelines. This is vital for vulnerable households, hospitals, schools and care homes.</li> </ol>

4. PHE advice regarding ICNIRP does not make provision for vulnerable groups whose health is seriously compromised by levels of EMF  $>0.02\text{v/m}$ . Telecoms providers must take into account medical records of individuals and Independent scientific research – PHE ignores these, and so is not in a position of offer guidelines protecting vulnerable groups. **IGNIR** guidelines should therefore be used.

5. Because ICNIRP guidelines are set so high in order to protect the telecoms industry, they are almost impossible to exceed. They are set several thousands of times higher than the bodies of vulnerable groups can tolerate without becoming seriously ill. They are therefore not appropriate to protect health. Commonly found peak power densities in both urban areas in the UK and in Wi-fi classrooms are now in the range 1 to 100 mill watts per square metre, which represents a 100,000,000,000,000,000 – fold increase in exposure over the last 100 years and a **million-fold increase in the last 30 years**. This may represent a level of exposure to microwaves several thousands of times more than the bodies of vulnerable people can tolerate without becoming symptomatic.

6. Compliance with the **IGNIR** general public & **vulnerable group limits** should be built into the mobile network operators' Code of Best Practice on Mobile Network Development and this should be made compulsory.

7. “We continue to believe the general public should be protected from the specific risk of harm from EMF expo-

sure". Vulnerable groups who fall outside of "the general public" MUST also be protected hence **IGNIR** guidelines must replace ICNIRP. As with all medical and mental problems, not everyone will be as vulnerable to certain external and environmental stimuli. Some people will always be more vulnerable than others, but Ofcom **can no longer ignore the vulnerable groups** in order to cater for the "general public". It is estimated that up to 35% of the population may be adversely affected in some way by exposure to **pulsating**/modulated microwave radiation, but most will be totally unaware of what is causing their symptoms and disability. Disability Discrimination legislation must be adhered to by the Telecoms industry and Ofcom.

8. "The calculator will enable spectrum users to check easily whether the use of their radio equipment is likely to exceed the ICNIRP general public limits, based on some conservative assumptions". This does not allow for low enough levels for several spectrum users plus a multitude of other EMF emitting devices all being used in a confined space. This accounts for huge numbers of EMF hotspots where radio frequencies intersect causing significant body penetrating microwaves to disable vulnerable groups and leading to long-term biological damage.
9. WHO International Classification of Diseases, classifies damage to health as a result of exposure to EMF radiation as code W90, along with up to 30 other disease codes resulting from biological damage during or after exposure to EMF radiation. Medical records from vulnerable groups and Independent scientific research confirms this. There-

	<p>fore, Telecoms providers must not install equipment in the vicinity of hospitals, schools, care homes or private homes where vulnerable people reside or are being treated. Such vulnerable people generally only require 2G for emergency mobile communications as they are unable to use any wirelessly transmitting devices without becoming seriously ill. 4G has proven to be severely biologically active to vulnerable groups and more powerful <b>5G should be halted as it has not been proven to be safe against biological damage. Hard wired communications should replace 5G.</b></p> <p>10. ICNIRP is not an independent scientific body. It is an industry self-regulating body. It therefore has a conflict of interest with bodies set up to protect human health, particularly those who fall outside of the “general public” and must be afforded extra protection at night and during the day. This group of vulnerable people <b>MUST</b> be protected. <b>IGNIR guidelines</b> must be used instead of ICNIRP.</p>
<p><b>Question 2: Please provide feedback on the additions and clarifications to our ‘Guidance on EMF Compliance and Enforcement’, giving reasons for your response.</b></p>	<p>Confidential? – N</p> <ol style="list-style-type: none"> <li>1. ICNIRP guidelines do NOT protect vulnerable groups from biological damage from EMF’s. NHS patient medical records show a causal effect of severe symptoms at levels as low as 0.02v/m ie several thousands of times lower than ICNIRP guidelines which are industry set, not medically set. Medical rec-</li> </ol>

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Head pain, neck pain, chest pain, eye pain with visual disturbance, extreme variances of blood pressure, lowering of blood oxygen levels, adverse disturbance of blood glucose levels, burning skin, rashes and other lesions, promotion of cancer, insomnia, extreme anxiety for no apparent reason, heart abnormalities, immune system abnormalities, cardiac arrest.

Instead, **IGNIR** guidelines should be adopted by all telecoms as they make provision for vulnerable groups.

2. Case by case basis must allow for certain vulnerable people who for health reasons must be permanently shielded from EMF's >0.01v/m. No EMF's greater than 0.01v/m should be allowed to cross the threshold of their property without written consent.
3. Licensees must keep records of how they adhere to **IGNIR** guidelines. This is vital for vulnerable households, hospitals, schools and care homes.
4. PHE advice regarding ICNIRP does not make provision for vulnerable groups whose health is seriously compromised by levels of EMF >0.02v/m. Telecoms providers must take into account medical records of individuals and Independent scientific research – PHE ignores these, and so is not in a position of offer guidelines protecting vulnerable groups. **IGNIR** guidelines should therefore be used.

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6. Compliance with the **IGNIR** general public & **vulnerable group limits** should be built into the mobile network operators' Code of Best Practice on Mobile Network Development and this should be made compulsory.
7. "We continue to believe the general public should be protected from the specific risk of harm from EMF exposure". Vulnerable groups who fall outside of "the general public" MUST also be protected hence **IGNIR** guidelines must replace ICNIRP. As with all medical and mental problems, not everyone will be as vulnerable to certain external and environmental stimuli. Some people will always be more vulnerable than others, but Ofcom **can no longer ignore the vulnerable groups** in order to cater for the "general public". It is estimated that up to 35% of the population may be adversely affected in some way by exposure to **pulsating**/modulated microwave radiation, but most will be totally unaware of what is causing their

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<p><b>Question 3: Please provide feedback on the trial version of our EMF calculator, giving reasons for your response.</b></p>	<p>Confidential? – ~N</p> <ol style="list-style-type: none"> <li>1. ICNIRP guidelines do NOT protect vulnerable groups from biological damage from EMF’s. NHS patient medical records show a causal effect of severe symptoms at levels as low as 0.02v/m ie several thousands of times lower than ICNIRP guidelines which are industry set, not medically set. Medical records show the following symptoms during and after exposure to EMF &gt;0.02v/m: <p>Head pain, neck pain, chest pain, eye pain with visual disturbance, extreme variances of blood pressure, lowering of blood oxygen levels, adverse disturbance of blood glucose levels, burning skin, rashes and other lesions, promotion of cancer, insomnia, extreme anxiety for no apparent reason, heart abnormalities, immune system abnormalities, cardiac arrest.</p> <p>Instead, <b>IGNIR</b> guidelines should be adopted by all telecoms as they make provision for vulnerable groups.</p> </li> <li>2. Case by case basis must allow for certain vulnerable people who for health reasons must be permanently shielded from EMF’s &gt;0.01v/m. No EMF’s greater than 0.01v/m should be allowed to</li> </ol>



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