

THE COLLABORATIVE ON HEALTH AND THE ENVIRONMENT

A PARTNERSHIP NETWORK FOR ENVIRONMENTAL HEALTH

The Collaborative on Health and the Environment Discussion Group on Electromagnetic Fields

Archive of TeleMeeting Notes – January 2005 through December 2005

CHE's Discussion Group on Electromagnetic Fields (CHE EMF) is a diverse gathering of health professionals, scientists, patient groups and concerned individuals. We welcome CHE Partners who would like to participate in a national discussion of the health effects of electromagnetic fields.

We meet every other month for an hour via conference call. This group also has a listserv for the purpose of sharing new research and policy ideas and discussion between calls.

The goals of this discussion group include:

1. discussing emerging science that links EMF exposure with health effects,
2. bringing this science to the attention of CHE Partners and the public, and
3. exploring research and policy opportunities that CHE Partners may be interested in working on either individually or collectively.

This group is co-facilitated by Michael Lerner, President, Commonwealth and Nancy Evans, Health Science Writer/Editor/Consultant/Filmmaker. If you are interested in joining this group, please email nancywrite@aol.com and indicate your interest in the subject line.

The purpose of this archive is to retain a memory of how this working group has grown its agenda and provide a status report on all its activities. This meeting history can be utilized as:

1. a way for newcomers to the working group to orient themselves to the group history;
2. a reference in preparation for meetings;
3. a mechanism for capturing the emerging dialogue from which we can deepen our inquiry and generative dialogue; this history can then be used for by any working group preparing or producing future meetings/forums with the working group or an extended constituency inside and outside CHE;
4. a way to provide information on this community of practice, its members and the projects authored and led by its members.

Meeting notes and documentation are added to this file in reverse chronological order (most current meeting notes recorded at the top of this document).

Discussion Group TeleMeeting Notes 9-8-05

Call Participants: Cindy Sage, Louis Slesin, Lloyd Morgan, Raymond Neutra, Marne Glaser, Joan Ripple, Lavinia Weisman, Eleni Sotos, Michael Lerner, Nancy Evans.

Consensus decisions:

1. Group goals as stated on the CHE website are sufficient for now. We don't need a formal mission statement. However, the consensus statement circulated and still under construction will be a useful public explanation of why we are concerned about EMF/RF.

ACTION: Nancy will revise the consensus statement and the cell phone safety document to include all comments/suggestions rec'd to date.

ACTION: Lloyd will set up a conference call for us to discuss the consensus document and the cell phone safety tips document.

2. We want to have a CHE National Partnership call on EMF/RF. Suggested date of October 12 not possible because Cindy will be unavailable to present EMF/RF 101. On the call, we would like to propose a face-to-face conference on the science, held in the Bay Area. Ideally, we would have videoconference facilities available at satellite locations for those unable to travel to the conference.

Potential speakers for the partner call:

Cindy Sage, EMF/RF 101 overview (w/ Louis Slesin?)
David Carpenter
Michael Kundi
Kjell Hansson-Mild
Elizabeth Cardis

Additional materials and resources would be posed on the CHE website in advance of the call.

ACTION: Set new date for call.

ACTION: Cindy, Louis, others(?) to proposed short list of speakers and when call date is set, check availability [my notes are sketchy on this. NE]

3. The e-mail volume is very heavy but many of us enjoy reading the science exchange.

Discussion Group TeleMeeting Notes 6-28-05

Facilitator: Michael Lerner, PhD., President and Co-founder, Commonwealth
Convener: Nancy Evans, Health Science Consultant, Breast Cancer Fund
Attendees: Louis Slesin, Libby Kelley, Joan Ripple, Raymond Neutra

**AGENDA: Possible CHE National Partnership call (this fall or early 2006)
on possible health effects of cell phones and cell
towers/antennas/masts**

Michael discussed the essence of a CHE partnership call. CHE has 1600 partners, 7 working and discussion groups, and 3 regional groups. When an issue is scientifically ready for prime time, we select scientist speakers – usually 3 or 4—each of whom reads a tightly scripted 5-minute presentation and then takes questions from partners on the call. It's like prime time radio. Speakers also prepare a bibliography and perhaps notes or illustrations that call participants can review online during the call or access later. Calls are recorded and transcripts posted on the CHE website. The goal is to put the science and policy issues out there and see if others want to join or engage in this issue.

Lack of scientific consensus

For this group to do a CHE partner call, we need to be able to present the science in a way that is respectful of and responsive to the latest word from FDA, which said there's no clear connection between cell phones and cancer or other health conditions. Even fairly progressive mainstream science has not reached the conclusion that cell phones are dangerous so how do we make a presentation that is cogent and believable and can stand up to those who will have other points of view?

There is a range of opinions on the potential health risks of cell phones and cell towers among members of CHE group. Louis thinks there are significant health issues that need to be settled and explored. He is not yet convinced that we know that cell phones are dangerous. What he finds remarkable is the scientific apathy on this issue—there is no interest in the U.S. public health community in investigating potential health risks of cell phones and the towers that make them work. All of the research in this area is being done in Europe and Asia since Congress closed the checkbook on U.S. EMF research in 1998.

Cell phones are in such widespread use—how do we mobilize the studies that will answer the critical questions about health effects. It is negligent not to investigate when 2 billion people are using these devices, the long-term health effects of which are unknown. There is good data to support a high level of concern. There is evidence that these fields do create biological effects at the cellular level. Based on CHE's support of the Precautionary Principle, we should provide people with science to make their own decision. We also need to promote scientific research in this area and advocate for a precautionary approach.

NOTE: The following paragraph was amended 8/19/05 for clarification.

Lloyd, Libby, Nancy, and perhaps others in the EMF group differ from Louis in their opinion. They are convinced that cell phones and towers do pose a significant health risk. Although Cindy Sage does not believe that we have causal evidence (scientific proof) that cell phones and towers pose a significant health risk, she does believe that “we do have sufficient evidence to take interim, precautionary actions to prevent harm, given the “weight of evidence” now available to any objective reviewer.” [The thought-provoking e-mail exchange that these notes evoked suggests that others agree with Cindy. NE]. While it is important that research continue, the public has a right to know about the existing science that suggests a potential threat to health.

Governmental regulation

Few governments have taken a position on emissions from cell phones and cell towers. Switzerland is one exception—they have the toughest standards and they enforce them. Italy also has tough standards but may not enforce them well.

The strongest public warning to date about cell phones comes from Sir William Stewart, head of the UK’s Health Protection Agency (HPA), formerly known as the National Radiation Protection Board. He says that children under 8 should NOT use cell phones. Period. He also suggests that older children’s use of cell phones should be limited and that a precautionary approach is appropriate for the siting of cell phone towers (called mobile phone masts in the UK). This position is really Sir William’s position, not HPA, which is similar to FDA’s “insufficient evidence” stance.

Possible speakers for CHE call

Getting Sir William Stewart would be a coup. He’s very credible. We could focus the call around him—with 2 or 3 respondents. However, since we probably would only get him once, we may want to reserve him for later.

Assuming that we don’t try for Sir William on this first call, who should speakers be?

Libby suggested that we get someone else to represent HPA because it would be good to have a policy person on it.

Nancy suggested Louis Slesin, because he has the broadest knowledge of all current studies and can present the information in lay language.

Joan suggested Henry Lai, and others concurred. She also suggested Raymond Neutra, who agreed to talk about policy issues and the gaps in knowledge of how to decrease exposure. For example, experimentation to reduce exposure needs to be done but not by companies because they are afraid of being sued. Electrical engineers in an academic setting could explore that. He believes \$200,000 worth of research could make a tremendous difference

What we hope to accomplish

Michael drew the analogy of the conferences on endocrine disrupting chemicals, which led to the Wingspread statements. Those statements outlined:

What we know.

What we think is probable.

What we're concerned about.

The call could get scientists who are specialized to think more broadly about these kinds of issues. We need a statement that all are comfortable with—referencing the relevant science—and put it out publicly. CHE wants to be a source of credible science, policy options, and personal protections around environmental factors and health. A consensus that moved science, policy, and personal options awareness forward—out of that other things may flow.

Ideas and issues

Raymond said if we could create the situation where research funding was available for investigating both inexpensive and expensive exposure reductions, which would be a good thing. Foundation funding is the only reasonable option. What could we do to make that more likely? If we had half a million dollars to research technology to lower cell phone exposure – both cheap ways and expensive ways—what could we do to make that happen. Is that where we want to be in a year or two?

Nancy said research is not a bad idea—but it's more realistic to estimate 4 to 5 years for results. But meanwhile, you have kids using cell phones and people living in the shadow of towers—so she would like to see us come up with a statement that we could post to begin a campaign of public education.

Libby said that exposure protection equipment (LK) would be good, but you need technology that can be measured objectively for efficacy. The public is nervous and companies are producing biological protection equipment —designed to protect body's immune system, which may or may not be efficacious.

Raymond said there is plenty of information about this. No state or federal government agency in the U.S. has said be careful. People who are philosophically careful already are doing something (such as using hands-free sets). A CHE Partner's statement would make some people more careful—but the vast majority would be not careful. We need to have information about protective devices-- something that does work—so people are not fleeced. The current regulatory environment requires virtual certainty of harm and there would be great resistance to that. People would resist a total ban on cell phones. We need to build toward change—not hope for dramatic things to happen.

Libby pointed out that manufacturers do change in response to public pressure. At first they said there is no need for hands-free kits; now they include hands-free sets with their phones. We do know that the earpiece significantly reduces exposure to RFR.

Louis said that manufacturers of protective devices are preying on consumer's ignorance and fears. Consumers Union has proved useless in educating the public about the potential health risks. Lloyd Morgan spent some time trying to involve Consumers Union—what was the outcome? The Lonn study convinced them to say there's no problem.

Nancy cautioned about the research emphasis on mechanisms. Putting so much focus on mechanisms is going down the tobacco road again—looking for mechanisms creates delays. It was that way with tobacco—we knew that smoking caused lung cancer for 50 years before someone figured out that the cause was benzo-a-pyrene in the smoke. It was the same thing with DES. There's no precaution because scientists don't know the mechanism. So, in the case of cell phones, we'll have two generations of brain-damaged people while scientists search for a mechanism.

Raymond said maybe we don't know what aspect of the EMF mix is the triggering mechanism. Maybe we just say what can we do to make those exposures go away—that's an engineering question, not a political question.

Louis believes it's totally impractical to think we can shield against emissions from phones and towers. He asked: How do we get the public health community involved—and give greater visibility to this issue? Do we just ring the alarm? Take action or do nothing? Isn't there some middle ground in public health issues? None of the studies have gotten any press in U.S.

Raymond pointed out that political people are following the issue but everyone else is looking to government to define whether there is a problem out there. If public health folks don't see epidemiology, they feel they're going against the tide because this is such a convenience.

According to Joan Ripple, American Public Health Association has had no major presentations on this issue--maybe poster boards but nothing else. It would be good to get into newsletters of some of the members of APHA.

Summary

Michael summarized the five things we need to address before the EMF group goes public:

1. Statement about the state of the science and the need for precaution while research continues.*
2. The need to create funding for research on reducing exposure
3. Credible guidelines about what to do personally to reduce exposure
4. Policy options that could become the basis for a precautionary advocacy campaign
5. How to address public health apathy on this issue (For example, a public health officer might ask 'If I share this concern—has CHE pointed me to something I could do such as a model advisory?')

**I will draft this statement prior to our call—unless someone else would like to volunteer for the task—if so, please let me know. I welcome any input from group members. Nancy.*

Joan pointed out that public health offers have different levels of knowledge and expertise and we need to give them practical tools because there isn't much budget at the state level.

Louis concluded: "All of what we're saying begs the question—why isn't the public health community interested in this issue. How do we get them involved? What's really going on?"

Michael asked that we continue the conversation on e-mail in preparation for our next call.

Libby bid us farewell—she is leaving in August to live in Italy for a year.

**Next call: September 8, 9 am Pacific/noon Eastern
A reminder will be sent a week prior to the call.**

Discussion Group TeleMeeting Notes 4-11-05

Facilitator: Michael Lerner, PhD., President and Co-founder, Commonweal
Convener: Nancy Evans, Health Science Consultant, Breast Cancer Fund
Attendees: Lloyd Morgan, Sam Milham, Lavinia Weissman, Louis Slesin, Raymond Neutra

Michael reviewed guidelines re taking a position on initiatives and practical options for precaution (see notes for January 12 call) . We want to develop a shared understanding of the science. Based on that science, if there are initiatives that groups of us want to pursue, we can do that without invoking the names of anyone who doesn't want to be involved.

Raymond added that, in addition to scientific study, some of us may want to come up with practical things to do to avoid exposures and others concurred.

Michael offered the just released International Association of Fire Fighters (IAFF) statement calling for precaution and research of the risks of cellular antennas (towers) as an example of seems to be something we could help with. However, Louis, Sam, and Raymond expressed concern that this kind of study could backfire due to the multiplicity of RF exposures firefighters have (handheld walkie-talkies, which are much more powerful than cell phones) and Nancy mentioned the dioxin and PCB exposures that add to the risk of cancer among firefighters. Sam said that cancer mortality has been high among firefighters for five decades—malignancies

such as leukemias, melanomas, and brain cancers—so it would be difficult to show an increase in brain tumors from cellular tower exposures.

Louis said they were asking for the wrong study—would be better to do a larger study of a higher exposure group such as cell phone users. Michael quoted Louis's comment in *Microwave News* to sum up:

"As long as each group limits itself to a special case, there will be no answers. Progress will only come when the various factions understand that they have common interests. A useful first step would be for the firefighters to look beyond the towers and ask for studies of cell phone users. In the long run, that's their only hope of finding out whether those antennas are safe."

The IAFF undoubtedly recognize the challenges in doing such a study and by invoking the precautionary principle have halted the placement of cellular towers on fire stations until someone can come up with a study showing that the towers are safe.

The remainder of the hour was focused on Lloyd's April 10 summary critique and analysis of the science on cell phones and human health effects, particularly his four policy recommendations that conclude the paper and what various organizations might do to advance them:

The recommendations, based on the Precautionary Principle, are:

1. New cell phone models should only be manufactured to include a headset and without a speaker for the ear. The cost of this would be close to zero, as it requires adding one item and deleting another.
2. Children should be banned from using a cell phone. In the UK, this is already a formal recommendation¹as it is for the Russian Academy of Sciences.²
3. Cell phone owners who want to minimize their exposures need to be educated to only carry the cell phone in the "off" position. When the phone is turned on, they can see who is called and return the calls.
4. Cell phone owners with older models need to be educated to only use their cell phone with a headset (earpiece).

Lloyd pointed out that you don't have to get rid of cell phones—headsets substantially reduce the risk and give you hands-free operation. Consumers should have the option of buying a phone w/o a speaker—forcing you to use the headset.

The evidence shows an 8-fold increased risk of brain tumors in cell phone users ages 20-29—that's after only five years of use, rather than the typical decades-long latency of most cancers. In the not too distant future (20-25 years), Lloyd said, the incidence of now-rare brain tumors might reach that of breast and prostate

¹ Associated Press report at <http://www.forbes.com/home/feeds/ap/2005/01/11/ap1752648.html>

² Vladimir Binhi, Russian Academy of Sciences

cancer. Children may have a risk that is 100-fold larger than adults (based on ionizing radiation estimates of children 's vulnerability).

Raymond asked: How certain do you to be of how much disease before you do cheap things to reduce/eliminate exposure? IF the risk is real, how big is the risk. If it's real, how certain am I of it? Is it more than 1 in a million or 1 in 100,000? If the risk is real, it's clearly above the 1 in a million lifetime risk and would demand regulation.

It would be difficult to get a mandate—not enough consensus that there's a problem—but if you make it a voluntary thing, people can get the phone w/o a speaker and w/a headset. Leaving your phone off most of the time—checking calls every hour--would be a good habit to form.

Earphone reduces exposure by a factor of 20—but further development could easily remove the exposure that travels thru the wire. Small clip can solve the problem. Louis will post a URL w/story about this. It's a very solvable problem.

Michael thought this would be a huge market opportunity –for those who want to appeal to the health-conscious. However Louis reminded us that there is a case about to go to the Supreme Court in which the cell phone industry is fighting the requirement of including a handsfree set with each phone. And the scientific community is not sounding the alarm—Maria Fechtynig said she is glad her children have phones so she knows where they are. Most people don't believe there is a problem.

Louis cited the example of the childhood leukemia/powerline connection, which is well documented, but people in this country aren't convinced. How do you convince them? California DHS won't even make a public statement on the evidence.

Raymond said that the industry folks are resisting the idea of producing a phone with the clip, for example. Industry's two worst fears are (1) if they voluntarily produced a "safer" phone it would be slippery slope leading to a mandate – and would inconvenience people who were willing to take the risk. And (2) they're worried about liability. How do you get past this? Don't argue about how certain the risk is—just say this is so cheap to do—free market should be allowed to operate. Get engineers to describe how cheap and easy this would be—get folks to e-mail Motorola about it—and embarrass them.

Phones are being heavily marketed to children—the Barbie phone from Mattel, for example.

Lloyd pointed out that the marketplace and the cellular industry are in completely different places. Motorola presented evidence years ago that protective devices were produced by charlatans. This shows that people are concerned and are being taken advantage of by charlatans. Lloyd reported that he mentioned in a BEMS meeting that Motorola had patents on protective devices but was not producing them for fear of liability on earlier phones—there was no response. At a board

meeting of industry six years ago, scientists who did the research told industry there was an excess risk and a dose response relationship. Instead of acting on the evidence, the cell phone industry has teams of people going around the world trying to denigrate any scientist who shows any effects from cell phone use. There is no solution coming from the scientific community—the story has to break into the mass public domain—to make them aware of what the science is showing.

Michael partially sketched the geography of views among group members –Lloyd, Sam and Nancy are 100% certain of the risk of cell phone use. Sam mentioned the Lonn study in which long-term exposure shows ipsilateral effect—more tumors on the side where phone is held, which together with the Hardell papers and acoustic neuroma papers makes him certain of the risk.

Raymond was not convinced but confused by the Lonn study because most of the people who used cell phones were at lower risk of brain tumors even though users were at higher risk of tumors on side of head where the phone was held.

Nancy pointed out that if you believe the animal evidence and the work Henry Lai has done, whether the cancer effect is the major concern or whether there is a whole spectrum of neurocognitive effects. DNA breaks are not good for your brain and most people would want to know whether their brain function is being impaired or not. Many people use their cell phones almost exclusively for phone communication.

Returning the discussion to strategy, how are the CHE partners going to change hearts and minds when World Health Organization is about to come out w/something saying there's no evidence of harm. How certain do we have to be about how much disease before we insist on having a safer option available? Lloyd said we need a mandate because the FDA is saying OK to cell phones. Louis reminded us that since warning about children and cell phones in UK, the use of cell phones by kids has escalated sharply.

Michael said Lloyd's four recommendations are provocative, Louis is asking "what good do these recommendations do?" and Raymond is saying industry needs voluntarily offer consumers a different option. Those of us in the world of advocacy know what we can do. For example, the Breast Cancer Fund is working in collaboration with other organizations to transform the cosmetic industry, and move American manufacturers toward conforming to EU standards. You start where you do have leverage and move toward mandate. I think Raymond's way is best—make the strong case that suggests need for precaution. Create a powerful argument for headsets. Most parents would not knowingly allow their child to be exposed to a potential carcinogen. Manufacturers need to make a model available w/o risk.

That would be first step. People who buy phones could exert pressure to have a risk-free phone. We discussed the possibility of a design competition—announced in *Microwave News* with an offer of a modest reward for the safer phone? Louis is

worried about oligopoly—cellular industry is very concentrated and sticks together, even to avoid a producing a low Specific Absorption Rate phone.

Lavinia said that most headsets not designed by phone manufacturers: what about getting someone to design the ultimate headset?

Louis suggested that you have to create a market first, much as happened in Sweden with VDT – 1 person in Sweden made the difference. He knew how to design VDTs with less EMF exposure and forced government to set purchasing specifications for VDTs—the government wouldn't buy the units unless the manufacturers shielded the VDTs. That create the market and now all VDTs are shielded..

Lloyd and his wife are planning to rewrite their critique and analysis article for a major circulation magazine. This should be very useful in helping to get the message out that there is a problem.

Michael—Advocates can make a strong case for evidence suggesting precaution needed—will affect consumer demand, which can then help change the market.

Lavinia suggested focusing on a narrow market, for example children—think about the ripple effect. Lloyd concurred. The risk drops off sharply for grownups -- age 21---or even 18.

Schools systems are banning cell phones for kids. Headset use is increasing among the general population.

We were nearly out of time and agreed to continue the discussion on the next call, set for 5/31

(Later cancelled by Nancy Evans—rescheduled for 6/28)

Discussion Group Tele-Meeting Notes 1-12-05

Facilitator: Michael Lerner, PhD., President and Co-founder, Commonweal

Convener: Nancy Evans, Health Science Consultant, Breast Cancer Fund

Synthesizer: Lavinia Weissman, Founder WorkEcology

Meeting Attendees:

<u>Name</u>	<u>Affiliation</u>	<u>EMF Project/Role</u>
1. Raymond Neutra	California DHS	
2. Cindy Sage	Sage Associates	
3. Liz Armstrong	Women's Network on Health & Environment, Canada	
4. Libby Kelley	Council on Wireless Technology Impacts	
5. Lloyd Morgan	Central Brain Tumor Registry	

6. Louis Slesin Microwave News

I. **Published Agenda; Distributed Meeting Agenda:**

- a. Raymond's draft white paper on the policy goals for the group
- b. Draft Firefighters statement (will send later today)
- c. Helsinki Appeal (sent earlier)
- d. Who drafts the consumer fact sheet on EMF/RF?
- e. Planning group meeting adjacent to March 4-5 SFSU workshop?

II. **Agenda Summary**

Keypoints:

Summary of Decisions:

Next Meeting: April 11, 2005

1. Raymond presented his proposal for Potential Goals for EMF/RF CHE working group:

- a. Convene civil society organizations and individuals who are concerned about potential health effects of EMF/RF
- b. Provide information and a dispassionate commentary on existing fact sheets and scientific summaries on potential health effects and existing discussions of criteria by which such information can be judged.
- c. Convene a working group of engineers to list the current sources of exposure to RF and low and high cost measures to lower or eliminate these RF sources.
- d. Prepare a description of a process for unbiased public interest policy relevant research into ELF and RF and topics that ought to begin such a research process, such as a more detailed ethical and cost-effectiveness analysis of RF avoidance measures from the viewpoint of the various affected stakeholders, an exposure assessment survey of RF exposures in a typical California city
- e. Seek foundation funds for a 5-year program

The following discussion pertained to a review of Raymond's proposal:

- **Lloyd suggested we need to be independent of discussing frequency ranges.**
- **Raymond did not disagree. "We studied the ELF, a lot of data, and there are RF sources that put out ELF fields (cell phones). Maybe we need to look at the full range of exposures."**
- **Lloyd said that speaking to engineers about frequency ranges implies that all frequencies have effects. He suggested a change in language, differentiating cell phones, wireless products and**

technologies without tying it to frequencies and new things popping up each day.

- **Cindy wants to include other RF consultants in addition to engineers and broaden the discussion. “When you do summaries for consumers and scientific summaries, you want to identify the sources of exposures.”**
- **Michael suggested that Cindy and Lloyd might be saying that it is important to differentiate specific sources of exposure—naming as many representative sources as are a public concern.**
- **Cindy has authored a paper that talks about typical sources and ranges of exposure to differentiate how to look in your home and work environment. Then report what industry has reported as increased risk. This allows people to use the information.**
- **Michael observed that this could be a source for the consumer fact sheet.**
- **Raymond is talking about policy relevant suggestions for a 5-year program.**
- **Cindy is discussing what can be done immediately.**

DECISION/ACTION: Group members agreed to e-mail Raymond with suggestions for revising the proposal following which, he would re-circulate it for review,

We reviewed the following guidelines for the group:

Policy Guidelines for CHE Working/Discussion groups

1. The Collaboration for Health and the Environment does not take a position on policy issues and initiatives as an organization. Individual partner organizations within CHE may choose to take a position and publicly advocate for that position. However, no one organization or individual speaks for CHE.
2. CHE Working/Discussion group members may take a shared position on policy issues IF all members agree on (1) who will speak for the group, and (2) what position the speaker will articulate. Said position then speaks for the Working/Discussion group, not for CHE. Otherwise, Working/Discussion group members may take a position only as individuals or as representatives of their partner organizations.
3. The above guidelines apply to all public testimony, written and spoken, as well as signing on to petitions, appeals, and other initiatives.

2. Draft Firefighters Statement

Discussion summary: Cindy and Lloyd thought the statement was fine. Raymond recommended discussing other exposures that firefighters have such as pagers and two-ways. Cindy suggested differentiating what they need for emergency and normal operations. Her survey suggests that a dispatch antenna creates a very high pulse of exposure a couple of times a day. However, a cell tower/antenna represents a continuous chronic involuntary exposure that is not necessary for operation of the emergency services. Cindy suggests we stay focused on wireless antenna issues. Raymond says this is a tactical issue and we should point it out. Lloyd and Michael agree.

This entire discussion is now moot—the document we created was not what the IAFF wanted. They wanted a State of the Evidence paper on health risks of RF—which is what we want too but do not have yet. NE

3. Helsinki Appeal

Discussion summary: The authors of this appeal are looking for more signatures. Michael wanted to know whether this is rigorous science. Lloyd said it is general—not enough specifics the statement focuses on the precautionary principle and safety standards that apply in Europe. WHO is looking to change the health standards in Europe and the deadline for comment is 1/15/05.

DECISION/ACTION: We don't know this group and don't know whether this is a Blue Chip document or not. Libby will find out who else has signed it.

We need to ask ourselves what is a Blue Chip statement on this issue. Should it be part of our working group to construct a Blue Chip statement?

4. Consumer Fact Sheet

Discussion summary: Who drafts the fact sheet? Michael said that Cindy has done a lot of work that could contribute to this. What we are looking for is consumer materials that meet the high standards of Scientific American, for example. Can we expand on what Cindy wrote for the SF Medical Society? Cindy has materials and feels the need to define what we want and who is the target audience.

Nancy pointed out the public's limited attention span and the need to understand how much to explain to people who are uninformed. It would be great to link Cindy's materials to the CHE website and define in 2-4 pages of explanation:

- The issue
- Sources of exposure
- Why we are concerned
- What can be done to mitigate exposure

Cindy's materials are not publicly available on her website. They are products. We need more detailed discussion of this than a 1-hour phone call permits.

Raymond said that CHE has to decide how they want to approach this—how do we want to be looked at? Do we want to:

- Be considered as an advocate of controversy or
- Deal with the policy level or
- Just report various spins on the science or what information is not being dealt with

People sometimes claim it is impossible to make a judgment or they don't want to do it.

We need FAQs—there is a basic level of information that people want to know and more than that is too much for many—so how do we deal with

- Format and length
- Citing evidence that supports concern or providing insight into the controversy.

Cindy sees this concern as valid. Is CHE going to be an arbiter of what exists? It has to be dealt with in a longer session. Once that is decided, then the target can be achieved. Raymond agreed.

5. March Planning Group Meeting

Discussion Summary: Nancy described Libby's program for March 4-5 and asked if we should use this time before or after to meet at Commonweal to talk about plans for what this CHE group can do.

Cindy suggests that we just try to set up a face-to-face meeting and figure out when that will work. Not enough time to do that today.

5. How do we do a CHE partner call on EMF/RF?

Discussion Summary: We need a face-to-face meeting to discuss the questions below—but that will take time and money to set up.

- a. How do we find out about wireless LANs?** Exposures are variable --it depends on where you mount the antenna and you can't do a risk estimate without knowing that. You don't know until you install and test.
- b. What about the things that people are exposed to all the time—cell phones, WI-FI, RFID, etc.** Can we rank the order of consumer products and ambient concerns? Louis said the first three to five items on the list are cell phones. Cindy said it gets real murky after that.

Cell phones are voluntary exposures and wireless is not. Do we spend time on exposures that are involuntary? Michael wants to find a starting place. Sitting next to someone on a bus using a cell phone is not involuntary. Earpieces do reduce exposures. There is a cost-effective alternative (ear

piece) and a lot of complexity about other exposures. Hit the one that is the highest-level concern.

Cindy: in England, the government has advised that no child under 8 years old should use a cell phone. Coverage of Sir William Stewart's plea for precaution has had great coverage in the UK and nothing in the American press, one story on CNN and one local news story. Stewart is more concerned today than he was in 2000.

DECISION/ACTION: We will focus on cell phones and push for the precautionary principle. The most obvious recommendation is that children not use cell phones and that everyone use earpieces.

We should plan a CHE partner call.

IV. Schedule of future meetings and events.

Next EMF telemeeting call September 8, 2005. 9 am Pacific/noon Eastern

Planning Group Meeting

III. Relevant Links

1. Two Press Releases from the UK on mobile phones, health, and marketing to children.

January 11, 2005

Press Release from UK National Radiological Protection Board announcing release of 2004 Mobile Phones and Health Report.

See also below: 11 January 2005 Press Release of Communic8 Ltd., manufacturer of MYMO mobile phone which it marketed expressly to parents for their young children. This withdrawal was brought about by the release of the NCRP Mobile Phones and Health Report 2004.

http://www.nrpb.org/press/press_releases/2005/press_release_02_05.htm

[Mobile Phones and Health](#)

2. I just re-read **Cindy's excellent article in SF Medicine** summarizing the state of the science on RFR, which could be an excellent starting point for the statement.

<http://www.sfms.org/sfm/sfm301h.htm>

3. The executive summary of the powergrid policy project at www.dhs.ca.gov/ehib/emf has the same information as this article available in print:

The December 2004 *Risk Analysis* has an article by von Winterfeldt et al on EMF powerline policy pp. 1487-1503, which grew out of our EMF program.

Here's the link to purchase this article:

<http://www.blackwellsynergy.com/servlet/useragent?func=callWizard&wizardKey=salesAgent:1105561149220&action=show>

4. Hang Up And Listen

While government watchdogs snooze, mobile phones and cell towers cause grave harm

By Anne Geske, Utne Magazine
January/February 2005 issue

If there's a single symbol of the revolution in modern communication, it's the cell phone—that ever-tinier, ever-more-multifunctional ear appendage that keeps us in touch with the whole world, wherever we may be. Thanks in large part to the Telecommunications Act of 1996 (TCA); the empire of wireless communication is spreading unchecked across our landscape. There are antennas on apartment buildings, church steeples, water towers and anywhere else a signal made of electromagnetic radiation can be transmitted and received. It's hard to resist the convenience. But a growing body of evidence shows that the microwave radiation from proliferating cell towers—and cell phones themselves—poses a significant health risk. And the industry-friendly regulatory system in the United States is failing to address the problem.

www.utne.com/pub/2005_127/view/11495-1.html

IV. Archive of PDFs

1. Helsinki Appeal

Libby Kelley has forwarded the Helsinki Appeal, which calls for a precautionary approach to EMF exposures, including more stringent safety standards of ICNIRP (International Commission on Non-Ionizing Radiation Protection), and continuation of the REFLEX program with a focus on non-thermal effects.

This is a carefully worded document that some of us may wish to endorse as individuals and/or organizations.

2. MOBILE TELEPHONES AND CANCER—A REVIEW OF EPIDEMIOLOGICAL EVIDENCE

Authors: Michael Kundi,¹ Kjell Hansson Mild,² Lennart Hardell,³ Mats-Olof Mattsson ⁴

3. Mobile Phone Use and the Risk of Acoustic Neuroma

Authors: Stefan Lonn, * Anders Ahlbom, * Per Hall, † and Maria Feychting *

V. Correspondence

As of 1/12/05: From Raymond Neutra: Joe Hafey of the Public Health Institute wrote me the following note when I asked about their willingness to host a research program:

Thanks for your inquiry about PHI's interest in managing an externally funded research portfolio with an Advisory Committee. We would be definitely interested in exploring it further and it is consistent with our mission and the kinds of activities we sponsor.

Approximately 40% of PHI's annual \$75,000,000 budget is devoted to research and evaluation. We have our own IRB, a Survey Research Group, and manage a number of databases.

We also have considerable experience in regranting both for research and public health programs. We have served as a program office for five foundations and run major regranting programs for the State of California. We have experience developing RFPs, managing the grants and subcontracts, and auditing the grantees. We run the Public Health Trust that has managed over \$180,000,000 in legal settlements from governmental regulatory judgments and class action law suits.

We would be happy to meet to explore this further or provide you with additional information.

Thanks,
Joe

Joseph M. Hafey
President and CEO
Public Health Institute

VI. Observations and Questions for Working Group Agenda

- 1. Raymond is focused on a 5-year strategy for policy.**
- 2. Cindy is focused on what to do now and how.**

3. Michael is pleased with the quality, intelligence and representation in the discussions.

4. There is a theme emerging on differentiating involuntary versus voluntary exposures.

5. It may be worthwhile to start documenting some of the issues that make this area complex in terms of integrating with the precautionary principle. We need to analyze from a systems thinking approach what will provoke learning for the working group, CHE partners, and others. What are the intersectoral issues and relationships involved (government, workforce, academia, business, families, civic organizations).

6. A face-to-face meeting will require some coordination and planning. No action was initiated on when and how to do that.

7. The article Liz identified from Utne was added to the article inventory. It would be interesting to examine that in terms of thinking how to educate the Cultural Creative Consumer (Utne's readership) versus the general public and why.

8. Cindy's point on target audience for education is an important one to think about. What is the nature of the consumer and are there multiple consumers and in the context of market research, what type of consumers, e.g., parents, real estate, corporations, computer consultants, etc.

File Created by; Lavinia Weissman, 01/12/2005
Last update: 11/2/05 by Nancy Evans