

January 14, 2005

International EMF Project
World Health Organization
Geneva, Switzerland

Attention: Dr. Emilie van Deventer, WHO EMF Program
Subject: Framework to Develop Precautionary Measures in Areas
Of Scientific Uncertainty (Draft October 2004)

This letter of comment is written to address deficiencies in the Framework document related to scientific uncertainty and precautionary action.

WHO has not met its stated objective that “encourages the use of rational, well thought-out precautionary measures based on scientific principles.” (Page 4). WHO has essentially abdicated its role to protect public health in this Framework.

Rather than recommending that new public exposure limits and safety factors be developed that reflect the body of new scientific evidence for risk at exposure levels far below existing ICNIRP and IEEE standards, WHO makes no recommendation for change in these limits. WHO cannot justify this inaction on the basis of insufficient scientific evidence, unless it rests on the pre-requisite of conclusive scientific evidence of harm. WHO cannot defend its de-facto support of existing exposure limits if reasonable interim action based on precautionary principles and a “weight of evidence” assessment of the scientific literature serves as the basis for its Framework.

There is sufficient scientific evidence for a clear and consistent association of childhood leukemia and electromagnetic field (ELF-EMF) exposure at 2 to 4 mG, based on decades of published scientific studies, meta-analyses and public health agency reviews.

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Evidence for an association between chronic exposure to radiofrequency radiation at low-intensity levels from mobile phones is sufficient to warrant pro-active policy recommendations from WHO, including new safety limits, given the large public health consequence of ignoring “early warning signs” in published scientific studies.

WHO’s decision not to recommend the obvious precautionary actions commensurate with the weight of scientific evidence now available on ELF-EMF exposure and childhood and adult cancers, ALS and miscarriage is unwarranted, and risks both public health and public confidence in WHO.

WHO’s decision not to take a stronger position with respect to children’s use of mobile phones, on telecom marketing that targets children, and on reasonable precaution in siting of new sources of radiofrequency radiation in communities is ill-advised and contrary to accepted precautionary principle-based action. For WHO to say that limiting the use of mobile phones by children now should be discounted as a possible policy option because its “effectiveness is likely to be limited” is neither prudent or justified. WHO has stood silently and watched the deployment of a new technology world-wide without issuing health advisories, and now justifies its lack of action on the basis that “its already out there and people use it”. The public came to use and depend on this technology without knowledge of possible risk of harm. Had warnings been made earlier in the roll-out of wireless communications, prudent public health recommendations would not be so difficult to make now. Providing a list of possible actions, without recommending any action reasonably based on prudent health policy is insufficient and may only result in greater public health harm in the long run.

Recommendations that would be expected, based on the weight of scientific evidence available to WHO would reasonably include:

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- reduction in public exposure limits for ELF-EMF and RF in line with exposure levels linked to increased risk of disease
- incorporation of a safety factor for both ELF-EMF and RF below exposure levels reported to increase risk of disease and lack of well-being as defined in the WHO constitution
- guidance to utilities on the need to reduce ELF-EMF exposures in siting and construction of new power lines and substations, and mitigation of existing sources where exposures exceed new limits
- promotion of “mobile-phone free” public areas for sensitive persons
- directives to telecom companies to comply with interim prudent avoidance options that would a) stop marketing to children and the “youth” market; produce mobile phones that operate only with earpieces, c) site transmitting antennas to reduce public exposures below levels reported to disrupt sleep and produce health complaints, and d) address existing siting problem areas where public concern on RF exposure has been demonstrated.

I am resubmitting my letter dated January 14, 2004 on the Draft Framework to address issues previously covered that still largely apply to the current Framework document.

Respectfully submitted,

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