

6th December 2020

To whom it may concern,

I hope this letter finds the reader well. Just to confirm, all contents of this letter except my name, address and contact details can and should be made public.

I would like to begin by mentioning I am becoming more anxious every day due to the amount 4G/5G mobile phone base stations and small cell facilities being erected. I am very concerned that the extreme close proximity to these wireless base stations, may jeopardize my health and that of my family, friends and general public alike.

As an example, PLANNING SOLUTIONS on behalf of TELSTRA erected a 4G LTE 700, 4G LTE 1800, 4G LTE 2100 and 4G LTE 2600 capable wireless base station as per the environmental EME Report [REDACTED] near my building of work.

In the Environmental EME (electromagnetic energy) Report provided by [REDACTED] [REDACTED] Environmental EME report (v12.2 Feb 2019) produced with RF-Map 2.1(Build 1.0) NAD (v1.0. 98630.31895) page one of that report states: "The maximum EME level calculated for the proposed systems at this site is 3.92V/m; and a power density of 40.68mW/m² or 0.55% of the public exposure limit". 40.68mW/m² (40.68milliwatts/m²) is 40680uW/m² or 40680microwatts/m² since a milliwatt is thousand microwatts. Page 2 of the EME Report states that the maximum EME is <200meters from the source. This area covers my whole workplace and even the workplace kitchen and lunch area are within the highest radiation emission zone of the proposed wireless base station to be erected at site [REDACTED] on my place of work.

Why am I bringing all this up? As an example of just one tower.

In the ARPANSA Radiation Protection Series 3 Publication, it states that 10W/m² (ten watts per meter squared) which equates to 10 million microwatts/m² is the public exposure limit. This limit is based on the risk of ionizing or thermal radiation, i.e. the point at which a person suffers radiation burns similar to the radiation burns of radiotherapy for cancer sufferers.

The ARPANSA standard quite rightly protects the Australian public from radiation burns which occurs beyond the scope of the Standard. The Standard covers frequency range of 3kHz to 300GHz. This is radiofrequency electromagnetic energy (RF-EME) also commonly known as radiofrequency electromagnetic fields (RF-EMF) or in the US as electromagnetic fields-radiofrequency radiation (EMF-RFR).

However, there is no obvious protection offered or described within the Standard from non-ionising radiation which occurs below 10million microwatts per meter squared. I am not aware of any prospective research validating the safety of round the clock exposure to RF-EME for indefinite number

of years/decades. Furthermore, since I am maximally exposed to field strengths of up to 3.92V/M (volts per meter) and power densities of up to 40680microwatts/m² for prolonged periods of time for years to decades. There is no research in the literature proving safety from non-ionising radiation harm over extended periods of time.

However, the public is assured in the ARPANSA 2017 Technical report 178 Executive Summary:

‘There is currently no established evidence that exposure to radiofrequency (RF) electromagnetic energy (EME) at levels below the safety limits of the Australian RF Standard causes any health effects.’

This reads that any person of any age can live in the vicinity of RF-EME for any length of time exposure, as long as the power density is below 10 million microwatts per meter squared. No distinction of age or distance or length of time exposed is made and whether the same standard which is tested on an adult model is applicable to a child.

Yet on page ii of the 'Foreword' of the Standard it states: "The Standard has been specifically devised to protect everybody, including children".

However, the ARPANSA 2017 Technical report 178 Executive Summary which was published 15 years after the Standard of 2002 admits: 'The 2010 WHO Research Agenda identified a lack of sufficient evidence relating to children and this is still the case. The WHO Agenda recommended a prospective cohort study to investigate whether the use of mobile phones and other RF sources by children and adolescents is associated with long-term health effects including cancer and developmental, cognitive and behavioural disorders. Given that no long-term prospective study has looked at this issue to date this research need remains a high priority.'

Understanding this document means that for the last 15 years to 2017 and now up to the present in 2020, there has been no research forthcoming and yet we are led to believe that the standard protects everybody including children.

Where it is encouraging to note the research on children is 'in the pipeline', it appears that there is no definite research that has been completed attesting to the safety of RF-EME for our most precious members of our society, being our children. This then undermines the projected 'safety' portrayed by the Standard. What is your opinion on this? Personally, it gives me no confidence at all, that anyone living in the vicinity of a small cell facility (mobile phone base station), are protected when no short term or long-term research has proved safety from harm up to 10 million uW/m².

As a concerned citizen, one would have every right to be aghast at the recognition of this information, that small cell facilities are being erected promiscuously throughout cities and suburbs Australia-wide, without proven long term research of the safety of such devices for adults and especially children exposed continuously 24 hours a day.

Closer inspection of the Standard reveals on page 9 that the time averaged power flux density (W/m²) states:

'For determination of time averaged values at frequencies below 10 GHz, an averaging time of six minutes applies'.

No data is forthcoming of human exposure to 24 hours, 365 days a year for multiple years of RF-EME. In the case of my co-workers and I working within 200 meters of the wireless base station we are exposed to power densities of up to of 40680uW/m².

Furthermore, there is no advice forthcoming from ARPANSA, as to any potential risks to babies, children, or pregnant mothers with regard to proximity to RF-EMR emitting devices or length of exposure. The inference from the lack of any qualifying advice from ARPANSA, infers that permanent exposure (24 hours a day, 7 days a week) even having RF-EMR devices in contact with one's body or head is 'safe'.

The following studies I have selected provide evidence to support this opinion. These studies below should give you a greater insight as to the risks associated with exposure to radiofrequency electromagnetic energy radiation.

In an environmental epidemiological study commissioned by the Provincial Government of Styria, Austria, in the municipalities of Hausmannstatten and Vasoldberg, of 2543 participants, within a range of 1200 meters from an emitting tower, persons living within a 200meter radius of a mobile phone base station had significantly increased incidents of cancer of the breast and brain compared to those persons living 200-1200 meters from the tower. In comparison to the reference category of power density exposure of radiofrequency emissions less than 10uW/m² where the odds ratio of risk of cancer was 1(i.e. no increased risk), exposure levels between 100uW/m² -1000uW/m² increased the risk of all cancers to 3.4 times over the background population. The odds ratio for all cancers was 3.4 with the calculated probability or 'p value' of 0.008.

However, **the cancer risk in the higher exposure range >1000uW/m² was 23 times higher for breast cancer.** The odds ratio being 22.5 and the calculated probability or 'p value' being 0.0007. **The risk of brain tumours at >1000uW/m² was 121 times higher with an OR of 121.1(p value 0.001).** (Oberfeld 2008).

I am concerned that Australians citizens and visitors are so close to so many small cell facilities already and increasing these to add 5G could increase risk of cancer especially brain cancer in the population. The "Precautionary principle" is worth mentioning here. The research paper above commissioned by the Austrian Provincial Government of Styria, elucidates that persons without tumours are exposed to a 121-fold increase risk of developing brain tumours and 22.5 times increase risk of breast tumours. There was also a 5-8 fold increased risk for all other tumours.

What was also of most concern about this research, was that cancers occurred in a relatively short period of exposure, a minimum of 5 years.

In my opinion such close exposure for every citizen could increase the risk of cancer as elucidated by the above research. What adds an extraordinary level of concern, is that the data in the above research is based on readings greater than 1000uW/m². **The reading of 40680uW/m² at <200 meters from the antenna above my work, which is a power density reading more than 40.68 times higher than the already increased risk of breast cancer and brain cancer in the Oberfeld research. This places myself, my co-workers and others using the location and locations nearby at an extreme risk for developing cancer in my opinion.** I believe that wireless technologies should be “Rolled-back” not new bandwidths added and new technologies “Rolled-out”.

The highest risk as per the above study is for brain cancer, through the impending environmental impact of close-range continuous RF emissions exposure for prolonged periods of time. In fact, the risks for innocent children is higher, as children absorb more electromagnetic radiation than adults. In a study comparing specific absorption rates (SAR) in children and adults exposed to 1800MHz mobile phones, children absorbed 80% more radiation than adults. The research is based on brain modelling of a 10-year-old (Fernandez 2005). My concerns are justified and appropriate given this research.

According to the European Parliament Scientific and Technological Options Assessment (STOA) 2001 document 'The Physiological and Environmental Effects of Non-Ionising Electromagnetic Radiation' state that at locations where there is any long-term exposure to radiofrequency, power densities should not exceed 10 nanoW/cm² (which is 100uW/m²) (STOA 2001).

The RF-EME in power density from the small cell base station on the building of my work will be 406 times higher than the recommended safety limit proposed by the European Parliament as cited above. Do not need more such towers?

However, the German Building Biology Institute -IBN (Institut für Baubiologie + Ökologie Neubeuern), recommends the safety limit of power density for bedrooms, a room which is comparable with a workplace for daily hours spent occupying, below 10uW/m². Radiofrequency radiation power density between 10uW/m² and 1000Uw/m² is viewed with 'severe concern' and power densities in sleeping areas greater than 1000uW/m² are viewed with 'extreme concern' (Maes 2008). As with a bedroom, a similar amount of my day is being spent under the location of the EMR producing tower (I have an 8.5hour workday).

An international team of scientists as part of the Bioinitiative Working Group, reviewed over 2000 research studies in 2007 and again in 2012 and recommended that the safety limit for power density be 0.3-0.6uW/m² as this was the lowest observed level for RF-EME based on mobile phone base stations.

The conclusions of the report state: "A scientific benchmark of 0.003 uW/cm²" or three nanowatts per centimetre squared (equal to 0.3uW/m²) for lowest observed effect level' for RFR is based on mobile phone base station-level studies. Applying a ten-fold reduction to compensate for the lack of long-term exposure (to provide a safety buffer for chronic exposure, if needed) or for children as a sensitive subpopulation yields a 300 to 600 picowatts per square centimetre precautionary action level. This equates to a 0.3 nanowatts to 0.6 nanowatts per square centimetre (0.03uW/m²) as a reasonable, precautionary action level for chronic exposure to pulsed RFR" (Bioinitiative Report 2012).

In spite of RF-EME equipment working within the ARPANSA Standard exposure being under power densities of 10W/m² or 10million microwatts/m², it is my opinion that no-one is protected by the very Standard that is designed to protect all Australian citizens and is considered to have no harmful effects on health.

As can be seen from the Bioinitiative Report, benchmark safety for adults is considered 0.3uW/m² and children 0.03uW/m². **Hence my exposure being at my desk in my workplace with levels <200 meters away from the tower at 40680uW/m² is 135,600 times higher (more than one hundred and thirty five thousand times higher) than considered safe** according to specialist doctors and research scientists who comprise the Bioinitiative Group who are the authors of thousands of research papers in the Bioinitiative Report which is independently funded. I'm aghast that more publicity and testing is not brought to this issue. And even more shocked at the rate of new towers being erected and rolled out.

The Austrian Medical Association in their document Guidelines for the diagnosis and treatment of EMF-related health problems and illnesses (EMF Syndrome) Consensus paper of the Austrian Medical Association's EMF Working Group (AG-EMF)', has recommended preliminary benchmarks. It states irrespective of the ICNIRP recommendations for acute effects (upon which the ARPANSA Standard is based). The bench marks apply to regular exposure of more than four hours a day to electromagnetic radiation as power flow density is that less than 1uW/m² is considered 'within normal limits'. 1-10uW/m² is 'slightly above normal limits'. 10-100uW/m² is considered 'far above normal'. Greater than or equal 1000uW/m² is considered 'very far above normal' (Austrian Medical Association Guidelines 2012).

In another study in Germany of nearly 1,000 residents who had been residing at the same address during the entire observation period of 10 years, **residents living within 400 meters of a cell tower base station, developed cancer three times more frequently than persons living further away and became ill on an average of eight years earlier.**

Computer simulation and measurements used in the study both show that radiation in the inner area (within 400m) was 100 times higher compared to the outer area, mainly due to additional emissions coming from the secondary lobes of the transmitter.

In the first 5 years, there was no significant increased risk of getting cancer in the inner area. However, from 6-10 years of exposure to the radio-frequency (RF) EMF pollution, the odds ratio (OR) for getting cancer was 3.38 in the inner area compared to the outer area. Breast cancer was highest with an average age of 50.8 year compared with 69.9 years in the outer area. Other cancers (prostate, pancreas, bowel, skin melanoma, lung and blood cancer) were all increased. (Eger H, et al. Umwelt-Medizin - Gesellschaft.17;4 2004).

Similarly, an Israeli study from Tel Aviv University, examined 622 people living within a radius of 350m (1148 feet) radius from a cell phone transmitter station for 3-7 years. Participants were very closely matched in environment, workplace and occupational characteristics against 1,222 control patients from nearby not exposed to RF EMF emissions. The researchers found an increased risk of cancer in women living in the near proximity (400m) of the cell phone transmitting station. Out of the 622 patients exposed to the RF emissions from the tower where power density was below 5000uW/m², 8 cases of different kinds of cancer were diagnosed in a period of just one year: 3 cases of breast cancer, one of ovarian cancer, lung cancer, Hodgkin's disease, osteoid osteoma and kidney cancer. This compares with 2 per 1222 in the matched controls. The relative risk (RR) of cancer was 4.15 for those living near the cell-phone transmitter compared with the entire population of Israel. The significance value of this effect was very high ($p < 0.0001$) suggesting that the likelihood of this effect happening by chance was less than 1/10000. (Wolf R, Wolf D. 2004).

It should also not go unnoticed that there are potential neurological risks and neuropsychiatric risks which may develop when exposed to high radiofrequency. In a 2014 study of the health effects of living near mobile phone base station antennae. The results showed that most of the symptoms such as nausea, headache, dizziness, irritability, discomfort, nervousness, depression, sleep disturbance, memory loss and lowering of libido were statistically significant in the inhabitants living less than 300 meters from the mobile phone base transceiver station BTS antenna (Shahbazi-Gahrouei D. 2014).

Dr Martha Herbert, a paediatric neurologist and neuroscientist on the faculty of the Harvard Medical School and on staff at the Massachusetts General Hospital, was asked to review literature pertinent to a potential link between Autism Spectrum disorder and electromagnetic frequencies and RF radiation. She produced a 60page document with 550 citations and published in the Bioinitiative report 2012. A revised and shortened version appears in a peer reviewed indexed journal 'Pathophysiology' in two parts. Dr Herbert states that 'EMF can certainly contribute to degrading the physiological integrity of a system at a cellular and molecular level and that this in turn appears to contribute to the pathogenesis/causation not only of autism but many highly common illnesses including cancer, obesity, diabetes. She notes that there are thousands of papers documenting the adverse health and neurological impacts of EMF/RF and that children are more vulnerable than adults and children with chronic illnesses are even more vulnerable. Dr Herbert relates that current technologies were designed and promulgated

without accounting for non-thermal biological impacts. She states: "The claim from WIFI proponents that the only concern is thermal impacts is now definitely outdated scientifically". Why have ARPANSA not corrected this clearly unscientific omission from safety testing?

Dr Herbart's opinion is that radiofrequency EMF RFR from WIFI and cell towers can exert a disorganizing ability to learn and remember, and can also be destabilizing to the immune system and metabolic functions of the body (Herbert 2012).

The Austrian Medical Association Guidelines for the diagnosis and treatment of EMF related health problems and illnesses (EMF syndrome) Consensus paper of the Austrian Medical Association's EMF Working Group (AG-EMF), states that the recommendations of the WHO, compiled by the International Commission on Non-Ionizing Radiation Protection (ICNIRP 1998), are based on a thermal model. These recommendations were adopted by the EU in its Council Recommendation of 1999. The ICNIRP does not discuss potential risks of exposure to non-thermal radiation. In recognition of the non-thermal risk of exposure to electromagnetic fields, a report entitled "The potential dangers of electromagnetic fields and their effect on the environment" was adopted by the Parliamentary Assembly of the Council of Europe in 2011. This report highlights the risk of head tumours in children and young people when exposed to high frequency electromagnetic fields and a number of measures to protect humans and the environment, especially from high-frequency electromagnetic fields. One of the recommendations is to "take all reasonable measures to reduce exposure to electromagnetic fields, especially to radio frequencies from mobile phones". Special mention is made of protecting children (Austrian Medical Association Guidelines 2012).

In a study published in the international Journal of Occupational and Environmental Health, the authors found **8 out of 10 epidemiological studies reported a higher incidence of cancer and adverse neuro-behavioural symptoms in populations living less than 500 meters from a base station.**

The authors state: **"None of the studies reported exposure above internationally accepted guidelines, suggesting that current guidelines may be inadequate in protecting the health of human populations.** We believe that comprehensive epidemiological studies of long-term mobile phone base station exposure are urgently required to more definitively understand its health impact" (Vini 2010).

The EUROPAEM EMF Guideline 2015 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses, recognize that the so-called non-thermal effects and potential long-term effects of low-dose exposure, were scarcely investigated prior to the introduction of these EMF generating technologies like Wi-Fi access points, routers and clients, cordless and mobile phones including their base stations, Bluetooth devices, ELF magnetic fields from net currents, ELF electric fields from electric lamps and wiring close to the bed and office desk. The authors state that there is strong evidence that long-term-exposure to certain EMF exposures is a risk factor for diseases such as

certain cancers, Alzheimer's disease and male infertility (which is of particular concern to myself and my wife following several miscarriages). Also, the emerging syndrome of heightened sensitivity to electromagnetic fields 'electromagnetic hypersensitivity (EHS)', is more and more recognized by health authorities, disability administrators and case workers, politicians, as well as courts of law according to the authors (Belyaev 2015).

In conclusion, it is my opinion, that rolling out more wireless technology and placing more wireless base station antennae small cell facilities closer to where people work and live puts the population at risk of an array of health hazards due to the immediate proximity of the RF-EME radiation emitting devices and the highest power densities and field strengths of these devices, will be exposing everyone, including children, pregnant women and the elderly.

I strongly recommend a proper investigation into non-ionising radiation effects on the Australian population before any more towers are erected and plans "rolled-out". I also think any new proposed location of a wireless base station (small cell facility) be moved beyond 1000 meters away from any home or workplace (and ideally 1000m from any well trafficked area) to minimize potential health risks of cancer, fatigue, headaches, nervousness, cognitive problems and sleep disturbances.

Since there are a surprising number of research studies detecting a higher risk of brain cancer (and other cancers) being in close proximity to a wireless base station, it is my opinion, that this places anyone near a tower or small cell facility at risk.

Following the Precautionary Principle, I repeat, I most strongly recommend that any proposed small cell facility be moved to at least 1000 meters or more away from well populated areas.

The benchmark of safety from RF-EME exposure is $0.3\mu\text{W}/\text{m}^2$ according to the Bioinitiative report as stated above and for the sake of vulnerable children adopting The Precautionary principle of a further 10 times reduction being $0.03\mu\text{W}/\text{m}^2$. The Austrian Medical Association considers $<1\mu\text{W}/\text{m}^2$ normal and 1-10 'slightly above normal' and $>1000\mu\text{W}/\text{m}^2$ 'very far above normal' as stated above. I am not sure what adjective describes $40680\mu\text{W}/\text{m}^2$ like the tower near my work, but in my opinion, it is exponentially and dangerously above normal. The EMR even 300-400m from this particular antenna in the EME document states from the proposed equipment is $21.87\text{mW}/\text{m}^2$ which is $21,870\text{microWatts}/\text{m}^2$ ($21870\mu\text{W}/\text{m}^2$), which is way above the proposed safety standards of the STOA, the Austrian Medical Association, The German Building Biologists and the Bioinitiative Group. Hence even 400 meters away from this equipment places my offices' users at significant risk.

I hope you would not recommend that the general public be exposed to radiofrequency 24 hours a day from even more wireless base stations based on the aforementioned research?

In my opinion the ARPANSA Radiation Protection Standard of 2002 guidelines do not provide a sufficient buffer as to exposure to EMR in my, or any situation. In fact, the Standard states that some

people are sensitive to EMR exposure and that they may suffer from ill health accordingly. In May 2011, a group of experts at the International Agency for Research on Cancer, an agency of the WHO, classified radiofrequency electromagnetic fields as possibly carcinogenic (Group 2B) for humans (IARC 2011).

In 2018, the Ramazzini Institute published the largest long-term study of rats exposed to radiofrequency from pre-term to death. There was a statistically significant increased risk of malignant schwannomas of the heart. There was also an increased incidence of glial tumours (malignant brain tumours) in female rats but it was not statistically significant. The authors commented 'These tumours are of the same histotype of those observed in some epidemiological studies on cell phone users. These experimental studies provide sufficient evidence to call for the re-evaluation of IARC conclusions regarding the carcinogenic potential of RFR in humans' (Falcioni 2018).

A recent 2019 publication by Professor Hardell and colleague of Sweden, author of multiple research papers on the risk of mobile phones and brain cancer in 2019, commented on the Ramazzini Institute and the NTP 10 year study both completed in 2018, that 'We conclude that there is clear evidence RF radiation is a human carcinogen, causing glioma and vestibular schwannoma (acoustic neuroma). There is some evidence of an increased risk of developing thyroid cancer, and clear evidence that RF radiation is a multi-site carcinogen. Based on the Preamble to the IARC Monographs, RF radiation should be classified as carcinogenic to humans, Group 1' (Hardell 2019).

The NTP study which was completed and peer reviewed in March of 2018 demonstrated an increase in malignant heart schwannomas, brain malignant gliomas of the brain and pheochromocytoma tumours of the adrenal glands. There was also an increase in lung tumours, pituitary tumours, liver tumours and prostate tumours but these were not statistically significant. Furthermore, damage to the heart (cardiomyopathy) similar to ageing was detected. The rats also sustained higher DNA damage and had adverse peri-natal events (ntp.gov2018).

Other authors have also recently published on the utility of the NTP Study for assessing human health risk. Melnick comments that in spite of unfounded criticisms aimed at minimising the findings of adverse health effects, in contrast to those criticisms, an expert peer-review panel recently concluded that the NTP studies were well designed, and that the results demonstrated that both GSM- and CDMA-modulated RFR were carcinogenic to the heart (schwannomas) and brain (gliomas) of male rats (Melnick, 2019).

Miller and colleagues also in 2018, comment that 9 case control studies reveal evidence of malignant gliomas and non-malignant vestibular schwannomas (acoustic neuromas) and meningiomas in relation to RF-EMR exposure. The authors also endorse the view that 'when considered with recent animal experimental evidence, the recent epidemiological studies strengthen and support the conclusion that RFR should be categorized as carcinogenic to humans (IARC Group1) (Miller et al 2018).

Hence the evidence is mounting that exposure to RF-EMR should not be discounted as insignificant. On the contrary, it is indicating higher risk of dangerous and life-threatening cancers.

In the Forward of the Standard it states: **'It is recognised that the Standard does not operate in isolation from the legal framework within Australia. Relevant Australian occupational, health, safety, and environment laws provide obligation on employers, and the designers, manufacturers and suppliers of plant or equipment, to ensure that their activities, or their plant and equipment, do not represent a risk to the health and safety of their employees or third parties who may be affected by them. In effect, such laws require relevant parties to continually assess and improve the safety and health impact of their activities.'** (ARPANSA Standard Publication No.3).

In line with the above it is incumbent upon the purveyors of RF-EME technology and equipment and activation of such RF-EME systems does not represent a risk to the health and safety of third parties (occupants) who may be affected by them.

Allowing for the provided research, my conclusion is that the general population is already bathed in far too much of these EMF's already and adding more is putting Australians at extreme risk of harm to all our health due to the immediate proximity to these proposed base stations at workplaces and homes around the country.

Having read this letter and research referenced, I trust you agree with this conclusion and look forward to a response.

Thank you for reading.

Yours sincerely,

JD

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