



FCC 17-84

Before the Federal Communications Commission

Washington, D.C. 20554

In the Matter of

<i>STREAMLINING DEPLOYMENT OF SMALL CELL</i>)	FCC Docket 17-84
<i>INFRASTRUCTURE BY IMPROVING</i>)	
<i>WIRELESS FACILITIES SITING POLICIES</i>)	

To: Office of the Secretary
Federal Communications Commission, Washington, DC 20554

Date: June 9, 2017

Comment filed by: Cindy Sage, MA, Lennart Hardell, MD, PhD and David O. Carpenter
on behalf of the BioInitiative Working Group.

Cindy Sage, MA, Sage Associates, 1396 Danielson Road, Santa Barbara, CA 93108 USA

Email: sage@silcom.com

Prof. Lennart Hardell, MD, PhD. Department of Oncology Orebro University Hospital Orebro,
Sweden. E-mail: lennart.hardell@regionorebrolan.se

David O. Carpenter, MD, 5 University Place, Room A-217, University at Albany, Rensselaer,
NY 12144. Email: dcarpenter@albany.edu



The BioInitiative Working Group Comment on
FCC Docket 17-84- STREAMLINING DEPLOYMENT OF SMALL CELL
INFRASTRUCTURE BY IMPROVING WIRELESS FACILITIES SITING POLICIES

The FCC is proposing to streamline the process for small wireless facility permitting, without completing its investigation of RF health effects of low-intensity radiofrequency radiation (Docket No. 13-39, Docket No 13-84 - In the Matter of Reassessment of Federal Communications Commission Radiofrequency Exposure Limits and Policies and Docket No. 03-137 Regarding Human Exposure to Radiofrequency Electromagnetic Fields). This fact alone argues against the FCC speeding and easing the approval of millions of new 'small cell' wireless antenna sites under **Docket 17-84**.

Health consequences have not been identified nor been factored into public safety limits. This is particularly true for the new 5G wireless technologies using millimeter wave frequencies (~28 GHz to ~71 GHz) that will be transmitted by small cells in the future. Adey (1993) warns:

"Biomolecular and cell research in this spectral region has been meager. There may be special significance to biomolecular interactions with millimeter wave EM fields. At frequencies within the range 10-1,000 GHz, resonant vibrational or rotational interactions, not seen at lower frequencies, may occur with molecules or portions of molecules."

*"Grundler and Kaiser (1992) have shown that growth appears finely "tuned" to applied field frequencies around 42 GHz, with successive peaks and troughs at intervals of about 10 MHz. In recent studies, they noted that the sharpness of the tuning increases as the intensity of the imposed field decreases; but the tuning peak occurs at the same frequency when the field intensity is progressively reduced. Moreover, clear responses occur with **incident fields as weak as 5 picowatts/cm²**." (emphasis added)*

New public safety limits taking into account non-thermal, low-intensity effects of chronic exposure to 900 MHz to the low GHz frequencies are vitally needed but the FCC has failed to complete this step. There is no basis for the FCC to make a positive assertion of safety of existing RF levels to which the public is perpetually exposed. Certainly unaddressed health concerns should stop the FCC from expediting new wireless technologies facilitating new small cell siting and satellite RF sources. The existing FCC public safety limits are grossly inadequate to protect public health from the body burden of the existing proliferation of RF-emitting devices

and the wireless infrastructure supporting them, let alone from new RF sources that will make the situation worse for public health. There is a broad consensus that new, biologically-based public safety limits for chronic exposure are warranted, given the scientific and public health evidence for health risks from low-intensity radiofrequency radiation exposures from wireless technology applications (BioInitiative 2007 and 2012 Reports, accessed at www.bioinitiative.org).

The 2008 NAS Report on Research Needs for Wireless Device summarizes deficiencies for wireless effects on children, adolescents and pregnant women; wireless personal computers and base station antennas; multiple element base station antennas under highest radiated power conditions; hand-held cell phone compliance testing; and better dosimetric absorbed power calculations using realistic anatomic models for both men, women and children of different height and ages. Realistic assessments of cumulative RF exposures need to be addressed, taking into account the high variability in environmental situations; and safety buffers below 'effects levels' need to be built into new FCC public safety limits. The FCC has failed to do so. Instead the agency has sold off new spectrum, fails to complete its open reviews on RF health effects, and now proposes to fast-track application procedures for new RF sources.

The FCC ignores studies establishing human health harm at currently permissible exposure levels. The National Toxicology Program under the National Institutes of Health has completed the largest-ever animal study on cell phone radiation and cancer. The relationship between radiofrequency radiation and cancer is clearly established. Dr. John Bucher, Associate Director of the NTP and the lead researcher on this study confirms that the exposure of 1.5 W/Kg is lower than currently allowed for the public, including children, under FCC public safety limits. Testing on rats is standard in predicting human cancers.

The NTP results confirm that cell phone radiation exposure levels within the currently allowable safety limits are the "likely cause" of brain and heart cancers in these animals. Tumors called schwannomas were induced in the heart. Hyperplastic lesions and glial cell neoplasms of the heart and brain observed in male rats are considered likely the result of whole-body exposures to GSM- or CDMA-modulated RFR. One in twelve (12) male rats developed either malignant cancer (glioma) and rare heart tumors. Pre-cancerous lesions were observed that can lead to cancer. The NTP says it is important to release these completed findings now given the implications to global health. No cancers occurred in the control group. The animal study confirms prior findings in epidemiological studies of an increased risk for glioma and acoustic neuroma among people that use wireless phones, both cell phones and cordless phones

(DECT). Acoustic neuroma is a type of Schwannoma, so interestingly this study confirms findings in humans of increased risk for glioma and acoustic neuroma. This supports upgrading the risk in humans to Group 1, the agent is carcinogenic to humans. The NTP evidence has filled the gap on animal toxicity of RF, and has greatly strengthening the evidence of risk for humans. It is sufficient to reclassify cell phone radiation as a known cancer-causing agent, and confirms the inadequacy of existing public safety limits.

The FCC needs to consider mounting evidence that even Wi-Fi level exposures are reported to cause DNA damage, brain damage and heat-shock protein (Dushmukh et al, 2017). The authors report statistically significant effects of subchronic low level microwave radiation (MWR) on cognitive function, heat shock protein 70 (HSP70) level and DNA damage in brain of Fischer rats. Experiments performed on male Fischer rats exposed to microwave radiation for 90 days at three different frequencies: 900, 1800, and 2450 MHz. Animals were exposed to microwave radiation at 900 MHz and specific absorption rate (SAR) 0.0005953 W/kg; animals exposed to 1800 MHz at SAR 0.0005835 W/kg and animals exposed to 2450 MHz at SAR 0.0006672 W/kg. These exposures are roughly equivalent to 1.5 to 2 uW/cm². All the animals were tested for cognitive function using elevated plus maze and Morris water maze at the end of the exposure period and subsequently sacrificed to collect brain tissues. HSP70 levels were estimated by ELISA and DNA damage was assessed using alkaline comet assay. Results showed microwave exposure at 900-2450 MHz with SAR values as mentioned above lead to decline in cognitive function, increase in HSP70 level and DNA damage in brain. They conclude that low level microwave exposure at frequencies 900, 1800, and 2450 MHz may lead to hazardous effects on brain.

Evidence from microRNA studies at Wi-Fi intensities report damage, i.e., modulation of microRNA is presented by Dasdag et al. (2015a, 2015b) in new studies on 900 MHz cell phone radiation and 2450 MHz Wi-Fi levels of exposure. Dasdag et al. (2015b) report that very low intensity Wi-Fi exposures over a year-long period (24 hrs per day) at 141.4 uW/Kg (whole body SAR) and a maximum SAR of 7127 uW/Kg lowered activity of microRNAs in the brain of adult rats. Van den Hove et al. (2014) previously reported miR-107 as epigenetically-regulated miRNA linked to Alzheimer's disease and correlated with changes in neuronal development and neuronal activity.

The scientific evidence is more than sufficient in 2007, and certainly in 2012 (www.bioinitiative.org) that the Commission has not struck the right balance between uncontrolled wireless rollout and health impacts resulting for Americans, particularly for children. The increased risk for cancers, neurological diseases, memory and learning impairment in children, and other serious medical problems associated with wireless technologies and chronic exposure to low-intensity RF are now clearly available to the Commission.

The FCC should not approve streamlining the process for small wireless cell rollout, nor expedite any other approval process for siting of wireless facilities, nor grant exemptions for any RF source or low-power device or enabling network. The incremental increase in daily RF exposure already exceeds human health tolerance. Cumulative effects of RF exposures from multiple wireless devices and environmental exposures are not addressed at all; nor measured or tested under current or proposed FCC rules.

Respectfully submitted:

Cindy Sage, MA, Lennart Hardell, MD, PhD and David O. Carpenter, MD

References

1. Adey, WR. 1993 Biological Effects of Electromagnetic Fields. *Journal of Cellular Biochemistry* 51:410-416.
2. BioInitiative Working Group, Cindy Sage and David O. Carpenter, Editors. BioInitiative Report: A Rationale for a Biologically-based Public Exposure Standard for Electromagnetic Fields (ELF and RF) at www.bioinitiative.org, August 31, 2007.
3. BioInitiative Working Group, Cindy Sage and David O. Carpenter, Editors. BioInitiative Report: A Rationale for Biologically-based Public Exposure Standards for Electromagnetic Radiation at www.bioinitiative.org, December 31, 2012.
4. Dasdag, S., Akdag, M.Z., Erdal, M.E., Erdal, N., Ay, O.I., Ay, M.E., Yilmaz S.G., ... Yegin, K. (2015a). Long- term and excessive use of 900 MHz radiofrequency radiation alter microRNA expression in brain. *International Journal of Radiation Biology*, 91(4), 306–11. doi:10.3109/09553002.2015.997896
5. Dasdag, S., Akdag, M.Z., Erdal, M.E., Erdal, N., Ay, O.I., Ay, M.E., Yilmaz, S.G., ... Yegin, K. (2015b). Effects of 2.4 GHz radiofrequency radiation emitted from Wi-Fi equipment on microRNA expression in brain tissue. *International Journal of Radiation Biology*, 91(7), 555-561. doi:10.3109/09553002.2015.1028599
6. Deshmukh, P.V., Megha, K., Nasare, N., Banerjee, B.D., Ahmed, R.S. , Abegaonkar MP, Tripathi, A.K., Mediratta, P.K., et al, 2017. Effect of Low Level Subchronic Microwave Radiation on Rat Brain. *Biomed Environ Sci*, 2016; 29(12): 858-867
7. Grundler, W., Kaiser, F. (1992) Experimental evidence for coherent excitations correlated with cell growth. *Nanobiology* 1:163-176
8. Van den Hove, D.L., Kompotis, K., Lardenoije, R., Kenis, G., Mill, J., Steinbusch, H.W, Rutten, B.P.F. (2014) Epigenetically regulated microRNAs in Alzheimer's disease. *Neurobiological Aging*, 35(4), 731– 745. doi:10.1016/j.neurobiolaging.2013.10.082



Editors

Cindy Sage, MA
David O. Carpenter, MD
BioInitiative 2007 and 2012 Reports

Contributing Authors of the the 2007 and 2012 BioInitiative Working Groups

Jitendra Behari, PhD, India
Carlo V. Bellieni, MD, Italy
Igor Belyaev, Dr.Sc., Slovak Republic
Carl F. Blackman, PhD, USA
Martin Blank, PhD, USA
Michael Carlberg, MSc, Sweden
David O Carpenter, MD, USA
Zoreh Davanipour, DVM, PhD USA
Adamantia F. Fragopoulou, PhD, Greece
David Gee, Denmark
Yuri Grigoriev, MD, Russia
Kjell Hansson Mild, PhD, Sweden
Lennart Hardell, MD, PhD, Sweden
Martha Herbert, PhD, MD, USA
Paul Héroux, PhD, Canada
Olle Johansson, PhD, Sweden
Michael Kundi, PhD, Austria
Henry Lai, PhD, USA
Ying Li, PhD, Canada
Abraham R. Liboff, PhD, USA
Lukas H. Margaritis, PhD, Greece
Henrietta Nittby, MD, PhD, Sweden
Gerd Oberfeld, MD, Austria
Bertil R. Persson, PhD, MD, Sweden
Iole Pinto, PhD, Italy
Paulraj Rajamani, PhD, India
Cindy Sage, MA, USA
Leif Salford, MD, PhD, Sweden
Eugene Sobel, PhD, USA
Amy Thomsen, MPH, MSPAS, USA