

- In 2007, The European Environmental Agency, Europe's top environmental watchdog, calls for immediate action to reduce exposure to radiation from WiFi, mobile phones and their masts. [http:// www.eea.europa.eu/highlights/radiation-risk-from-everyday-devices-assessed](http://www.eea.europa.eu/highlights/radiation-risk-from-everyday-devices-assessed)
- In 2008, The International Commission on Electromagnetic Safety (comprised of scientists from 16 nations) recommends limiting cell phone use by children, teenagers, pregnant women and the elderly. [www.icems.eu/resolution.htm](http://www.icems.eu/resolution.htm)
- The U.S. Fish and Wildlife Service urges Congress to investigate the potential relationship between wireless devices and bee colony collapse in May, 2009. <http://electromagnetichealth.org/electromagnetichealth-blog/emf-and-warnke-report-on-bees-birds-and-mankind/>
- In 2010, municipalities in California, Hawaii, Maine and Maryland have passed resolutions creating moratoriums on Smart Meters. For updates, check [www.emfsafetynetwork.org](http://www.emfsafetynetwork.org) or [www.magdahavas.com/2010/12/03/smart-meter-installation-challenged/](http://www.magdahavas.com/2010/12/03/smart-meter-installation-challenged/)

*Jay: I run a small city's land use department. Recently, a telecom company proposed installing an antenna in a church steeple here. The church houses a nursery school. Parents do not want this antenna near their children. As a public servant whose job is to uphold land use codes, my choice is between permitting the antenna and a lawsuit from the telecom company for non-compliance, which they will surely win.*

*As I see it, concerned citizens need to petition their Congressional reps to revise Section 704 of The Telecom Act so that health concerns can be considered when a telecom company wants to install equipment.*

## **REALISTICALLY, WHAT CAN I DO?**

### **1. Reduce your exposure to EMR:**

- Turn your WiFi off at night. If you're not sure how to do this, unplug your computer and your modem.
- Go back to a corded landline. Go back to cabled internet access. Don't use your mobile phone for a week, and see if your health or sleep changes.
- Quit fluorescent lights. While they save energy, fluorescent lights create dirty electricity. Also, fluorescent bulbs are made with mercury. They're highly toxic if broken or not disposed of at a special recycling facility. Go back to incandescent bulbs.
- Unplug the electronic devices in and near your bedroom while you sleep. Don't just turn off your TV, computer, and alarm clock. Unplug them.
- Eliminate baby monitors, which commonly transmit in microwave range. Switch to a wired intercom.
- Avoid using and replace dimmer switches.

- Remove your metallic dental materials, including mercury, nickel and palladium. They are toxic on their own and may increase adverse effects of exposure to EMR. "Silver" fillings are actually a mix of (very toxic) mercury and other metals. Mixed metals produce electric current in the mouth. This "battery effect" can disturb the brain and nervous system. Be aware: only well-trained, well-equipped dentists who use necessary protections should remove mercury amalgams. For a list of such dentists in your state, call Dental Amalgam Mercury Solutions (DAMS) at 651.644.4572 or email dams@usfamily.net.

*Liz, 27: I spent a day on a train and was nauseous the whole time. I've ridden trains before and never had a problem. A friend wondered if the train's new WiFi system might have affected me.*

*I had no idea that WiFi could be harmful. But I noticed that my health problems (depression and a sinus infection that would not quit) started around the time my husband and I got cell phones and WiFi. As I learned more, I felt unsafe talking on the cell phone. My husband and I want children, and we want them to have a healthy start.*

*We decided to go back to a corded landline and cabled internet access. This actually took two months, including a five-hour "conversation" with our phone company and a week when we had no phone. We kept a cell phone for emergencies.*

*Now, my husband and I feel remarkably less anxious. And since we're not available to each other all the time, we're actually communicating more clearly.*

## **2. If you use a mobile phone:**

- Keep it off. Remove the battery from the phone. Install the battery only when you use the phone.
- At home, use a corded landline. Eliminate (recycle) DECT cordless phones and their (sometimes corded) base stations, which emit radiofrequency radiation similar to that of cell phones. A non-electric corded landline allows you a working phone during electric blackouts.
- Away from home, use text messaging rather than voice, since phones emit radiation for a shorter amount of time to send text; and the phone is not against your head when you text.
- Educate your children about the hazards of cell phones. The hazards of radiation are greater for children than they are for adults. They should never sleep with the phone on or charging near their bed.
- Keep calls short. Using a mobile phone for 30 minutes a day is the heaviest use studied so far, and it significantly increases your risk of brain cancer.<sup>2</sup>
- Be aware that the weaker an antenna's signal, the more your cell phone has to increase its radiation output to maintain the connection, which increases your exposure. When reception is bad (such as in rural areas) use your phone only for emergencies. Swedish research finds worse health effects for cell phone users in rural areas.
- Don't text or phone in a metal box such as an elevator, car, bus or train, since this also requires your phone to increase its radiation output.

- Don't text or talk while driving. Studies have demonstrated that texting or talking on a mobile phone while driving is more dangerous than driving drunk, even with a hands-free device.
- Some scientists and physicians recommend using speaker phone mode or headsets to reduce the radiation that enters your brain. While there are no studies about these devices, in speaker phone mode (if the antenna is away from the head), less energy enters the user's head. A Blue Tooth earpiece broadcasts a signal that's lower in intensity than if the cell phone were next to the head. However, if the Blue Tooth device is on a long time, then the total energy transmitted into the head could increase.
- Pregnant women should not use cell phones. One study finds that a mother's cell phone use nearly doubles the chance of a child's developing behavioral problems, even after correcting for other effects.<sup>10</sup> In an emergency, keep the phone away from your abdomen. New mothers should not speak or text on a mobile phone while holding the device near the baby's head. A baby's developing brain is especially susceptible to radiation.
- Men who plan to become fathers should not keep their cell phones in their pockets or on their belts. They should keep their cell phones turned off. Cell phone use negatively affects sperm quality.<sup>11</sup> (Studies about the effects of carrying a mobile phone on women's reproductive health have not been conducted; but women might apply the Precautionary Principle here.)
- Some cities like San Francisco now require cell phone retailers to reveal the SAR (specific absorption rate of microwaves into the user's head) of each phone. Beware that while the highest SAR phones may pose the greatest risk of thermal damage, even the lowest SAR phones can cause non-thermal effects, including nerve cell death.
- Be aware that no study has considered the relationship between cell phones, WiFi and wireless utility meters and the risk of cancers below the neck, including leukemia, lymphoma, skin and pancreatic cancers.

*Jesse, 46: I'm an electrical engineer. Recently, I learned about Bayville, NY, a small town with a high incidence of childhood leukemia and other forms of cancer among children and adults. Their elementary school's property line is 50 feet from a water tower with nearly 60 antennas on it. At one point, seven of the school's 21 staff members had some form of cancer. Because of the Telecom Act, these townspeople can't move these cell phone antennas or even question freely whether they contribute to their health problems.*

*Meanwhile, around the country, water towers are covered with antennas. Radiation levels around them can exceed FCC guidelines. FCC guidelines are one thousand times higher than what a number of researchers consider safe. So I worry--about the workers who go up on water towers, and about the people who live near them.*

### 3. Get Informed and Take Political Action:

- Learn about your neighborhood's antennas at [www.antennasearch.com](http://www.antennasearch.com)
- Alert owners about antennas' effects on property values before they contract with a telecom company For more info, see [www.emrpolicy.org](http://www.emrpolicy.org)
- Learn about your town's telecom ordinance. Many ordinances allow telecom companies to install antennas on easements to private property without notice or permission. Create the most protective ordinance possible for your municipality. Refer to Cell Towers: State of the Science/State of the Law, edited by B. Blake Levitt. Get your city to join the Coalition for Local Oversight of Utility Technologies; [www.CLOUTnow.org](http://www.CLOUTnow.org)
- Petition your Congressmen and women to revisit Section 704 of The Telecom Act of 1996 so that health and environmental concerns can be recognized when a telecom company wants to do business. Petition for a moratorium on new wireless equipment until it's proven harmless. See [www.prove-it.co](http://www.prove-it.co)
- If a device makes you sick, report the problem to the FDA's Medwatch Program, [www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm](http://www.accessdata.fda.gov/scripts/medwatch/medwatch-online.htm) or call 800.FDA.1088. Also report it to the Consumer Product Safety Commission, which takes dangerous products off the market. [www.cpsc.gov/cgibin/incident.aspx](http://www.cpsc.gov/cgibin/incident.aspx) or call 800.638.2772. Send a copy of your complaints to The EMR Policy Institute at [info@emrpolicy.org](mailto:info@emrpolicy.org) with "Radiation Emitting Product Complaint" in the subject heading.
- Divest. If you own telecom stock or subscribe to wireless services, divest.

**Which do you think is more important:** a telecommunications system that meets engineering standards or safeguarding the ecosystem and human health?

## RESOURCES

### Websites:

[www.emrpolicy.org](http://www.emrpolicy.org) The EMR Policy Institute educates policy makers on the need for sound public policy that protects public health regarding electromagnetic radiation.

[www.bioinitiative.org](http://www.bioinitiative.org) 2007 international scientific report that reviews some 2000 published papers on exposure to electromagnetic fields. It provides a rationale for biologically-based public exposure standards.

[www.cloutnow.org](http://www.cloutnow.org) Communities for local oversight of public utilities. Archive of local government resolutions calling for revision of the Telecom Act of 1996.

[www.electricalpollution.com](http://www.electricalpollution.com) The solutions page tells how to clean up electrical pollution in your home or business.

[www.electromagnetichealth.org](http://www.electromagnetichealth.org) Includes a petition for radiation "quiet zones."

[www.emfacts.com/electricwords](http://www.emfacts.com/electricwords) An index of scientific studies.

[www.international-emf-alliance.org/index.php/appeals](http://www.international-emf-alliance.org/index.php/appeals) Lists groups that call for stricter regulation and/or a moratorium on wireless technology.

[www.lehmans.com](http://www.lehmans.com) A catalog of non-electric tools and appliances.

[www.lessemf.com](http://www.lessemf.com) Products for people with electric sensitivity.

[www.mast-victims.org](http://www.mast-victims.org) Testimonies from people harmed by antennas.

[www.microwavenews.com](http://www.microwavenews.com) Since 1981, this journal has reported health and environmental impacts of EMR.

[www.prove-it.co](http://www.prove-it.co) A petition for a moratorium on new antennas and wireless utility meters until they're proven harmless.

[www.weepinitiative.org](http://www.weepinitiative.org) International news about EMR.

### DVDs:

*Full Signal*, filmmaker Talal Jabari. Scientists, doctors, advocates and concerned citizens from eight countries discuss cell phones, antenna sites and health.

*The Power of Community*, produced by Community Solutions. Cuba's response to losing its oil supply in 1989.

### Magazine Articles:

"Cell-Phone Safety: What the FCC Didn't Test," by Michael Scherer, *Time*, October 26, 2010.

"Electro Shocker," by Michael Segell, *Prevention Magazine*, January, 2010. How dirty electricity created a cancer cluster at a California school.

"Warning: Your Cell Phone May Be Hazardous to Your Health," by Christopher Ketcham, *GQ*, February 2010.

**Scientific Journal:**

*Pathophysiology*, Aug. 2009. Special issue devoted to EMR and health. Provides peer review of The BioInitiative Report.

**Books:**

Davis, Devra, *Disconnect*, Dutton, 2010.

Gittleman, Ann Louise, *Zapped*, Harper, 2010

Milham, Samuel, *Dirty Electricity: Electrification and the Diseases of Civilization*, iUniverse, 2010.

Reese, Camilla and Magda Havas, *Public Health SOS*.

Sugarman, Ellen, Warning: *The Electricity Around You May Be Hazardous to Your Health*, Simon and Schuster, 1992

**GLOSSARY**

2G—Antennas that serve "second generation" digital cell phones. 3G, "third generation" includes video and smart phones.

Bandwidth—Bandwidth refers to the range of frequencies used to transmit data, whether or not the data is sent within cables or by a wireless device. Video requires more bandwidth than voice; voice requires more bandwidth than text.

Broadband—An internet connection with high bandwidth (large range of frequencies) that allows large amounts of data for a movie or video game, for examples, to be transmitted quickly.

Corded phone—A phone with a base that plugs into a wall-jack; the mouthpiece also connects to the base by a cord.

Dirty electricity—The wiring in most houses, schools and offices is designed for electrical devices that operate at 60 Hz, but cordless phones, TVs, dimmer switches, fluorescent light bulbs, solar panels, energy-saving washing machines and computers (etc.) "chop up" the 60 Hz current and create high frequency transients. Termed "electrical sewage" by electrical engineer Dr. Martin Graham, these high frequencies contaminate wiring running throughout the building and expose occupants to radiation. People exposed to strong dirty electricity may develop Radio Frequency Sickness or cancer. For more info, read "Electro-Shocker" by Michael Segell in Prevention's January, 2010 issue; see [www.electricalpollution.com](http://www.electricalpollution.com)

Fiber optics—Very thin, transparent cables that carry signals by pulsing light. Fiber optic cables offer the fastest connection, the greatest capacity, the most security, and the lowest EMR of available technology. They require much less electrical power than antennas to transmit signals.

Frequency—The number of times per second that either the electric or the magnetic field completes a full cycle (a positive maximum falling to a negative maximum and increasing back to the positive maximum again).

Gigahertz (GHz)—One billion vibrations per second. Cordless phones now commonly operate at 5.8 GHz, nearly six billion vibrations per second.

Hertz (Hz)—The number of vibrations that either the electric or magnetic component completes in one second.

Kilohertz (kHz)—One thousand vibrations per second.

Megahertz (MHz)—One million vibrations per second.

Microwave—An electromagnetic field that has 300 million vibrations per second--or more, up to 300 GHz.

Precautionary Principle—Suggests that we not use a product when its safety is unknown and alternatives are available. Developed in 1998 by scientists, farmers and breast cancer action groups who observed that many hazardous products (such as pesticides) are assumed to be safe when they are introduced to the marketplace. But when they are used repeatedly or in combination with other hazardous products, harmed health results.

Radiation—Energy that transmits information through space or through matter. The frequency of electromagnetic radiation determines the extent to which it can carry data and can penetrate metal roofs, thick walls and people. The frequencies at which electric fields best penetrate beneath skin are microwaves, X-rays and gamma rays.

Radiofrequency (RF)—Electromagnetic radiation at frequencies between 30 kHz and 300 GHz.

Satellite—Stationed in space, telecom satellites transmit information to Earth by microwave radiation. This technology allows data to be distributed to remote locations, including places blocked by mountains or an ocean. It is used by nationally-distributed TV networks, phone providers, the military and newspapers. Satellite dishes used on homes for satellite TV use active electronics to convert the signals to lower frequencies that can then be sent to your TV using standard coax cables. These conversion devices are another source of radiation and high-frequency transients, i.e. dirty electricity.

Transformer—A transformer can be the size of a city block or as small as a "wall wart" at the end of cell phone charger. Transformers change the frequency and/or the voltage of electricity. At close range, transformers always create EMR. Newer transformers are smaller and more energy efficient, but also create much more dirty electricity.

WiFi—Stands for wireless free Internet. WiFi lets people with laptops access the Internet without a cord. WiFi is now commonly available in schools, businesses and on many trains and airplanes. WiFi operates at 2.4 GHz.

WiMax—A wireless system that can transmit broadband signals up to 30 miles from an antenna. WiMax provides wireless internet access with a significantly stronger signal than WiFi.

Wireless devices—Cordless phones, mobile phones, utility meters, baby monitors, doorbells, remote-controlled toys, alarm systems and WiFi that work without cables. Most TV remote controls use infra-red, which does not appear to pose the same risk as microwave wireless devices.

X-ray—Penetrating electromagnetic radiation that takes a picture through the skin's surface to x-ray a bone, for example. Radiation from new body scanners at airports penetrates only the skin layer. X-rays use such high frequencies that electrically conductive materials can't block them; only heavy nuclei like lead can.

## ENDNOTES

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4. Salford, L.G. et al, "Nerve Cell Damage in Mammalian Brain after Exposure to Microwaves from GSM Mobile Phones," *Environmental Health Perspectives*, Vol. 111, n.7, 1 June, 2003
5. Slesin, L., "It's Official: Mike Repacholi Is An Industry Consultant and He's Already In Hot Water," *Microwave News*, November 13, 2006 and "WHO and Electric Utilities: A Partnership on EMFs," October 1, 2005.
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7. [www.popsci.com/technology/article/2010-11/wi-fi-radiation-killing-trees](http://www.popsci.com/technology/article/2010-11/wi-fi-radiation-killing-trees)
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KATIE SINGER's books include *The Wholeness of a Broken Heart* (a novel), *The Garden of Fertility* and *Honoring Our Cycles*.

If you wish to contribute to our public education outreach through this essay, please make your tax-deductible donation to The EMR Policy Institute. [www.emrpolicy.org](http://www.emrpolicy.org)



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Concerning FCC-2011-0078-0001

WC Docket Nos. 10-90,

07-135, 05-337, 03-109; GN Docket No. 09-51; CC Docket Nos. 01-92, 96-45,

I understand that the FCC is proposing to take steps toward the elimination of landline telephones. I DO NOT SUPPORT the elimination of landline phones. Deminishing choice as to one's phone preference in the home or business can not be a step forward into the future.

Also, the loss of land lines and the increased use of cell phones would increase cancers and neurotoxic effects.

HEALTH EFFECTS OF CELL PHONES AS OF 2011: the data shows a 500% rise in the rate of largely untreatable brain tumors, called gliomas. There is also a 360% rise in tumors of the eye nearest the ear used for the cell phone, and 260% rise in tumors on the hearing apparatus, and on salivary glands near the ear used for cell phones.

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Landlines are safe.

Children, people with medical implants, people with Radiofrequency Sickness, and people who don't want to increase their risk of cancer can use only landlines.

Research on radiofrequency radiation exposure indicates increased cancer incidence, altered blood glucose levels, weakened blood-brain barrier.

Many in the public cannot use any cordless or wireless phone without developing headaches that are often severe.

Landlines are secure. Cabled phones ensure privacy.

Using mobile phones makes us vulnerable to hackers who commit financial fraud. It makes us vulnerable to terrorists.

Landlines are reliable.

During power outages and natural disasters, landlines are dependable.

Teleconferencing can be unreliable with broadband connections. Failure to initiate a conference call is a common problem with VoIP (Voice over Internet Protocol) carriers. Teleconference systems often cannot decode the DTMF tones sent by VoIP service providers so that the systems are unable to recognize some of the keys entered for the passcode resulting in failure to initiate the teleconference. VoIP calls are also often dropped midstream.

Wireless telecom equipment can cause disasters. ABC News confirmed on April 26, 2009 that the Malibu, California fires were caused by utility poles overburdened by cellular phone gear.

Landlines are affordable.

We already have the infrastructure for landlines.

Mobile phones fees are unregulated.

Mobile phones and computers need constant repair, upgrades and replacement. Seniors and low-income citizens can't afford this. Equipment for landlines is durable and economical.

Landlines are easy to use.

Imagine people with Alzheimers or other dementia trying to learn how to initiate computer calls.

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\*\*\* The FCC has the duty to facilitate communications for all citizens.

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To Whom It may Concern:

While removing telephone lines would make our roadside landscapes more ATTRACTIVE, the use of CELL PHONES as the EXCLUSIVE ALTERNATIVE is totally UNWISE. Cell phones function at best, albeit as a CONVENIENT and EMERGENCY means of communication when land lines are unavailable. However, without CONCLUSIONS regarding their SAFETY or lack thereof, it is UNWISE to eliminate the bathwater as it may threaten to lose the baby.

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Around the world, at least 3% of the populations is severely electrosensitive and cannot use cell phones, computers, be in WiFi settings, etc.. Such individuals cannot even submit an online comment like this.

Electrosensitive individuals depend on landlines for their safety and communication needs. It is critical that landlines be available to them.

Another 5-25% will suffer health effects as layers of wireless use increase in our environment. People who have never suffered adverse effects have begun to experience symptoms (migraines, tinnitus, heart palpitations and arrhythmia, agitation, memory problems, disorientation, depression, fatigue) since the installation of wireless electric SmartMeters on their homes/offices and in their neighborhoods.

It is critical that citizens have access to landlines. Choice is essential.

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Please continue to maintain the analog circuit-switched telephone network, our system of traditional landlines. This system continues to play an important role in U.S. communications, including during times of emergency. Catastrophic emergencies, such as Hurricane Katrina, are bad enough without the additional loss of communication. Our analog telephone network is VITAL. In addition, it is the only telecommunications system that many electrically sensitive people are physically able to use. Estimates suggest there could be 10 million Americans affected by such electrical sensitivities. Traditional landlines must be maintained to continue providing truly universal phone service.

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RE: FCC proposal - Developing an Unified Intercarrier Compensation -  
FCC-2011-0078-0001

Landline service is absolutely essential to many people and must be preserved.

There is a portion of the populace who cannot use wireless technologies due to health constraints, especially those with electromagnetic sensitivities. This prevents them from using the cellular phone system. These people rely exclusively on the landline switched telephone network for voice communication.

Removing landline service would deny these people access to phone service, a fundamental and essential right and resource. This would also constitute a serious violation of the Americans with Disabilities Act (ADA). In light of these facts, it is clear that elimination of landline service should be prohibited.

For a brief review of pertinent information regarding those with environmental sensitivities, please visit the U.S. Architectural and Transportation Barriers Compliance Board (Access Board) at  
<http://www.access-board.gov/research/req/intro.cfm>

Regards,  
Beau Binder  
Eugene, OR

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FCC

I am not in favor of ID FCC-2011-0078-0001. Living in Vermont, I find the land-line telephone system of superior quality and more reliable to mobile phone and voice over internet phone services from a user's standpoint. When the electricity is out due to weather conditions, I have always been able to use the land-line indefinitely. For one year, I tried voice over cable service with Comcast with disappointing results; I lost phone service three times for periods exceeding 24 hours. I live in the third largest city of the state, so this cannot be blamed on insufficient infrastructure. I moved back to regular land-line and have had no problems since.

Using a computer in my house to make phone calls would be exceeding costly and environmentally unsound. It makes no sense to spend thousands of dollars on a computer and software every 3-5 years when I can buy a regular phone for \$40 that will work for decades. Also, a regular phone uses far less electricity to run (even with answering machine) than any computer available, requires far fewer electronic components, and produces fewer hazardous products for its construction and disposal.

I prefer to see my phone taxes continue to support the land-line phone system for rural areas of the country and for the poor. I also prefer to see telephone landlines remain in service. If telecommunications companies and the government want to expand high speed communications networks, let the telecommunications companies do it by their own means and charge the customers that use these services.

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Please do not prohibit me from using a landline. I am sensitive to the radiation from cell phones and rarely use my cell. I will not be able to use a phone much.

It is ridiculous to disallow landlines. It makes no sense. This is supposed to be the nation of freedom but you are going to take away my ability to talk to my friends, out of state relatives and medical professionals.

I have many severe medical problems and must talk to the top specials in certain fields because my medical situation is so severe, not all of who are nearby. I am not able to travel to see all of them as much as I need so I have some phone appointments. Just last night one of my doctors that I have trouble getting to see in person called me on our landline. How can I have a productive dialogue with my doctors if I get sicker when I talk on a cell phone.

My relatives are across the country from me. How will I be able to talk to my brother if I get sicker from talking on a cell phone.

Again, this is a ridiculous idea. Why is it any of your business to tell me what kind of phone I should use. Please don't do this.

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Submitter Info:

First Name: Martha

Last Name: Davis

Mailing Address: 130 Verano Loop

City: Santa Fe

Country: United States

State or Province: NM

Postal Code: 87508

Organization Name: null

I am disturbed by early reports about cell phones' effects on health, early in the history of our use of cell phones. I also live in a neighborhood where cell phone reception is not good. Please do not control trade (Is that legal?) by restricting the use of land lines.  
-----Martha Davis

Submitter Info.txt

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Public Comments on Developing an Unified Intercarrier Compensation: =====

Title: Developing an Unified Intercarrier Compensation

FR Document Number: 2011-04399

Legacy Document ID:

RIN:

Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Shamaan

Last Name: Eagles

Mailing Address: P.O. Box 684

City: San Luis

Country: United States

State or Province: CO

Postal Code: 81152

Organization Name: null

This proposal would be like shooting yourself in the foot. America stands at a very precarious precipice where by all resources are needed. We got rid of railroads to our peril, now oil and gas are out of reach for many Americans. There a great many Americans, millions in fact, and I count myself among them, who cannot tolerate cell phone frequencies. To put those who are at risk of brain cancer or other forms of illness due to extreme sensitivity to cell phone technology would be nothing short of a crime. And it may make you legally liable for many medical bills. Suffice it to say that I strongly protest the removal of land lines!!!! And limiting the communication abilities of those who CANNOT use cell phones!!!

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Grace

Last Name: Ellis

Mailing Address: 6 Abbott St.

City: Lebanon

Country: United States

State or Province: NH

Postal Code: 03766

Organization Name: null

Please, oh please consider the folks (like me) that are electromagnetically sensitive and NEED the land line phone system for safe communication. Most people don't know how serious the reactions can be for people like me to be exposed to cell phone waves... like a racing heart, chest pain, etc. There are many folks like me that are counting on you to do the right thing, which i know you can do, and protect a safe part of our communication system.

Thank you from my hopeful heart, Grace Ellis

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Barbara

Last Name: Wool

Mailing Address: 2321 ne 104TH WAY

City: SEATTLE

Country: United States

State or Province: WA

Postal Code: 98125

Organization Name: null

Please do not pass this rule- there are many reasons people don't want to communicate only with cell/internet.

#1. I am on disability and the cost of a full cell plan is higher.

#2. Studies aren't definitive about the lack of harm of EMF to our bodies- and some people are particularly sensitive and can't use for physical reasons.

#3. My cell doesn't get decent reception in my house. With my disability I can't always leave the house to make a phone call! Nor would I have a connection for emergencies.

#4. 911 doesn't work on a cell (ie they can't trace the calling address).

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Evelyn

Last Name: Kunkel

Mailing Address: 603 Dolores Rd

City: Taos

Country: United States

State or Province: NM

Postal Code: 87571

Organization Name: n/a

Please continue to maintain the switched telephone network. Please continue the universal service funding which goes to helping people have access to the switched telephone network.

I have a cell phone which I use only for emergencies. For health and environmental reasons, I choose to use my landline telephone for the bulk of my phone communication needs. Cell phones emit radiation that can be harmful to humans and other life. I believe that we should have the right to choose whether we are going to use a land line or a cell phone. That is all I am asking for, is the right to choose.

Please allow me to continue to have the right to make this important choice for my health and environment.

Submitter Info.txt

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Melissa

Last Name: Scott

Mailing Address: 514 Grove Street

City: Half Moon Bay

Country: United States

State or Province: CA

Postal Code: 94019

Organization Name: null

Are you not aware of the growing number of people who are becoming sensitive to wireless frequencies? Phasing out landlines is NOT an option!

I have headaches and sleep problems from being around wireless frequencies. I NEED MY landlines!

Studies have come out about the bad effects cell phones are having on children?how the radiation penetrates their brain. How can you even consider removing landlines knowing that the health effects of wireless are only starting to be realized?

Keep the landlines thriving!

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Linda

Last Name: Giannoni

Mailing Address: 3012 Kansas Street

City: Oakland

Country: United States

State or Province: CA

Postal Code: 94602

Organization Name: null

Please preserve landline services. Many of us are already sick and disabled because of the proliferation of wireless technology, even when we do not voluntarily use wireless devices. Babies and children are especially vulnerable to longterm, possibly permanent, illness and disability from wireless radiofrequencies. It is not right to impose this on them when they are not able to choose for themselves.

The precautionary principle should always be used, but in this case we already know that wireless technology is seriously harmful.

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Gregg

Last Name: Melvold

Mailing Address: P. O. Box 388

City: Clinton

Country: United States

State or Province: MS

Postal Code: 39060-0388

Organization Name: null

I believe doing away with landline telephone service would be a grave mistake. This would be a hardship to lower income and to the elderly that don't have cell phone service, internet or cable.

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: glendon

Last Name: moyer

Mailing Address: PO Box 640

City: fort montgomery

Country: United States

State or Province: NY

Postal Code: 10922

Organization Name: null

we as a society are learning more and more about the hidden/long term dangers of cell phone and microwave impacts on health. Look at what the countries who first had cell phones (Finland, Sweden, etc) as well as Isreael, Austria, NEw Zealand, and EVEN CHINA have done to reduce the power of these transmitters. They have changed their mind after seeing that it takes decades to see the full effects. why creadte another thalidimide incident?

Land lines are fine. they work. and they are safe.

Please halt or at least slow down the cell tower push until we see what the real effects are.

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Anne

Last Name: Hess

Mailing Address: 88 Boronda Rd

City: Carmel Valley

Country: United States

State or Province: CA

Postal Code: 93924

Organization Name: null

"Hello.....can you hear me now?.....how about now?"

As someone who lives in a rural America with low to no cell phone coverage, I urge you to continue maintaining the switched telephone network as I and many other millions of people depend on it for communication. In addition, it is estimated that almost 3% of the population have electromagnetic sensitivities and cannot use wireless technology and computers. They depend on the switched telephone network for voice communication. "Universal Service" is not universal if it excludes 10 million people. Eliminating landlines will leave millions of Americans without even basic telephone service.

Again, I strongly urge you to maintain the switched telephone network.

Thanks,

Anne Hess

Submitter Info.txt

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: A. M.

Last Name: Miller

Mailing Address: 1225 Vienna Drive #913

City: Sunnyvale

Country: United States

State or Province: CA

Postal Code: 94089

Organization Name: null

Phasing out landlines is a very ill-thought out plan. It is proven that cell phone usage can create brain problems and other health risks. Many people suffer from problems of 'wireless' products from Smart Meters to cell phones and much more.

The American people should not be forced to use one method or another. Freedom is our right, to let anything get in the way of that is no longer a democracy.

Keep Landlines!

Submitter Info.txt

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RIN:

Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Linda

Last Name: Delp

Mailing Address: 138 Chestnut Crossing Dr Apt K

City: Newarkk

Country: United States

State or Province: DE

Postal Code: 19713

Organization Name: null

I use my landline everyday. I do not want to use a cell phone because of unknown dangers and the expense. I use a portable once in a while but it hurts my ear.

With all the unknown dangers why would you take away the phones that have been fine for so many years.

I have chemical injury and have waited for chemical regulation. Many of us have enough problems without losing our ability to talk to our family without problems. Thank you, Linda Delp

Submitter Info.txt

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Publish Date: 3/2/2011 12:00:00 AM

Submitter Info:

First Name: Susi

Last Name: Lippuner

Mailing Address: PO Box 2338

City: Olympic Valley

Country: United States

State or Province: CA

Postal Code: 96146

Organization Name: null

It is essential to leave the existing landline phone structure in place for several reasons.

There are an increasing number of people who are sensitive to the radiation from cell phones and computers and it limits their access to contact with the outside world, as well as in getting their own needs met.

I was disabled with severe electrical sensitivities for about five years, and could not even be around a cell phone, much less use one without having severe neurological repercussions. I am fine now, but still very aware that without a grounded landline, I would have been voiceless, unable to help myself, and most importantly, unable to get the care I needed to get better.

There are an increasing number of people with this issue to varying degrees of sensitivity. Switching to all cell phone/computer will put at least 3% of the population at risk of NO ACCESS in any way to the larger society.

The other issue is one of national security. Cell phones and computers are run on electricity. When electricity delivery fails, such as we have just seen in Japan, and in other recent situations, there is no phone service except for landlines and "dial up". A terrorist attack could easily shut down electrical supply to whole regions at a time, rendering whole segments of the population voiceless and isolated, and therefore extremely vulnerable.

for all these reasons, I urge you to maintain the existing structure and put your efforts toward finding ways of making it more effective and accessible for all.

Sincerely,

Suzanne R. Lippuner

Submitter Info.txt

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Submitter Info:

First Name: Donna

Last Name: Descoteaux

Mailing Address: P.O. Box 684

City: San Luis

Country: United States

State or Province: CO

Postal Code: 81152

Organization Name: null

This is a comment and a plea.

According to the latest data, 5 - 7% of the population are what is know as electrosensitive. This is a condition recognized under the ADA. (See attached CO proclamation and research documents.)

To force everyone to use cell phones, would greatly damage my health and the health of many, many others. Please, please (here is the plea part) DO NOT TAKE OUR LAND LINES AWAY!!! Besides the loss of communication that would cause, the further spreading of the cell phone network would severely impact my health. Please review the attached documents and protect the health and well being of millions of Americans!!

## France National Library gives-up WiFi.

Paris 07 04 2008 - The management of the famous France National Library (BNF) just decides a moratorium on the Wi-Fi hot spot giving access to internet that were supposed to be installed by a private corporation on the entire area.

The given arguments being the research of the service quality, but also the precaution principle to be applied in order to avoid the exposure of its staff and of all visitors to of electromagnetic fields 2,45 GHz radiation risks.

This decision is justified by an argument that is supported by scientific literature which proves genotoxic effects from Wi-Fi waves, specially :

- An american research study from Professor S. Lee and al. at the Chicago University about genetic alterations in human cells exposed to radiofrequencies fields of 2, 45 GHz (Wi-Fi frequency). [ Scientific Study : [NCBI.Gov – PubMed](#) ]

-The scientific [Consortium Biolnitiative](#) report with conclusions of an immediate revision of the actual Standards of exposure to electromagnetic radiations of the population,[in progress [International Petition](#)] as well as the Clermont-Ferrand Blaise Pascal University [research study](#).

Arnaud Beaufort, director general manager confirms the moratorium with this terms : « ...we wait the results of a current study and we give time to choose the most adapted technology. »

In a paper article from 'The Parisien' dated April 4, 2008, "The BNF gives up Wi-Fi in turn", the BNF management confirms this Wi-Fi cancellation, by adding that the reason are multiple : "the choice of wired connections were necessary because it's also the only that allows an very high data rate delivery transmission". For the mass researchers who go regularly in the BNF this option is important as it's expected there will be a connection for around 50 % of the seats by the end of 2008.



**France National Library (by figures) :**  
- BNF consists of 15 millions of varied works in books, manuscripts, prints, drawings, photos, and so on ... in a 4 towers buildings of 200 000 m<sup>2</sup> for a more than 1 million of persons/year frequent visitors with a staff of 2500 assistants and 254 M €/year budget.



**Room of France National Library in Paris.**

The fact remains that BNF that is one of the France biggest Institution is as well a modern symbol in management, with a consequence that this decision impact is going well over this Paris prestigious place. It's a spectacular and symbolic put in question of the Wi-Fi connection installation as a precaution measure.

It's also a first great new (premiere) due to its scale that demonstrates that the wired connection alternative is a credible solution to Wi-Fi specially also appropriate for all establishments open to public and above all for National Education. This decision comes just after the moratorium of some libraries of Paris City where Wi-Fi is questioned following some staff personnel having uneasy feelings.

The movement seems to spread out inexorably as the Genevieve Library staff is also asking with a petition to disconnect the WI-Fi terminals and the sanitary and security committee of the Censier-Sorbonne University in Paris just decided to disconnect a Wi-Fi hot spot.

### Associated Documents :

- Press Release of SUPAP- FSU : "[France National Library is giving up Wi-Fi](#)"
- By Amy Worthington. "[The Radiations Poisoning of America](#) "

# Honorary Proclamation



BILL RITTER, JR.  
GOVERNOR

## *ELECTROMAGNETIC SENSITIVITY AWARENESS MONTH* *May 2009*

*WHEREAS, people of all ages in Colorado and throughout the world have developed the illness of Electromagnetic Sensitivity (EMS) as a result of global electromagnetic pollution; and*

*WHEREAS, Electromagnetic Sensitivity is a painful chronic illness of hypersensitive reactions to electromagnetic radiations for which there is no known cure; and*

*WHEREAS, the symptoms of EMS include, dermal changes, acute numbness and tingling, dermatitis, flushing, headaches, arrhythmia, muscular weakness, tinnitus, malaise, gastric problems, nausea, visual disturbances, severe neurological, respiratory, speech problems, and numerous other physiological symptoms; and*

*WHEREAS, Electromagnetic Sensitivity is recognized by the Americans with Disabilities Act, the US Access Board and numerous commissions; and*

*WHEREAS, this illness may be preventable through the reduction or avoidance of electromagnetic radiations, in both indoor and outdoor environments and by conducting further scientific research;*

*Therefore, I, Bill Ritter, Jr., Governor of Colorado, do hereby proclaim May 2009*

## *ELECTROMAGNETIC SENSITIVITY AWARENESS MONTH*

*in the State of Colorado.*



*GIVEN under my hand and the  
Executive Seal of the State of  
Colorado, this fifteenth day of May,  
2009*

*Bill Ritter Jr.*

*Bill Ritter, Jr.  
Governor*



Release Date: August 31, 2007

# BioInitiative Report:

## A Rationale for a Biologically-based Public Exposure Standard for Electromagnetic Fields (ELF and RF)

### **Organizing Committee:**

Carl Blackman, USA  
Martin Blank, USA  
Michael Kundi, Austria  
Cindy Sage, USA

### **Participants:**

David Carpenter, USA  
Zoreh Davanipour, USA  
David Gee, Denmark  
Lennart Hardell, Sweden  
Olle Johansson, Sweden  
Henry Lai, USA  
Kjell Hansson Mild, Sweden  
Eugene Sobel, USA  
Zhengping Xu and Guangdin Chen, China

### **Research Associate**

**S. Amy Sage, USA**

## PREFACE

The Organizing Committee thanks the participants of the BioInitiative Working Group for their integrity and intellectual courage in dealing with this controversial and important topic; and for devoting the time and energy to produce their chapters. The information and conclusions in each chapter are the responsibilities of the authors of that chapter.

The Group has produced what the authors hope will be a benchmark for good science and public health policy planning. It documents bioeffects, adverse health effects and public health conclusions about impacts of non-ionizing radiation (electromagnetic fields including extremely-low frequency ELF-EMF and radiofrequency/microwave or RF-EMF fields).

Societal decisions about this body of science have global implications. Good public health policy depends on acting soon enough, but not without cause, and with enough information to guide intelligent actions. To a great degree, it is the definition of the standard of evidence used to judge the scientific reports that shapes this debate. Disagreement about when the evidence is sufficient to take action has more to do with the outcome of various reviews and standard-setting proceedings than any other single factor. Whatever “standard of

evidence” is selected to assess the strength of the science will deeply influence the outcome of decisions on public policy.

We are at a critical juncture in this world-wide debate. The answers lie not only in the various branches of science; but necessarily depend on the involvement of public health and policy professionals, the regulatory, legal and environmental protection sectors, and the public sector.

This has been a long-term collaboration of international scientists employing a multi-disciplinary approach to problem assessment and solving. Our work has necessarily relied on tools and approaches across the physical, biological and engineering sciences; and those of the environmental scientist and public health professional. Only when taken together can we see the whole and begin to take steps that can prevent possible harm and protect future generations.

Signed: 

David Carpenter, MD  
Co-Editor  
BioInitiative Report

Signed: 

Cindy Sage, MA  
Co-Editor  
BioInitiative Report



## **BioInitiative: A Rationale for a Biologically-based Exposure Standard for Electromagnetic Radiation**

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SECTION 2:	STATEMENT OF THE PROBLEM Ms. Sage
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**SECTION 1**

**SUMMARY FOR THE PUBLIC**

**Cindy Sage, MA  
Sage Associates  
USA**

**Prepared for the BioInitiative Working Group  
August 2007**

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## **I. SUMMARY FOR THE PUBLIC**

### **A. Introduction**

You cannot see it, taste it or smell it, but it is one of the most pervasive environmental exposures in industrialized countries today. Electromagnetic radiation (EMR) or electromagnetic fields (EMFs) are the terms that broadly describe exposures created by the vast array of wired and wireless technologies that have altered the landscape of our lives in countless beneficial ways. However, these technologies were designed to maximize energy efficiency and convenience; not with biological effects on people in mind. Based on new studies, there is growing evidence among scientists and the public about possible health risks associated with these technologies.

Human beings are bioelectrical systems. Our hearts and brains are regulated by internal bioelectrical signals. Environmental exposures to artificial EMFs can interact with fundamental biological processes in the human body. In some cases, this can cause discomfort and disease. Since World War II, the background level of EMF from electrical sources has risen exponentially, most recently by the soaring popularity of wireless technologies such as cell phones (two billion and counting in 2006), cordless phones, WI-FI and WI-MAX networks. Several decades of international scientific research confirm that EMFs are biologically active in animals and in humans, which could have major public health consequences.

In today's world, everyone is exposed to two types of EMFs: (1) extremely low frequency electromagnetic fields (ELF) from electrical and electronic appliances and power lines and (2) radiofrequency radiation (RF) from wireless devices such as cell phones and cordless phones, cellular antennas and towers, and broadcast transmission towers. In this report we will use the term EMFs when referring to all electromagnetic fields in general; and the terms ELF and RF when referring to the specific type of exposure. They are both types of non-ionizing radiation, which means that they do not have sufficient energy to break off electrons from their orbits around atoms and ionize (charge) the atoms, as do x-rays, CT scans, and other forms of ionizing radiation. A glossary and definitions are provided in Section 18 to assist you. Some handy definitions you will probably need when reading about ELF and RF in this summary section (the language for measuring it) are shown with the references for this section.

## B. Purpose of the Report

**This report has been written by 14 (fourteen) scientists, public health and public policy experts to document the scientific evidence on electromagnetic fields. Another dozen outside reviewers have looked at and refined the Report.**

**The purpose of this report is to assess scientific evidence on health impacts from electromagnetic radiation below current public exposure limits and evaluate what changes in these limits are warranted now to reduce possible public health risks in the future.**

**Not everything is known yet about this subject; but what is clear is that the existing public safety standards limiting these radiation levels in nearly every country of the world look to be thousands of times too lenient. Changes are needed.**

**New approaches are needed to educate decision-makers and the public about sources of exposure and to find alternatives that do not pose the same level of possible health risks, while there is still time to make changes.**

A working group composed of scientists, researchers and public health policy professionals (The BioInitiative Working Group) has joined together to document the information that must be considered in the international debate about the adequacy (or inadequacy) of existing public exposure standards.

This Report is the product of an international research and public policy initiative to give an overview of what is known of biological effects that occur at low-intensity EMFs exposures (for both radiofrequency radiation RF and power-frequency ELF, and various forms of combined exposures that are now known to be bioactive). The Report examines the research and current standards and finds that these standards are far from adequate to protect public health.

Recognizing that other bodies in the United States, United Kingdom, Australia, many European Union and eastern European countries as well as the World Health Organization are actively debating this topic, the BioInitiative Working Group has conducted a independent science and public health policy review process. The report presents solid science on this issue, and makes recommendations to decision-makers and the public. Conclusions of the individual authors, and overall conclusions are given in Table 2-1 (BioInitiative Overall Summary Chart).

Eleven (11) chapters that document key scientific studies and reviews identifying low-intensity effects of electromagnetic fields have been written by members of the BioInitiative Working Group. Section 16 and 17 have been prepared by public health and policy experts. These sections discuss the standard of evidence which should be applied in public health planning, how the scientific information should be evaluated in the context of prudent public health policy, and identifies the basis for taking precautionary and preventative actions that are proportionate to the knowledge at hand. They also evaluate the evidence for ELF that leads to a recommendation for new public safety limits (not precautionary or preventative actions, as need is demonstrated).

Other scientific review bodies and agencies have reached different conclusions than we have by adopting standards of evidence so unreasonably high as to exclude any conclusions likely to lead to new public safety limits. Some groups are actually recommending a relaxation of the existing

(and inadequate) standards. Why is this happening? One reason is that exposure limits for ELF and RF are developed by bodies of scientists and engineers that belong to professional societies who have traditionally developed recommendations; and then government agencies have adopted those recommendations. The standard-setting processes have little, if any, input from other stakeholders outside professional engineering and closely-related commercial interests. Often, the industry view of allowable risk and proof of harm is most influential, rather than what public health experts would determine is acceptable.

#### Main Reasons for Disagreement among Experts

- 1) Scientists and public health policy experts use very different definitions of the standard of evidence used to judge the science, so they come to different conclusions about what to do. Scientists do have a role, but it is not exclusive and other opinions matter.
- 2) We are all talking about essentially the same scientific studies, but use a different way of measuring when “enough is enough” or “proof exists”.
- 3) Some experts keep saying that all studies have to be consistent (turn out the same way every time) before they are comfortable saying an effect exists.
- 4) Some experts think that it is enough to look only at short-term, acute effects.
- 5) Other experts say that it is imperative we have studies over longer time (showing the effects of chronic exposures) since that is what kind of world we live in.
- 6) Some experts say that everyone, including the very young, the elderly, pregnant women, and people with illnesses have to be considered – others say only the average person (or in the case of RF, a six-foot tall man) matter.
- 7) There is no unexposed population, making it harder to see increased risk of diseases.
- 8) The lack of consensus about a single biological mechanism of action.
- 9) The strength of human epidemiological studies reporting risks from ELF and RF exposures, but animal studies don't show a strong toxic effect.
- 10) Vested interests have a substantial influence on the health debate.

#### Public Policy Decisions

Safety limits for public exposure to EMFs need to be developed on the basis of interaction among not only scientists, but also public health experts, public policy makers and the general public.

*“In principle, the assessment of the evidence should combine with judgment based on other societal values, for example, costs and benefits, acceptability of risks, cultural preferences, etc. and result in sound and effective decision-making. Decisions on these matters are eventually taken as a function of the views, values and interests of the stakeholders participating in the process, whose opinions are then weighed depending on several factors. Scientific evidence perhaps carries, or should carry, relatively heavy weight, but grants no exclusive status; decisions will be evidence-based but will also be based on other factors.” (1)*

**The clear consensus of the BioInitiative Working Group members is that the existing public safety limits are inadequate for both ELF and RF.**

**These proposals reflect the evidence that a positive assertion of safety with respect to chronic exposure to low-intensity levels of ELF and RF cannot be made. As with many other standards for environmental exposures, these proposed limits may not be totally protective, but more stringent standards are not realistic at the present time. Even a small increased risk for cancer and neurodegenerative diseases translates into an enormous public health consequence. Regulatory action for ELF and preventative actions for RF are warranted at this time to reduce exposures and inform the public of the potential for increased risk; at what levels of chronic exposure these risks may be present; and what measures may be taken to reduce risks.**

### **C. Problems with Existing Public Health Standards (Safety Limits)**

Today's public exposure limits for telecommunications are based on the presumption that heating of tissue (for RF) or induced electric currents in the body (for ELF) are the only concerns when living organisms are exposed to RF. These exposures can create tissue heating that is well known to be harmful in even very short-term doses. As such, thermal limits do serve a purpose. For example, for people whose occupations require them to work around radar facilities or RF heat-sealers, or for people who install and service wireless antenna tower, thermally-based limits are necessary to prevent damage from heating (or, in the case of power-frequency ELF from induced current flow in tissues). In the past, scientists and engineers developed exposure standards for electromagnetic radiation based what we now believe are faulty assumptions that the right way to measure how much non-ionizing energy humans can tolerate (how much exposure) without harm is to measure only the heating of tissue (RF) or induced currents in the body (ELF).

In the last few decades, it has been established beyond any reasonable doubt that bioeffects and some adverse health effects occur at far lower levels of RF and ELF exposure where no heating (or induced currents) occurs at all; some effects are shown to occur at several hundred thousand times below the existing public safety limits where heating is an impossibility.

**It appears it is the INFORMATION conveyed by electromagnetic radiation (rather than heat) that causes biological changes - some of these biological changes may lead to loss of wellbeing, disease and even death.**

Effects occur at non-thermal or low-intensity exposure levels thousands of times below the levels that federal agencies say should keep the public safe. For many new devices operating with wireless technologies, the devices are exempt from any regulatory standards. The existing standards have been proven to be inadequate to control against harm from low-intensity, chronic exposures, based on any reasonable, independent assessment of the scientific literature. It means that an entirely new basis (a biological basis) for new exposure standards is needed. New standards need to take into account what we have learned about the effects of ELF and RF (all non-ionizing electromagnetic radiation and to design new limits based on biologically-demonstrated effects that are important to proper biological function in living organisms. It is vital to do so because the explosion of new sources has created unprecedented levels of artificial

electromagnetic fields that now cover all but remote areas of the habitable space on earth. Mid-course corrections are needed in the way we accept, test and deploy new technologies that expose us to ELF and RF in order to avert public health problems of a global nature.

Recent opinions by experts have documented deficiencies in current exposure standards. There is widespread discussion that thermal limits are outdated, and that biologically-based exposure standards are needed. Section 4 describes concerns expressed by WHO, 2007 in its ELF Health Criteria Monograph; the SCENIHR Report, 2006 prepared for the European Commission; the UK SAGE Report, 2007; the Health Protection Agency, United Kingdom in 2005; the NATO Advanced Research Workshop in 2005; the US Radiofrequency Interagency Working Group in 1999; the US Food and Drug Administration in 2000 and 2007; the World Health Organization in 2002; the International Agency for Cancer Research (IARC, 2001), the United Kingdom Parliament Independent Expert Group Report on Mobile Phones – Stewart Report, 2000) and others.

A pioneer researcher, the late Dr. Ross Adey, in his last publication in Bioelectromagnetic Medicine (P. Roche and M. Markov, eds. 2004) concluded:

*“There are major unanswered questions about possible health risks that may arise from exposures to various man-made electromagnetic fields where these human exposures are intermittent, recurrent, and may extend over a significant portion of the lifetime of the individual.”*

*“Epidemiological studies have evaluated ELF and radiofrequency fields as possible risk factors for human health, with historical evidence relating rising risks of such factors as progressive rural electrification, and more recently, to methods of electrical power distribution and utilization in commercial buildings. Appropriate models describing these bioeffects are based in nonequilibrium thermodynamics, with nonlinear electrodynamics as an integral feature. Heating models, based in equilibrium thermodynamics, fail to explain an impressive new frontier of much greater significance. .... Though incompletely understood, tissue free radical interactions with magnetic fields may extend to zero field levels.” (2)*

**There may be no lower limit at which exposures do not affect us. Until we know if there is a lower limit below which bioeffects and adverse health impacts do not occur, it is unwise from a public health perspective to continue “business-as-usual” deploying new technologies that increase ELF and RF exposures, particularly involuntary exposures.**

## II. SUMMARY OF THE SCIENCE

### A. Evidence for Cancer

#### 1. *Childhood Leukemia*

The evidence that power lines and other sources of ELF are consistently associated with higher rates of childhood leukemia has resulted in the International Agency for Cancer Research (an arm of the World Health Organization) to classify ELF as a Possible Human Carcinogen (in the Group 2B carcinogen list). Leukemia is the most common type of cancer in children.

**There is little doubt that exposure to ELF causes childhood leukemia.**

The exposure levels for increased risk are quite low – just above background or ambient levels and much lower than current exposure limits. The existing ICNIRP limit is 1000 mG (904 mG in the US) for ELF. Increased risk for childhood leukemia starts at levels almost one thousand times below the safety standard. Leukemia risks for young boys are reported in one study to double at only 1.4 mG and above (7) Most other studies combine older children with younger children (0 to 16 years) so that risk levels do not reach statistical significance until exposure levels reach 2 mG or 3 mG. Although some reviews have combined studies of childhood leukemia in ways that indicate the risk level starts at 4 mG and above; this does not reflect many of the studies reporting elevated risks at the lower exposure levels of 2 mG and 3 mG.

#### 2. *Other Childhood Cancers*

Other childhood cancers have been studied, including brain tumors, but not enough work has been done to know if there are risks, how high these risks might be or what exposure levels might be associated with increased risks. The lack of certainty about other childhood cancers should not be taken to signal the “all clear”; rather it is a lack of study.

The World Health Organization ELF Health Criteria Monograph No 322 (2007) says that other childhood cancers “cannot be ruled out”. (8)

**There is some evidence that other childhood cancers may be related to ELF exposure but not enough studies have been done.**

Several recent studies provide even stronger evidence that ELF is a risk factor for childhood leukemia and cancers later in life. In the first study (9), children who were recovering in high-

ELF environments had poorer survival rates (a 450% increased risk of dying if the ELF fields were 3 mG and above). In the second study, children who were recovering in 2 mG and above ELF environments were 300% more likely to die than children exposed to 1 mG and below. In this second study, children recovering in ELF environments between 1 and 2 mG also had poorer survival rates, where the increased risk of dying was 280%. (10) These two studies give powerful new information that ELF exposures in children can be harmful at levels above even 1 mG. The third study looked what risks for cancer a child would have later in life, if that child was raised in a home within 300 meters of a high-voltage electric power line. (11) For children who were raised for their first five years of life within 300 meters, they have a life-time risk that is 500% higher for developing some kinds of cancers.

**Children who have leukemia and are in recovery have poorer survival rates if their ELF exposure at home (or where they are recovering) is between 1mG and 2 mG in one study; over 3 mG in another study.**

Given the extensive study of childhood leukemia risks associated with ELF, and the relatively consistent findings that exposures in the 2 mG to 4 mG range are associated with increased risk to children, a 1 mG limit for habitable space is recommended for new construction. While it is difficult and expensive to retrofit existing habitable space to a 1 mG level, and is also recommended as a desirable target for existing residences and places where children and pregnant women may spend prolonged periods of time.

**New ELF public exposure limits are warranted at this time, given the existing scientific evidence and need for public health policy intervention and prevention.**

### *3. Brain Tumors and Acoustic Neuromas*

Radiofrequency radiation from cell phone and cordless phone exposure has been linked in more than one dozen studies to increased risk for brain tumors and/or acoustic neuromas (a tumor in the brain on a nerve related to our hearing).

**People who have used a cell phone for ten years or more have higher rates of malignant brain tumor and acoustic neuromas. It is worse if the cell phone has been used primarily on one side of the head.**

For brain tumors, people who have used a cell phone for 10 years or longer have a 20% increase in risk (when the cell phone is used on both sides of the head). For people who have used a cell phone for 10 years or longer predominantly on one side of the head, there is a 200% increased

risk of a brain tumor. This information relies on the combined results of many brain tumor/cell phone studies taken together (a meta-analysis of studies).

**People who have used a cordless phone for ten years or more have higher rates of malignant brain tumor and acoustic neuromas. It is worse if the cordless phone has been used primarily on one side of the head.**

The risk of brain tumor (high-grade malignant glioma) from cordless phone use is 220% higher (both sides of the head). The risk from use of a cordless phone is 470% higher when used mostly on only one side of the head.

For acoustic neuromas, there is a 30% increased risk with cell phone use at ten years and longer; and a 240% increased risk of acoustic neuroma when the cell phone is used mainly on one side of the head. These risks are based on the combined results of several studies (a meta-analysis of studies).

For use of cordless phones, the increased risk of acoustic neuroma is three-fold higher (310%) when the phone is mainly used on one side of the head.

**The current standard for exposure to the emissions of cell phones and cordless phones is not safe considering studies reporting long-term brain tumor and acoustic neuroma risks.**

Other indications that radiofrequency radiation can cause brain tumors comes from exposures to low-level RF other than from cell phone or cordless phone use. Studies of people who are exposed in their work (occupational exposure) show higher brain tumor rates as well. Kheifets (1995) reported a 10% to 20% increased risk of brain cancer for those employed in electrical occupations. This meta-analysis surveyed 29 published studies of brain cancer in relation to occupational EMFs exposure or work in electrical occupations. (6). The evidence for a link between other sources of RF exposure like working at a job with EMFs exposure is consistent with a moderately elevated risk of developing brain tumors.

#### 4. *Other Adult Cancers*

There are multiple studies that show statistically significant relationships between occupational exposure and leukemia in adults (see Chapter 11), in spite of major limitations in the exposure assessment. A very recent study by Lowenthal et al. (2007) investigated leukemia in adults in relation to residence near to high-voltage power lines. While they found elevated risk in all adults living near to the high voltage power lines, they found an OR of 3.23 (95% CI = 1.26-8.29) for individuals who spent the first 15 years of life within 300 m of the power line. This study provides support for two important conclusions: adult leukemia is also associated with EMF exposure, and exposure during childhood increases risk of adult disease.

A significant excess risk for adult brain tumors in electrical workers and those adults with occupational EMF exposure was reported in a meta-analysis (review of many individual studies) by Kheifets et al., (1995). This is about the same size risk for lung cancer and secondhand smoke (US DHHS, 2006). A total of 29 studies with populations from 12 countries were included in this meta-analysis. The relative risk was reported as 1.16 (CI = 1.08 – 1.24) or a 16% increased risk for all brain tumors. For gliomas, the risk estimate was reported to be 1.39 (1.07 – 1.82) or a 39% increased risk for those in electrical occupations. A second meta-analysis published by Kheifets et al., ((2001) added results of 9 new studies published after 1995. It reported a new pooled estimate (OR = 1.16, 1.08 – 1.01) that showed little change in the risk estimate overall from 1995.

The evidence for a relationship between exposure and breast cancer is relatively strong in men (Erren, 2001), and some (by no means all) studies show female breast cancer also to be elevated with increased exposure (see Chapter 12). Brain tumors and acoustic neuromas are more common in exposed persons (see Chapter 10). There is less published evidence on other cancers, but Charles et al. (2003) report that workers in the highest 10% category for EMF exposure were twice as likely to die of prostate cancer as those exposed at lower levels (OR 2.02, 95% CI = 1.34-3.04). Villeneuve et al. (2000) report statistically significant elevations of non-Hodgkin's lymphoma in electric utility workers in relation to EMF exposure, while Tynes et al. (2003) report elevated rates of malignant melanoma in persons living near to high voltage power lines. While these observations need replication, they suggest a relationship between exposure and cancer in adults beyond leukemia.

In total the scientific evidence for adult disease associated with EMF exposure is sufficiently strong for adult cancers that preventive steps are appropriate, even if not all reports have shown exactly the same positive relationship. This is especially true since many factors reduce our ability to see disease patterns that might be related to EMF exposure: there is no unexposed population for comparison, for example, and other difficulties in exposure assessment. The evidence for a relationship between EMF exposure and adult cancers and neurodegenerative diseases is sufficiently strong at present to merit preventive actions to reduce EMF exposure.

### 5. *Breast Cancer*

There is rather strong evidence from multiple areas of scientific investigation that ELF is related to breast cancer. Over the last two decades there have been numerous epidemiological studies (studies of human illness) on breast cancer in both men and women, although this relationship remains controversial among scientists. Many of these studies report that ELF exposures are related to increased risk of breast cancer (not all studies report such effects, but then, we do not expect 100% or even 50% consistency in results in science, and do not require it to take reasonable preventative action).

**The evidence from studies on women in the workplace rather strongly suggests that ELF is a risk factor for breast cancer for women with long-term exposures of 10 mG and higher.**

Breast cancer studies of people who work in relatively high ELF exposures (10 mG and above) show higher rates of this disease. Most studies of workers who are exposed to ELF have defined high exposure levels to be somewhere between 2 mG and 10 mG; however this kind of mixing of

relatively low to relatively high ELF exposure just acts to dilute out real risk levels. Many of the occupational studies group exposures so that the highest group is exposed to 4 mG and above. What this means is that a) few people are exposed to much higher levels and b) illness patterns show up at relatively low ELF levels of 4 mG and above. This is another way of demonstrating that existing ELF limits that are set at 933-1000 mG are irrelevant to the exposure levels reporting increased risks.

Laboratory studies that examine human breast cancer cells have shown that ELF exposure between 6 mG and 12 mG can interfere with protective effects of melatonin that fights the growth of these breast cancer cells. For a decade, there has been evidence that human breast cancer cells grow faster if exposed to ELF at low environmental levels. This is thought to be because ELF exposure can reduce melatonin levels in the body. The presence of melatonin in breast cancer cell cultures is known to reduce the growth of cancer cells. The absence of melatonin (because of ELF exposure or other reasons) is known to result in more cancer cell growth.

Laboratory studies of animals that have breast cancer tumors have been shown to have more tumors and larger tumors when exposed to ELF and a chemical tumor promoter at the same time. These studies taken together indicate that ELF is a likely risk factor for breast cancer, and that ELF levels of importance are no higher than many people are exposed to at home and at work. A reasonable suspicion of risk exists and is sufficient evidence on which to recommend new ELF limits; and to warrant preventative action.

**Given the very high lifetime risks for developing breast cancer, and the critical importance of prevention; ELF exposures should be reduced for all people who are in high ELF environments for prolonged periods of time.**

Reducing ELF exposure is particularly important for people who have breast cancer. The recovery environment should have low ELF levels given the evidence for poorer survival rates for childhood leukemia patients in ELF fields over 2 mG or 3 mG. Preventative action for those who may be at higher risk for breast cancer is also warranted (particularly for those taking tamoxifen as a way to reduce the risk of getting breast cancer, since in addition to reducing the effectiveness of melatonin, ELF exposure may also reduce the effectiveness of tamoxifen at these same low exposure levels). There is no excuse for ignoring the substantial body of evidence we already have that supports an association between breast cancer and ELF exposure; waiting for conclusive evidence is untenable given the enormous costs and societal and personal burdens caused by this disease.

**Studies of human breast cancer cells and some animal studies show that ELF is likely to be a risk factor for breast cancer. There is supporting evidence for a link between breast cancer and exposure to ELF that comes from cell and animal studies, as well as studies of human breast cancers.**

These are just some of the cancer issues to discuss. It may be reasonable now to make the assumption that all cancers, and other disease endpoints might be related to, or worsened by exposures to EMFs (both ELF and RF).

If one or more cancers are related, why would not all cancer risks be at issue? It can no longer be said that the current state of knowledge rules out or precludes risks to human health. The enormous societal costs and impacts on human suffering by not dealing proactively with this issue require substantive public health policy actions; and actions of governmental agencies charged with the protection of public health to act on the basis of the evidence at hand.

## **B. Changes in the Nervous System and Brain Function**

Exposure to electromagnetic fields has been studied in connection with Alzheimer's disease, motor neuron disease and Parkinson's disease. (4) These diseases all involve the death of specific neurons and may be classified as neurodegenerative diseases. There is evidence that high levels of amyloid beta are a risk factor for Alzheimer's disease, and exposure to ELF can increase this substance in the brain. There is considerable evidence that melatonin can protect the brain against damage leading to Alzheimer's disease, and also strong evidence that exposure to ELF can reduce melatonin levels. Thus it is hypothesized that one of the body's main protections against developing Alzheimer's disease (melatonin) is less available to the body when people are exposed to ELF. Prolonged exposure to ELF fields could alter calcium (Ca<sup>2+</sup>) levels in neurons and induce oxidative stress (4). It is also possible that prolonged exposure to ELF fields may stimulate neurons (particularly large motor neurons) into synchronous firing, leading to damage by the buildup of toxins.

Evidence for a relationship between exposure and the neurodegenerative diseases, Alzheimer's and amyotrophic lateral sclerosis (ALS), is strong and relatively consistent (see Chapter 12). While not every publication shows a statistically significant relationship between exposure and disease, ORs of 2.3 (95% CI = 1.0-5.1 in Qio et al., 2004), of 2.3 (95% CI = 1.6-3.3 in Feychting et al., 2003) and of 4.0 (95% CI = 1.4-11.7 in Hakansson et al., 2003) for Alzheimer's Disease, and of 3.1 (95% CI = 1.0-9.8 in Savitz et al., 1998) and 2.2 (95% CI = 1.0-4.7 in Hakansson et al., 2003) for ALS cannot be simply ignored.

**Alzheimer's disease is a disease of the nervous system. There is strong evidence that long-term exposure to ELF is a risk factor for Alzheimer's disease.**

Concern has also been raised that humans with epileptic disorders could be more susceptible to RF exposure. Low-level RF exposure may be a stressor based on similarities of neurological effects to other known stressors; low-level RF activates both endogenous opioids and other substances in the brain that function in a similar manner to psychoactive drug actions. Such effects in laboratory animals mimic the effects of drugs on the part of the brain that is involved in addiction.

Laboratory studies show that the nervous system of both humans and animals is sensitive to ELF and RF. Measurable changes in brain function and behavior occur at levels associated with new technologies including cell phone use. Exposing humans to cell phone radiation can change

brainwave activity at levels as low as 0.1 watt per kilogram SAR (W/Kg)<sup>\*\*\*</sup> in comparison to the US allowable level of 1.6 W/Kg and the International Commission for Non-ionizing Radiation Protection (ICNIRP) allowable level of 2.0 W/Kg. It can affect memory and learning. It can affect normal brainwave activity. ELF and RF exposures at low levels are able to change behavior in animals.

**There is little doubt that electromagnetic fields emitted by cell phones and cell phone use affect electrical activity of the brain.**

Effects on brain function seem to depend in some cases on the mental load of the subject during exposure (the brain is less able to do two jobs well simultaneously when the same part of the brain is involved in both tasks). Some studies show that cell phone exposure speeds up the brain's activity level; but also that the efficiency and judgment of the brain are diminished at the same time. One study reported that teenage drivers had slowed responses when driving and exposed to cell phone radiation, comparable to response times of elderly people. Faster thinking does not necessarily mean better quality thinking.

**Changes in the way in which the brain and nervous system react depend very much on the specific exposures. Most studies only look at short-term effects, so the long-term consequences of exposures are not known.**

Factors that determine effects can depend on head shape and size, the location, size and shape of internal brain structures, thinness of the head and face, hydration of tissues, thickness of various tissues, dielectric constant of the tissues and so on. Age of the individual and state of health also appear to be important variables. Exposure conditions also greatly influence the outcome of studies, and can have opposite results depending on the conditions of exposure including frequency, waveform, orientation of exposure, duration of exposure, number of exposures, any pulse modulation of the signal, and when effects are measured (some responses to RF are delayed). There is large variability in the results of ELF and RF testing, which would be expected based on the large variability of factors that can influence test results. However, it is clearly demonstrated that under some conditions of exposure, the brain and nervous system functions of humans are altered. The consequence of long-term or prolonged exposures have not been thoroughly studied in either adults or in children.

**The consequence of prolonged exposures to children, whose nervous systems continue to develop until late adolescence, is unknown at this time. This could have serious implications to adult health and functioning in society if years of exposure of the young to both ELF and RF result in diminished capacity for thinking, judgment, memory, learning, and control over behavior.**

People who are chronically exposed to low-level wireless antenna emissions report symptoms such as problems in sleeping (insomnia), fatigue, headache, dizziness, grogginess, lack of concentration, memory problems, ringing in the ears (tinnitus), problems with balance and orientation, and difficulty in multi-tasking. In children, exposures to cell phone radiation have resulted in changes in brain oscillatory activity during some memory tasks. Although scientific studies as yet have not been able to confirm a cause-and-effect relationship; these complaints are widespread and the cause of significant public concern in some countries where wireless technologies are fairly mature and widely distributed (Sweden, Denmark, France, Germany, Italy, Switzerland, Austria, Greece, Israel). For example, the roll-out of the new 3<sup>rd</sup> Generation wireless phones (and related community-wide antenna RF emissions in the Netherlands) caused almost immediate public complaints of illness.(5)

Conflicting results from those few studies that have been conducted may be based on the difficulty in providing non-exposed environments for testing to compare to environments that are intentionally exposed. People traveling to laboratories for testing are pre-exposed to a multitude of RF and ELF exposures, so they may already be symptomatic prior to actual testing. Also complicating this is good evidence that RF exposures testing behavioral changes show delayed results; effects are observed after termination of RF exposure. This suggests a persistent change in the nervous system that may be evident only after time has passed, so is not observed during a short testing period.

**The effects of long-term exposure to wireless technologies including emissions from cell phones and other personal devices, and from whole-body exposure to RF transmissions from cell towers and antennas is simply not known yet with certainty. However, the body of evidence at hand suggests that bioeffects and health impacts can and do occur at exquisitely low exposure levels: levels that can be thousands of times below public safety limits.**

The evidence reasonably points to the potential for serious public health consequences (and economic costs), which will be of global concern with the widespread public use of, and exposure to such emissions. Even a small increase in disease incidence or functional loss of cognition related to new wireless exposures would have a large public health, societal and economic consequences. Epidemiological studies can report harm to health only after decades of exposure, and where large effects can be seen across “average” populations; so these early warnings of possible harm should be taken seriously now by decision-makers.

### **C. Effects on Genes (DNA)**

Cancer risk is related to DNA damage, which alters the genetic blueprint for growth and development. If DNA is damaged (the genes are damaged) there is a risk that these damaged cells will not die. Instead they will continue to reproduce themselves with damaged DNA, and this is one necessary pre-condition for cancer. Reduced DNA repair may also be an important part of this story. When the rate of damage to DNA exceeds the rate at which DNA can be repaired, there is the possibility of retaining mutations and initiating cancer. Studies on how ELF and RF may affect genes and DNA is important, because of the possible link to cancer.

Even ten years ago, most people believed that very weak ELF and RF fields could not possibly have any effect at all on DNA and how cells work (or are damaged and cannot do their work properly). The argument was that these weak fields do not possess enough energy (are not physically strong enough) to cause damage. However, there are multiple ways we already know about where energy is not the key factor in causing damage. For example, exposure to toxic chemicals can cause damage. Changing the balance of delicate biological processes, including hormone balances in the body, can damage or destroy cells, and cause illness. In fact, many chronic diseases are directly related to this kind of damage that does not require any heating at all. Interference with cell communication (how cells interact) may either cause cancer directly or promote existing cancers to grow faster.

Using modern gene-testing techniques will probably give very useful information in the future about how EMFs target and affect molecules in the body. At the gene level, there is some evidence now that EMFs (both ELF and RF) can cause changes in how DNA works. Laboratory studies have been conducted to see whether (and how) weak EMF fields can affect how genes and proteins function. Such changes have been seen in some, but not all studies.

Small changes in protein or gene expression might be able to alter cell physiology, and might be able to cause later effects on health and well-being. The study of genes, proteins and EMFs is still in its infancy, however, by having some confirmation at the gene level and protein level that weak EMF exposures do register changes may be an important step in establishing what risks to health can occur.

What is remarkable about studies on DNA, genes and proteins and EMFs is that there should be no effect at all if it were true that EMFs is too weak to cause damage. Scientists who believe that the energy of EMFs is insignificant and unlikely to cause harm have a hard time explaining these changes, so are inclined to just ignore them. The trouble with this view is that the effects are occurring. Not being able to explain these effects is not a good reason to consider them imaginary or unimportant.

The European research program (REFLEX) documented many changes in normal biological functioning in tests on DNA (3). The significance of these results is that such effects are directly related to the question of whether human health risks might occur, when these changes in genes and DNA happen. This large research effort produced information on EMF effects from more than a dozen different researchers. Some of the key findings included:

*“Gene mutations, cell proliferation and apoptosis are caused by or result in altered gene and protein expression profiles. The convergence of these events is required for the development of all chronic diseases.” (3)*

*“Genotoxic effects and a modified expression of numerous genes and proteins after EMF exposure could be demonstrated with great certainty.” (3)*

*“RF-EMF produced genotoxic effects in fibroblasts, HL-60 cells, granulosa cells of rats and neural progenitor cells derived from mouse embryonic stem cells.” (Participants 2, 3 and 4). (3)*

*“Cells responded to RF exposure between SAR levels of 0.3 and 2 W/Kg with a significant increase in single- and double-strand DNA breaks and in micronuclei frequency.” (Participants 2, 3 and 4). (3)*

*“In HL-60 cells an increase in intracellular generation of free radicals accompanying RF-EMF exposure could clearly be demonstrated.” (Participant 2). (3)*

*“The induced DNA damage was not based on thermal effects and arouses consideration about the environmental safety limits for ELF-EMF exposure.” (3)*

*“The effects were clearly more pronounced in cells from older donors, which could point to an age-related decrease of DNA repair efficiency of ELF-EMF induced DNA strand breaks.” (3)*

**Both ELF and RF exposures can be considered genotoxic (will damage DNA) under certain conditions of exposure, including exposure levels that are lower than existing safety limits.**

#### **D. Effects on Stress Proteins (Heat Shock Proteins)**

In nearly every living organism, there is a special protection launched by cells when they are under attack from environmental toxins or adverse environmental conditions. This is called a stress response, and what are produced are stress proteins (also known as heat shock proteins). Plants, animals and bacteria all produce stress proteins to survive environmental stressors like high temperatures, lack of oxygen, heavy metal poisoning, and oxidative stress (a cause of premature aging). We can now add ELF and RF exposures to this list of environmental stressors that cause a physiological stress response.

**Very low-level ELF and RF exposures can cause cells to produce stress proteins, meaning that the cell recognizes ELF and RF exposures as harmful. This is another important way in which scientists have documented that ELF and RF exposures can be harmful, and it happens at levels far below the existing public safety standards.**

An additional concern is that if the stress goes on too long, the protective effect is diminished. There is a reduced response if the stress goes on too long, and the protective effect is reduced. This means the cell is less protected against damage, and it is why prolonged or chronic exposures may be quite harmful, even at very low intensities.

The biochemical pathway that is activated is the same for ELF and for RF exposures, and it is non-thermal (does not require heating or induced electrical currents, and thus the safety standards based on protection from heating are irrelevant and not protective). ELF exposure levels of only 5 to 10 mG have been shown to activate the stress response genes (Table 2, Section 6). The specific absorption rate or SAR is not the appropriate measure of biological threshold or dose, and should not be used as the basis for a safety standard, since SAR only regulates against thermal damage.

## E. Effects on the Immune System

The immune system is another defense we have against invading organisms (viruses, bacteria, and other foreign molecules). It protects us against illness, infectious diseases, and tumor cells. There are many different kinds of immune cells; each type of cell has a particular purpose, and is launched to defend the body against different kinds of exposures that the body determines might be harmful.

**There is substantial evidence that ELF and RF can cause inflammatory reactions, allergy reactions and change normal immune function at levels allowed by current public safety standards.**

The body's immune defense system senses danger from ELF and RF exposures, and targets an immune defense against these fields, much like the body's reaction in producing stress proteins. These are additional indicators that very low intensity ELF and RF exposures are a) recognized by cells and b) can cause reactions as if the exposure is harmful. Chronic exposure to factors that increase allergic and inflammatory responses on a continuing basis are likely to be harmful to health. Chronic inflammatory responses can lead to cellular, tissue and organ damage over time. Many chronic diseases are thought to be related to chronic problems with immune system function.

The release of inflammatory substances, such as histamine, are well-known to cause skin reactions, swelling, allergic hypersensitivity and other conditions that are normally associated with some kind of defense mechanism. The human immune system is part of a general defense barrier that protects against harmful exposures from the surrounding environment. When the immune system is aggravated by some kind of attack, there are many kinds of immune cells that can respond. Anything that triggers an immune response should be carefully evaluated, since chronic stimulation of the immune system may over time impair the system's ability to respond in the normal fashion.

Measurable physiological changes (mast cell increases in the skin, for example that are markers of allergic response and inflammatory cell response) are triggered by ELF and RF at very low intensities. Mast cells, when activated by ELF or RF, will break (degranulate) and release irritating chemicals that cause the symptoms of allergic skin reactions.

There is very clear evidence that exposures to ELF and RF at levels associated with cell phone use, computers, video display terminals, televisions, and other sources can cause these skin reactions. Changes in skin sensitivity have been measured by skin biopsy, and the findings are remarkable. Some of these reactions happen at levels equivalent to those of wireless technologies in daily life. Mast cells are also found in the brain and heart, perhaps targets of immune response by cells responding to ELF and RF exposures, and this might account for some of the other symptoms commonly reported (headache, sensitivity to light, heart arrhythmias and other cardiac symptoms). Chronic provocation by exposure to ELF and RF can lead to immune dysfunction, chronic allergic responses, inflammatory diseases and ill health if they occur on a continuing basis over time.

These clinical findings may account for reports of persons with electrical hypersensitivity, which is a condition where there is intolerance for any level of exposure to ELF and/or RF. Although there is not yet a substantial scientific assessment (under controlled conditions, if that is even possible); anecdotal reports from many countries show that estimates range from 3% to perhaps 5% of populations, and it is a growing problem. Electrical hypersensitivity, like multiple chemical sensitivity, can be disabling and require the affected person to make drastic changes in work and living circumstances, and suffer large economic losses and loss of personal freedom. In Sweden, electrohypersensitivity (EHS) is officially recognized as fully functional impairment (i.e., it is not regarded as a disease – see Section 6, Appendix A).

## F. Plausible Biological Mechanisms

Plausible biological mechanisms are already identified that can reasonably account for most biological effects reported for exposure to RF and ELF at low-intensity levels (oxidative stress and DNA damage from free radicals leading to genotoxicity; molecular mechanisms at very low energies are plausible links to disease, e.g., effect on electron transfer rates linked to oxidative damage, DNA activation linked to abnormal biosynthesis and mutation). It is also important to remember that traditional public health and epidemiological determinations do not require a proven mechanism before inferring a causal link between EMFs exposure and disease (12). Many times, proof of mechanism is not known before wise public health responses are implemented.

*“Obviously, melatonin’s ability to protect DNA from oxidative damage has implications for many types of cancer, including leukemia, considering that DNA damage due to free radicals is believed to be the initial oncogenic event in a majority of human cancers [Cerutti et al., 1994]. In addition to cancer, free radical damage to the central nervous system is a significant component of a variety of neurodegenerative diseases of the aged including Alzheimer’s disease and Parkinsonism. In experimental animal models of both of these conditions, melatonin has proven highly effective in forestalling their onset, and reducing their severity [Reiter et al., 2001].” (13)*

**Oxidative stress through the action of free radical damage to DNA is a plausible biological mechanism for cancer and diseases that involve damage from ELF to the central nervous system.**

## G. Another Way of Looking at EMFs: Therapeutic Uses

Many people are surprised to learn that certain kinds of EMFs treatments actually can heal. These are medical treatments that use EMFs in specific ways to help in healing bone fractures, to heal wounds to the skin and underlying tissues, to reduce pain and swelling, and for other post-surgical needs. Some forms of EMFs exposure are used to treat depression.

EMFs have been shown to be effective in treating conditions of disease at energy levels far below current public exposure standards. This leads to the obvious question. How can scientists dispute

the harmful effects of EMF exposures while at the same time using forms of EMF treatment that are proven to heal the body?

**Medical conditions are successfully treated using EMFs at levels below current public safety standards, proving another way that the body recognizes and responds to low-intensity EMF signals. Otherwise, these medical treatments could not work. The FDA has approved EMFs medical treatment devices, so is clearly aware of this paradox.**

Random exposures to EMFs, as opposed to EMFs exposures done with clinical oversight, could lead to harm just like the unsupervised use of pharmaceutical drugs. This evidence forms a strong warning that indiscriminate EMF exposure is probably a bad idea.

**No one would recommend that drugs used in medical treatments and prevention of disease be randomly given to the public, especially to children. Yet, random and involuntary exposures to EMFs occur all the time in daily life.**

The consequence of multiple sources of EMFs exposures in daily life, with no regard to cumulative exposures or to potentially harmful combinations of EMFs exposures means several things. First, it makes it very difficult to do clinical studies because it is almost impossible to find anyone who is not already exposed. Second, people with and without diseases have multiple and overlapping exposures – this will vary from person to person.

Just as ionizing radiation can be used to effectively diagnose disease and treat cancer, it is also a cause of cancer under different exposure conditions. Since EMFs are both a cause of disease, and also used for treatment of disease, it is vitally important that public exposure standards reflect our current understanding of the biological potency of EMF exposures, and develop both new public safety limits and measures to prevent future exposures.

### **III. EMF EXPOSURE AND PRUDENT PUBLIC HEALTH PLANNING**

- **The scientific evidence is sufficient to warrant regulatory action for ELF; and it is substantial enough to warrant preventative actions for RF.**
- **The standard of evidence for judging the emerging scientific evidence necessary to take action should be proportionate to the impacts on health and well-being**
- **The exposures are widespread.**
- **Widely accepted standards for judging the science are used in this assessment.**

Public exposure to electromagnetic radiation (power-line frequencies, radiofrequency and microwave) is growing exponentially worldwide. There is a rapid increase in electrification in developing countries, even in rural areas. Most members of society now have and use cordless phones, cellular phones, and pagers. In addition, most populations are also exposed to antennas in communities designed to transmit wireless RF signals. Some developing countries have even given up running land lines because of expense and the easy access to cell phones. Long-term and cumulative exposure to such massively increased RF has no precedent in human history. Furthermore, the most pronounced change is for children, who now routinely spend hours each day on the cell phone. Everyone is exposed to a greater or lesser extent. No one can avoid exposure, since even if they live on a mountain-top without electricity there will likely be exposure to communication-frequency RF exposure. Vulnerable populations (pregnant women, very young children, elderly persons, the poor) are exposed to the same degree as the general population. Therefore it is imperative to consider ways in which to evaluate risk and reduce exposure. Good public health policy requires preventative action proportionate to the potential risk of harm and the public health consequence of taking no action.

#### **IV. RECOMMENDED ACTIONS**

##### **A. Defining new exposure standards for ELF**

This chapter concludes that new ELF limits are warranted based on a public health analysis of the overall existing scientific evidence. The public health view is that new ELF limits are needed now. They should reflect environmental levels of ELF that have been demonstrated to increase

risk for childhood leukemia, and possibly other cancers and neurological diseases. ELF limits should be set below those exposure levels that have been linked in childhood leukemia studies to increased risk of disease, plus an additional safety factor. It is no longer acceptable to build new power lines and electrical facilities that place people in ELF environments that have been determined to be risky. These levels are in the 2 to 4 milligauss\* (mG) range, not in the 10s of mG or 100s of mG. The existing ICNIRP limit is 1000 mG (904 mG in the US) for ELF is outdated and based on faulty assumptions. These limits are can no longer be said to be protective of public health and they should be replaced. A safety buffer or safety factor should also be applied to a new, biologically-based ELF limit, and the conventional approach is to add a safety factor lower than the risk level.

While new ELF limits are being developed and implemented, a reasonable approach would be a 1 mG planning limit for habitable space adjacent to all new or upgraded power lines and a 2 mG limit for all other new construction. It is also recommended for that a 1 mG limit be established for existing habitable space for children and/or women who are pregnant (because of the possible link between childhood leukemia and *in utero* exposure to ELF). This recommendation is based on the assumption that a higher burden of protection is required for children who cannot protect themselves, and who are at risk for childhood leukemia at rates that are traditionally high enough to trigger regulatory action. This situation in particular warrants extending the 1 mG limit to existing occupied space. "Establish" in this case probably means formal public advisories from relevant health agencies. While it is not realistic to reconstruct all existing electrical distribution systems, in the short term; steps to reduce exposure from these existing systems need to be initiated, especially in places where children spend time, and should be encouraged. These limits should reflect the exposures that are commonly associated with increased risk of child hood leukemia (in the 2 to 5 mG range for all children, and over 1.4 mG for children age 6 and younger). Nearly all of the occupational studies for adult cancers and neurological diseases report their highest exposure category is 4 mG and above, so that new ELF limits should target the exposure ranges of interest, and not necessarily higher ranges.

Avoiding chronic ELF exposure in schools, homes and the workplace above levels associated with increased risk of disease will also avoid most of the possible bioactive parameters of ELF discussed in the relevant literature.

## **B. Defining preventative actions for reduction in RF exposures**

Given the scientific evidence at hand (Chapter 17), the rapid deployment of new wireless technologies that chronically expose people to pulsed RF at levels reported to cause bioeffects, which in turn, could reasonably be presumed to lead to serious health impacts, is of public health concern. Section 17 summarizes evidence that has resulted in a public health recommendation that preventative action is warranted to reduce or minimize RF exposures to the public. There is suggestive to strongly suggestive evidence that RF exposures may cause changes in cell membrane function, cell communication, cell metabolism, activation of proto-oncogenes and can trigger the production of stress proteins at exposure levels below current regulatory limits. Resulting effects can include DNA breaks and chromosome aberrations, cell death including death of brain neurons, increased free radical production, activation of the endogenous opioid system, cell stress and premature aging, changes in brain function including memory loss, retarded learning, slower motor function and other performance impairment in children, headaches and fatigue, sleep disorders, neurodegenerative conditions, reduction in melatonin secretion and cancers (Chapters 5, 6, 7, 8, 9, 10, and 12).

As early as 2000, some experts in bioelectromagnetics promoted a  $0.1 \mu\text{W}/\text{cm}^2$  limit (which is 0.614 Volts per meter) for ambient outdoor exposure to pulsed RF, so generally in cities, the public would have adequate protection against involuntary exposure to pulsed radiofrequency (e.g., from cell towers, and other wireless technologies). The Salzburg Resolution of 2000 set a target of  $0.1 \mu\text{W}/\text{cm}^2$  (or 0.614 V/m) for public exposure to pulsed radiofrequency. Since then, there are many credible anecdotal reports of unwellness and illness in the vicinity of wireless transmitters (wireless voice and data communication antennas) at lower levels. Effects include sleep disruption, impairment of memory and concentration, fatigue, headache, skin disorders, visual symptoms (floaters), nausea, loss of appetite, tinnitus, and cardiac problems (racing heartbeat). There are some credible articles from researchers reporting that cell tower -level RF exposures (estimated to be between  $0.01$  and  $0.5 \mu\text{W}/\text{cm}^2$ ) produce ill-effects in populations living up to several hundred meters from wireless antenna sites.

This information now argues for thresholds or guidelines that are substantially below current FCC and ICNIPR standards for whole body exposure. Uncertainty about how low such standards might have to go to be prudent from a public health standpoint should not prevent reasonable

efforts to respond to the information at hand. No lower limit for bioeffects and adverse health effects from RF has been established, so the possible health risks of wireless WLAN and WI-FI systems, for example, will require further research and no assertion of safety at any level of wireless exposure (chronic exposure) can be made at this time. The lower limit for reported human health effects has dropped 100-fold below the safety standard (for mobile phones and PDAs); 1000- to 10,000-fold for other wireless (cell towers at distance; WI-FI and WLAN devices). The entire basis for safety standards is called into question, and it is not unreasonable to question the safety of RF at any level.

A cautionary target level for pulsed RF exposures for ambient wireless that could be applied to RF sources from cell tower antennas, WI-FI, WI-MAX and other similar sources is proposed. The recommended cautionary target level is 0.1 microwatts per centimeter squared ( $\mu\text{W}/\text{cm}^2$ )\*\* (or 0.614 Volts per meter or V/m)\*\* for pulsed RF where these exposures affect the general public; this advisory is proportionate to the evidence and in accord with prudent public health policy. A precautionary limit of 0.1  $\mu\text{W}/\text{cm}^2$  should be adopted for outdoor, cumulative RF exposure. This reflects the current RF science and prudent public health response that would reasonably be set for pulsed RF (ambient) exposures where people live, work and go to school. This level of RF is experienced as whole-body exposure, and can be a chronic exposure where there is wireless coverage present for voice and data transmission for cell phones, pagers and PDAs and other sources of radiofrequency radiation. An outdoor precautionary limit of 0.1  $\mu\text{W}/\text{cm}^2$  would mean an even lower exposure level inside buildings, perhaps as low as 0.01  $\mu\text{W}/\text{cm}^2$ . Some studies and many anecdotal reports on ill health have been reported at lower levels than this; however, for the present time, it could prevent some of the most disproportionate burdens placed on the public nearest to such installations. Although this RF target level does not preclude further rollout of WI-FI technologies, we also recommend that wired alternatives to WI-FI be implemented, particularly in schools and libraries so that children are not subjected to elevated RF levels until more is understood about possible health impacts. This recommendation should be seen as an interim precautionary limit that is intended to guide preventative actions; and more conservative limits may be needed in the future.

Broadcast facilities that chronically expose nearby residents to elevated RF levels from AM, FM and television antenna transmission are also of public health concern given the potential for very high RF exposures near these facilities (antenna farms). RF levels can be in the 10s to several 100's of  $\mu\text{W}/\text{cm}^2$  in residential areas within half a mile of some broadcast sites (for example,

Lookout Mountain, Colorado and Awbrey Butte, Bend, Oregon). Such facilities that are located in, or expose residential populations and schools to elevated levels of RF will very likely need to be re-evaluated for safety.

For emissions from wireless devices (cell phones, personal digital assistant or PDA devices, etc) there is enough evidence for increased risk of brain tumors and acoustic neuromas now to warrant intervention with respect to their use. Redesign of cell phones and PDAs could prevent direct head and eye exposure, for example, by designing new units so that they work only with a wired headset or on speakerphone mode.

These effects can reasonably be presumed to result in adverse health effects and disease with chronic and uncontrolled exposures, and children may be particularly vulnerable. The young are also largely unable to remove themselves from such environments. Second-hand radiation, like second-hand smoke is an issue of public health concern based on the evidence at hand.

## **V. CONCLUSIONS**

- We cannot afford ‘business as usual’ any longer. It is time that planning for new power lines and for new homes, schools and other habitable spaces around them is done with routine provision for low-ELF environments . The business-as-usual deployment of new wireless technologies is likely to be risky and harder to change if society does not make some educated decisions about limits soon. Research must continue to define what levels of RF related to new wireless technologies are acceptable; but more research should not prevent or delay substantive changes today that might save money, lives and societal disruption tomorrow.
- New regulatory limits for ELF are warranted. ELF limits should be set below those exposure levels that have been linked in childhood leukemia studies to increased risk of disease, plus an additional safety factor. It is no longer acceptable to build new power lines and electrical facilities that place people in ELF environments that have been determined to be risky (at levels generally at 2 mG and above).

- While new ELF limits are being developed and implemented, a reasonable approach would be a 1 mG planning limit for habitable space adjacent to all new or upgraded power lines and a 2 mG limit for all other new construction. It is also recommended for that a 1 mG limit be established for existing habitable space for children and/or women who are pregnant. This recommendation is based on the assumption that a higher burden of protection is required for children who cannot protect themselves, and who are at risk for childhood leukemia at rates that are traditionally high enough to trigger regulatory action. This situation in particular warrants extending the 1 mG limit to existing occupied space. "Establish" in this case probably means formal public advisories from relevant health agencies.
- While it is not realistic to reconstruct all existing electrical distributions systems, in the short term; steps to reduce exposure from these existing systems need to be initiated, especially in places where children spend time, and should be encouraged.
- A precautionary limit of 0.1 ( $\mu\text{W}/\text{cm}^2$  (which is also 0.614 Volts per meter) should be adopted for outdoor, cumulative RF exposure. This reflects the current RF science and prudent public health response that would reasonably be set for pulsed RF (ambient) exposures where people live, work and go to school. This level of RF is experienced as whole-body exposure, and can be a chronic exposure where there is wireless coverage present for voice and data transmission for cell phones, pagers and PDAs and other sources of radiofrequency radiation. Some studies and many anecdotal reports on ill health have been reported at lower levels than this; however, for the present time, it could prevent some of the most disproportionate burdens placed on the public nearest to such installations. Although this RF target level does not preclude further rollout of WI-FI technologies, we also recommend that wired alternatives to WI-FI be implemented, particularly in schools and libraries so that children are not subjected to elevated RF levels until more is understood about possible health impacts. This recommendation should be seen as an interim precautionary limit that is intended to guide preventative actions; and more conservative limits may be needed in the future.

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### **Some Quick Definitions for Units of Measurement of ELF and RF**

**\*Milligauss (mG)**

*A milligauss is a measure of ELF intensity and is abbreviated mG. This is used to describe electromagnetic fields from appliances, power lines, interior electrical wiring.*

**\*\*Microwatts per centimeter squared ( $\mu\text{W}/\text{cm}^2$ )**

*Radiofrequency radiation in terms of power density is measured in microwatts per centimeter squared and abbreviated ( $\mu\text{W}/\text{cm}^2$ ). It is used when talking about emissions from wireless facilities, and when describing ambient RF in the environment. The amount of allowable RF near a cell tower is 1000  $\mu\text{W}/\text{cm}^2$  for some cell phone frequencies, for example.*

**\*\*\*Specific Absorption Rate (SAR is measured in watts per kilogram or W/Kg)**

*SAR stands for specific absorption rate. It is a calculation of how much RF energy is absorbed into the body, for example when a cell phone or cordless phone is pressed to the head. SAR is expressed in watts per kilogram of tissue (W/Kg). The amount of allowable energy into 1 gram of brain tissue from a cell phone is 1.6 W/Kg in the US. For whole body exposure, the exposure is 0.8 W/Kg averaged over 30 minutes for the general public. International standards in most countries are similar, but not exactly the same.*

**Table 1-1 BioInitiative Report Overall Conclusions**

**OVERALL SUMMARY OF CONCLUSIONS**

- The existing ICNIRP and FCC limits for public and occupational exposure to ELF and RF are insufficiently protective of public health.
- Biologically-based public and occupational exposure standards for extra-low frequency and radiofrequency radiation are recommended to address bioeffects and potential adverse health effects of chronic exposure to ELF and RF. These effects are now widely reported to occur at exposure levels significantly below most current national and international limits.
- A biologically-based exposure limit is one that is protective against ELF and RF intensity and modulation factors which, with chronic exposure, can reasonably be presumed to result in significant impacts to health and well-being.
- Research is needed (but should not delay) regulatory action for ELF and substantive preventative action for RF proportionate to potential health and wellbeing risks from chronic exposure.
- A biologically-based exposure limit should reflect current scientific knowledge of bioeffects and health effects, and impose new limits based on preventative action as defined by the Precautionary Principle (EEA, 2001).
- Biologically-based exposure standards shall be protective against exposures levels of ELF and RF that affect or change normal biological functioning of organisms (humans). They shall not be based solely on energy absorption or thermal levels of energy input, or resulting tissue heating. They shall be protective against chronic exposure responses.
- The existing standards are based on thermal (heating) limits, and do not address non-thermal (or low-intensity) exposures which are widely reported to cause bioeffects, some likely leading to adverse health effects with chronic exposure.
- Biological effects may include both potential adverse health effects and loss of homeostasis and well-being.
- Biologically-based exposure standards are needed to prevent disruption of normal body processes. Effects are reported for DNS damage (genotoxicity that is directly linked to integrity of the human genome), cellular communication, cellular metabolism and repair, cancer surveillance within the body; and for protection against cancer and neurological diseases. Also reported are neurological effects including impairment of sleep and sleep architecture, cognitive function and memory; depression; cardiac effects; pathological leakage of the blood-brain barrier; and impairment of normal immune function, fertility and reproduction.
- Frequency, intensity, exposure duration, and the number of exposure episodes can affect the response, and these factors can interact with each other to produce different effects. In addition, in order to understand the biological consequences of EMF exposure, one must know whether the effect is cumulative, whether compensatory responses result, and when homeostasis will break down.
- Plausible biological mechanisms that can account for genotoxicity (DNA damage) are already well known (oxidative damage via free-radical actions) although it should also be said that there is not yet proof. *However, proof of mechanism is not required to set prudent public health policy, nor is it mandatory to set new guidelines or limits if adverse health effects occur at lower-than-existing IEEE and ICNIRP standards.*

**Table 1-1 BioInitiative Report Overall Conclusions**

**OVERALL SUMMARY OF CONCLUSIONS (continued)**

- The SCENIHR report (2007) states that “for breast cancer and cardiovascular disease, recent research has indicated that an association with EMF is unlikely.” The WHO ELF Health Criteria Monograph (2007) states “The evidence does not support an association between ELF exposure and cardiovascular disease” and “(T)he evidence for breast cancer was also considered to be effectively negative, while for other diseases it was judged to be inadequate.” Neither conclusion is supported by any finding by IARC that would classify EMF as Class 4 (Not A Carcinogen), so it is premature for either group to dismiss the evidence for EMF as a potential risk factor for either breast cancer or for cardiovascular disease.
- The standard for taking action should be precautionary; action should not be deferred while waiting for final proof or causal evidence to be established that EMF is harmful to health and well-being.
- There is great public concern over increasing levels of involuntary exposure to radiofrequency and ELF-modulated radiofrequency exposures from new wireless technologies; there is widespread public resistance to radiofrequency and extra-low frequency radiation exposures which are allowable under current, thermally-based exposure standards.
- There is inadequate warning and notice to the public about possible risks from wireless technologies in the marketplace, which is resulting in adoption and use of technologies that may have adverse health consequences which are still unknown to the public. There is no “informed consent”.
- No positive assertion of safety can be made by governments that continue to support and enforce exposure limits for RF and ELF based on ICNIRP or IEEE criteria (or the equivalent). Governments that are considering proposals to relax existing RF and ELF standards should reject these proposals given the weight of scientific evidence that is available; and the clear disconnect between existing public safety limits and their responsibility to provide safe and healthful living environments for all segments of affected populations.

**Section 5 Genotoxicity Based on Proteomics**

- EMF exposure can change gene and/or protein expression in certain types of cells, even at intensities lower than ICNIRP recommended values.
- The biological consequences of most of the changed genes/proteins are still unclear, and need to be further explored.
- The EMF research community should pay equal attention to the negative reports as to the positive ones. Not only the positive findings need to be replicated, all the negative ones are also needed to be validated.
- The IEEE and WHO data bases do not include the majority of ELF studies (only 6 of 14 in the WHO; 0 of 16 in IEEE); they do include the majority of the RF studies (14 of 16).

**Table 1-1 BioInitiative Report Overall Conclusions**

**Section 6 Genotoxicity (DNA Damage from RF and ELF)**

- Toxicity to the genome can lead to a change in cellular functions, cancer, and cell death. One can conclude that under certain conditions of exposure RF is genotoxic. Data available are mainly applicable only to cell phone radiation exposure. One study reports that RF at levels equivalent to the vicinity of base stations and RF- transmission towers is genotoxic and could cause DNA damage (Phillips et al., 1998).
- RF may be considered genotoxic (cause DNA damage). Of 28 total studies on radiofrequency radiation (RF) and DNA damage, 14 studies reported effects (50%) and 14 reported no significant effect (50%). Of 29 total studies on radiofrequency radiation and micronucleation, 16 studies reported effects (55%) and 13 reported no significant effect (45%). Of 21 total studies on chromosome and genome damage from radiofrequency radiation, 13 studies (62%) reported effects and 8 studies (38%) reported no significant effects.
- During cell phone use, a relatively constant mass of tissue in the brain is exposed to radiation at relatively high intensity (peak SAR of 4 - 8 W/kg). Several studies have reported DNA damage at lower than 4 W/kg.
- Since critical genetic mutations in one single cell are sufficient to lead to cancer and there are millions of cells in a gram of tissue, *it is inconceivable* that the base of the IEEE SAR standard was changed from averaged over 1 gram of tissue to 10 grams.
- Frequency, intensity, exposure duration, and the number of exposure episodes can affect the response, and these factors can interact with each other to produce different consequences. In order to understand the biological consequence of exposure, one must understand whether the effect is cumulative, whether compensatory responses result and when homeostasis will break down. The choice of cell type or organism studied can also influence the outcome.
- Extremely-low frequency (ELF) has also been shown to be genotoxic and cause DNA damage. Of 41 relevant studies of genotoxicity and ELF exposure, 27 studies (66%) report DNA damage and 14 studies (44%) report no significant effect.

## Table 1-1 BioInitiative Report Overall Conclusions

### Section 7: Stress Response

- Scientific research on stress proteins has shown that the public is not being protected from potential damage that can be caused by exposure to EMF, both power frequency (ELF) and radio frequency (RF).
- Cells react to an EMF as potentially harmful by producing stress proteins (heat shock proteins or hsp).
- Direct interaction of ELF and RF with DNA has been documented and both activate the synthesis of stress proteins.
- The biochemical pathway that is activated is the same pathway in both ELF and RF and it is non-thermal.
- Many biological systems are affected by EMFs (meaning both ELF and RF trigger stress proteins).
- Many frequencies are active. Field strength and exposure duration thresholds are very low.
- Molecular mechanisms at very low energies are plausible links to disease (e.g., effect on electron transfer rates linked to oxidative damage, DNA activation linked to abnormal biosynthesis and mutation). Cells react to an EMF as potentially harmful.
- Many lines of research now point to changes in DNA electron transfer as a plausible mechanism of action as a result of non-thermal ELF and RF.
- The same biological reaction (production of stress proteins) to an EMF can be activated in more than one division of the EM spectrum.
- Direct interaction of ELF and RF with DNA has been documented and both activate the synthesis of stress proteins.
- Thresholds triggering stress on biological systems occur at environment levels on the order of 0.5 to 1.0  $\mu\text{T}$  for ELF.
- DNA damage (e.g., strand breaks), a cause of cancer, occurs at levels of ELF and RF that are below the safety limits. Also, there is no protection against cumulative effects stimulated by different parts of the EM spectrum.
- The scientific basis for EMF safety limits is flawed when the same biological mechanisms are activated in ELF and RF ranges at vastly different levels of the Specific Absorption Rate (SAR). Activation of DNA to synthesize stress proteins (the stress response) is stimulated in the ELF at a non-thermal SAR level that is over a billion times lower than the same process activated by RF at the thermal level.
- There is a need for a biological standard to replace the thermal standard and to also protect against cumulative effects across the EM spectrum.
- Based on studies of stress proteins, the specific absorption rate (SAR) is not the appropriate measure of biological threshold or dose, and should not be used as a basis for a safety standard since it regulates against thermal effects only.

**Table 1-1 BioInitiative Report Overall Conclusions**

**Section 8 Effects on Immune Function**

• Both human and animal studies report large immunological changes with exposure to environmental levels of electromagnetic fields (EMFs). Some of these exposure levels are equivalent to those of e.g. wireless technologies in daily life.

• Measurable physiological changes (mast cells increases, for example) that are bedrock indicators of allergic response and inflammatory conditions are stimulated by EMF exposures.

• Chronic exposure to such factors that increase allergic and inflammatory responses on a continuing basis may be harmful to health.

• It is possible that chronic provocation by exposure to EMF can lead to immune dysfunction, chronic allergic responses, inflammatory responses and ill health if they occur on a continuing basis over time. This is an important area for future research.

• Specific findings from studies on exposures to various types of modern equipment and/or EMFs report over-reaction of the immune system; morphological alterations of immune cells; profound increases in mast cells in the upper skin layers, increased degranulation of mast cells and larger size of mast cells in electrohypersensitive individuals; presence of biological markers for inflammation that are sensitive to EMF exposure at non-thermal levels; changes in lymphocyte viability; decreased count of NK cells; decreased count of T lymphocytes; negative effects on pregnancy (uteroplacental circulatory disturbances and placental dysfunction with possible risks to pregnancy); suppressed or impaired immune function; and inflammatory responses which can ultimately result in cellular, tissue and organ damage.

• Electrical hypersensitivity is reported by individuals in the United States, Sweden, Switzerland, Germany, Denmark and many other countries of the world. Estimates range from 3% to perhaps 10% of populations, and appears to be a growing condition of ill-health leading to lost work and productivity.

• The WHO and IEEE literature surveys do not include all of the relevant papers cited here, leading to the conclusion that evidence has been ignored in the current WHO ELF Health Criteria Monograph; and the proposed new IEEE C95.1 RF public exposure limits (April 2006).

• The current international public safety limits for EMFs do not appear to be sufficiently protective of public health at all, based on the studies of immune function. New, biologically-based public standards are warranted that take into account low-intensity effects on immune function and health that are reported in the scientific literature.

**Table 1-1 BioInitiative Report Overall Conclusions**

<p><b>Section 9 Neurology and Behavioral Effects</b></p> <ul style="list-style-type: none"><li>• Effects on neurophysiological and cognitive functions are quite well established.</li><li>• Studies on EEG and brain evoked-potentials in humans exposed to cellular phone radiation predominantly showed positive effects (i.e., positive means the exposure has the ability to change brainwave activity even at exposure levels where no effect would be expected, based on traditional understanding and safety limits).</li><li>• There is little doubt that electromagnetic fields emitted by cell phones and cell phone use affect electrical activity in the brain.</li><li>• The behavioral consequences of these neuroelectrophysiological changes are not always predictable and research on electrophysiology also indicates that effects are dependent on the mental load of the subjects during exposure, e.g., on the complexity of the task that a subject is carrying out.</li><li>• Most of the studies carried out so far are short-term exposure experiments, whereas cell phone use causes long-term repeated exposure of the brain.</li><li>• In most of the behavioral experiments, effects were observed after the termination of RF exposure. In some experiments, tests were made days after exposure. This suggests a persistent change in the nervous system after exposure to RF.</li><li>• In many instances, neurological and behavioral effects were observed at a SAR less than 4 W/kg. This directly contradicts the basic assumption of the IEEE guideline criterion.</li><li>• Caution should be taken in concluding that a neurological effect resulted solely from the action of RF on the central nervous system because it is well known that the functions of the central nervous system can be affected by activity in the peripheral nervous system.</li></ul>
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**Table 1-1 BioInitiative Report Overall Conclusions**

**Section 10 Brain Tumors and Acoustic Neuromas**

- Studies on brain tumors and use of mobile phones for  $\geq 10$  years gave a consistent pattern of an increased risk for acoustic neuroma and glioma.
- Cell phone use  $> 10$  years give a consistent pattern of an increased risk for acoustic neuroma and glioma, most pronounced for high-grade glioma. The risk is highest for ipsilateral exposure.

**Section 10 Brain Tumors and RF - Epidemiology**

- Only a few studies of long-term exposure to low levels of RF fields and brain tumors exist, all of which have methodological shortcomings including lack of quantitative exposure assessment. Given the crude exposure categories and the likelihood of a bias towards the null hypothesis of no association, *the body of evidence is consistent with a moderately elevated risk.*
- Occupational studies indicate that long-term exposure at workplaces may be associated with an elevated brain tumor risk.
- Although the population attributable risk is low (likely below 4%), still more than 1,000 cases per year in the US can be attributed to RF exposure at workplaces alone. Due to the lack of conclusive studies of environmental RF exposure and brain tumors the potential of these exposures to increase the risk cannot be estimated.
- Overall, the evidence suggests that long-term exposure to levels generally below current guideline levels still carry the risk of increasing the incidence of brain tumors.
- Epidemiological studies as reviewed in the IEEE C95.1 revision (2006) are deficient to the extent that the entire analysis is professionally unsupported. IEEE's dismissal of epidemiological studies that link RF exposure to cancer endpoints should be disregarded, as well as any IEEE conclusions drawn from this flawed analysis of epidemiological studies.

**Table 1-1 BioInitiative Report Overall Conclusions**

**Brain Tumors and Acoustic Neuromas**

Additional Data from Section 10

- Mobile phone use increases the risk of acoustic neuroma for persons using a mobile phone 10 years or longer by 30% (when used on both sides of head) to 240% (habitually used on one side of head). This information relies on a meta-analysis of several major studies. For acoustic neuroma studies by Lönn et al., (2004), Christensen et al., (2004) Schoemaker et al., (2005) and Hardell et al., (2006a) all giving results for at least 10 years latency period or more. Overall OR = 1.3, 95 % CI = 0.6-2.8 was obtained increasing to OR = 2.4, 95 % CI = 1.1-5.3 for ipsilateral mobile phone use (Lönn et al., 2004, Schoemaker et al., 2005, Hardell et al., 2006).
- There is observational support for the association between acoustic neuroma and the use of mobile phones since some studies report that the tumor is often located in an anatomical area with high exposure during calls with cellular or cordless phones (Hardell et al., 2003).
- Mobile phone use increases the risk of brain tumors (glioma) for persons using a mobile phone 10 years or longer by 20% (when used on both sides of head) to 200% (habitually used on one side of head). This information relies on a meta-analysis of several major studies. For glioma OR = 1.2, [95 % CI = 0.8-1.9] was calculated (Lönn et al., 2005, Christensen et al., 2005, Hepworth et al., 2006, Schüz et al., 2006, Hardell et al., 2006b, Lahkola et al., 2007). Ipsilateral use yielded OR = 2.0, [95 % CI = 1.2-3.4 ](Lönn et al., 2005, Hepworth et al., 2006, Hardell et al., 2006b, Lahkola et al., 2007).
- Cordless phone use is also associated with an increased risk for acoustic neuromas and brain tumors (both low-and high-grade gliomas (Hardell et al., 2006 a,b).
- The increased risk of acoustic neuroma from use of a cordless phone for ten years or more was reported to be 310% higher risk (when the cordless phone habitually used on the same-side of the head) in Hardell et al., 2006a.
- The increased risk of high-grade glioma from use of a cordless phone for ten years or more was reported to be 220% higher risk (when cordless used on both sides of head) to 470% higher risk (when cordless used habitually on same side of head) in Hardell et al., 2006b.
- The increased risk of low-grade glioma from use of a cordless phone for ten years or more was reported to be 60% higher risk (when cordless used on both sides of head) to 320% higher risk (when cordless used habitually on same side of head) in Hardell et al., 2006b.
- The current standard for exposure to microwaves during mobile phone use and for cordless phone use is not safe considering studies reporting long-term brain tumor risk.

**Table 1-1 BioInitiative Report Overall Conclusions**

<p><b>Section 11 Leukemia</b></p> <ul style="list-style-type: none"><li>• The balance of evidence suggests that childhood leukemia is associated with exposure to power frequency EMFs either during early life or pregnancy.</li><li>• Considering only average ELF (MF flux densities) the population attributable risk is low to moderate. However there is a possibility that other exposure metrics are much more strongly related to childhood leukemia and may account for a substantial proportion of cases. The population attributable fraction ranges between 1-4% (Kheifets et al., 2007); 2-4% (Greenland &amp; Kheifets 2006); and 3.3% (Greenland, 2001) assuming only exposures above 3 to 4 mG (0.3 – 0.4 <math>\mu</math>T) are relevant. However, if it is not average ELF (average MF flux density) that is the metric causally related to childhood leukemia the attributable fraction can be much higher. Up to 80% of childhood leukemia may be caused by exposure to ELF.</li><li>• Other childhood cancers except leukemia have not been studied in sufficient detail to allow conclusions about the existence and magnitude of the risk.</li><li>• IEEE guideline levels are designed to protect from short-term immediate effects, long-term effects, such as cancer are evoked by levels several orders of magnitudes below current guideline levels.</li><li>• Measures should be implemented to guarantee that exposure due to transmission and distribution lines is below an average of about 1 mG (0.1 <math>\mu</math>T) and precautionary measures are warranted that can reduce all aspects of exposure.</li></ul>
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**Table 1-1 BioInitiative Report Overall Conclusions**

**Section 12 Melatonin, Alzheimers Disease and Breast Cancer**

- There is strong epidemiologic evidence that long-term exposure to ELF magnetic field (MF) is a risk factor for Alzheimers disease.
- There is now evidence that 1) high levels of peripheral amyloid beta are a risk factor for AD and 2) medium to high MF exposure can increase peripheral amyloid beta. High brain levels of amyloid beta are also a risk factor for AD and medium to high MF exposure to brain cells likely also increases these cells' production of amyloid beta.
- There is considerable *in vitro* and animal evidence that melatonin protects against Alzheimer's disease. Therefore it is certainly possible that low levels of melatonin production are associated with an increase in the risk of AD.
- There are insufficient studies to formulate an opinion as to whether radiofrequency MF exposure is a risk factor for AD.
- Some studies on EMF show reduced melatonin levels, There is sufficient evidence from *in vitro* and animal studies, from human biomarker studies, from occupational and light-at-night studies, and a single longitudinal study with appropriate collection of urine samples to conclude that high MF exposure may be a risk factor for breast cancer.
- There is rather strong evidence from case-control studies that longterm, high occupational exposure ( $\geq 10$  mG or  $1.0 \mu\text{T}$ ) to ELF magnetic fields is a risk factor for breast cancer.
- Seamstresses are, in fact, one of the most highly MF exposed occupations, with exposure levels generally above 10 mG ( $1.0 \mu\text{T}$ ) over a significant proportion of the workday. They have also been consistently found to be at higher risk of Alzheimer's disease and (female) breast cancer. This occupation deserves attention in future studies.
- There are no studies of RF magnetic fields on breast cancer that do not exclude ELF magnetic field, so that predictions of RF magnetic field alone on breast cancer cannot be assessed at this time.

**Table 1-1 BioInitiative Report Overall Conclusions**

**Section 13 Melatonin – Cell and Animal Studies**

- An association between power-frequency electromagnetic fields (ELF) and breast cancer is strongly supported in the scientific literature by a constellation of relevant scientific papers providing mutually-reinforcing evidence from cell and animal studies.
- ELF at environmental levels negatively affects the oncostatic effects of both melatonin and tamoxifen on human breast cancer cells at common environmental levels of ELF exposure at 6 to 12 mG (0.6 to 1.2  $\mu\text{T}$ ). Epidemiological studies over the last two decades have reported increased risk of male and female breast cancer with exposures to residential and occupational levels of ELF. Animal studies have reported increased mammary tumor size and incidence in association with ELF exposure.
- ELF limits for public exposure should be revised to reflect increased risk of breast cancer at environmental levels possibly as low as 2 mG or 3 mG (0.2 to 0.3  $\mu\text{T}$ ); certainly as low as 4 mG (0.4  $\mu\text{T}$ ).

**Section 14 Effects of Modulation of Signal**

- There is substantial scientific evidence that some modulated fields (pulsed or repeated signals) are bioactive, which increases the likelihood that they could have health impacts with chronic exposure even at very low exposure levels.
- Modulation signals may interfere with normal, non-linear biological processes.
- Modulation is a fundamental factor that should be taken into account in new public safety standards; at present it is not even a contributing factor.
- To properly evaluate the biological and health impacts of exposure to modulated RF (carrier waves), it is also essential to study the impact of the modulating signal (lower frequency fields or ELF-modulated RF).
- Current standards have ignored modulation as a factor in human health impacts, and thus are inadequate in the protection of the public in terms of chronic exposure to some forms of ELF-modulated RF signals.
- The current IEEE and ICNIRP standards are not sufficiently protective of public health with respect to chronic exposure to modulated fields (particularly new technologies that are pulse-modulated and heavily used in cellular telephony).

**Table 1-1 BioInitiative Report Overall Conclusions**

<p><b>Section 14</b>      <b>Effects of Modulation of Signal</b> (continued)</p> <ul style="list-style-type: none"><li>• The collective papers on modulation appear to be omitted from consideration in the recent WHO and IEEE science reviews. This body of research has been ignored by current standard setting bodies that rely only on traditional energy-based (thermal) concepts.</li><li>• More research is needed to determine which modulation factors, and combinations are bioactive and deleterious at low intensities, and are likely to result in disease-related processes and/or health risks; however this should not delay preventative actions supporting public health and wellness.</li><li>• If signals need to be modulated in the development of new wireless technologies, for example, it makes sense to use what existing scientific information is available to avoid the most obviously deleterious exposure parameters and select others that may be less likely to interfere with normal biological processes in life.</li><li>• The current membership on Risk Assessment committees needs to be made more inclusive, by adding scientists experienced with the research reporting non-thermal biological effects.</li><li>• The current practice of segregating scientific investigations (and resulting public health limits) by artificial divisions of frequency needs to be changed because this approach dramatically dilutes the impact of the basic science results and eliminates consideration of modulation signals, thereby reducing and distorting the weight of evidence in any evaluation process.</li></ul>
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<p><b>Section 15</b>      <b>Therapeutic Uses of EMF at Low-Intensity Levels</b></p> <ul style="list-style-type: none"><li>• EMFs are both a cause of disease, and also used for treatment of disease (at levels far below existing public exposure standards).</li><li>• Electromagnetic fields are widely used in therapeutic medical applications.</li><li>• Proof of effectiveness has been demonstrated in numerous clinical applications of low-intensity ELF and RF.</li><li>• EMFs have been shown to be effective in treating conditions of disease at energy levels far below current public exposure standards.</li><li>• Indiscriminate EMF exposure is ill advised at even at common environmental levels.</li><li>• Multiple sources of EMF exposure in daily life, and cumulative exposures to potentially harmful combinations of EMF are ignored – we don't even study it properly yet.</li></ul>
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**Table 1-1 BioInitiative Report Overall Conclusions**

**Section 16 The Precautionary Principle**

- The Precautionary Principle has been developed to help justify public policy action on the protection of health where there are plausible, serious and irreversible hazards from current and future exposures and where there are many uncertainties and much scientific ignorance. EMF is characterized by such circumstances.
- The lessons from the histories of most well known hazards show that precautionary- based yet proportionate measures taken in response to robust early warnings can avoid the kinds of costs incurred by asbestos, smoking, PCBs ,X rays etc. Such lessons are relevant to the EMF issue.
- Policymakers need to be aware of the systematic biases within the environmental health science against finding a true hazard, in order to not compromise scientific integrity. However, this bias can lead to the health of people or environments being compromised.
- The Precautionary Principle introduces the use of different levels of proof (or strengths of evidence ) to justify actions to reduce exposure, where the level of proof chosen depends upon the nature and distribution of the costs of being wrong in acting, or not acting; the benefits of the agent or substance in question; the availability of alternatives, etc. Waiting for high levels of scientific proof of causality, or for knowledge about mechanisms of action, can be very expensive in terms of compensation, health care, job losses, reductions in public trust of scientists etc.
- The level of proof chosen to justify action does not determine any particular policy measure, or type of action. This is dependent on factors such as the costs of different measures, equity, the origins of the risk, ie voluntary or imposed, etc.
- There is a need to involve stakeholders in helping to frame problems for risk assessments and to choose appropriate levels of proof and types of actions to reduce exposure.

**Table 1-1 BioInitiative Report Overall Conclusions**

**Section 17: Key Scientific Evidence and Public Health Policy Recommendations**

• We cannot afford ‘business as usual’ any longer. It is time that planning for new power lines and for new homes, schools and other habitable spaces around them is done with provision for low-ELF environments. The business-as-usual deployment of new wireless technologies is likely to be risky and harder to change if society does not make some educated decisions about limits soon. Research must continue to define what levels of RF related to new wireless technologies are acceptable; but more research should not prevent or delay substantive changes today that might save money, lives and societal disruption tomorrow.

• New regulatory limits for ELF are warranted. ELF limits should be set below those exposure levels that have been linked in childhood leukemia studies to increased risk of disease, plus an additional safety factor. It is no longer acceptable to build new power lines and electrical facilities that place people in ELF environments that have been determined to be risky (at levels generally at 2 mG (0.2  $\mu$ T) and above).

• While new ELF limits are being developed and implemented, a reasonable approach would be a 1 mG (0.1  $\mu$ T) planning limit for habitable space adjacent to all new or upgraded power lines and a 2 mG (0.2  $\mu$ T) limit for all other new construction. It is also recommended for that a 1 mG (0.1  $\mu$ T) limit be established for existing habitable space for children and/or women who are pregnant. This recommendation is based on the assumption that a higher burden of protection is required for children who cannot protect themselves, and who are at risk for childhood leukemia at rates that are traditionally high enough to trigger regulatory action. This situation in particular warrants extending the 1 mG (0.1  $\mu$ T) limit to existing occupied space. "Establish" in this case probably means formal public advisories from relevant health agencies.

• While it is not realistic to reconstruct all existing electrical distributions systems, in the short term; steps to reduce exposure from these existing systems need to be initiated, especially in places where children spend time, and should be encouraged.

• A precautionary limit of 0.1  $\mu$ W/cm<sup>2</sup> (which is also 0.614 Volts per meter) should be adopted for outdoor, cumulative RF exposure. This reflects the current RF science and prudent public health response that would reasonably be set for pulsed RF (ambient) exposures where people live, work and go to school. This level of RF is experienced as whole-body exposure, and can be a chronic exposure where there is wireless coverage present for voice and data transmission for cell phones, pagers and PDAs and other sources of radiofrequency radiation. Some studies and many anecdotal reports on ill health have been reported at lower levels than this; however, for the present time, it could prevent some of the most disproportionate burdens placed on the public nearest to such installations. Although this RF target level does not preclude further rollout of WI-FI technologies, we also recommend that wired alternatives to WI-FI be implemented, particularly in schools and libraries so that children are not subjected to elevated RF levels until more is understood about possible health impacts. This recommendation should be seen as an interim precautionary limit that is intended to guide preventative actions; and more conservative limits may be needed in the future.

## Table 1-1 BioInitiative Report Overall Conclusions

### Section 17: Key Scientific Evidence and Public Health Policy Recommendations (continued)

- New public safety limits should be developed and implemented for ELF (50 Hz and 60 Hz electrical power frequencies). ELF limits should be set below those exposure levels that have been linked in childhood leukemia studies to increased risk of disease, plus an additional safety factor.
- Guidance should be provided to electric utilities on the need to reduce ELF exposures in siting and construction of new power lines and substations. Mitigation of existing sources of ELF over 1 mG (0.1  $\mu$ T) should be encouraged, particularly where children and women who are pregnant, or who may be come pregnant spend significant portions of their time.
- Requests for measurement and monitoring of ELF and RF should be provided by utilities (for power line and household ELF) and by employers (for workplace ELF and RF) ,and those who request information should receive full results of such surveys on request.
- International health organizations and agencies should issue public health advisories for those exposed to levels of ELF and RF implicated with increased risks from cancer/neurodegenerative diseases and memory/learning/immune/stress responses. These advisories should address both residential and occupational exposures.
- Reliable, unbiased information should be developed and distributed through a clearinghouse that is available to the public. Scientific, public health and policy option information should be provided for independent review at an affordable cost to the public. Research articles and prudent avoidance strategies should be made available in many languages.
- Cell phones and other wireless devices should be redesigned to operate only on speaker-phone mode or text message mode.
- Restrictions should be placed on the sale and advertising of cell phones and other wireless devices to children age 0 to 18 years.
- All countries should continue to provide wired phone service; and should be strongly discouraged from phasing it out; including pay telephones in public places.
- Manufacturers of devices that operate with wireless features should be required to carry SAR level information and warning labels on the outside packaging (not hidden inside). Wireless devices that create elevated RF levels for the user should be required to warn the user of possible adverse effects on memory and learning, cognitive function, sleep disruption and insomnia, mood disorders, balance, headache, fatigue, ringing in the ears (tinnitus), immune function, and other adverse symptoms of use.
- Warning labels on cell phones and PDAs (personal digital assistant devices) and other wireless devices are needed to alert users to excessively high ELF emissions from the switching battery pack, and require labels to list mitigation measures to reduce exposure (do not wear on or near body in “ON-Receive” position; use only with earpiece or on speaker mode, etc).
- Disclosure should be provided to the public on the location and operating characteristics of all wireless antenna sites in a fashion easily accessible to the public so informed choices can be made about where to live, shop, work and go to school. Such information should mandatorily include cumulative RF/MW exposures based on calculations from FCC OET Bulletin 65 (or equivalent) at ground level and second story level in increments of 50 feet outward from the facility to a power density of 0.1  $\mu$ W/cm<sup>2</sup> or 0.614 V/m. Signage for the public should be a mandatory condition of approval for all sites, and should be kept current. Public agencies that approve and monitor wireless sites should require the applicant to identify locations of wireless facilities.

## Table 1-1 BioInitiative Report Overall Conclusions

### Section 17: Key Scientific Evidence and Public Health Policy Recommendations (continued)

- Mobile phone - free and WI-FI-free public areas should be established in areas where the public congregates and can have a reasonable expectation of safety; including airports, public shopping, hospitals, libraries, medical clinics, convalescent homes and assisted living facilities, theatres, restaurants, parks, etc.
- Health agencies and school districts should strongly discourage or prohibit cell towers on or near (within 1000' of) school properties, should delay any new WLAN installations in school classrooms, pre-schools and day-care facilities; and should either remove or disable existing wireless facilities, or be required to offer classrooms with no RF exposure to those families who choose not to have their children involuntarily exposed.

## **SECTION 2: STATEMENT OF THE PROBLEM**

### **Background and Objectives**

This Report is the product of an international research and public policy initiative to document what is known of biological effects that occur at low-intensity EMF exposures (for both radiofrequency radiation RF and power-frequency ELF, and various forms of combined exposures that are now known to be bioactive). The Report has been written to document the reasons why current public exposure standards for non-ionizing electromagnetic radiation are no longer good enough to protect public health.

A working group composed of scientists, researchers and public health policy professionals (The BioInitiative Working Group) has joined together to document the information that must be considered in the international debate about the adequacy (or inadequacy) of existing public exposure standards.

Recognizing that other bodies in the United States, United Kingdom, Australia, many European Union and eastern European countries as well as the World Health Organization are actively debating this topic, the BioInitiative Working Group has conducted a independent science and public health policy review process.

#### Objectives

- 1) To establish a working group
- 2) To evaluate literature reviews for IEEE (2006) and WHO (2007) initiatives on standards that have resulted in (or continue to recommend) no change in thermally-based public exposure limits.
- 3) To identify systematic screening-out techniques that consequently under-report, omit or overlook results of scientific studies reporting low-intensity bioeffects and/or potential health effects.
- 4) To document key scientific studies and reviews that identify low-intensity effects for which any new human exposure standards should provide safety limits.
- 5) To document key “chains of evidence” that must be taken into account in new human exposure standards (melatonin and free-radical production effects on DNA damage and/or repair; stress protein induction at low-intensity levels; etc.)
- 6) To write a rationale for a biologically-based human exposure standard,

- 7) To identify “next steps” in advancing biologically-based exposure standards that are protective of public health; that are derived in traditional public health approaches.

Eleven (11) chapters documenting key scientific studies and reviews that identify low-intensity effects of electromagnetic fields have been produced by the members of the BioInitiative Working Group; four additional chapters are provided that discuss public health considerations, how the scientific information should be evaluated in the context of prudent public health policy, and discussing the basis for taking precautionary and preventative actions that are proportionate to the knowledge at hand. Other scientific review bodies and agencies have reached different conclusions by adopting standards of evidence so unreasonably high as to exclude any finding of scientific concern, and thus justify retaining outdated thermal standards. The clear consensus of the BioInitiative Working Group members is that the existing public safety limits are inadequate. New approaches to development of public safety standards are needed based on biologically-based effects, rather than based solely on RF heating (or induced currents in the case of ELF). The Report concludes with recommended actions that are proportionate to the evidence and in accord with prudent public health policy.

The Report also presents information about what level of scientific evidence is sufficient to make changes now. It addresses the questions:

- What is “proof”? Do we need proof before we take any action? Is an unreasonably high and overly-restrictive definition of “proof” what is keeping some governments from facing the evidence that the need for new public exposure limits is demonstrated?
- What is sufficient evidence? How much evidence is needed? Do we have it yet?
- Do scientists and public health experts differ on when action is warranted? If so, how?
- What is the prudent course of action when the consequence of doing nothing is likely to have serious global consequences on public health, confidence in governments and social/economic resources?
- What are the costs of guessing wrong and under-reacting? Or, of over-reacting?
- Whose opinions should count in the process of deciding about health risks and harm?
- Is the global, governmental process addressing these questions transparent and responsive to public concerns? Or, is it a cosmetic process giving the illusion of transparency and democratic participation? Are some countries ostracized for views

and actions that are more protective of public health? How can we equitably decide on the appropriate level of public protection within each country, when it is obvious that some countries would be best off spending their time and money on basic medical needs and infrastructure improvements to save lives, when others need to look at prevailing disease endpoints relevant to their populations, and wish to act accordingly?

- How has the effort for global harmonization of ELF and RF exposure standards thwarted the efforts of individual countries to read, reason and choose?
- How much control have special interests exerted over harmonization goals and safety standards? How much over scientific funding, research design, dissemination of research results and media control? Are the interests of the public being conserved?
- What actions are proportionate to the knowledge we now have? What is preventative action and how does it differ from precautionary action?

It describes what the existing exposure standards are, and how some international governmental bodies are standing by the old exposure standards despite evidence that change is needed.

A good way to compare what kind of actions should be taken now is to look at what has been done with other environmental toxicants. It is well-established that public health decision-makers should act before it is too late to prevent damage that can reasonably be expected now; especially where the harm may be serious and widespread. Some actions that can prevent future harm are identified. The basis for taking action now rather than later is explained. This report can serve as a basis for arguing the scientific and public health policy reasons that changes are needed. It documents information for decision-makers and the public who want to understand what is already known biological effects occurring at low-intensity exposures; and why it is reasonable to expect our governmental agencies to develop new, biologically-based exposure standards that protect the public.

### **Problems with Existing Public Health Standards (Safety Limits)**

Today's public exposure limits are based on the presumption that heating is the only concern when living organisms are exposed to RF and ELF. These exposures can create tissue heating that is well known to be harmful in even very short-term doses. As such, thermal limits do serve a purpose. For example, for people whose occupations require them to work around electrical power lines or heat-sealers, or for people who install and service wireless antenna towers; thermally-based limits are necessary to prevent damage from heating (or, in the case of ELF -

from induced currents in tissues). In the past, scientists and engineers developed exposure standards for electromagnetic radiation based what we now believe are faulty assumptions that the right way to measure how much non-ionizing energy humans can tolerate (how much exposure) without harm is to measure only the heating of tissue (for – induced currents in the body). In the last few decades, it has been established beyond any reasonable doubt that bioeffects and some adverse health effects occur at far lower levels of RF and exposure where no heating occurs at all; some effects are shown to occur at several hundred thousand times below the existing public safety limits where heating is an impossibility. Effects occur at non-thermal or low-intensity exposure levels far below the levels that federal agencies say should keep the public safe. For many new devices operating with wireless technologies, the devices are exempt from any regulatory standards. The existing standards have been proven to be inadequate to control against harm from low-intensity, chronic exposures, based on any reasonable, independent assessment of the scientific literature. It means that an entirely new basis (a biological basis) for new exposure standards is needed. New standards need to take into account what we have learned about the effects of non-ionizing electromagnetic fields and to design new limits based on biologically-demonstrated effects that are important to proper biological function in living organisms. It is vital to do so because the explosion of new sources has created unprecedented levels of artificial electromagnetic fields that now cover all but remote areas of the habitable space on earth. Mid-course corrections are needed in the way we accept, test and deploy new technologies that expose us to ELF and RF in order to avert public health problems of a global nature.

At least three decades of scientific study and observation of effects on humans and animals shows that non-thermal exposure levels can result in biologically-relevant effects. There should be no effects occurring at all. Yet, clearly they do occur. This means the standards for protecting public health are based on the wrong premise - that only what heats tissue can result in harm. It does appear that it is the INFORMATION conveyed by electromagnetic radiation, rather than the heat, which causes biological changes, some of which may lead to unwellness, illness and even death, According to Adey (2004):

*“There are major unanswered questions about possible health risks that may arise from human exposures to various man-made electromagnetic fields where these exposures are intermittent, recurrent, and may extend over a significant portion of the lifetime of an*

*individual. Current equilibrium thermodynamic models fail to explain an impressive spectrum of observed bioeffects at non-thermal exposure levels.”*

Recent opinions by experts have documented deficiencies in current exposure standards. There is widespread discussion that thermal limits are outdated, and that biologically-based exposure standards are needed. Section 4 describes concerns expressed by WHO, 2007 in its Health Criteria Monograph; the SCENIHR Report, 2006 prepared for the European Commission; the UK SAGE Report, 2007; the Health Protection Agency, United Kingdom in 2005; the NATO Advanced Research Workshop in 2005; the US Radiofrequency Interagency Working Group in 1999; the US Food and Drug Administration in 2000 and 2007; the World Health Organization in 2002; the World Health Organization International Agency for Cancer Research (IARC, 2001), the United Kingdom Parliament Independent Expert Group Report (Stewart Report, 2000) and others.

A pioneer researcher, the late Dr. Ross Adey, in his last publication in Bioelectromagnetic Medicine (P. Roche and M. Markov, eds. 2004) concluded:

*“There are major unanswered questions about possible health risks that may arise from exposures to various man-made electromagnetic fields where these human exposures are intermittent, recurrent, and may extend over a significant portion of the lifetime of the individual.”<sup>1</sup>*

*“Epidemiological studies have evaluated and radiofrequency fields as possible risk factors for human health, with historical evidence relating rising risks of such factors as progressive rural electrification, and more recently, to methods of electrical power distribution and utilization in commercial buildings. Appropriate models describing these bioeffects are based in nonequilibrium thermodynamics, with nonlinear electrodynamics as an integral feature. Heating models, based in equilibrium thermodynamics, fail to explain an impressive new frontier of much greater significance. .... Though incompletely understood, tissue free radical interactions with magnetic fields may extend to zero field levels. (Adey, 2004)*

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## **SECTION 3: THE EXISTING PUBLIC EXPOSURE STANDARDS**

### **The US Federal Communications Commission (FCC) Exposure Standard Recommendations**

In the United States, the Federal Communications Commission (FCC) enforces limits for both occupational exposures (in the workplace) and public exposures. The exposure limits are variable according to the frequency (in megahertz) and the duration of exposure time (6 minutes for occupational and 30 minutes for public exposures). Table 3.1 show exposure limits for occupational and uncontrolled public access to radiofrequency radiation such as is emitted from AM, FM, television and wireless sources through the air. As an example, 583 microwatts/cm<sup>2</sup> ( $\mu\text{W}/\text{cm}^2$ ) is the public limit for the 875 MHz cell phone wireless frequency and 1000  $\mu\text{W}/\text{cm}^2$  is the limit for PCS frequencies in the 1800 – 1950 MHz range averaged over 30 minutes. The limits in Table 3.1 would pertain to exposures in the vicinity of transmitting antennas (not devices like cell phones, for which exposure limits are shown in Table 3.2).

The FCC is required by the National Environmental Policy Act of 1969 to evaluate the effect of emissions from FCC-regulated transmitters on the quality of the human environment. At the present time there is no federally-mandated radio frequency (RF) exposure standard. However, several non-government organizations, such as the American National Standards Institute (ANSI), the Institute of Electrical and Electronics Engineers, Inc. (IEEE), and the National Council on Radiation Protection and Measurements (NCRP) have issued recommendations for human exposure to RF electromagnetic fields. The FCC has endorsed these recommendations, and enforces compliance. <http://www.fcc.gov/oet/rfsafety/>

**Table 3.1 FCC LIMITS FOR MAXIMUM PERMISSIBLE EXPOSURE (MPE)**

**(A) Limits for Occupational/Controlled Exposure**

Frequency Range (MHz)	Electric Field Strength (E) (V/m)	Magnetic Field Strength (H) (A/m)	Power Density (S) (mW/cm <sup>2</sup> )	Averaging Time [E] <sup>2</sup> [H] <sup>2</sup> or S (minutes)
0.3-3.0	614	1.63	(100)*	6
3.0-30	1842/f	4.89/f	(900/f <sub>2</sub> )*	6
30-300	61.4	0.163	1.0	6
300-1500			f/300	6
1500-100,000			5	6

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**(B) FCC Limits for General Population/Uncontrolled Exposure**

Frequency Range (MHz)	Electric Field Strength (E) (V/m)	Magnetic Field Strength (H) (A/m)	Power Density (S) (mW/cm <sup>2</sup> )	Averaging Time [E] <sup>2</sup> [H] <sup>2</sup> or S (minutes)
0.3-3.0	614	1.63	(100)*	30
3.0-30	824/f	2.19/f	(180/f <sub>2</sub> )*	30
30-300	27.5	0.073	0.2	30
300-1500	--	--	f/1500	30
1500-100,000	--	--	1.0	30

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f = frequency in MHz

\*Plane-wave equivalent power density

NOTE 1: *Occupational/controlled* limits apply in situations in which persons are exposed as a consequence of their employment provided those persons are fully aware of the potential for exposure and can exercise control over their exposure. Limits for occupational/controlled exposure also apply in situations when an individual is transient through a location where occupational/controlled limits apply provided he or she is made aware of the potential for exposure.

NOTE 2: *General population/uncontrolled* exposures apply in situations in which the general public may be exposed, or in which persons that are exposed as a consequence of their employment may not be fully aware of the potential for exposure or can not exercise control over their exposure.

Source: OET, 1997.

**FCC Guidelines for Cell and PCS Phones (and other radiofrequency emitting**

devices)

Cell phones and portable transmitting devices that operate in the Cellular Radiotelephone Service, the Personal Communications Services (PCS), the Satellite Communications Services, the Maritime Services (ship earth stations only) and the Specialized Mobile Radio (SMR) Service are subject to routine environmental (not health) evaluation for RF exposure prior to equipment authorization or use by the FCC. Section 2.1093 of the FCC's Rules (47 CFR §2.1093) that apply to "portable" devices. For purposes of these requirements a portable device is defined as a transmitting device designed to be used so that the radiating structure(s) of the device is/are within 20 centimeters of the body of the user (OET, 1997).

Cell phones and some other wireless communication devices are regulated by the FCC according to their emissions, which depend on the amount of power absorbed into the body. The metric for measurement is specific absorption rate (SAR) and is expressed in watts per kilogram of tissue. The limit for absorption of radiofrequency radiation is limited to 1.6 W/kg within 1 gram of human tissue. This limit has been recommended for change (relaxation) by the IEEE in April of 2006. If adopted by the FCC, this amount of heat or 1.6 W/Kg would be measured over 10 times as much tissue (10 grams) so that far higher heating is possible from these devices over small amounts of tissue (would be far less strict than the current limit, if adopted). More cell phone and related PDA devices would then comply be able with the looser standard, and the public could potentially receive much higher radiofrequency radiation exposures, and it would be in compliance (legal).

“The SAR criteria to be used are specified below and apply for portable devices transmitting in the frequency range from 100 kHz to 6 GHz. The limits used for evaluation are based generally on criteria published by the Institute of Electrical and Electronics Engineers, Inc., (IEEE) for localized specific absorption rate ("SAR") in Section 4.2 of "IEEE Standard for Safety Levels with Respect to Human Exposure to Radio Frequency Electromagnetic Fields, 3 kHz to 300 GHz," ANSI/IEEE C95.1-1992.

These criteria for SAR evaluation are similar to those recommended by the National Council on Radiation Protection and Measurements (NCRP) in "Biological Effects and Exposure Criteria for Radiofrequency Electromagnetic Fields," NCRP Report No. 86, Section 17.4.5. Copyright NCRP, 1986, Bethesda, Maryland 20814.”

**(1) FCC Limits for Occupational/Controlled exposure:** 0.4 W/kg as averaged over the whole-body and spatial peak SAR not exceeding 8 W/kg as averaged over any 1 gram of tissue (defined as a tissue volume in the shape of a cube). Exceptions are the hands, wrists, feet and ankles where the spatial peak SAR shall not exceed 20 W/kg, as averaged over any 10 grams of tissue (defined as a tissue volume in the shape of a cube). Occupational/Controlled limits apply when persons are exposed as a consequence of their employment provided these persons are fully aware of and exercise control over their

exposure. Awareness of exposure can be accomplished by use of warning labels or by specific training or education through appropriate means, such as an RF safety program in a work environment (OET, 1997).

**(2) FCC Limits for General Population/Uncontrolled exposure:** 0.08 W/kg as averaged over the whole-body and spatial peak SAR not exceeding 1.6 W/kg as averaged over any 1 gram of tissue (defined as a tissue volume in the shape of a cube). Exceptions are the hands, wrists, feet and ankles where the spatial peak SAR shall not exceed 4 W/kg, as averaged over any 10 grams of tissue (defined as a tissue volume in the shape of a cube). General Population/Uncontrolled limits apply when the general public may be exposed, or when persons that are exposed as a consequence of their employment may not be fully aware of the potential for exposure or do not exercise control over their exposure. Warning labels placed on consumer devices such as cellular telephones will not be sufficient reason to allow these devices to be evaluated subject to limits for occupational/controlled exposure (OET, 1997).

In the United States, two professional societies - the Institute of Electrical and Electronics Engineers, Inc. (IEEE) and the National Council for Radiation Protection and Measurements (NCRP) develop recommendations for safety standards. . The IEEE charter calls itself the world's leading professional association for the advancement of technology, as well as the instigator of public safety standards. The IEEE recommendations have historically been endorsed by the American National Standards Institute (ANSI) and finally considered by the FCC for implementation. The US Federal Communications Commission (FCC) may then take the recommendations and adopt them as mandatory exposure limits. Several standard-setting processes have occurred like this in the last few decades.

The most recent IEEE recommendations for 3 kHz to 300 GHz were developed in 2006 (IEEE, 2006). Rather than lower the existing limits for radiofrequency and microwave radiation exposure, they greatly increase the exposure limits. This is perplexing since it ignores or discounts a large body of scientific evidence clearly documenting biologically-relevant changes at levels LOWER (much lower) than the existing standards.

### **ICNIRP Guidelines (International Radiofrequency Guidelines)**

In April 1998, the International Commission on Non-Ionizing Radiation Protection (ICNIRP) published guidelines for limiting exposure to time-varying electric, magnetic and electromagnetic fields in the frequency range up to 300 GHz.. These guidelines replaced previous advice issued in 1988 and 1990. The main objective of the ICNIRP Guidelines is to establish guidelines for limiting EMF exposure that will provide protection against known adverse health effects (ICNIRP, 1998). An adverse health effect is defined by ICNIRP as one which causes detectable impairment of the health of the exposed individual or of his or her offspring; a biological effect, on the other hand, may or may not result in an adverse health effect.

The guidelines presented in Table 3.2 apply to occupational and public exposure.

**Table 3.2 ICNIRP Basic restrictions for time varying electric and magnetic fields for frequencies up to 10 GHz.**

Exposure characteristics	Frequency range	Current density for head and trunk (mA m <sup>-2</sup> )(rms)	Whole-body average SAR (W kg <sup>-1</sup> )	Localized SAR (head and trunk) (W kg <sup>-1</sup> )	Localized SAR (limbs) (W kg <sup>-1</sup> )
<b>Occupational exposure</b>	up to 1 Hz	40	—	—	—
	1–4 Hz	40/ <i>f</i>	—	—	—
	4 Hz–1 kHz	10	—	—	—
	1–100 kHz	<i>f</i> /100	—	—	—
	100 kHz–10 MHz	<i>f</i> /100	0.4	10	20
	10 MHz–10 GHz		0.4	10	20
<b>General public exposure</b>	up to 1 Hz	8	—	—	—
	1–4 Hz	8/ <i>f</i>	—	—	—
	4 Hz–1 kHz	2	—	—	—
	1–100 kHz	<i>f</i> /500	—	—	—
	100 kHz–10 MHz	<i>f</i> /500	0.08	2	4
	10 MHz–10 GHz		0.08	2	4

Notes:

1. *f* is the frequency in hertz.
2. Because of electrical inhomogeneity of the body, current densities should be averaged over a cross-section of 1 cm<sup>2</sup> perpendicular to the current direction.
3. For frequencies up to 100 kHz, peak current density values can be obtained by multiplying the rms value by %2 (~1.414). For pulses of duration  $t_p$  the equivalent frequency to apply in the basic restrictions should be calculated as  $f = 1/(2t_p)$ . For frequencies up to 100 kHz and for pulsed magnetic fields, the maximum current density associated with the pulses can be calculated from the rise/fall times and the maximum rate of change of magnetic flux density. The induced current density can then be compared with the appropriate basic restriction.
4. All SAR values are to be averaged over any 6-minute period.
5. Localized SAR averaging mass is any 10 g of contiguous tissue; the maximum SAR so obtained should be the value used for the estimation of exposure.
6. For pulses of duration  $t_p$  the equivalent frequency to apply in the basic restrictions should be calculated as  $f = 1/(2t_p)$ . Additionally, for pulsed exposures, in the frequency range 0.3 to 10 GHz and for localized exposure of the head, in order to limit or avoid auditory effects caused by thermoelastic expansion, an additional basic restriction is recommended. This is that the SA should not exceed 10 mJ kg<sup>-1</sup> for workers and 2 mJ kg<sup>-1</sup> for the general public averaged over 10 g tissue.

In the frequency range from a few Hz to 1 kHz, for levels of induced current density above 100 mA m<sup>-12</sup>, the thresholds for acute changes in central nervous system excitability and other acute effects such as reversal of the visually evoked potential are exceeded. In view of the safety considerations above, it was decided that, for frequencies in the range 4 Hz to 1 kHz, occupational exposure should be limited to fields that induce current densities less than 10 mA m<sup>-12</sup>, i.e., to use a safety factor of 10. For the general public an additional factor of 5 is applied, giving a basic exposure restriction of 2 mA m<sup>-12</sup>. Below 4 Hz and above 1 kHz, the basic restriction on induced current density increases progressively.

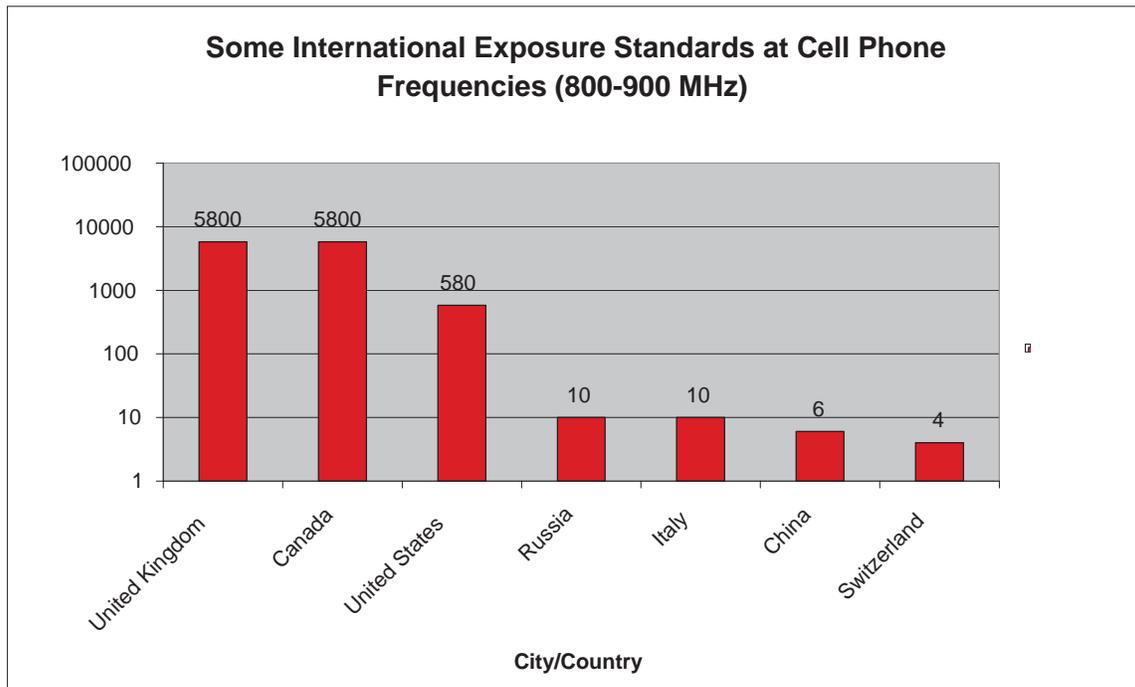
ICNIRP maintains that guidelines for limiting exposure have been developed following a thorough review of all published scientific literature (ICNIRP, 1998).

“The criteria applied in the course of the review were designed to evaluate the credibility of the various reported findings (Repacholi and Stolwijk 1991; Repacholi and Cardis 1997); only established effects were used as the basis for the proposed exposure restrictions. Induction of cancer from long-term EMF exposure was not considered to be established, and so these guidelines are based on short-term, immediate health effects such as stimulation of peripheral nerves and muscles, shocks and burns caused by touching conducting objects, and elevated tissue temperatures resulting from absorption of energy during exposure to EMF. In the case of potential long-term effects of exposure, such as an increased risk of cancer, ICNIRP concluded that available data are insufficient to provide a basis for setting exposure restrictions, although epidemiological research has provided suggestive, but unconvincing, evidence of an association between possible carcinogenic effects and exposure at levels of 50/60 Hz magnetic flux densities substantially lower than those recommended in these guidelines. In-vitro effects of short-term exposure to ELF or ELF amplitude-modulated EMF are summarized. Transient cellular and tissue responses to EMF exposure have been observed, but with no clear exposure–response relationship. These studies are of limited value in the assessment of health effects because many of the responses have not been demonstrated in vivo. Thus, in-vitro studies alone were not deemed to provide data that could serve as a primary basis for assessing possible health effects of EMF.” (ICNIRP, 1998) <http://www.icnirp.de>

### **Guidelines and Limits (Other Countries)**

On the other hand, some countries in the world have established new, low-intensity based exposure standards that respond to studies reporting effects that do not rely on heating. Consequently, new exposure guidelines are hundreds or thousands of times lower than those of IEEE and ICNIRP. Table 3.3 shows some of the countries that have lowered their limits, for example, in the cell phone frequency range of 800 MHz to 900 MHz. The levels range from 10 microwatts per centimeter squared in Italy and Russia to 4.2 microwatts per centimeter squared in Switzerland. In comparison, the United States and Canada limit such exposures to only 580 microwatts per centimeter squared (at 870 MHz) and then averaged over a time period (meaning that higher exposures are allowed for shorter times, but over a 30 minute period, the average must be 580 microwatts per centimeter squared or less at this frequency). The United Kingdom allows one hundred times this level, or 5800 microwatts per centimeter squared. Higher frequencies have higher safety limits, so that at 1000 MHz, for example, the limit is 1000 microwatts per centimeter squared (in the United States). Each individual frequency in the radiofrequency radiation range needs to be calculated. These are presented as reference points only. Emerging scientific evidence has encouraged some countries to respond by adopting planning targets, or interim action levels that are responsive to low-intensity or non-thermal radiofrequency radiation bioeffects and health impacts.

Table 3.3 Some International Exposure Standards at Cell Phone Frequencies



Professional bodies from technical societies like IEEE and ICNIRP continue to support “thermal-only” guidelines routinely defend doing so a) by omitting or ignoring study results reporting bioeffects and adverse impacts to health and wellbeing from a very large body of peer-reviewed, published science because it is not yet “proof” according to their definitions; b) by defining the proof of “adverse effects” at an impossibly high a bar (scientific proof or causal evidence) so as to freeze action; c) by requiring a conclusive demonstration of both “adverse effect” and risk before admitting low-intensity effects should be taken into account; e) by ignoring low-intensity studies that report bioeffects and health impacts due to modulation; f) by conducting scientific reviews with panels heavily burdened with industry experts and under-represented by public health experts and independent scientists with relevant low-intensity research experience; g) by limiting public participation in standard-setting deliberations; and other techniques that maintain the status quo.

Much of the criticism of the existing standard-setting bodies comes because their contributions are perceived as industry-friendly (more aligned with technology investment and dissemination of new technologies) rather than public health oriented. The view of the Chair of the latest IEEE standard-setting ICES Eleanor Adair is made clear by Osepchuk and Petersen (2003) who write in the abstract of their paper “*her goal and the goal of ICES is to establish rational standards that will make future beneficial applications of RF energy credible to humanity.*” Authors Osepchuk and Petersen note that “*(I)t is important that safety standards be rational and avoid excessive safety margins.*” The authors specifically dismiss the body of evidence for low-intensity effects with “*(A)lthough the literature reporting “athermal” bioeffects of exposure to*

*microwave/RF energy (other than electrostimulation) is included in the review process, it has been found to be inconsistent and not useful for purposes of standard-setting.”*

This report addresses the substantial body of evidence reporting low-intensity effects from electromagnetic fields (both power-frequency fields in the ELF range, and radiofrequency/microwave fields at exposure levels that do not involve any heating. It also addresses the inconsistency in the literature quoted as the basis for retaining thermal-only exposure standards (see particularly the Genotoxics Section 6 where half of more of the published papers report negative effects and half positive effects).

## **References**

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OET 1997. Office of Engineering Technology, Federal Communications Commission Bulletin 65 97-01, August 1997. <http://www.fcc.gov/oet/rfsafety>

Osepchuk JM Petersen RC. 2003. Historical Review of RF Exposure Standards and the International Committee on Electromagnetic Safety (ICES). Bioelectromagnetics Supplement 6:S7-16. Osepchuk is a former employee of Raytheon. Petersen is a former employee of Bell Labs and Lucent Technologies. Both are independent industry consultants in their retirement.

## **SECTION 4: EVIDENCE FOR INADEQUACY OF THE STANDARDS**

Evidence for judging the adequacy (or inadequacy) of the existing ICNIRP and IEEE C95.1 radiofrequency radiation standards can be taken from many relevant sources. The ICNIRP standards are similar to the IEEE (except for the new C95.1 -2006) revisions by IEEE SC-4), and these discussions can be used to evaluate both sets of public exposure standards for adequacy (or inadequacy).

An important screen for assessment of how review bodies conduct their science reviews and resulting conclusions on the adequacy of ELF and RF exposure limits depends on embedded assumptions. The singularly most important embedded assumption is whether these bodies assume from the beginning that only conclusive scientific evidence (proof) will be sufficient to warrant change; or whether actions should be taken on the basis of a growing body of evidence which provides early but consequential warning of (but not yet proof) of possible risks.

As a result of current international research and scientific discussion on whether the prevailing RF and ELF standards are adequate for protection of public health, there are many recent developments to provide valuable background on the uncertainty about whether current standards adequately protect the public.

### **World Health Organization Draft Framework for Electromagnetic Fields**

The International EMF Project was established by WHO in 1996. Its mission was to *“pool resources and knowledge concerning the effects of exposure to EMF and make a concerted effort to identify gaps in knowledge, recommend focused research programmes that allow better health risk assessments to be made, conduct updated critical reviews of the scientific literature, and work towards an international consensus and solutions on the health concerns.”* (WHO September 1996 Press Release - Welcome to the International EMF Project)

The stated role of the WHO Precautionary Framework on EMF Health Risk Research (Radiation and Environment Health) has termed its objectives as follows;

- to anticipate and respond to possible threats before introduction of an agent or technology
- to address public concerns that an uncertain health risk is minimized after introduction of an agent
- to develop and select options proportional to the degree of scientific certainty, the severity of harm, the size and nature of the affected population and the cost.

The role of WHO is advisory only to the countries of Europe but it is an important function and can significantly affect decision-making on public health issues. It provides analysis and recommendations on various topics of health and environment, for consideration by member countries of the EU. Given the EU Article 174 policy requires a precautionary approach to judging health and environmental risks, and given that the

charter of WHO is to serve the needs of the EU, one would think it essential that the WHO EMF Program health criteria results should be guided by and tailored to compliance with Article 174. This needs to occur in the assessment of the scientific literature (e.g., not requiring studies to provide scientific proof or causal scientific evidence but paying attention to and acting on the evidence, and the trend of the evidence at hand) and in its environmental health criteria recommendations. If the WHO EMF Program instead chooses to use the definitions of adverse impact and risk based on reacting to nothing short of conclusive scientific evidence, it fails to comply with the over-arching EU principle of health.

The World Health Organization has issued a draft framework to address the adequacy of scientific information, and accepted definitions of bioeffect, adverse health effect and hazard (WHO EMF Program Framework for Developing EMF Standards, Draft, October 2003). These definitions are not subject to the whim of organizations preparing public exposure standard recommendations. The WHO definition states that:

“(A)nnoyance or discomforts caused by EMF exposure may not be pathological per se, but, if substantiated, can affect the physical and mental well-being of a person and the resultant effect may be considered as an adverse health effect. A health effect is thus defined as a biological effect that is detrimental to health or well-being. According to the WHO Constitution, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

[www.who.int/peh-emf](http://www.who.int/peh-emf)

### **The European Union Treaties Article 174**

The EU policy (Article 174-2) requires that the precautionary principle be the basis for environmental protection for the public, and that protecting public health and taking preventative action before certainty of harm is proven is the foundation of the Precautionary Principle. It is directly counter to the principles used by ICNIRP and IEEE in developing their recommendations for exposure standards. Both bodies require proof of adverse effect and risk before amending the exposure standards; this Treaty requires action to protect the public when a reasonable suspicion of risk exists (precautionary action).

*Article 174 (2) [ex Article 130r]*

1. Community policy on the environment shall contribute to pursuit of the following objectives:

- preserving, protecting and improving the quality of the environment;
- protecting human health;
- prudent and rational utilisation of natural resources;
- promoting measures at international level to deal with regional or worldwide environmental problems.

2. Community policy on the environment shall aim at a high level of protection taking into account the diversity of situations in the various regions of the Community. It shall

be based on the precautionary principle and on the principles that preventive action should be taken, that environmental damage should as a priority be rectified at source and that the polluter should pay. In this context, harmonization measures answering environmental protection requirements shall include, where appropriate, as a safeguard clause allowing Member States to take provisional measures, for non-economic environmental reasons, subject to a Community inspection procedure.

3. In preparing its policy on the environment, the Community shall take account of:

- available scientific and technical data;
- environmental conditions in the various regions of the Community;
- the potential benefits and costs of action or lack of action;
- the economic and social development of the Community as a whole and the balanced development of its regions.

[http://www.law.harvard.edu/library/services/research/guides/international/eu/eu\\_legal\\_research\\_treaties.php](http://www.law.harvard.edu/library/services/research/guides/international/eu/eu_legal_research_treaties.php)

### **WHO ELF Environmental Health Criteria Monograph, June 2007**

In 2007, the WHO EMF Program released its ELF Health Criteria Monograph and held a workshop in Geneva, Switzerland June 20-21<sup>st</sup>.

ELF Health Criteria Monograph

#### **12.6 Conclusions**

*Acute biological effects have been established for exposure to ELF electric and magnetic fields in the frequency range up to 100 kHz that may have adverse consequences on health. Therefore, exposure limits are needed. International guidelines exist that have addressed this issue. Compliance with these guidelines provides adequate protection.*

*Consistent epidemiological evidence suggests that chronic low-intensity ELF magnetic field exposure is associated with an increased risk of childhood leukaemia. **However, the evidence for a causal relationship is limited, therefore exposure limits based upon epidemiological evidence are not recommended, but some precautionary measures are warranted.** (emphasis added).*

The Monograph finds no reason to change the designation of EMF as a 2B (Possible) Human Carcinogen as defined by the International Agency for Cancer Research (IARC). In finding that ELF-EMF is classifiable as a possible carcinogen, it is inconsistent to conclude that no change in the exposure limits is warranted. If the Monograph confirms, as other review bodies have, that childhood leukemia occurs at least as low as the 3 mG to 4 mG exposure range, then ICNIRP limits of 1000 mG for 50 Hz and 60 Hz ELF exposures are clearly too high and pose a risk to the health of children.

The WHO Fact Sheet summarizes some of the Monograph findings but adds further recommendations.

“Potential long-term effects”

*Much of the scientific research examining long-term risks from ELF magnetic field exposure has focused on childhood leukaemia. In 2002, IARC published a monograph classifying ELF magnetic fields as "possibly carcinogenic to humans. This classification was based on pooled analyses of epidemiological studies demonstrating a consistent pattern of a two-fold increase in childhood leukaemia associated with average exposure to residential power-frequency magnetic field above 0.3 to 0.4  $\mu$ T. **The Task Group concluded that additional studies since then do not alter the status of this classification.**"* (emphasis added)

"International exposure guidelines"

*"Health effects related to short-term, high-level exposure have been established and form the basis of two international exposure limit guidelines (ICNIRP, 1998; IEEE, 2002). At present, these bodies consider the scientific evidence related to possible health effects from long-term, low-level exposure to ELF fields insufficient to justify lowering these quantitative exposure limits."*

*"Regarding long-term effects, given the weakness of the evidence for a link between exposure to ELF magnetic fields and childhood leukaemia, the benefits of exposure reduction on health are unclear. In view of this situation, the following recommendations are given:*

- 1) Government and industry should monitor science and promote research programmes to further reduce the uncertainty of the scientific evidence on the health effects of ELF field exposure. Through the ELF risk assessment process, gaps in knowledge have been identified and these form the basis of a new research agenda.*
- 2) Member States are encouraged to establish effective and open communication programmes with all stakeholders to enable informed decision-making. These may include improving coordination and consultation among industry, local government, and citizens in the planning process for ELF EMF-emitting facilities.*
- 3) When constructing new facilities and designing new equipment, including appliances, low-cost ways of reducing exposures may be explored. Appropriate exposure reduction measures will vary from one country to another. However, policies based on the adoption of arbitrary low exposure limits are not warranted."*

The last bullet in the WHO ELF Fact Sheet does not come from the Monograph, nor is it consistent with conclusions of the Monograph. The Monograph does call for prudent avoidance measures, one of which could reasonably be to establish numeric planning targets or interim limits for new and upgraded transmission lines and appliances used by children, for example. Countries should not be dissuaded by WHO staff, who unlike the authors of the Monograph, go too far in defining appropriate boundaries for countries that may wish to implement prudent avoidance in ways that best suit their population needs, expectations and resources.

[www.who.int/peh-emf/project/en](http://www.who.int/peh-emf/project/en)

## **World Health Organization Report on Children's Health and Environment**

Environmental Issue Report Number 29 from the World Health Organization (2002) cautions about the effects of radiofrequency radiation on children's health. As part of a publication on "Children's Health and Environment: A Review of Evidence" the World Health Organization (WHO) wrote:

*"The possible adverse health effects in children associated with radiofrequency fields have not been fully investigated."*

*"Because there are suggestions that RF exposure may be more hazardous for the fetus and child due to their greater susceptibility, prudent avoidance is one approach to keeping children's exposure as low as possible."*

*"Further research is needed to clarify the potential risks of ELF-EMF and radiofrequency fields for children's health."*

## **International Agency for Research on Cancer (IARC)**

A 2001 report by the WHO International Agency for Research on Cancer (IARC) concluded that ELF-EMF power frequency fields are a Category 2B (Possible) Human Carcinogen. These are power-frequency electromagnetic fields (50-Hz and 60-Hz electric power frequency fields).

The World Health Organization (WHO) is conducting the International Electromagnetic Fields (EMF) Project to assess health and environmental effects of exposure to static and time varying electric and magnetic fields in the frequency range of 1 – 300 gigahertz (GHz). Project goals include the development of international guidelines on exposure limits. This work will address radio and television broadcast towers, wireless communications transmission and telecommunications facilities, and associated devices such as mobile phones, medical and industrial equipment, and radars. It is a multi-year program that began in 1996 and will end in 2005. [www.who.int/peh-emf](http://www.who.int/peh-emf)

## **SCENIHR Opinion (European Commission Study of EMF and Human Health)**

An independent Scientific Committee on newly emerging risks commissioned by the European Union released an update of its 2001 opinion on electromagnetic fields and human health in 2007. "The Committee addressed questions related to potential risks associated with interaction of risk factors, synergistic effects, cumulative effects, anti-microbial resistance, new technologies such as nanotechnologies, medical devices, tissue engineering blood products, fertility reduction, cancer of endocrine organs, physical hazards such as noise and electromagnetic fields and methodologies for assessing new risks." SCENIHR, 2007

### **SCENIHR Conclusions on Extremely low frequency fields (ELF fields)**

The previous conclusion that ELF magnetic fields are possibly carcinogenic, chiefly based on childhood leukaemia results, is still valid. There is no generally accepted mechanism to explain how ELF magnetic field exposure may cause leukaemia.

For breast cancer and cardiovascular disease, recent research has indicated that an association is unlikely. For neurodegenerative diseases and brain tumours, the link to ELF fields remains uncertain. A relation between ELF fields and symptoms (sometimes referred to as electromagnetic hypersensitivity) has not been demonstrated.

### **SCENIHR Conclusions on Radiofrequency Radiation fields (RF fields)**

Since the adoption of the 2001 opinion, extensive research has been conducted regarding possible health effects of exposure to low intensity RF fields. This research has investigated a variety of possible effects and has included epidemiologic, in vivo, and in vitro research. The overall epidemiologic evidence suggests that mobile phone use of less than 10 years does not pose any increased risk of brain tumour or acoustic neuroma. For longer use, data are sparse, since only some recent studies have reasonably large numbers of long-term users. Any conclusion therefore is uncertain and tentative. From the available data, however, it does appear that there is no increased risk for brain tumours in long-term users, with the exception of acoustic neuroma for which there is limited evidence of a weak association. Results of the so-called Interphone study will provide more insight, but it cannot be ruled out that some questions will remain open.

### **SCENIHR Conclusions on Sensitivity of Children**

Concerns about the potential vulnerability of children to RF fields have been raised because of the potentially greater susceptibility of their developing nervous system; in addition, their brain tissue is more conductive than that of adults since it has a higher water content and ion concentration, RF penetration is greater relative to head size, and they have a greater absorption of RF energy in the tissues of the head at mobile telephone frequencies. Finally, they will have a longer lifetime exposure.

Few relevant epidemiological or laboratory studies have addressed the possible effects of RF field exposure on children. Owing to widespread use of mobile phones among children and adolescents and relatively high exposures to the brain, investigation of the potential effect of RF fields in the development of childhood brain tumour is warranted. The characteristics of mobile phone use among children, their potential biological vulnerability and longer lifetime exposure make extrapolation from adult studies problematic.

There is an ongoing debate on possible differences in RF absorption between children and adults during mobile phone usage, e.g. due to differences in anatomy (Wiert et al. 2005, Christ and Kuster, 2005). Several scientific questions like possible differences of the dielectric tissue parameters remain open. The anatomical development of the nervous system is finished around 2 years of age, when children do not yet use mobile phones although baby phones have recently been introduced. Functional development, however, continues up to adult age and could be disturbed by RF fields.

### **Health Protection Agency (Formerly the NRPB - United Kingdom)**

The National Radiation Protection Board or NRPB (2004) concluded, based on a review of the scientific evidence, that the most coherent and plausible basis from which guidance could be developed on exposures to ELF concerned weak electric field interactions in the brain and CNS (NRPB, 2004). A cautious approach was used to indicate thresholds for possible adverse health effects.

*“Health Effects - It was concluded from the review of scientific evidence (NRPB, 2004b) that the most coherent and plausible basis from which guidance could be developed on exposures to ELF EMFs concerned weak electric field interactions in the brain and CNS (NRPB, 2004). A cautious approach was used to indicate thresholds for possible adverse health effects.”*

*“The brain and nervous system operate using highly complex patterns of electrical signals. Therefore, the basic restrictions are designed to limit the electric fields and current densities in these tissues so as to not adversely affect their normal functioning. The adverse effects that might occur cannot easily be characterized according to presenting signs or symptoms of disease or injury. They represent potential changes to mental processes such as attention and memory, as well as to regulatory functions within the body. Thus, the basic restrictions should not be regarded as precisely determined values below which no adverse health effects can occur and above which clearly discernible effects will happen. The do, however, indicate an increasing likelihood of effects occurring as exposure increases above the basic restriction values.”*

*“From the results of the epidemiological investigations, there remain concerns about a possible increased risk of child leukaemia associated with exposure to magnetic fields above about 0.4 uT (4 mG). In this regard, it is important to consider the possible need for further precautionary measures.”*

This recent statement by the UK Health Protection Agency clearly indicates that the current guidelines may not be protective of public health. Yet, the reference levels used in the United Kingdom remain at 5000 mG for 50 Hz power frequency fields for occupational exposure and 1000 mG for public exposure.

## US Government Radiofrequency Interagency Working Group Guidelines Statement

The United States Radiofrequency Interagency Working Group (RFIAWG) cited concerns about current federal standards for public exposure to radiofrequency radiation in 1999 (Lotz, 1999 for the Radiofrequency Interagency Working Group)

*“Studies continue to be published describing biological responses to nonthermal ELF-modulated RF radiation exposures that are not produced by CW (unmodulated) radiation. These studies have resulted in concern that ‘exposure guidelines based on thermal effects, and using information and concepts (time-averaged dosimetry, uncertainty factors) that mask any differences between intensity-modulated RF radiation exposure and CW exposure, do not directly address public exposures, and therefore may not adequately protect the public.’”*

The United States government Federal Radiofrequency Interagency Working Group has reviewed the existing ANSI/IEEE RF thermal-based exposure standard upon which the FCC limit is based. This Working Group was made up of representatives from the US government’s National Institute for Occupational Safety and Health (NIOSH), the Federal Communications Commission (FCC), Occupational Health and Safety Administration (OSHA), the Environmental Protection Agency (US EPA), the National Telecommunication and Information Administration, and the US Food and Drug Administration (FDA).

On June 17, 1999, the RFIAWG issued a Guidelines Statement that concluded the present RF standard “may not adequately protect the public”. The RFIAWG identified fourteen (14) issues that they believe are needed in the planned revisions of ANSI/IEEE RF exposure guidelines including “to provide a strong and credible rationale to support RF exposure guidelines”. In particular, the RFIAWG criticized the existing standards as not taking into account chronic, as opposed to acute exposures, modulated or pulsed radiation (digital or pulsed RF is proposed at this site), time-averaged measurements that may erase the unique characteristics of an intensity-modulated RF radiation that may be responsible for reported biologic effects, and stated the need for a comprehensive review of long-term, low-level exposure studies, neurological-behavioral effects and micronucleus assay studies (showing genetic damage from low-level RF).

The existing federal standards may not be protective of public health in critical areas. The areas of improvement where changes are needed include: a) selection of an adverse effect level for chronic exposures not based on tissue heating and considering modulation effects; b) recognition of different safety criteria for acute and chronic exposures at non-thermal or low-intensity levels; c) recognition of deficiencies in using time-averaged measurements of RF that does not differentiate between intensity-modulated RF and continuous wave (CW) exposure, and *therefore may not adequately protect the public.*

As of 2007, requests to the RFIAWG on whether these issues have been satisfactorily resolved in the new 2006 IEEE recommendations for RF public safety limits have gone unanswered (BioInitiative Working Group, 2007).

## **United Kingdom - Parliament Independent Expert Group Report (Stewart Report)**

The Parliament of the United Kingdom commissioned a scientific study group to evaluate the evidence for RF health and public safety concerns. In May of 2000, the United Kingdom Independent Expert Group on Mobile Phones issued a report underscoring concern that standards are not protective of public health related to both mobile phone use and exposure to wireless communication antennas.

Conclusions and recommendations from the Stewart Report (for Sir William Stewart) indicated that the Group has some reservation about continued wireless technology expansion without more consideration of planning, zoning and potential public health concerns. Further, the Report acknowledges significant public concern over community siting of mobile phone and other communication antennas in residential areas and near schools and hospitals.

*“Children may be more vulnerable because of their developing nervous system, the greater absorption of energy in the tissue of the head and a longer lifetime of exposure.”*

*“The siting of base stations in residential areas can cause considerable concern and distress. These include schools, residential areas and hospitals.”*

*“ There may be indirect health risks from living near base stations with a need for mobile phone operators to consult the public when installing base stations.”*

*“Monitoring should be especially strict near schools, and that emissions of greatest intensity should not fall within school grounds.”*

*“The report recommends “a register of occupationally exposed workers be established and that cancer risks and mortality should be examined to determine whether there are any harmful effects.”*  
(IEGMP, 2000)

## **Food and Drug Administration (US FDA)**

The Food and Drug Administration announced on March 28, 2007 it is contracting with the National Academy of Science to conduct a symposium and issue a report on additional research needs related to possible health effects associated with exposure to radio frequency energy similar to those emitted by wireless communication devices. The National Academy of Sciences will organize an open meeting of national and international experts to discuss the research conducted to date, knowledge gaps, and additional research needed to fill those gaps. The workshop will consider the scientific literature and ongoing research from an international perspective in order to avoid duplication, and in recognition of the international nature of the scientific community and of the wireless industry.

Funding for the project will come from a Cooperative Research and Development Agreement (CRADA) between the Food and Drug Administration's Center for Devices

and Radiological Health and the Cellular Telecommunications and Internet Association (CTIA).

<http://www.fda.gov/cellphones/index.html>

### **National Institutes for Health - National Toxicology Program**

The National Toxicology Program (NTP) is a part of the National Institute for Environmental Health Sciences, National Institutes for Health. Public and agency comment has been solicited on whether to add radiofrequency radiation to its list of substances to be tested by NTP as carcinogens. In February 2000 the FDA made a recommendation to the NPT urging that RF be tested for carcinogenicity ([www.fda.gov.us](http://www.fda.gov.us)). The recommendation is based in part on written testimony stating:

*“ Animal experiments are crucial because meaningful data will not be available from epidemiological studies for many years due to the long latency period between exposure to a carcinogen and the diagnosis of a tumor.*

*“There is currently insufficient scientific basis for concluding either that wireless communication technologies are safe or that they pose a risk to millions of users.”*

*“FCC radiofrequency radiation guidelines are based on protection from acute injury from thermal effects of RF exposure and may not be protective against any non-thermal effects of chronic exposures.”*

In March of 2003, the National Toxicology Program issued a Fact Sheet regarding its toxicology and carcinogenicity testing of radiofrequency/microwave radiation. These studies will evaluate radiofrequency radiation in the cellular frequencies.

*“The existing exposure guidelines are based on protection from acute injury from thermal effects of RF exposure. Current data are insufficient to draw definitive conclusions concerning the adequacy of these guidelines to be protective against any non-thermal effects of chronic exposures. “*

### **US Food and Drug Administration**

In February of 2000, Russell D. Owen, Chief of the Radiation Biology Branch of the Center for Devices and Radiological Health, US Food and Drug Administration (FDA) commented that there is:

*“currently insufficient scientific basis for concluding whether wireless communication technologies pose any health risk.”*

*“Little is known about the possible health effects of repeated or long-term exposures to low level RF of the sort emitted by such devices.”*

*“Some animal studies suggest the possibility for such low-level exposures to increase the risk of cancer...”*

Dr. Owen’s comments are directed to users of cell phones, but the same questions are pertinent for long-term RF exposure to radiofrequency radiation for the larger broadcast transmissions of television, radio and wireless communications (Epidemiology Vol. 1, No. 2 March 2000 Commentary). The Food and Drug Administration signed an agreement (CRADA agreement) to provide funding for immediate research into RF health effects, to be funded by the Cellular Telephone Industry of America. The FDA no longer assures the safety of users. No completion date has been set.

### **National Academy of Sciences - National Research Council**

An Assessment of Non-Lethal Weapons Science and Technology by the Naval Studies Board, Division of Engineering and Physical Sciences (National Academies Press (2002) has produced a report that confirms the existence of non-thermal bioeffects from information transmitted by radiofrequency radiation at low intensities that cannot act by tissue heating (prepublication copy, page 2-13).

In this report, the section on Directed-Energy Non-Lethal Weapons it states that:

*“The first radiofrequency non-lethal weapons, VMADS, is based on a biophysical susceptibility known empirically for decades. More in-depth health effects studies were launched only after the decision was made to develop that capability as a weapon. The heating action of RF signals is well understood and can be the basis for several additional directed-energy weapons. Leap-ahead non-lethal weapons technologies will probably be based on more subtle human/RF interactions in which the signal information within the RF exposure causes an effect other than simply heating: for example, stun, seizure, startle and decreased spontaneous activity. Recent developments in the technology are leading to ultrawideband, very high peak power and ultrashort signal capabilities, suggesting the the phase space to be explored for subtle, uyet potentially effective non-thermal biophysical susceptibilities is vast. Advances will require a dedicated effort to identify useful susceptibilities.”*

Page 2-13 of the prepublication report (emphasis added)

This admission by the Naval Studies Board confirms several critical issues with respect to non-thermal or low-intensity RF exposures. First, it confirms the existence of bioeffects from non-thermal exposure levels of RF. Second, it identifies that some of these non-thermal effects can be weaponized with bioeffects that are incontrovertibly adverse to health (stun, seizure, startle, decreased spontaneous activity). Third, it confirms that there has been knowledge for decades about the susceptibility of human beings to non-thermal levels of RF exposure. Fourth, it provides confirmation of the concept that radiofrequency interacts with humans based on the RF information content (signal information) rather than heating, so it can occur at subtle energy levels, not at high levels associated with tissue heating. Finally, the report indicates that a dedicated

scientific research effort is needed to really understand and refine non-thermal RF as a weapon, but it is promising enough for continued federal funding.

### **The IEEE (United States)**

#### IEEE ICES SCC-28 SC-4 Subcommittee (Radiofrequency/Microwave Radiation)

Members of the ICES SCC-28 SC-4 committee presented their views and justifications in a Supplement to the Bioelectromagnetics Journal (2003). It offers a window into the thinking that continues to support thermal-only risks, and on which the current United States IEEE recommendations have been made. The United States Federal Communications Commission (FCC) has historically based its federally-mandated public and occupational exposure standards on the recommendations of the IEEE.

#### Radiofrequency/Microwave Radiation

IEEE's original biological benchmark for setting human exposure standards (on which most contemporary human standards are based) is disruption of food-motivated learned behavior in subject animals. For RF, it was based on short, high intensity RF exposures that were sufficient to result in changes in animal behavior.

*“The biological endpoint on which most contemporary standards are based is disruption of food-motivated learned behavior in subject animals. The threshold SAR for behavioral disruption has been found to reliably occur between 3 and 9 W/kg across a number of animal species and frequencies; a whole-body average SAR of 4 W/kg is considered the threshold below which adverse effects would not be expected. To ensure a margin of safety, the threshold SAR is reduced by a safety factor of 10 and 50 to yield basic restrictions of 0.4 W/kg and 0.08 W/kg for exposures in controlled (occupational) and uncontrolled (public) environments, respectively.” (Osepchuk and Petersen, 2003).*

The development of public exposure standards for RF is thus based on acute, but not chronic exposures, fails to take into account intermittent exposures, fails to consider special impacts of pulsed RF and ELF-modulated RF, and fails to take into account bioeffects from long-term, low-intensity exposures that may lead to adverse health impacts over time.

### **BEMS Supplement 6 (Journal of the Bioelectromagnetics Society)**

BEMS Supplement 6 was prepared in support of the IEEE SC-4 committee RF recommendations. In explaining and defending revised recommendations on RF limits contained within C.95.1, some key members took out space in Bioelectromagnetics (the Journal of the Bioelectromagnetic Society) to present papers ostensibly justifying a relaxation of the existing IEEE RF standards, rather than making the standards more conservative to reflect the emerging scientific evidence for both bioeffects and adverse health impacts.

Several clues are contained in the BEMS Supplement 6 to understand how the SC-4 IEEE C.95 revision working group and the ICES could arrive at a decision to not to recommend tighter limits on RF exposure. Not one but two definitions of “adverse effect” are

described, one by Osepchuk/Petersen (2003) and another by the working group itself (D'Andrea et al, 2003). Both set a very high bar for demonstration of proof, and both are ignored in the final recommendations by the SC-4 Subcommittee.

Second, many of the findings presented in the papers by individual authors in the BEMS Supplement 6 do report that RF exposures are linked to bioeffects and to adverse effects; but these findings are evidently ignored or dismissed by the SC-4 Subcommittee, ICES and by the eventual adoption of these recommendations by the full IEEE membership (in 2006). Even with a very high bar of evidence set by the SC-4 Subcommittee (and two somewhat conflicting definitions of adverse effect against which all scientific papers were reviewed and analyzed); there is clear sign that the “deal was done” regardless of even some of the key Subcommittee member findings reporting such effects at exposure levels below the existing limits.\* sidebar

The SC-4 Subcommittee has developed a new and highly limited definition on RF effects, adverse effects and hazards that is counter to the WHO Constitution Principle on Health. The definition as presented by D'Andrea et al (2003, page S138) is based on the SC-4 IEEE C.95 revision working group definition of adverse effect:

*“An adverse effect is a biological effect characterized by a harmful change in health. For example, such changes can include organic disease, impaired mental function, behavioral disfunction, reduced longevity, and defective or deficient reproduction. Adverse effects do not include: biological effects without detrimental health effect, changes in subjective feelings of well-being that are a result of anxiety about RF effects or impacts of RF infrastructure that are not related to RF emissions, or indirect effects caused by electromagnetic interference with electronic devices. An adverse effects exposure level is the condition or set of conditions under which an electric, magnetic or electromagnetic field has an adverse effect.”*

Further, the working group extended its definition to include that of Michaelson and Lin (1987) which states:

*“If an effect is of such an intense nature that it compromises the individual’s ability to function properly or overcomes the recovery capability of the individual, then the ‘effect’ may be considered a hazard. In any discussion of the potential for ‘biological effects’ from exposure to electromagnetic energies we must first determine whether any ‘effect’ can be shown; and then determine whether such an observed ‘effect’ is hazardous.”*

The definition of adverse effect according to Osepchuk and Petersen (2003) reported in the same BEMS Supplement 6 is:

*“An adverse biological response is considered any biochemical change, functional impairment, or pathological lesion that could impair performance and reduce the ability of an organism to respond to additional challenge. Adverse biological responses should be distinguished from biological responses in general, which could be adaptive or compensatory, harmful, or beneficial. “*

In contrast, the World Health Organization draft framework has accepted definitions of bioeffect, adverse health effect and hazard (WHO EMF Program Framework for Developing EMF Standards, Draft, October 2003). These definitions are not subject to the whim of organizations preparing public exposure standard recommendations. The WHO definition states that:

“(A)nnoyance or discomforts caused by EMF exposure may not be pathological per se, but, if substantiated, can affect the physical and mental well-being of a person and the resultant effect may be considered as an adverse health effect. A health effect is thus defined as a biological effect that is detrimental to health or well-being. According to the WHO Constitution, health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

The SC-4 definitions require proof that RF has caused organic disease or other cited effects that qualify. The burden of proof is ultimately shifted to the public, that bears the burden of unacknowledged health effects and diseases, where the only remedy is proof of illness over a large population of affected individuals, over a significant amount of time, and finally, delays until revisions of the standards can be implemented. The results of studies and reviews in the BEMS Supplement 6 already acknowledge the existence of bioeffects and adverse effects that occur at non-thermal exposure levels (below current FCC and ICNIRP standards that are supposedly protective of public health. However, they go on to ignore their own findings, and posit in advance that adverse effects seen today will, even with chronic exposure, not conclusively reveal disease or dysfunction tomorrow at exposure levels below the existing standards.

**Sidebar: Quotes from BEMS Supplement 6**

- a) Studies and reviews where bioeffects likely to lead to adverse health effects with chronic exposure are reported;
- b) adverse effects which are already documented;
- c) studies where non-thermal RF effects are reported and unexplained;
- d) effects are occurring below current exposure limits, and
- e) conclusions by authors they cannot draw conclusions about hazards to human health

These quotes appear in articles presented by the IEEE SC-4 Subcommittee in BEMS Supplement 6. Despite these acknowledged gaps in information, lack of consistency in studies, abundant conflicting evidence documenting low level RF effects that can resulting serious adverse health impacts (DNA damage, cognitive impairment, neurological deficits, cancer, etc), and other clear instances of denial of ability to predict human health outcomes, the IEEE SC-4 Subcommittee has proposed recommendations to relax the existing limits.

D’Andrea et al., 2003a (Behavioral and Cognitive Effects of Microwave Exposure S39-S62)

*“Reports of change of cognitive function (memory and learning) in humans and laboratory animals are in the scientific literature. Mostly, these are thermally mediated effects, but other low level effects are not so easily explained by thermal mechanisms.” S39 Abstract*  
Elwood in Epidemiological Studies of Radiofrequency Exposures and Human Cancer (S63-S73)

*“Studies are unable to confidently exclude any possibility of increased risk of cancer.” S63 Abstract.*

*“Further research to clarify the situation is justified. Priorities include further studies of leukemia in both adults and children, and of cranial tumors in relationship to mobile phone use.” S63 Abstract*

*“Although the epidemiological evidence in total suggests no increased risk of cancer, the results cannot be unequivocally interpreted in terms of cause and effect.” S63 Abstract*

D’Andrea et al., 2003b (Microwave Effects on the Nervous System S107-S147)

*“Low-level exposures that report alterations of the (blood-brain barrier) BBB remain controversial.” S10 Abstract*

*“Research with isolated brain tissue has provided new results that do not seem to rely on thermal mechanisms.” S107 Abstract*

*“Studies of individuals who are reported to be sensitive to electric and magnetic fields are discussed.” S107 Abstract*

*“In this review of the literature, it is difficult to draw any conclusions concerning hazards to human health.” S107 Abstract*

*“At lower levels of exposure biological effects may still occur but thermal mechanisms are not ruled out.” S107 Abstract*

*“Based on a review of the literature presented here, it is difficult to draw conclusions concerning hazards to human health.” “ At lower levels of exposure, biological effects may still occur but thermal mechanisms are not ruled out.” “ There are too few studies to draw conclusions about the health effects of the low level findings” (on morphological effects of RF on animals).*

*“Other studies report low level effects where thermal mechanisms cannot explain the results.” (effects of MW on neurochemistry).*

*“Additional work is needed to further evaluate the effects of RF exposure on working memory and cognition.” (S138-S139)*

**Conclusions:**

***“Some reports of biological effects that cannot be explained by thermal mechanisms are in the scientific literature. These will require much more research to fully understand the mechanisms involved. Regardless of the mechanism, reports of effects that are at or below current recommended safety guidelines deserve rapid evaluation.” (S140)***

**Proceedings of the NATO Advanced Research Workshop – Mechanisms of the Biological Effect on Extra High Power Pulses (EHPP) and UNESCO/WHO/IUPAB Seminar “Molecular and Cellular Mechanisms of Biological Effects of EMF” held March 2005, Yerevan, Armenia.**

The proceedings conclude that “*the authors agreed with one main conclusion from these meeting(s): that in the future worldwide harmonization of standards have to be based on biological responses, rather than computed values*”. The authors included 47 scientists, engineers, physicians and policy makers from 21 countries from Europe, North and South America, and Asia.

*“The ICNIRP Guidelines for radiofrequency electromagnetic exposure are based only on thermal effects, and completely neglects the possibility of non-thermal effect.”*

*“The guidelines of the International Commission on Non-Ionizing Radiation Protection (ICNIRP) specify the quantitative characteristics of EMF used to specify the basic restrictions are current density, specific absorption rate (SAR) and power density, i.e., the energetic characteristics of EMF. However, experimental data on energy-dependency of biological effects by EMF have shown that the SAR approach, very often, neither adequately describes or explains the real value of EMF-induced biological effects on cells and organisms, for at least two reasons: a) the non-linear character of EMF-induced bioeffects due to the existence of amplitude, frequency and ‘exposure time-windows’ and b) EMF-induced bioeffects significantly depend on physical and chemical composition of the surrounding medium.” (Preface pages XI – XIII).*

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**SECTION 5**

**EVIDENCE FOR EFFECTS ON GENE AND PROTEIN  
EXPRESSION**

**(Transcriptomic and Proteomic Research)**

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**Prepared for the BioInitiative Working Group**

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## I. INTRODUCTION

Daily exposure to electromagnetic fields (EMF), including extremely low frequency magnetic fields (ELF MF) and radiofrequency (RF) EMF, in the environment has raised public concerns about whether they have harmful consequences on human health. Several epidemiological studies suggest that exposure to EMF might associate with an elevated risk of cancer and other diseases in humans (reviewed in [Feychting et al., 2005]). To explain and/or support epidemiological observations, many laboratory studies have been conducted, but the results were controversial and no clear conclusion could be drawn to assess EMF health risk.

It is reasoned that one of the priorities in EMF research is to elucidate the biological effects of EMF exposure and the underlining mechanisms of action. Gene and protein are key players in organisms, and it has been assumed that any biological impact of EMF must be mediated by alterations in gene and protein expression [Phillips et al., 1992; Wei et al., 1990]. For example, heat shock protein, c-myc, and c-jun have been identified as EMF responsive genes and/or proteins in certain biological systems. In order to reveal the global effects of EMF on gene and protein expression, transcriptomics and proteomics, as high-throughput screening techniques (HTSTs), were eventually employed in EMF research with an intention to screen potential EMF-responsive genes and/or proteins without any bias. In 2005, WHO organized a Workshop on Application of Proteomics and Transcriptomics in EMF Research in Helsinki, Finland to discuss the related problems and solutions in this field [Leszczynski 2006; Leszczynski and Meltz 2006]. Later the journal *Proteomics* published a special issue devoted to the application of proteomics and transcriptomics to EMF research. This review aims to summarize the current research progress and discuss the applicability of HTSTs in the field.

## II. ELF MF

### II A. TRANSCRIPTOMICS

Binninger and Ungvichian firstly measured purified mRNA levels of total RNA from MF- and sham-exposed yeast cells and reported that the levels of a significant proportion of mRNAs were altered in response to continuous exposure to 20 T 60 Hz MF over a period of approximately 15 cell generations (24 h) [Binninger and Ungvichian 1997]. Unfortunately, no reproducible genes (polypeptides) were identified in this study although the authors consistently found different proportions of transcripts whose abundances were altered in all four replication experiments.

Wu *et al.* have applied differential display reverse transcriptase–polymerase chain reaction (DD-RT-PCR) and Northern blotting to screen MF-responsive gene in Daudi cells. The cells were exposed to 0.8 mT of 50 Hz MF for 24 h. The authors screened out two candidate genes in Daudi cells and one was identified as a MF-responsive gene *ceramide glucosyltransferase*. They further found time-dependent changes in the transcription of *ceramide glucosyltransferase* induced by 0.8 mT MF [Wu et al., 2000]. With the help of DD-RT-PCR, Olivares-Banuelos *et al* reported that exposure to 0.7 mT 60 Hz MF for 7 days, 4 h a day (2 h in the morning and 2 h in the afternoon), changed the global transcription profile of chromaffin cells. Eight RT-PCR products which correspond to six genes were identified, including *phosphoglucomutase-1*, *neurofibromatosis-2 interacting protein*, *microtubule associated protein-2*, *thiamine pyrophosphokinase*, and two hypothetical proteins (RNOR02022103 and ROR01044577). In addition, the authors found that presumed regulatory regions of these genes contained CTCT-clusters [Olivares-Banuelos et al., 2004], which has been identified as an electromagnetic field-responsive DNA element regulating gene expression [Goodman and Blank 2002].

Balcer-Kubiczek *et al.* have applied the two-gel cDNA library screening method (BIGEL) to screen MF-responsive genes, in which the gel arrays contained a total of

960 cDNAs selected at random from the cDNA library. The HL 60 cells were exposed to 2 mT of 60 Hz square wave MF for 24 h. Four candidate genes were shown responsive to the MF exposure, but could not be confirmed by following Northern analysis. Furthermore, the authors found that these four candidates and another four selected genes (*MYC*, *HSP70*, *RAN* and *SOD1*) did not react to either square wave or sine wave 60 Hz MF at 2 mT for 24 h [Balcer-Kubiczek et al., 2000]. However, the cellular responses to square wave and sine wave 60 Hz MF might be different. In order to systematically evaluate the effect of 60 Hz MF on gene expression in HL 60 cells, it is necessary for the authors to screen 60 Hz sine wave MF responsive candidate genes in HL 60 cells with BIGEL method as well, and then, perform validation with Northern blotting for these candidates.

Using cDNA arrays containing 588 cancer-related genes, Loberg *et al.* analyzed gene expression in normal (HME) and transformed (HBL-100) human mammary epithelial cells and human promyelocytic leukemia (HL60) cells after exposure to 60 Hz MF at intensity of 0.01 or 1.0 mT for 24 h. The authors reported that several genes were identified in MF-exposed cells whose expressions were increased by at least two folds or decreased by 50% or more, but no gene was found to be differentially expressed in each of three independent exposures for any cell type, and no relationship between exposure intensity and differential gene expression was found [Loberg et al., 2000].

In order to obtain a more global evaluation, genome-wide microarray screening methods were applied to identify genes responding to ELF MF in certain types of cells. By application of cDNA microarray, Nakasono *et al.* have investigated the effect of 50 Hz MF below 300 mT on gene expression in yeast. The authors reported that several genes were found differentially expressed in yeast cells with medium to low confidence level (CL) after exposure to 10, 150 and 300 mT for 24 h. Among these genes, seven showed a dose-response relationship in the normalized ratio data and three genes showed a reproducible change for all three intensities. They also proposed that these genes should be re-examined by methods with greater sensitivity or by quantitative methods, such as real-time PCR. On the other hand, no high-confidence expression

changes were observed for genes that are involved in heat-shock response, DNA repair, respiration, protein synthesis, or cell cycle. Thus, they concluded that 50 Hz MF up to 300 mT did not appear to affect gene expression linked to either defined cell processes stated above or unknown cell responses in investigated model eukaryotic cells [Nakasono et al., 2003]. Unfortunately, only single experiment for array analysis was performed in this study.

Recently, a similar study was conducted by Luceri *et al.* to investigate the global gene response to 50 Hz MF in human lymphocytes and yeast cells. These two types of cells were exposed to MF at intensity of 100  $\mu$ T, 10  $\mu$ T and 1  $\mu$ T for 18 h. As a result, in lymphocytes, one gene was found down-regulated at 100  $\mu$ T, one down-regulated gene and two up-regulated genes were screened out at 10  $\mu$ T, and no gene was detected changed at 1  $\mu$ T. As to the yeast cells, the results showed 2, 15 and 2 genes as differentially expressed (mainly down-regulated) after exposure to 100, 10 and 1  $\mu$ T, respectively, in which SPS100 gene was consistently up-regulated after exposure to 50 Hz MF at all three intensities. But no genes were found differentially expressed when the authors analyzed the data by other statistical methods. Thus, the authors concluded that 50 Hz MF did not affect gene expression in these two types of cells and the variations of a few genes mentioned above could be due to experimental noise [Luceri et al., 2005]. However, it is necessary to examine the candidates, especially the SPS100 gene, to validate whether they were real “un-responsive” genes.

In Henderson’s report, human umbilical vein endothelial cells (HUVEC) were exposed to various patterns and intensities of 50 Hz MF, including continuous exposure at a two intensities (10 and 700  $\mu$ T), intermittent exposure (60 min on/ 30 min off) at a single intensity (700  $\mu$ T), and continuous exposure to a variable-intensity fields (10-30  $\mu$ T). The transcriptional response of the cells was investigated using oligonucleotide microarrays containing up to 30, 000 unique features. Although different genes were identified where their expressions appeared to be affected by exposure to MF in individual experiments, none of these genes were regulated in the same manner in

subsequent repetition experiments [Henderson et al., 2006].

Antonini *et al* reported that intermittent exposure (5 min on/5 min off) to 50 Hz MF at flux densities of 2 mT for 16 h could change gene expression in human neuroblastoma cell line SH-SY5Y by application of whole-genome Human Unigene RZPD-2 cDNA array which contains about 75, 000 cDNA clones. Several genes were found down- or up-regulated at least five-fold after ELF MF exposure and the authors concluded that SH-SY5Y cells were sensitive to ELF MF [Antonini et al., 2006]. However, no reports indicated that these differentially expressed genes were confirmed by other methods.

Lupke *et al* investigated the effect of ELF MF on gene expression profiling in human umbilical cord blood-derived monocytes using the same Unigene RZPD-2. The results indicated that 0.1 mT 50 Hz MF exposure for 45 minutes altered the expressions of 986 genes involved in metabolism, cellular physiological processes, signal transduction, and immune response, among them, five genes were significantly regulated. Furthermore, the authors analyzed several genes by real-time RT-PCR and one ELF MF candidate responsive gene IL15RA was confirmed. However, this study only did single array analysis for pooling sample from 78 donors and two independent real-time RT-PCR analyses for samples from 5 and 6 different donors. The authors did not report the examinations of other candidates with real-time RT-PCR analysis [Lupke et al., 2006].

## II B. PROTEOMICS

Nakasono *et al.* has investigated the effects of protein expression in model system such as *Escherichia coli* and *Saccharomyces cerevisiae* using two dimensional gels electrophoresis (2-DE) method. When the bacterial cells were exposed to each MF at 5-100 Hz under aerobic conditions (6.5 h) or at 50 Hz under anaerobic conditions (16 h) at the maximum intensity (7.8 to 14 mT), no reproducible changes were observed in the 2D gels. However, the stress-sensitive proteins did respond to most stress factors, including temperature change, chemical compounds, heavy metals, and nutrients. The authors concluded that the high-intensity ELF MF (14 mT at power frequency) did not act as a general stress factor [Nakasono and Saiki 2000]. When using *Saccharomyces cerevisiae* as a model system, Nakasono *et al.* reported that no reproducible changes in the 2D gels were observed in yeast cells after exposure to 50 Hz MF at the intensity up to 300 mT for 24 h [Nakasono et al., 2003]. In this study, only three sets of gels from three independent experiments were analyzed.

Li *et al.* have performed a proteomics approach to investigate the changes of protein expression profile induced by ELF MF in human breast cancer cell line MCF-7. With help of 2-DE and data analysis on nine gels for each group, 44 differentially expressed protein spots were screened in MCF-7 cells after exposure to 0.4 mT 50 Hz MF for 24 h. Three proteins were identified by LC-IT Tandem MS as RNA binding protein regulatory subunit, proteasome subunit beta type 7 precursor, and translationally controlled tumor protein, respectively [Li et al 2005]. Further investigations, such as Western blotting, are required to confirm these ELF responsive candidate proteins.

Using 2-D Fluorescence Difference Gel Electrophoresis (2-D DIGE) technology and MS in a blind study, Sinclair *et al* have investigated the effects of ELF MF on the proteomes of wild type *Schizosaccharomyces pombe* and a Sty1p deletion mutant which displays increased sensitivity to a variety of cellular stresses. The yeast cells were exposed to 50 Hz EMF at field strength of 1 mT for 60 min. While this study

identified a number of protein isoforms that displayed significant differential expressions across experimental conditions, there was no correlation between their patterns of expression and the ELF MF exposure regimen. The authors concluded that there were no significant effects of ELF MF on the yeast proteome at the sensitivity afforded by 2D-DIGE. They hypothesized that the proteins identified in the experiments must be sensitive to subtle changes in culture and/or handling conditions. Based on their experience, they suggested to the community that the interpretation of proteomic data in a biological context should be treated with caution [Sinclair et al., 2006].

## II C. SUMMARY

Generally, recent studies on global gene and protein expression responding to ELF MF have been conducted in different biological systems by applications of HTSTs. Only a few studies reported to identify ELF MF responsive genes successfully. For example Wu *et al.* identified *ceramide glucosyltransferase* as a MF-responsive gene in Daudi cells [Wu et al., 2000] and Olivares-Banuelos *et al.* identified six ELF MF genes in chromaffin cells [Olivares-Banuelos et al., 2004] with the help of DD-RT-PCR and Northern blotting analysis; by combining cDNA array analysis with real-time RT-PCR confirmation, Lupke *et al.* identified IL15RA as ELF MF responsive genes in human monocytes [Lupke et al., 2006]. Although many transcriptome and proteome analysis showed that ELF MF exposure could change gene and/or protein expression in certain cell types [Antonini et al., 2006; Binniger and Ungvichian 1997; Li et al., 2005], there are lack of confirmation to determine if they are real ELF MF responsive genes or proteins. Therefore, it is a priority to conduct confirmation experiments to demonstrate the author's findings.

As to those negative reports, few or no genes and proteins were found significantly changed according to their statistical analysis and screening standards. But these few genes and proteins were neither reproducible [Henderson et al., 2006; Nakasono et al.,

2003; Sinclair et al., 2006] nor confirmed by other methods [Balcer-Kubiczek et al., 2000], and the changes were not related to ELF MF exposure [Loberg et al., 2000; Luceri et al., 2005; Nakasono et al., 2003]. Therefore, these studies are also needed to be replicated or verified.

### **III. RF EMF**

#### **III A. TRANSCRIPTOMICS**

In an initial study utilizing membrane-based cDNA microarray, Harvey and French studied the effects of 864.3 MHz (CW) on HMC-1 human monocytes. The exposure was carefully controlled and averaged at an SAR of 7 W/kg, almost double the exposure level of established adverse effects. Three 20 min exposures were performed at 4-h intervals daily for 7 days. cDNA microarray analyses revealed consistent alterations in steady-state mRNA levels of 3 of the 558 genes represented on the membranes including one proto-oncogene *c-kit* (increased), one apoptosis-associated gene *DAD-1* (decreased) and one potential tumor suppressor gene *NDPK* (decreased) [Harvey and French 1999]. However, there were considerable variabilities between the two experiments reported and the fold change of each differentially expressed gene was small (< 1.5 folds). Meanwhile, the authors did not use other methods to confirm the results.

Pacini *et al.* investigated the effect of gene expression in human skin fibroblasts by using cDNA arrays including 82 genes, and reported that exposure to GSM 902.4 MHz RF EMF at an average SAR of 0.6 W/kg for 1 h increased the expression of 14 genes which function in mitogenic signal transduction, cell growth and apoptosis controlling. The authors further demonstrated a significant increase in DNA synthesis and intracellular mitogenic second messenger formation which were matched the high expression of MAP kinase family genes [Pacini et al., 2002]. The authors suggested that the RF EMF exposure has significant biological effects on human skin fibroblasts.

However, only one experiment was performed in array analysis and no more experiment was made by the authors to confirm the array analysis result.

With help of cDNA microarray, Leszczynski *et al.* reported that exposure to GSM 900 MHz RF EMF at an average SAR of 2.4 W/kg for 1 h changed expression of 3600 genes, including down-regulated genes involved in forming the Fas/TNF $\alpha$  apoptotic pathway in human endothelial cell line EA.hy926 [Leszczynski *et al.*, 2004]. The authors performed three separate experiments in array analysis, but no confirmation experiments were conducted to validate the array analysis result. Recently, Leszczynski group compared the global gene response of two human endothelial cells, EA.hy926 and its variant EA.hy926v1 to RF EMF and reported that the same genes were differently affected by the exposure to GSM 900 MHz RF EMF at an average SAR of 2.8 W/kg for 1 h in each of the cell lines [Nylund and Leszczynski 2006]. Similarly, no reports indicated that the differentially expressed genes in this study were confirmed by other methods.

Lee *et al.* used the serial analysis of gene expression (SAGE) method to measure the RF EMF effect on genome scale gene expression in HL 60 cells. The cells were exposed to 2.45 GHz RF EMF at an average SAR of 10 W/kg for 2 h and 6 h. The authors observed that 221 genes and 759 genes altered their expression after 2 h exposure and 6 h exposure respectively. Functional classification of the affected genes revealed that apoptosis-related genes were among the up-regulated ones and the cell cycle genes among the down-regulated ones, but no significant increase in the expression of heat shock genes were found [Lee *et al.*, 2005]. However, the SAGE experiment was repeated only once and only one control with 2 h sham exposure was used. No confirmation experiment was reported to validate these differentially expressed genes.

Huang *et al.* investigated the effect of 1763 MHz RF EMF on gene expression in Jurkat cells by Applied Biosystems 1700 full genome expression microarray. The authors

found that 68 genes were differentially expressed in the cells after exposure to RF EMF at SAR of 10 W/kg for 1 h and harvested immediately or after 5 h [Huang et al., 2006]. The authors repeated sets of experiment five times to collect biological triplicates in every sample but the differentially expressed genes were not confirmed by other methods.

Whitehead *et al.* have performed *in vitro* experiments with C3H 10T(1/2) mouse cells to determine whether Frequency Division Multiple Access (FDMA) or Code Division Multiple Access (CDMA) modulated RF radiations can induce changes in gene expression using the Affymetrix U74Av2 GeneChip. The GenesChip data showed the number of probe sets with an expression change greater than 1.3-fold was less than or equal to the expected number of false positives in C3H 10T(1/2) mouse cells after 835.62 MHz FDMA or 847.74 MHz CDMA modulated RF EMF exposure at SAR of 5 W/kg for 24 h. The authors concluded that the 24 h exposures to FDMA or CDMA RF radiation at 5 W/kg had no statistically significant effect on gene expression [Whitehead et al., 2006a; Whitehead et al., 2006b]. However, the authors did not demonstrate that these differentially expressed genes were real “false positive” with other methods.

In Gurisik’s report, human neuroblastoma cells (SK-N-SH) were exposed to GSM 900 MHz RF signal at SAR of 0.2 W/kg for 2 h and recovered without field for 2 h post-exposure. Gene expression were examined by Affymetrix Human Focus Gene Arrays including 8400 genes and followed by real-time RT-PCR of the genes of interest. Only six genes were found to be slightly down-regulated in response to RF exposure comparing with mock-exposed cells. Furthermore, these genes can not be confirmed by real-time RT-PCR analysis. Thus, the authors concluded that the RF EMF exposure applied in this study could not change gene expression in SK-N-SH cells [Gurisik et al., 2006]. However, the array analysis experiment was repeated only once and only one array for exposure or sham exposure group.

Qutob *et al* have assessed the ability of exposure to a 1.9 GHz pulse-modulated RF field

to affect global gene expression in U87MG glioblastoma cells by application of Agilent Human 1A (v1) oligonucleotide 22K microarray slides. The U87MG cells were exposed to 1.9 GHz pulse-modulated (50 Hz, 1/3 duty cycle) RF field at an average SAR of 0.1, 1.0 and 10.0 W/kg for 4 hours, and incubated for an additional 6 hours. The authors found no evidence that exposure to RF fields under different exposure conditions can affect gene expression in cultured U87MG cells. In this paper, the authors performed five experiments, each containing a single replicate and some of genes were confirmed as real “un-effected genes” [Qutob et al., 2006].

Zeng *et al.* have investigated gene expression profile in MCF-7 after exposing to GSM 1800 MHz RF EMF using Affymetrix Genechip U133A. The result showed that no gene with 100% consistency change were found in MCF-7 cells after intermittent exposure (5 min on/ 10 min off) to RF EMF at an average SAR of 2.0 W/kg for 24 h while five genes with 100% consistency change were found in MCF-7 at same exposure conditions but at SAR of 3.5 W/kg. However, these five differentially transcribed genes could not be further confirmed by real-time RT-PCR assay. Thus, this study did not provide evidence that RF EMF exposure can produce distinct effects on gene expression in the MCF-7 cells [Zeng et al., 2006].

Remondini *et al.* have investigated the effect of RF EMF on gene expression profile in six different cell lines or primary cells, and found various types of cell reacted differently in RF EMF exposure). RF EMF exposure changed gene expression in 900 MHz-exposed EA.hy926 endothelial cells (22 up-regulations, ten down-regulations), 900 MHz-exposed U937 lymphoblastoma cells (32 up-regulations, two down-regulations), and 1800 MHz-exposed HL-60 leukemia cells (11 up-regulations, one down-regulation) while NB69 neuroblastoma cells, T-lymphocytes, and CHME5 microglial cells did not show significant changes in gene expression. The authors concluded that there were alterations in gene expression in some human cells types exposed to RF-EMF but these changes depended on the type of cells and RF-EMF signal [Remondini et al., 2006]. However, these RF responsive candidate genes in

different types of cells were not confirmed yet.

Very recently, Zhao *et al.* have investigated the effects of RF EMF on gene expression of *in vitro* cultured rat neuron with Affymetrix Rat Neurobiology U34 array. Among 1200 candidate genes, 24 up-regulated genes and 10 down-regulated genes were identified after 24-h intermittent exposure (5 min on/ 10 min off) at an average SAR of 2.0 W/kg, which are associated with multiple cellular functions. The changes of most of genes were successfully validated by real-time RT-PCR, including genes involved in cytoskeleton, signal transduction pathway, metabolism [Zhao et al., 2007].

Belyaev et al. analyzed gene expression profile in RF exposed animals. Rats were exposed or sham exposed to GSM 915 MHz at whole body average SAR of 0.4 mW/g for 2 h and total RNA was extracted from cerebellum. Gene expression profiles were obtained by Affymetrix U34 GeneChips representing 8800 rat genes and analyzed with the Affymetrix Microarray Suite (MAS) 5.0 software. The results showed that 11 genes were up-regulated in a range of 1.34-2.74 folds and one gene was down-regulated 0.48-fold. The induced genes encode proteins with diverse functions including neurotransmitter regulation, blood-brain barrier (BBB), and melatonin production [Belyaev et al., 2006]. In this study, triplicate arrays were applied for three exposed samples or three sham exposed samples. But the differentially expressed genes were not confirmed by other methods.

### **III B . PROTEOMICS**

Leszczynski *et al.* have provided perhaps some of the most relevant *in vitro* data by studying the effects of GSM 900 MHz RF EMF exposure [Leszczynski et al., 2002; Nylund and Leszczynski 2004; Nylund and Leszczynski 2006]. Firstly, the EA.hy926 cells were exposed to RF EMF at SAR of 2.0 W/kg over a one-hour period and the data indicated the RF exposure changed protein expression at a proteome scale, and up-regulated the level of HSP 27 protein and induced its hyper-phosphorylation. The

activation of p38 mitogen activated kinase (MAPK) was partially responsible for the phosphorylation of the HSP. They confirmed HSP27 protein expression, phosphorylation and cellular distribution by independent protein analytical techniques including western blotting and indirect immunofluorescence [Leszczynski et al., 2002]. Secondly, the group screened 38 proteins with statistically significantly altered expression in the same cell line after GSM 900 MHz exposure at SAR of 2.4 W/kg for 1 h. An isoform of vimentin was confirmed as a responsive protein by Western blotting and indirect immunofluorescence. The authors concluded that the cytoskeleton might be one of the mobile phone radiation-responding cytoplasmic structures [Nylund and Leszczynski 2004]. Furthermore, they compared *in vitro* response to GSM 900 MHz RF EMF in EA.hy926 with its variant EA.hy926v1 by examination of protein expression using 2-DE. The results showed protein expression profiles were altered in both examined cell lines after RF EMF exposure. However, the affected proteins were differently in each of the cell lines, 38 and 45 differentially expressed proteins were found in EA.hy926 and EA.hy926v1 respectively. Several differentially expressed proteins in EA.hy926 cells were confirmed by other methods, but no differentially expressed protein in EA.hy926v1 cells was confirmed. Base on the transcriptome and proteome analysis data, the authors concluded that the response might be genome- and proteome-dependent [Nylund and Leszczynski 2006]. One thing should be mentioned that all the 2-DE analyses in Leszczynski group reports were replicated ten times.

Zeng *et al.* systematically explored the effects of 1800 MHz RF EMF on protein expression in MCF-7 cells by 2-DE, and revealed that a few but different proteins were differentially expressed under continuous or intermittent RF EMF exposure at SAR of 3.5 W/kg for 24 h or less, implying that the observed effects might have occurred by chance. By combination with the transcriptomics analysis data, this study did not provide convincing evidence that RF EMF exposure could produce distinct effects on gene and protein expression in the MCF-7 cells. The authors supposed that the MCF-7 cells may be less sensitive to RF EMF exposure [Zeng et al., 2006]. However, in this study, only triplicate gels were performed in each exposure condition experiment.

### III C . SUMMARY

The effects of RF EMF on global gene and protein expression have been investigated in different biological systems, and most of studies were focused on the mobile phone utilization frequency (800-2000 MHz) at relative low exposure density ( average SAR near 2.0 W/kg). Some studies reported negative results of RF EMF exposure on gene expression. For example, Whitehead *et al.* did not find differentially expressed genes in RF exposed C3H 10T(1/2) mouse cells [Whitehead et al., 2006a; Whitehead et al., 2006b]. Remondini *et al.* reported that NB69 cells, T lymphocytes, and CHME5 cells did not show significant changes in gene expression after RF EMF exposure [Remondini et al., 2006]. In Gurisik *et al.* [Gurisik et al., 2006]and Zeng *et al.* [Zeng et al., 2006]study, although they screened out several RF EMF-responsive candidate genes, they could not confirm these genes by real-time RT-PCR method.

Meanwhile, several groups claimed that RF EMF exposure can change gene and protein expression profile in certain types of cells and identified certain EMF responsive genes and proteins. Only one report found RF EMF exposure changed gene expression profile in neurons and most of changed genes were confirmed by real-time RT-PCR [Zhao et al 2007]. As to proteome analysis, only two groups have analyzed protein expression by proteomic approaches, including 2-DE and Mass Spectrum. Zeng *et al.* systematically explored the effects of 1800 MHz RF EMF on protein expression in MCF-7 cells by 2-DE, and revealed that a few but different proteins were differentially expressed under different exposure conditions, implying that the observed effects might have occurred by chance [Zeng et al., 2006]. However, in this study, only triplicate gels were performed in each exposure condition experiment. In contrast, Leszczynski group identified two RF EMF responsive proteins in EA.hy926 cells, i.e. HSP27 [Leszczynski et al., 2002] and vimentin [Leszczynski et al., 2004] with help of 2-DE and MS analysis. This group further confirmed the expression and cellular distribution of HSP27 and vimentin in RF exposed EA.hey926 cells by other methods including Western blotting and indirect immunofluorescence staining. Furthermore, they reported the changes of these RF EMF molecular targets had

down-stream impact on cell physiology [Leszczynski et al., 2002; Leszczynski et al., 2004].

Generally, it seems that the response of a cell to RF EMF exposure depends on exposure condition, cell type, and/or the cell's genome- and proteome [[Remondini et al., 2006; Nylund and Leszczynski 2006].

#### **IV. Overall Conclusion**

Based on current available literature, it is justified to conclude that EMF exposure can change gene and/or protein expression in certain types of cells, even at intensities lower than ICNIRP recommended values. However, the biological consequences of most of the changed genes/proteins are still unclear, and need to be further explored. Thus, it is not the time point yet to assess the health impact of EMF based on the gene and protein expression data. The IEEE and WHO data bases do not include the majority of ELF studies; they do include the majority of the RF studies.

Currently, controversial data exist in the literature. The EMF research community should pay equal attention to the negative reports as to the positive ones. Not only the positive findings need to be replicated, all the negative ones are also needed to be validated.

It is noteworthy that low intensity EMF is a weak physical stimulus for a cell or organism, and high throughput screening techniques (HTSTs) would sacrifice its sensitivity to ensure its high throughput. It has been recognized there is methodological defects while analyzing weak effect with HTSTs, such as reproducibility and variability. Thus, more experimental replications are needed to reduce the ratio of noise over signal. Meanwhile, confirmation study must be included to assure the validity of the data.



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**SECTION 6**  
**EVIDENCE FOR GENOTOXIC EFFECTS**  
**(RFR AND ELF Genotoxicity)**

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### **Appendix 6-A - Abstracts on Effects of Extremely Low Frequency (ELF) on DNA showing Effect (E) and No Significant Effect (NE)**

## I. Introduction

Toxicity to the genome can lead to a change in cellular functions, cancer, and cell death. A large number of studies have been carried out to investigate the effects of electromagnetic field (EMF) exposure on DNA and chromosomal structures. The single-cell gel electrophoresis (comet assay) has been widely used to determine DNA damages: single and double strand breaks and cross-links. Studies have also been carried out to investigate chromosomal conformation and micronucleus formation in cells after exposure to EMF.

## II. Radiofrequency radiation (RFR) and DNA damage (28 total studies – 14 reported effects (50%) and 14 reported no significant effect (50%))

### II A. DNA studies that reported effects:

The following is a summary of the research data reported in the literature.

Aitken et al. [2005] exposed mice to 900-MHz RFR at a specific absorption rate (SAR) of 0.09 W/kg for 7 days at 12 h per day. DNA damage in caudal epididymal spermatozoa was assessed by quantitative PCR (QPCR) as well as alkaline and pulsed-field gel electrophoresis postexposure. Gel electrophoresis revealed no significant change in single- or double-DNA strand breakage in spermatozoa. However, QPCR revealed statistically significant damage to both the mitochondrial genome ( $p < 0.05$ ) and the nuclear  $\beta$ -globin locus ( $p < 0.01$ ).

Diem et al [2005] exposed human fibroblasts and rat granulosa cells to mobile phone signal (1800 MHz; SAR 1.2 or 2 W/kg; different modulations; during 4, 16 and 24 h; intermittent 5 min on/10min off or continuous). RFR exposure induced DNA single- and double-strand breaks as measured by the comet assay. Effects occurred after 16 h exposure in both cell types and after different mobile-phone modulations. The intermittent exposure showed a stronger effect than continuous exposure.

Gandhi and Anita [2005] reported increases in DNA strand breaks and micronucleation in lymphocytes obtained from cell phone users.

Garaj-Vrhovac et al [1990] reported changes in DNA synthesis and structure in Chinese hamster cells after various durations of exposure to 7.7 GHz field at 30 mW/cm<sup>2</sup>.

Lai and Singh [1995; 1996; 1997a; 2005] and Lai et al. [1997] reported increases in single and double strand DNA breaks in brain cells of rats exposed for 2 hrs to 2450-MHz field at 0.6-1.2 W/kg.

Lixia et al. [2006] reported an increase in DNA damage in human lens epithelial cells at 0 and 30 min after 2 hrs of exposure to 1.8 GHz field at 3 W/kg.

- Markova et al. [2005] reported that GSM signals affected chromatin conformation and gamma-H2AX foci that colocalized in distinct foci with DNA double strand breaks in human lymphocytes.
- Narasimhan and Huh [1991] reported changes in lambda phage DNA suggesting single strand breaks and strand separation.
- Nikolova et al. [2005] reported a low and transient increase in DNA double strand break in mouse embryonic stem cells after acute exposure to 1.7- GHz field.
- Paulraj and Behari [2006] reported an increased in single strand breaks in brain cells of rats after 35 days of exposure to 2.45 and 16.5 GHz fields at 1 and 2.01 W/kg.
- Phillips et al. [1998] found increase and decrease in DNA strand breaks in cells exposure to various forms of cell phone radiation.
- Sun et al. [2006] reported an increase in DNA single strand breaks in human lens epithelial cells after 2 hrs of exposure to 1.8 GHz field at 3 and 4 W/kg. The DNA damages caused by 4 W/kg field were irreversible.
- Zhang et al. [2002] reported that 2450-MHz field at 5 mW/cm<sup>2</sup> did not induce DNA and chromosome damage in human blood cells after 2 hrs of exposure, but could increase DNA damage effect induced by mitomycin-C.
- Zhang et al. [2006] reported that 1800-MHz field at 3.0 W/kg induced DNA damage in Chinese hamster lung cells after 24 hrs of exposure.

## **II B. DNA studies that reported no significant effect:**

- Chang et al. [2005] using the Ames assay found no significant change in mutation frequency in bacteria exposed for 48 hrs at 4W/kg to an 835-MHz CDMA signal.
- Hook et al. [2004] showed that 24-hr exposure of Molt-4 cells to CDMA, FDMA, iDEN or TDMA modulated RF radiation did not significantly alter the level of DNA damage.
- Lagroye et al. [2004a] reported no significant change in DNA strand breaks in brain cells of rats exposed for 2 hrs to 2450-MHz field at 1.2 W/kg.
- Lagroye et al. [2004b] found no significant increases in DNA-DNA and DNA-protein cross-link in C3H10T(1/2) cells after a 2-hr exposure to CW 2450 MHz field at 1.9 W/kg.
- Li et al. [2001] reported no significant change in DNA strand breaks in murine C3H10T(1/2) fibroblasts after 2 hrs of exposure to 847.74 and 835.02 MHz fields at 3-5 W/kg.
- Maes et al. [1993, 1996, 1997, 2000, 2001, 2006] published a series of papers on in vitro genotoxic effects of radiofrequency radiation and interaction with chemicals. Their mostly found no significant effect.
- Malyapa et al. [1997a,b, 1998] reported no significant change in DNA strand-breaks in cells exposed to 2450-Hz and various forms of cell phone radiation. Both in vitro and in vivo experiments were carried out.
- McNamee et al. [2002a,b, 2003] found no significant increase in DNA breaks and micronucleus formation in human leukocytes exposed for 2 hrs to 1.9 GHz field at SAR up to 10 W/kg.

- Sakuma et al. [2006] exposed human glioblastoma A172 cells and normal human IMR-90 fibroblasts from fetal lungs to mobile communication radiation for 2 and 24 hrs. No significant change in DNA strand breaks were observed up to 800 mW/kg.
- Stronati et al. [2006] showed that 24 hrs of exposure to 935-MHz GSM basic signal at 1 or 2 W/Kg did not cause DNA strand breaks in human blood cells.
- Tice et al. [2002] measured DNA single strand breaks in human leukocytes using the comet assay after exposure to various forms of cell phone signals. Cells were exposed at  $37\pm 1^\circ\text{C}$ , for 3 or 24 h at average specific absorption rates (SARs) of 1.0-10.0 W/kg. Exposure for either 3 or 24 h did not induce a significant increase in DNA damage in leukocytes.
- Vershaeve et al. [2006] long-term exposure (2 hrs/day, 5 days/week for 2 years) of rats to 900 MHz GSM signal at 0.3 and 0.9 W/kg did not significantly affect levels of DNA strand breaks in cells.
- Vijayalaximi et al [2000] reported no significant increase in single strand breaks in human lymphocytes after 2 hrs of exposure to 2450-MHz field at 2 W/kg.
- Zeni et al. [2005] reported that a 2-hr exposure to 900-MHz GSM signal at 0.3 and 1 W/kg did not significantly affect levels of DNA strand breaks in human leukocytes.

### **III. Micronucleus studies (29 Total studies: 16 reported effects (55%) and 13 reported no significant effect (45%))**

#### **III A. Micronucleus studies that reported effects:**

- Balode [1996] obtained blood samples from female Latvian Brown cows from a farm close to and in front of the Skrunda Radar and from cows in a control area. Micronuclei in peripheral erythrocytes were significantly higher in the exposed cows.
- Busljeta et al. [2004] exposed male rats to 2.45 GHz RFR fields for 2 hours daily, 7 days a week, at 5-10 mW/cm<sup>2</sup> for up to 30 days. Erythrocyte count, haemoglobin and haematocrit were increased in peripheral blood on irradiation days 8 and 15. Anuclear cells and erythropoietic precursor cells were significantly decreased in the bone marrow on day 15, but micronucleated cells were increased.
- D'Ambrosio et al. [2002] exposed human peripheral blood to 1.748 GHz continuous wave (CW) or phase-modulated wave (GMSK) for 15 min at a maximum specific absorption rate of  $\sim 5$  W/kg. No changes were found in cell proliferation kinetics after exposure to either CW or GMSK fields. Micronucleus frequency result was not affected by CW exposure but a statistically significant increase in micronucleus was found following GMSK exposure.
- Ferreira et al. [2006] found that rat offspring exposed to radiation from a cellular phone during their embryogenesis showed a significant increase in micronucleus frequency.
- Fucic et al. [1992] reported increase in frequencies of micronuclei in the lymphocytes of humans exposed to microwaves.
- Gandhi and Singh [2005] analyzed short term peripheral lymphocyte cultures for chromosomal aberrations and the buccal mucosal cells for micronuclei. They reported an increase in the number of micronucleated buccal cells and cytological abnormalities in cultured lymphocytes.

- Garaj-Vrhovac et al [1992] exposed human whole-blood samples to continuous-wave 7.7 GHz radiation at power density of 0.5, 10 and 30 mW/cm<sup>2</sup> for 10, 30 and 60 min. In all experimental conditions, the frequencies of all types of chromosomal aberrations (dicentric and ring chromosomes) and micronucleus were significantly higher than in the control samples.
- Garaj-Vrhovac et al. [1999] investigated peripheral blood lymphocytes of 12 subjects occupationally exposed to microwave radiation. Results showed an increase in frequency of micronuclei as well as disturbances in the distribution of cells over the first, second and third mitotic division in exposed subjects compared to controls.
- Haider et al. [1994] exposed plant cuttings bearing young flower buds for 30 h on both sides of a slewable curtain antenna (300/500 kW, 40-170 V/m) and 15 m (90 V/m) and 30 m (70 V/m) distant from a vertical cage antenna (100 kW) as well as at the neighbors living near the broadcasting station (200 m, 1-3 V/m). Laboratory controls were maintained for comparison. Higher micronucleus frequencies than in laboratory controls were found for all exposure sites in the immediate vicinity of the antennae,
- Tice et al. [2002] measured micronucleus frequency in human leukocytes using the comet assay after exposure to various forms of cell phone signals. Cells were exposed at 37±1°C, for 3 or 24 h at average specific absorption rates (SARs) of 1.0-10.0 W/kg. Exposure for 3 h did not induce a significant increase in micronucleated lymphocytes. However, exposure to each of the signals for 24 h at an average SAR of 5.0 or 10.0 W/kg resulted in a significant and reproducible increase in the frequency of micronucleated lymphocytes. The magnitude of the response (approximately four fold) was independent of the technology, the presence or absence of voice modulation, and the frequency.
- Trosic et al. [2001] investigated the effect of a 2450-MHz microwave irradiation on alveolar macrophage kinetics and formation of multinucleated giant cells after whole body irradiation of rats at 5-15 mW/cm<sup>2</sup>. A group of experimental animals was divided in four subgroups that received 2, 8, 13 and 22 irradiation treatments of two hours each. The animals were killed on experimental days 1, 8, 16, and 30. Multinucleated cells were significantly increased in treated animals. The increase in number of nuclei per cell was time- and dose-dependent. Macrophages with two nucleoli were more common in animals treated twice or eight times. Polynucleation was frequently observed after 13 or 22 treatments.
- Trosic et al. [2002] exposed adult male Wistar for 2 h a day, 7 days a week for up to 30 days to continuous 2450-MHz microwaves at a power density of 5-10mW/cm<sup>2</sup>. Frequency of micronuclei in polychromatic erythrocytes showed a significant increase in the exposed animals after 2, 8 and 15 days of exposure compared to sham-exposed control.
- Trosic et al. [2004] investigated micronucleus frequency in bone marrow red cells of rats exposed to a 2450-MHz continuous-wave microwaves for 2 h daily, 7 days a week, at a power density of 5-10 mW/cm<sup>2</sup> (whole body SAR 1.25 +/- 0.36 (SE) W/kg). The frequency of micronucleated polychromatic erythrocytes was significantly increased on experimental day 15.
- Trosic et al. [2006] exposed rats 2 h/day, 7 days/week to 2450-MHz microwaves at a whole-body SAR of 1.25 +/- 0.36W/kg. Control animals were included in the study. Bone marrow micronucleus frequency was increased on experimental day 15, and

polychromatic erythrocytes micronucleus frequency in the peripheral blood was increased on day 8.

Zotti-Martelli et al. [2000] exposed human peripheral blood lymphocytes in G(0) phase to electromagnetic fields at different frequencies (2.45 and 7.7 GHz) and power densities (10, 20 and 30 mW/cm<sup>2</sup>) for 15, 30 or 60min. The results showed for both radiation frequencies an induction of micronuclei as compared to control cultures at a power density of 30mW/cm<sup>2</sup> and after an exposure of 30 and 60 min.

Zotti-Martelli et al. [2005] exposed whole blood samples from nine different healthy donors for 60, 120 and 180 min to continuous-wave 1800-MHz microwaves at power densities of 5, 10 and 20 mW/cm<sup>2</sup>. A statistically significant increase of micronucleus in lymphocytes was observed dependent on exposure time and power density. A considerable decrease in spontaneous and induced MN frequencies was measured in a second experiment.

### **III B. Micronucleus studies that reported no significant effects:**

Bisht et al. [2002] exposed C3H 10T<sup>1/2</sup> cells to 847.74 MHz CDMA (3.2 or 4.8 W/kg) or 835.62 MHz FDMA (3.2 or 5.1 W/kg) RFR for 3, 8, 16 or 24 h. No exposure condition was found to result in a significant increase relative to sham-exposed cells either in the percentage of binucleated cells with micronuclei or in the number of micronuclei per 100 binucleated cells.

Juutilainen et al. [2007] found no significant change in micronucleus frequency in erythrocytes of mice after long-term exposure to various mobile phone frequencies.

Koyama et al. [2004] exposed Chinese hamster ovary (CHO)-K1 cells to 2450-MHz microwaves for 2 h at average specific absorption rates (SARs) of 5, 10, 20, 50, 100, and 200 W/kg. Micronucleus frequency in cells exposed at SARs of 100 and 200 W/kg were significantly higher when compared with sham-exposed controls. They speculated that the effect observed was a thermal effect.

Port et al. [2003] reported that exposure of HL-60 cells to EMFs 25 times higher than the ICNIRP reference levels for occupational exposure did not induce any significant changes in apoptosis, micronucleation, abnormal morphologies and gene expression.

Scarfi et al [2006] exposed human peripheral blood lymphocytes to 900 MHz GSM signal at specific absorption rates of 0, 1, 5 and 10 W/kg peak values. No significant change in micronucleus frequency was observed.

Vijayalaximi et al. [1997a] exposed human blood to continuous-wave 2450- MHz microwaves, either continuously for a period of 90 min or intermittently for a total exposure period of 90 min (30 min on and 30 min off, repeated three times). The mean power density at the position of the cells was 5.0 mW/cm<sup>2</sup> and mean specific absorption rate was 12.46 W/kg. There were no significant differences between RFR-exposed and sham-exposed lymphocytes with respect to; (a) mitotic indices; (b) incidence of cells showing chromosome damage; (c) exchange aberrations; (d) acentric fragments; (e) binucleate lymphocytes, and (f) micronuclei.

Vijayalaximi et al. [1997b] exposed C3H/HeJ mice for 20 h/day, 7 days/week, over 18 months to continuous-wave 2450 MHz microwaves at a whole-body average specific absorption rate of 1.0 W/kg. At the end of the 18 months, peripheral blood and bone marrow smears were examined for the extent of genotoxicity as indicated by the

presence of micronuclei in polychromatic erythrocytes. The results indicate that the incidence of micronuclei/1,000 polychromatic erythrocytes was not significantly different between groups exposed to RF radiation and sham-exposed groups.

Vijayalaximi et al. [1999] exposed CF-1 male mice to ultra-wideband electromagnetic radiation (UWBR) for 15 min at an estimated whole-body average specific absorption rate of 37 mW/kg. Peripheral blood and bone marrow smears were examined to determine the extent of genotoxicity, as assessed by the presence of micronuclei (MN) in polychromatic erythrocytes (PCE). There was no evidence for excess genotoxicity in peripheral blood or bone marrow cells of mice exposed to UWBR.

Vijayalaximi et al. [2001a] reported that there was no evidence for the induction of micronuclei in peripheral blood and bone marrow cells of rats exposed for 24h to 2450-MHz continuous-wave microwaves at a whole body average SAR of 12 W/kg.

Vijayalaximi et al. [2001b] reported that there is no evidence for the induction of chromosomal aberrations and micronuclei in human blood lymphocytes exposed in vitro for 24 h to 835.62 MHz RF radiation at SARs of 4.4 or 5.0 W/kg.

Vijayalaximi et al. [2001c] reported no evidence for induction of chromosome aberrations and micronuclei in human blood lymphocytes exposed in vitro for 24 h to 847.74 MHz RF radiation (CDMA) at SARs of 4.9 or 5.5 W/kg.

Vijayalaximi et al. [2003] exposed timed-pregnant Fischer 344 rats (from nineteenth day of gestation) and their nursing offspring (until weaning) to a far-field 1.6 GHz Iridium wireless communication signal for 2 h/day, 7 days/week at power density of 0.43 mW/cm<sup>2</sup> and whole-body average specific absorption rate of 0.036 to 0.077 W/kg (0.10 to 0.22 W/kg in the brain). This was followed by chronic, head-only exposures of male and female offspring to a near-field 1.6 GHz signal for 2 h/day, 5 days/week, over 2 years. Near-field exposures were conducted at an SAR of 0.16 or 1.6 W/kg in the brain. At the end of 2 years, all rats were necropsied. Bone marrow smears were examined for the extent of genotoxicity, assessed from the presence of micronuclei in polychromatic erythrocytes. There was no evidence for excess genotoxicity in rats that were chronically exposed to 1.6 GHz microwaves compared to sham-exposed and cage controls.

Zeni et al. [2003] investigated the induction of micronucleus in human peripheral blood lymphocytes after exposure to electromagnetic fields at various duration of exposure, specific absorption rate (SAR), and signal [continuous-wave (CW) or GSM (Global System of Mobile Communication)-modulated signal]. No statistically significant difference was detected in any case.

#### **IV. Chromosome and genome effects (21 studies total: 13 reported effects (62%) and 8 reported no significant effect (38%))**

##### **IV A. Chromosome and genome studies that reported effects:**

Belyaev et al. [1992] studied the effect of low intensity microwaves on the conformational state of the genome of X-irradiated E. coli cells by the method of viscosity anomalous time dependencies. A power density of 1 microW/cm<sup>2</sup> is sufficient to suppress radiation-induced repair of the genome conformational state.

- Belyaev et al. [1996] studied the effect of millimeter waves on the genome conformational state of *E. coli* AB1157 by the method of anomalous viscosity time dependencies in the frequency range of 51.64-51.85 GHz. Results indicate an electron-conformational interactions.
- Belyaev et al. [2005] investigated response of lymphocytes from healthy subjects and from persons reporting hypersensitivity to microwaves from GSM mobile phone (915 MHz, specific absorption rate 37 mW/kg), and power frequency magnetic field (50 Hz, 15 microT peak value). Changes in chromatin conformation were measured with the method of anomalous viscosity time dependencies (AVTD). Exposure at room temperature to either 915 MHz or 50 Hz resulted in significant condensation of chromatin, shown as AVTD changes, which was similar to the effect of heat shock at 41 degrees C. No significant differences in responses between normal and hypersensitive subjects were detected.
- Belyaev et al. [2006] investigated whether exposure of rat brain to microwaves of global system for mobile communication (GSM) induces DNA breaks, changes in chromatin conformation and in gene expression at a specific absorption rate (SAR) of 0.4 mW/g for 2 h. Data showed that GSM MWs at 915 MHz did not induce DNA double stranded breaks detectable by pulsed-field gel electrophoresis or changes in chromatin conformation, but affected expression of genes in rat brain cells.
- Gadhia et al. [2003] reported a significant increase in dicentric chromosomes in blood cells among mobile users who were smoker–alcoholic as compared to nonsmoker–nonalcoholic; the same held true for controls of both types.
- Garaj-Vrhovac et al. [1990] exposed V79 Chinese hamster cells to continuous-wave 7.7 GHz RFR at power density of 30 mW/cm<sup>2</sup> for 15, 30, and 60 min. Results suggest that the radiation causes changes in the synthesis as well as in the structure of DNA molecules.
- Garaj-Vrhovac et al. [1991] exposed V79 Chinese hamster fibroblast cells to continuous wave 7.7 GHz radiation at power density of 0.5 mW/cm<sup>2</sup> for 15, 30 and 60 min. There was a significantly higher frequency of specific chromosome aberrations such as dicentric and ring chromosomes in irradiated cells.
- Mashevich et al. [2003] found that human peripheral blood lymphocytes exposed to continuous 830-MHz electromagnetic fields (1.6-8.8 W/kg for 72 hr) showed a SAR-dependent chromosome aneuploidy, a major “somatic mutation” leading to genomic instability and thereby to cancer. The aneuploidy was accompanied by an abnormal mode of replication of the chromosome 17 region engaged in segregation (repetitive DNA arrays associated with the centromere), suggesting that epigenetic alterations are involved in the SAR dependent genetic toxicity. The effects were non-thermal.
- Ono et al. (2004) exposed pregnant mice intermittently at a whole-body averaged specific absorption rate of 0.71 W/kg (10 seconds on, 50 seconds off which is 4.3 W/kg during the 10 seconds exposure) for 16 hours a day, from the embryonic age of 0 to 15 days. At 10 weeks of age, mutation frequencies at the lacZ gene in spleen, liver, brain, and testis were examined. Quality of mutation assessed by sequencing the nucleotides of mutant DNAs revealed no appreciable difference between exposed and non-exposed samples.
- Sarimov et al. [2004] reported that exposure to microwaves of 895-915 MHz at 5.4 mW/kg resulted in statistically significant changes in condensation of chromatin in

human lymphocytes. Effects are similar to stress response, differ at various frequencies, and vary among donors.

Sarkar et al. [1994] exposed mice to 2450-MHz microwaves at a power density of 1 mW/cm<sup>2</sup> for 2 h/day over a period of 120, 150 and 200 days. Rearrangement of DNA segments were observed in testis and brain of exposed animals.

Semin et al. [1995] exposed DNA samples at 18°C at 10 different microwave frequencies (4- to 8 GHz, 25 ms pulses, 0.4 to 0.7 mW/cm<sup>2</sup> peak power, 1- to 6-Hz repetition rate, no heating). Irradiation at 3 or 4 Hz and 0.6 mW/cm<sup>2</sup> peak power clearly increased the accumulated damage to the DNA secondary structure ( $P < .00001$ ). However, changing the pulse repetition rate to 1, 5, 6 Hz, as well as changing the peak power to 0.4 or 0.7 mW/cm<sup>2</sup> did not induce significant effect. Thus, the effect occurred only within narrow 'windows' of the peak intensities and modulation frequencies.

Sykes et al. [2001] exposed mice daily for 30 min to plane-wave fields of 900 MHz with a pulse repetition frequency of 217 Hz and a pulse width of 0.6 ms for 1, 5 or 25 days. Three days after the last exposure, spleen sections were screened for DNA inversion events. There was no significant difference between the control and treated groups in the 1- and 5-day exposure groups, but there was a significant reduction in inversions below the spontaneous frequency in the 25-day exposure group. This observation suggests that exposure to RF radiation can lead to a perturbation in recombination frequency which may have implications for recombination repair of DNA.

#### **IV. B. Chromosome and genome studies that reported no significant effects:**

Antonopoulos et al. [1997] found no significant change in cell cycle progression and the frequencies of sister-chromatid exchanges in human lymphocytes exposed to electromagnetic fields of 380, 900 and 1800 MHz.

Ciaravino et al. [1991] reported that RFR did not affect changes in cell progression caused by adriamycin, and the RFR did not change the number of sister chromatid exchanges that were induced by the adriamycin.

Garson et al. [1991] analyzed lymphocytes from Telecom Australia radio-linemen who had all worked with RFR in the range 400 kHz-20 GHz with exposures at or below the Australian occupational limits. There was no significant increase in chromosomal damage in circulating lymphocytes.

Gos et al. [2000] exposed actively growing and resting cells of the yeast *Saccharomyces cerevisiae* to 900-MHz Global System for Mobile Communication (GSM) pulsed modulation format signals at specific absorption rates (SAR) of 0.13 and 1.3 W/kg. They reported no significant effect of the fields on forward mutation rates on the frequency of petite formation, on rates of intrachromosomal deletion formation, or on rates of intragenic recombination in the absence or presence of the genotoxic agent methyl methanesulfonate.

Kerbacher et al (1990) reported that exposure to pulsed 2450-MHz microwaves for 2 h at an SAR of 33.8 W/kg did not significantly cause chromosome aberrations in CHO cells. The radiation also did not interact with Mitomycin C and Adriamycin.

Komatsubara et al. [2005] reported that exposure to 2.45-GHz microwaves for 2 h with up to 100 W/kg SAR CW and an average 100 W/kg PW (a maximum SAR of 900 W/kg) did not induce chromosomal aberrations in mouse m5S cells.

Meltz et al. [1990] reported no significant mutagenic effect of exposure to 2.45-GHz RFR (40 W/kg) alone and interaction with proflavin, a DNA-intercalating drug, in L5178Y mouse leukemic cells.

Roti-Roti et al. [2001] reported no significant effect of exposure to radiofrequency radiation in the cellular phone communication range (835.62 MHz frequency division multiple access, FDMA; 847.74 MHz code division multiple access, CDMA) on neoplastic transformation frequency using the in vitro C3H 10T(1/2) cell transformation assay system.

Takahashi et al. [2002] exposed mice to 1.5 GHz EMF in the head region at 2.0, 0.67, and 0 W/kg specific absorption rate for 90 min/day, 5 days/week, for 4 weeks. No mutagenic effect in mouse brain cells was detected.

## V. Conclusions

From this literature survey, since only 50% of the studies reported effects, it is apparent that there is no consistent pattern that radiofrequency radiation exposure could induce genetic damages/changes in cells and organisms. However, one can conclude that under certain conditions of exposure, radiofrequency radiation is genotoxic. Data available are mainly applicable only to cell phone radiation exposure. Other than the study by Phillips et al [1998], there is no indication that RFR at levels that one can experience in the vicinity of base stations and RF-transmission towers could cause DNA damage.

During cell phone use, a relatively constant mass of tissue in the brain is exposed to the radiation at relatively high intensity (peak SAR of 4 - 8 W/kg). Several studies reported DNA damage at lower than 4 W/kg. This questions the wisdom of the IEEE Committee in using 4 W/kg as the threshold of effect for exposure-standard setting. Furthermore, since critical genetic mutations in one single cell are sufficient to lead to cancer and there are millions of cells in a gram of tissue, it is inconceivable that the base of SAR standard was changed from averaged over 1 gm of tissue to 10 gm. (The limit of localized tissue exposure has been changed from 1.6 W/kg averaged over 1 gm of tissue to 2 W/kg over 10 gm of tissue. Since distribution of radiofrequency energy is non-homogenous inside tissue, this change allows a higher peak level of exposure.) What actually needed is a better refinement of SAR calculation to identify 'peak values' of SAR inside the brain,

Aside from influences that are not directly related to experimentation [Huss et al., 2007], many factors could influence the outcome of an experiment in bioelectromagnetics research.

Any effect of EMF has to depend on the energy absorbed by a biological entity and on how the energy is delivered in space and time. Frequency, intensity, exposure duration, and the number of exposure episodes can affect the response, and these factors can interact with each other to produce different effects. In addition, in order to understand the biological consequence of EMF exposure, one must know whether the effect is cumulative, whether compensatory responses result, and when homeostasis will break down. The contributions of these physical factors are discussed in a talk presented in

Vienna, Austria in 1998. The paper is posted in many websites (e.g., <http://www.wave-guide.org/library/lai.html>).

Thus, differences in outcomes of the research on genotoxic effects of RFR could be explained by the many different exposure conditions used in the studies. An example is the study of Phillips et al. [1998] showing that different cell phone signals could cause different effects on DNA (i.e., an increase in strand breaks with exposure to one type of signal and a decrease with another). This is further complicated by the fact that some of the studies listed above used very poor exposure procedures with very limited documentation of exposure parameters, e.g., using a cell phone to expose cells and even animals. Data from these experiments are questionable.

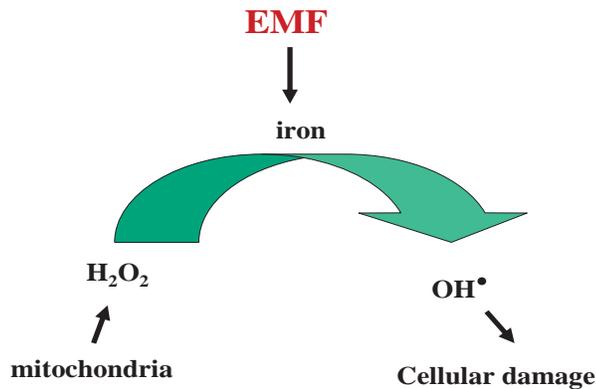
Another source of influence on an experimental outcome is the cell or organism studied. Many different biological systems were used in the genotoxicity studies. Different cell types [Hoyto et al., 2007] and organisms [Anderson et al., 2000; DiCarlo and Litovitz, 1999] may respond differently to EMF.

A few words have to be said on the 'comet assay', since it was used in most of the EMF studies to determine DNA damage. Different versions of the assay have been developed. These versions have different detection sensitivities and can be used to measure different aspects of DNA strand breaks. A comparison of data from experiments using different versions of the assay may be misleading. Another concern is that most of the 'comet assay' studies were carried out by experimenters who had no prior experience on the assay. My experience with the 'comet assay' is that it is a very sensitive assay and requires great care in performing. Thus, different detection sensitivities could result from different experimenters, even following the same procedures. One way to solve this experimental variation problem is for each researcher or laboratory to report their sensitivity of the 'comet assay', e.g., threshold of detecting strand breaks in human lymphocytes exposed to x-rays. This information is generally not available from the EMF-genotoxicity studies. However, in one incidence, an incredibly high sensitivity was even reported [Malyapa et al., 1998], suggesting the inexperience of the researchers on the assay.

A drawback in the interpretation and understanding of experimental data from bioelectromagnetic research is that there is no general acceptable mechanism on how EMF affects biological systems. The mechanism by which RFR causes genetic effect is unknown. Since the energy level is not sufficient to cause direct breakage of chemical bonds within molecules, the effects are probably indirect and secondary to other induced-chemical changes in the cell.

One possibility is via free radical formation inside cells. Free radicals kill cells by damaging macromolecules, such as DNA, protein and membrane. Several reports have indicated that electromagnetic fields (EMF) enhance free radical activity in cells [e.g., Lai and Singh, 1997a, b; 2004; Oral et al., 2006; Simko, 2007], particularly via the Fenton reaction [Lai and Singh, 2004]. The Fenton reaction is a catalytic process of iron

to convert hydrogen peroxides, a product of oxidative respiration in the mitochondria, into hydroxyl free radical, which is a very potent and toxic free radical.



### THE FENTON REACTION

What is interesting that extremely-low frequency EMF has also been shown to cause DNA damage (see the list of papers on ELF EMF and DNA at the end of this chapter). Free radicals have also been implicated in this effect of ELF EMF. This further supports the view that EMF affects DNA via an indirect secondary process, since the energy content of ELF EMF is much lower than that of RFR.

Effects via the Fenton reaction predict how a cell would respond to EMF:

1. Cells that are metabolic active would be more susceptible to the effect because more hydrogen peroxide is generated by the mitochondria to fuel the reaction.
2. Cells that have high level of intracellular free iron would be more vulnerable. Cancer cells and cells undergoing abnormal proliferation have high concentration of free iron because they uptake more iron and have less efficient iron storage regulation. Thus, these cells could be selectively damaged by EMF, and EMF could potentially be used for the treatment of cancer and hyperplasia diseases. The effect could be further enhanced if one could shift anaerobic glycolysis of cancer cells to oxidative glycolysis. There is quite a large database of information on the effects of EMF (mostly in the ELF range) on cancer cells and tumors. The data tend to indicate that EMF could retard tumor growth and kill cancer cells.
3. Since the brain is exposed to rather high levels of EMF during cell phone use, the consequences of EMF-induced genetic damage in brain cells are of particular importance. Brain cells have high level of iron. Special molecular pumps are present on nerve cell nucleus membrane to pump iron into the nucleus. Iron atoms have been found to intercalate within DNA molecules. In addition, nerve cells have a low capability for DNA repair and DNA breaks could accumulate. Another concern is the presence of superparamagnetic iron-particles (magnetites) in body tissues,

particularly in the brain. These particles could enhance free radical activity in cells and cellular-damaging effects of EMF. These factors make nerve cells more vulnerable to EMF. Thus, the effect of EMF on DNA could conceivably be more significant on nerve cells than on other cell types of the body. Since nerve cells do not divide and are not likely to become cancerous, more likely consequences of DNA damage in nerve cells are changes in functions and cell death, which could either lead to or accelerate the development of neurodegenerative diseases. Double strand breaks, if not properly repaired, are known to lead to cell death. Cumulative DNA damage in nerve cells of the brain has been associated with neurodegenerative diseases, such as Alzheimer's, Huntington's, and Parkinson's diseases. However, another type of brain cells, the glial cells, can become cancerous, resulting from DNA damage. The question is whether the damaged cells would develop into tumors before they are killed by EMF due to over accumulation of genetic damages. The outcome depends on the interplay of these different physical and biological factors: an increase, decrease, or no significant change in cancer risk could result.

4. On the other hand, cells with high antioxidant potentials would be less susceptible to EMF. These include the amount of antioxidants and anti-oxidative enzymes in the cells. Furthermore, the effect of free radicals could depend on the nutritional status of an individual, e.g., availability of dietary antioxidants, consumption of alcohol, and amount of food consumption. Various life conditions, such as psychological stress and strenuous physical exercise, have been shown to increase oxidative stress and enhance the effect of free radicals in the body. Thus, one can also speculate that some individuals may be more susceptible to the effects of EMF exposure.

More research has to be carried out to prove the involvement of the free radicals in the biological effects of EMF. However, the Fenton reaction obviously can only explain some the genetic effects observed. For example, RF- and ELF EMF-induced DNA damages have been reported in normal lymphocytes, which contain a very low concentration of intracellular free iron.

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**APPENDIX 6-A****Abstracts on Effects of Extremely Low Frequency (ELF) EMF on DNA**

27 (E)- effect reported; 14 (NE)- no significant effect reported

**Ahuja YR, Vijayashree B, Saran R, Jayashri EL, Manoranjani JK, Bhargava SC. In vitro effects of low-level, low-frequency electromagnetic fields on DNA damage in human leucocytes by comet assay. Indian J Biochem Biophys. 36(5):318-322, 1999. (E)**

The sources for the effects of electromagnetic fields (EMFs) have been traced to time-varying as well as steady electric and magnetic fields, both at low and high to ultra high frequencies. Of these, the effects of low-frequency (50/60 HZ) magnetic fields, directly related to time-varying currents, are of particular interest as exposure to some fields may be commonly experienced. In the present study, investigations have been carried out at low-level (mT) and low-frequency (50 Hz) electromagnetic fields in healthy human volunteers. Their peripheral blood samples were exposed to 5 doses of electromagnetic fields (2,3,5,7 and 10mT at 50 Hz) and analysed by comet assay. The results were compared to those obtained from unexposed samples from the same subjects. 50 cells per treatment per individual were scored for comet-tail length which is an estimate of DNA damage. Data from observations among males were pooled for each flux density for analysis. At each flux density, with one exception, there was a significant increase in the DNA damage from the control value. When compared with a similar study on females carried out by us earlier, the DNA damage level was significantly higher in the females as compared to the males for each flux density.

**Cantoni O, Sestili P, Fiorani M, Dacha M. Effect of 50 Hz sinusoidal electric and/or magnetic fields on the rate of repair of DNA single strand breaks in cultured mammalian cells exposed to three different carcinogens: methylmethane sulphonate, chromate and 254 nm U.V. radiation. Biochem Mol Biol Int. 38(3):527-533, 1996. (NE)**

Treatment of cultured mammalian cells with three different carcinogens, namely methylmethane sulphonate (MMS), chromate and 254 U.V. radiation, produces DNA single strand breaks (SSB) in cultured mammalian cells. The rate of removal of these lesions is not affected by exposure to 50 Hz electric (0.2 - 20 kV/m), magnetic (0.0002-0.2 mT), or combined electric and magnetic fields. These results indicate that, under the experimental conditions utilized in this study, 50 Hz electric, magnetic and electromagnetic fields (over a wide range of intensities) do not affect the machinery involved in the repair of DNA SSBs generated by different carcinogens in three different cultured mammalian cell lines, making it unlikely that field exposure enhances the ability of these carcinogens to induce transformation via inhibition of DNA repair.

**Chahal R, Craig DQ, Pinney RJ. Investigation of potential genotoxic effects of low frequency electromagnetic fields on Escherichia coli.** *J Pharm Pharmacol.* 45(1):30-33, 1993. (NE)

Exposure of growing cells of *Escherichia coli* strain AB1157 to a frequency of 1 Hz with field strengths of 1 or 3 kV m<sup>-1</sup> did not affect spontaneous or ultraviolet light (UV)-induced mutation frequencies to rifampicin resistance. Neither did growth in the presence of charge alter the sensitivities of strains AB1157, TK702 umuC or TK501 umuC uvrB to UV. Similarly, although the resistance of strains TK702 umuC and TK501 umuC uvrB to UV was increased by the presence of plasmid pKM101, which carries DNA repair genes, pregrowth of plasmid-containing strains in electric fields did not increase UV resistance. Finally, growth in a low frequency field in the presence of sub-inhibitory concentrations of mitomycin C did not affect mitomycin C-induced mutation frequencies. It is concluded that low frequency electromagnetic fields do not increase spontaneous mutation, induce DNA repair or increase the mutagenic effects of UV or mitomycin C.

**Chow K, Tung WL Magnetic field exposure enhances DNA repair through the induction of DnaK/J synthesis.** *FEBS Lett.* 478(1-2):133-136, 2000. (E)

In contrast to the common impression that exposure to a magnetic field of low frequency causes mutations to organisms, we have demonstrated that a magnetic field can actually enhance the efficiency of DNA repair. Using *Escherichia coli* strain XL-1 Blue as the host and plasmid pUC8 that had been mutagenized by hydroxylamine as the vector for assessment, we found that bacterial transformants that had been exposed to a magnetic field of 50 Hz gave lower percentages of white colonies as compared to transformants that had not been exposed to the magnetic field. This result was indicative that the efficiency of DNA repair had been improved. The improvement was found to be mediated by the induced overproduction of heat shock proteins DnaK/J (Hsp70/40).

**Delimaris J, Tsilimigaki S, Messini-Nicolaki N, Ziros E, Piperakis SM** Effects of pulsed electric fields on DNA of human lymphocytes. *Cell Biol Toxicol.* 22(6):409-415, 2006. (E)

The effects of pulsed electric fields of low frequency (50 Hz) on DNA of human lymphocytes were investigated. The influence of additional external factors, such as hydrogen peroxide (H<sub>2</sub>O<sub>2</sub>) and gamma-irradiation, as well as the repair efficiency in these lymphocytes, was also evaluated. The comet assay, a very sensitive and rapid method for detecting DNA damage at the single cells level was the method used. A significant amount of damage was observed after exposure to the electric fields, compared to the controls. After 2 h incubation at 37 degrees C, a proportion of damage was repaired. H<sub>2</sub>O<sub>2</sub> and gamma-irradiation increased the damage to lymphocytes exposed to pulsed electric fields according to the dose used, while the amount of the repair was proportional to the damage.

**Fairbairn DW, O'Neill KL** The effect of electromagnetic field exposure on the formation of DNA single strand breaks in human cells. *Cell Mol Biol (Noisy-le-grand).* 40(4):561-567, 1994. (NE)

Electromagnetic fields (EMF) have been reported to be associated with human cancers in a number of epidemiological studies. Agents that are associated with cancer affect DNA in an adverse manner. This is a report of a DNA damage study in human cells exposed to EMFs. Single strand breaks in DNA are proposed to be necessary events in both mutagenesis and carcinogenesis. The single cell gel assay is a sensitive and accurate technique that was used in this study for single strand break detection. The EMF exposure system used here appeared to have no direct effect on DNA damage induction in a series of experiments. Moreover, EMF did not have a significant effect in potentiating DNA damage in cells treated with oxidative stresses.

**Fiorani M, Cantoni O, Sestili P, Conti R, Nicolini P, Vetrano F, Dacha M. Electric and/or magnetic field effects on DNA structure and function in cultured human cells.** *Mutat Res.* 282(1):25-29, 1992. (NE)

Exposure of cultured K562 cells to 50 Hz electric (0.2-20 kV/m), magnetic (0.002-2 G), or combined electric and magnetic fields for up to 24 h did not result in the production of detectable DNA lesions, as assayed by the filter elution technique. The rate of cell growth was also unaffected as well as the intracellular ATP and NAD<sup>+</sup> levels. These results indicate that, under the experimental conditions utilized in this study, 50 Hz electric, magnetic and electromagnetic fields are not geno- and cyto-toxic in cultured mammalian cells.

**Frazier ME, Reese JA, Morris JE, Jostes RF, Miller DL Exposure of mammalian cells to 60-Hz magnetic or electric fields: analysis of DNA repair of induced, single-strand breaks.** *Bioelectromagnetics.* 11(3):229-234, 1990. (NE)

DNA damage was induced in isolated human peripheral lymphocytes by exposure at 5 Gy to <sup>60</sup>Co radiation. Cells were permitted to repair the DNA damage while exposed to 60-Hz fields or while sham-exposed. Exposed cells were subjected to magnetic (B) or electric (E) fields, alone or in combination, throughout their allotted repair time. Repair was stopped at specific times, and the cells were immediately lysed and then analyzed for the presence of DNA single-strand breaks (SSB) by the alkaline-elution technique. Fifty to 75 percent of the induced SSB were repaired 20 min after exposure, and most of the remaining damage was repaired after 180 min. Cells were exposed to a 60-Hz ac B field of 1 mT; an E field of 1 or 20 V/m; or combined E and B fields of 0.2 V/m and 0.05 mT, 6 V/m and 0.6 mT, or 20 V/m and 1 mT. None of the exposures was observed to affect significantly the repair of DNA SSB.

**Hong R, Zhang Y, Liu Y, Weng EQ.** [Effects of extremely low frequency electromagnetic fields on DNA of testicular cells and sperm chromatin structure in mice] *Zhonghua Lao Dong Wei Sheng Zhi Ye Bing Za Zhi.* 23(6):414-417, 2005. (E)

[Article in Chinese]

**OBJECTIVE:** To study the effects of 50 Hz electromagnetic fields (EMFs) on DNA of testicular cells and sperm chromatin structure in mice. **METHODS:** Mice were exposed to 50 Hz, 0.2 mT or 6.4 mT electromagnetic fields for 4 weeks. DNA strand breakage in testicular cells was detected by single-cell gel electrophoresis assay. Sperm chromatin structure was analyzed by sperm chromatin structure assay with flow cytometry. **RESULTS:** After 50 Hz, 0.2 mT or 6.4 mT EMFs exposure, the percentage of cells with DNA migration in total testicular cells increased from the control level of 25.64% to 37.83% and 39.38% respectively. The relative length of comet tail and the percentage of DNA in comet tail respectively increased from the control levels of 13.06% +/- 12.38% and 1.52% +/- 3.25% to 17.86% +/- 14.60% and 2.32% +/- 4.26% after 0.2 mT exposure and to 17.88% +/- 13.71% and 2.35% +/- 3.87% after 6.4 mT exposure ( $P < 0.05$ ). Exposure to EMFs had not induced significant changes in S.D.alphaT and XalphaT, but COMPalphaT (cells outside the main population of alpha t), the percentage of sperms with abnormal chromatin structure, increased in the two exposed groups. **CONCLUSION:** 50 Hz EMFs may have the potential to induce DNA strand breakage in testicular cells and sperm chromatin condensation in mice.

**Ivancsits S, Pilger A, Diem E, Jahn O, Rudiger HW. Cell type-specific genotoxic effects of intermittent extremely low-frequency electromagnetic fields.** *Mutat Res.* 583(2):184-188, 2005. (E)

The issue of adverse health effects of extremely low-frequency electromagnetic fields (ELF-EMFs) is highly controversial. Contradictory results regarding the genotoxic potential of ELF-EMF have been reported in the literature. To test whether this controversy might reflect differences between the cellular targets examined we exposed cultured cells derived from different tissues to an intermittent ELF-EMF (50 Hz sinusoidal, 1 mT) for 1-24h. The alkaline and neutral comet assays were used to assess ELF-EMF-induced DNA strand breaks. We could identify three responder (human fibroblasts, human melanocytes, rat granulosa cells) and three non-responder cell types (human lymphocytes, human monocytes, human skeletal muscle cells), which points to the significance of the cell system used when investigating genotoxic effects of ELF-EMF.

**Ivancsits S, Diem E, Jahn O, Rudiger HW. Age-related effects on induction of DNA strand breaks by intermittent exposure to electromagnetic fields.** *Mech Ageing Dev.* 124(7):847-850, 2003. (E)

Several studies indicating a decline of DNA repair efficiency with age raise the question, if senescence per se leads to a higher susceptibility to DNA damage upon environmental exposures. Cultured fibroblasts of six healthy donors of different age exposed to intermittent ELF-EMF (50 Hz sinus, 1 mT) for 1-24 h exhibited different basal DNA strand break levels correlating with age. The cells revealed a maximum response at 15-19 h of exposure. This response was clearly more pronounced in cells from older donors, which could point to an age-related decrease of DNA repair efficiency of ELF-EMF induced DNA strand breaks.

**Ivancsits S, Diem E, Pilger A, Rudiger HW, Jahn O. Induction of DNA strand breaks by intermittent exposure to extremely-low-frequency electromagnetic fields in human diploid fibroblasts. Mutat Res. 519(1-2):1-13, 2002. (E)**

Results of epidemiological research show low association of electromagnetic field (EMF) with increased risk of cancerous diseases and missing dose-effect relations. An important component in assessing potential cancer risk is knowledge concerning any genotoxic effects of extremely-low-frequency-EMF (ELF-EMF). Human diploid fibroblasts were exposed to continuous or intermittent ELF-EMF (50Hz, sinusoidal, 24h, 1000microT). For evaluation of genotoxic effects in form of DNA single- (SSB) and double-strand breaks (DSB), the alkaline and the neutral comet assay were used. In contrast to continuous ELF-EMF exposure, the application of intermittent fields reproducibly resulted in a significant increase of DNA strand break levels, mainly DSBs, as compared to non-exposed controls. The conditions of intermittence showed an impact on the induction of DNA strand breaks, producing the highest levels at 5min field-on/10min field-off. We also found individual differences in response to ELF-EMF as well as an evident exposure-response relationship between magnetic flux density and DNA migration in the comet assay. Our data strongly indicate a genotoxic potential of intermittent EMF. This points to the need of further studies in vivo and consideration about environmental threshold values for ELF exposure.

**Ivancsits S, Diem E, Pilger A, Rudiger HW, Jahn O. Induction of DNA strand breaks by intermittent exposure to extremely-low-frequency electromagnetic fields in human diploid fibroblasts. Mutat Res. 519(1-2):1-13, 2002. (E)**

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**Jajte J, Zmyslony M, Palus J, Dziubaltowska E, Rajkowska E. Protective effect of**

**melatonin against in vitro iron ions and 7 mT 50 Hz magnetic field-induced DNA damage in rat lymphocytes. *Mutat Res.* 483(1-2):57-64, 2001. (E)**

We have previously shown that simultaneous exposure of rat lymphocytes to iron ions and 50Hz magnetic field (MF) caused an increase in the number of cells with DNA strand breaks. Although the mechanism of MF-induced DNA damage is not known, we suppose that it involves free radicals. In the present study, to confirm our hypothesis, we have examined the effect of melatonin, an established free radicals scavenger, on DNA damage in rat peripheral blood lymphocytes exposed in vitro to iron ions and 50Hz MF. The alkaline comet assay was chosen for the assessment of DNA damage. During pre-incubation, part of the cell samples were supplemented with melatonin (0.5 or 1.0mM). The experiments were performed on the cell samples incubated for 3h in Helmholtz coils at 7mT 50Hz MF. During MF exposure, some samples were treated with ferrous chloride (FeCl<sub>2</sub>, 10microg/ml), while the rest served as controls. A significant increase in the number of cells with DNA damage was found only after simultaneous exposure of lymphocytes to FeCl<sub>2</sub> and 7mT 50Hz MF, compared to the control samples or those incubated with FeCl<sub>2</sub> alone. However, when the cells were treated with melatonin and then exposed to iron ions and 50Hz MF, the number of damaged cells was significantly reduced, and the effect depended on the concentration of melatonin. The reduction reached about 50% at 0.5mM and about 100% at 1.0mM. Our results indicate that melatonin provides protection against DNA damage in rat lymphocytes exposed in vitro to iron ions and 50Hz MF (7mT). Therefore, it can be suggested that free radicals may be involved in 50Hz magnetic field and iron ions-induced DNA damage in rat blood lymphocytes. The future experimental studies, in vitro and in vivo, should provide an answer to the question concerning the role of melatonin in the free radical processes in the power frequency magnetic field.

**Kindzelskii AL, Petty HR. Extremely low frequency pulsed DC electric fields promote neutrophil extension, metabolic resonance and DNA damage when phase-matched with metabolic oscillators. *Biochim Biophys Acta.* 1495(1):90-111, 2000. (E)**

Application of extremely low frequency pulsed DC electric fields that are frequency- and phase-matched with endogenous metabolic oscillations leads to greatly exaggerated neutrophil extension and metabolic resonance wherein oscillatory NAD(P)H amplitudes are increased. In the presence of a resonant field, migrating cell length grows from 10 to approximately 40 microm, as does the overall length of microfilament assemblies. In contrast, cells stop locomotion and become spherical when exposed to phase-mismatched fields. Although cellular effects were not found to be dependent on electrode type and buffer, they were sensitive to temporal constraints (phase and pulse length) and cell surface charge. We suggest an electromechanical coupling hypothesis wherein applied electric fields and cytoskeletal polymerization forces act together to overcome the surface/cortical tension of neutrophils, thus promoting net cytoskeletal assembly and heightened metabolic amplitudes. Metabolic resonance enhances reactive oxygen metabolic production by neutrophils. Furthermore, cellular DNA damage was observed after prolonged metabolic resonance using both single cell gel electrophoresis ('comet' assay) and 3'-OH DNA labeling using terminal deoxynucleotidyl transferase. These

results provide insights into transmembrane signal processing and cell interactions with weak electric fields.

**Lai H, Singh NP. Acute exposure to a 60 Hz magnetic field increases DNA strand breaks in rat brain cells.** *Bioelectromagnetics*. 18(2):156-165, 1997. (E)

Acute (2 h) exposure of rats to a 60 Hz magnetic field (flux densities 0.1, 0.25, and 0.5 mT) caused a dose-dependent increase in DNA strand breaks in brain cells of the animals (assayed by a microgel electrophoresis method at 4 h postexposure). An increase in single-strand DNA breaks was observed after exposure to magnetic fields of 0.1, 0.25, and 0.5 mT, whereas an increase in double-strand DNA breaks was observed at 0.25 and 0.5 mT. Because DNA strand breaks may affect cellular functions, lead to carcinogenesis and cell death, and be related to onset of neurodegenerative diseases, our data may have important implications for the possible health effects of exposure to 60 Hz magnetic fields.

**Lai H, Singh NP. Magnetic-field-induced DNA strand breaks in brain cells of the rat.** *Environ Health Perspect*. 112(6):687-694, 2004. (E)

In previous research, we found that rats acutely (2 hr) exposed to a 60-Hz sinusoidal magnetic field at intensities of 0.1-0.5 millitesla (mT) showed increases in DNA single- and double-strand breaks in their brain cells. Further research showed that these effects could be blocked by pretreating the rats with the free radical scavengers melatonin and N-tert-butyl-alpha-phenylnitron, suggesting the involvement of free radicals. In the present study, effects of magnetic field exposure on brain cell DNA in the rat were further investigated. Exposure to a 60-Hz magnetic field at 0.01 mT for 24 hr caused a significant increase in DNA single- and double-strand breaks. Prolonging the exposure to 48 hr caused a larger increase. This indicates that the effect is cumulative. In addition, treatment with Trolox (a vitamin E analog) or 7-nitroindazole (a nitric oxide synthase inhibitor) blocked magnetic-field-induced DNA strand breaks. These data further support a role of free radicals on the effects of magnetic fields. Treatment with the iron chelator deferiprone also blocked the effects of magnetic fields on brain cell DNA, suggesting the involvement of iron. Acute magnetic field exposure increased apoptosis and necrosis of brain cells in the rat. We hypothesize that exposure to a 60-Hz magnetic field initiates an iron-mediated process (e.g., the Fenton reaction) that increases free radical formation in brain cells, leading to DNA strand breaks and cell death. This hypothesis could have an important implication for the possible health effects associated with exposure to extremely low-frequency magnetic fields in the public and occupational environments.

**Lai H, Singh NP. Melatonin and N-tert-butyl-alpha-phenylnitron block 60-Hz magnetic field-induced DNA single and double strand breaks in rat brain cells.** *J Pineal Res*. 22(3):152-162, 1997. (E)

In previous research, we have found an increase in DNA single- and double-strand breaks in brain cells of rats after acute exposure (two hours) to a sinusoidal 60-Hz magnetic field. The present experiment was carried out to investigate whether treatment with melatonin and the spin-trap compound N-tert-butyl-alpha-phenylnitron (PBN) could

block the effect of magnetic fields on brain cell DNA. Rats were injected with melatonin (1 mg/kg, sc) or PBN (100 mg/kg, ip) immediately before and after two hours of exposure to a 60-Hz magnetic field at an intensity of 0.5 mT. We found that both drug treatments blocked the magnetic field-induced DNA single- and double-strand breaks in brain cells, as assayed by a microgel electrophoresis method. Since melatonin and PBN are efficient free radical scavengers, these data suggest that free radicals may play a role in magnetic field-induced DNA damage.

**Li SH, Chow KC. Magnetic field exposure induces DNA degradation.** *Biochem Biophys Res Commun.* 280(5):1385-1388, 2001. (E)

In our earlier experiments, we discovered that magnetic field exposure could bring both stabilizing and destabilizing effects to the DNA of *Escherichia coli*, depending on our parameters of assessment, and both of these effects were associated with the induced synthesis of the heat shock proteins Hsp70/Hsp40 (DnaK/DnaJ). These contradicting results prompted us to explore in this study the effect of magnetic field exposure on the DNA stability *in vivo* when the heat shock response of the cell was suppressed. By using plasmid pUC18 in *E. coli* as the indicator, we found that without the protection of the heat shock response, magnetic field exposure indeed induced DNA degradation and this deleterious effect could be diminished by the presence of an antioxidant, Trolox C. In our *in vitro* test, we also showed that the magnetic field could potentiate the activity of oxidant radicals.

**Lopucki M, Schmerold I, Dadak A, Wiktor H, Niedermuller H, Kankofer M. Low dose magnetic fields do not cause oxidative DNA damage in human placental cotyledons *in vitro*.** *Virchows Arch.* 446(6):634-639, 2005. (NE)

The biological impact of low dose magnetic fields generated by electric appliances present in the human environment is still uncertain. In this study, human placentas served as a model tissue for the evaluation of the potential effect of oscillating low intensity magnetic fields on the concentration of 8-hydroxy-2'-deoxyguanosine (8-OH-dG) in cellular DNA. Cotyledons were dissected from placentas obtained immediately after physiological labours and exposed to magnetic fields (groups MF A, 2 mT, 50 Hz and MF B, 5 mT, 50 Hz) or sham exposed (group C) during an *in vitro* perfusion of 3 h. Cellular DNA was isolated, hydrolyzed and analyzed by HPLC. Native nucleosides were monitored at 254 nm and 8-OH-dG by electrochemical detection. Results were expressed as  $\mu\text{mol}$  8-OH-dG/mol deoxyguanosine (dG). The concentrations of 8-OH-dG in group C, MF A and MF B were  $28.45 \pm 15.27$   $\mu\text{mol/mol}$  dG,  $62.80 \pm 31.91$   $\mu\text{mol/mol}$  dG, and  $27.49 \pm 14.23$   $\mu\text{mol/mol}$  dG, respectively, demonstrating no significant difference between the groups. The results suggest that placental tissues possess a capacity to protect DNA against oxidative alterations by magnetic field of intensities previously shown to produce radical mediated DNA damage in rat brain cells *in vivo* and imbalances in electrolyte release of cotyledons under *in vitro* conditions.

**Lourencini da Silva R, Albano F, Lopes dos Santos LR, Tavares AD Jr, Felzenszwalb I. The effect of electromagnetic field exposure on the formation of DNA lesions.** Redox Rep. 5(5):299-301, 2000. (E)

In an attempt to determine whether electromagnetic field (EMF) exposure might lead to DNA damage, we exposed SnCl<sub>2</sub>-treated pBR322 plasmids to EMF and analysed the resulting conformational changes using agarose gel electrophoresis. An EMF-dependent potentiation of DNA scission (i.e. the appearance of relaxed plasmids) was observed. In confirmation of this, plasmids pre-exposed to EMF also were less capable of transforming *Escherichia coli*. The results indicate that EMF, in the presence of a transition metal, is capable of causing DNA damage. These observations support the idea that EMF, probably through secondary generation of reactive oxygen species, can be clastogenic and provide a possible explanation for the observed correlation between EMF exposure and the frequency of certain types of cancers in humans.

**Luceri C, De Filippo C, Giovannelli L, Blangiardo M, Cavalieri D, Aglietti F, Pampaloni M, Andreuccetti D, Pieri L, Bambi F, Biggeri A, Dolara P.** Extremely low-frequency electromagnetic fields do not affect DNA damage and gene expression profiles of yeast and human lymphocytes. Radiat Res. 164(3):277-285, 2005. (NE)

We studied the effects of extremely low-frequency (50 Hz) electromagnetic fields (EMFs) on peripheral human blood lymphocytes and DBY747 *Saccharomyces cerevisiae*. Graded exposure to 50 Hz magnetic flux density was obtained with a Helmholtz coil system set at 1, 10 or 100 microT for 18 h. The effects of EMFs on DNA damage were studied with the single-cell gel electrophoresis assay (comet assay) in lymphocytes. Gene expression profiles of EMF-exposed human and yeast cells were evaluated with DNA microarrays containing 13,971 and 6,212 oligonucleotides, respectively. After exposure to the EMF, we did not observe an increase in the amount of strand breaks or oxidated DNA bases relative to controls or a variation in gene expression profiles. The results suggest that extremely low-frequency EMFs do not induce DNA damage or affect gene expression in these two different eukaryotic cell systems.

**McNamee JP, Bellier PV, McLean JR, Marro L, Gajda GB, Thansandote A.** DNA damage and apoptosis in the immature mouse cerebellum after acute exposure to a 1 mT, 60 Hz magnetic field. Mutat Res. 513(1-2):121-133, 2002. (NE)

Several recent studies have reported that whole-body exposure of rodents to power frequency magnetic fields (MFs) can result in DNA single- and double-strand breaks in the brains of these animals. The current study was undertaken to investigate whether an acute 2h exposure of a 1 mT, 60 Hz MF could elicit DNA damage, and subsequently apoptosis, in the brains of immature (10-day-old) mice. DNA damage was quantitated at 0, 2, 4, and 24h after exposure using the alkaline comet assay. Apoptosis was quantitated in the external granule cell layer (EGCL) of the immature mouse cerebellum at 0 and 24h after exposure to MF by the TdT-mediated dUTP nick-end labeling (TUNEL) assay. Four parameters (tail ratio, tail moment, comet length and tail length) were used to assess DNA damage for each comet. While increased DNA damage was detected by tail ratio at

2h after MF exposure, no supporting evidence of increased DNA damage was detected by the other parameters. In addition, no similar differences were observed using these parameters at any of the other post-exposure times. No increase in apoptosis was observed in the EGCL of MF-exposed mice, when compared to sham mice. Taken together, these results do not support the hypothesis that acute MF exposure causes DNA damage in the cerebellums of immature mice.

**McNamee JP, Bellier PV, Chauhan V, Gajda GB, Lemay E, Thansandote A.** Evaluating DNA damage in rodent brain after acute 60 Hz magnetic-field exposure. *Radiat Res.* 164(6):791-797, 2005. (NE)

In recent years, numerous studies have reported a weak association between 60 Hz magnetic-field exposure and the incidence of certain cancers. To date, no mechanism to explain these findings has been identified. The objective of the current study was to investigate whether acute magnetic-field exposure could elicit DNA damage within brain cells from both whole brain and cerebellar homogenates from adult rats, adult mice and immature mice. Rodents were exposed to a 60 Hz magnetic field (0, 0.1, 1 or 2 mT) for 2 h. Then, at 0, 2 and 4 h after exposure, animals were killed humanely, their brains were rapidly removed and homogenized, and cells were cast into agarose gels for processing by the alkaline comet assay. Four parameters (tail ratio, tail moment, comet length and tail length) were used to assess DNA damage for each comet. For each species, a significant increase in DNA damage was detected by each of the four parameters in the positive control (2 Gy X rays) relative to the concurrent nonirradiated negative and sham controls. However, none of the four parameters detected a significant increase in DNA damage in brain cell homogenates from any magnetic-field exposure (0- 2 mT) at any time after exposure. The dose-response and time-course data from the multiple animal groups tested in this study provide no evidence of magnetic-field-induced DNA damage.

**Miyakoshi J, Yoshida M, Shibuya K, Hiraoka M.** Exposure to strong magnetic fields at power frequency potentiates X-ray-induced DNA strand breaks. *J Radiat Res (Tokyo).* 41(3):293-302, 2000. (E)

We examined the effect of an extremely low-frequency magnetic field (ELFMF) at 5, 50 and 400 mT on DNA strand breaks in human glioma MO54 cells. A DNA damage analysis was performed using the method of alkaline comet assay. The cells were exposed to X-rays alone (5 Gy), ELFMF alone, or X-rays followed by ELFMF at 4 degrees C or on ice. No significant difference in the tail moment was observed between control and ELFMF exposures up to 400 mT. X-ray irradiation increased DNA strand breaks. When cells were exposed to X-rays followed by ELFMF at 50 and 400 mT, the tail moment increased significantly compared with that for X-rays alone. When the exposure of cells was performed at 37 degrees C, no significant change was observed between X-rays alone and X-rays plus 400 mT. We previously observed that exposure to 400 mT ELFMF for 2 h increased X-ray-induced mutations (Miyakoshi et al, *Mutat. Res.*, 349: 109-114, 1996). Additionally, an increase in the mutation by exposure to the ELFMF was observed in cells during DNA-synthesizing phase (Miyakoshi et al., *Int. J.*

Radiat. Biol., 71: 75-79, 1997). From these results, it appears that exposure to the high density ELFMF at more than 50 mT may potentiate X-ray-induced DNA strand breaks.

**Moretti M, Villarini M, Simonucci S, Fatigoni C, Scassellati-Sforzolini G, Monarca S, Pasquini R, Angelucci M, Strappini M Effects of co-exposure to extremely low frequency (ELF) magnetic fields and benzene or benzene metabolites determined in vitro by the alkaline comet assay.** Toxicol Lett. 157(2):119-128, 2005. (E)

In the present study, we investigated in vitro the possible genotoxic and/or co-genotoxic activity of 50 Hz (power frequency) magnetic fields (MF) by using the alkaline single-cell microgel-electrophoresis (comet) assay. Sets of experiments were performed to evaluate the possible interaction between 50 Hz MF and the known leukemogen benzene. Three benzene hydroxylated metabolites were also evaluated: 1,2-benzenediol (1,2-BD, catechol), 1,4-benzenediol (1,4-BD, hydroquinone), and 1,2,4-benzenetriol (1,2,4-BT). MF (1 mT) were generated by a system consisting of a pair of parallel coils in a Helmholtz configuration. To evaluate the genotoxic potential of 50 Hz MF, Jurkat cell cultures were exposed to 1 mT MF or sham-exposed for 1h. To evaluate the co-genotoxic activity of MF, the xenobiotics (benzene, catechol, hydroquinone, and 1,2,4-benzenetriol) were added to Jurkat cells subcultures at the beginning of the exposure time. In cell cultures co-exposed to 1 mT (50 Hz) MF, benzene and catechol did not show any genotoxic activity. However, co-exposure of cell cultures to 1 mT MF and hydroquinone led to the appearance of a clear genotoxic effect. Moreover, co-exposure of cell cultures to 1 mT MF and 1,2,4-benzenetriol led to a marked increase in the genotoxicity of the ultimate metabolite of benzene. The possibility that 50 Hz (power frequency) MF might interfere with the genotoxic activity of xenobiotics has important implications, since human populations are likely to be exposed to a variety of genotoxic agents concomitantly with exposure to this type of physical agent.

**Nikolova T, Czyz J, Rolletschek A, Blyszczuk P, Fuchs J, Jovtchev G, Schuderer J, Kuster N, Wobus AM. Electromagnetic fields affect transcript levels of apoptosis-related genes in embryonic stem cell-derived neural progenitor cells.** ASEB J. 19(12):1686-1688, 2005. (E)

Mouse embryonic stem (ES) cells were used as an experimental model to study the effects of electromagnetic fields (EMF). ES-derived nestin-positive neural progenitor cells were exposed to extremely low frequency EMF simulating power line magnetic fields at 50 Hz (ELF-EMF) and to radiofrequency EMF simulating the Global System for Mobile Communication (GSM) signals at 1.71 GHz (RF-EMF). Following EMF exposure, cells were analyzed for transcript levels of cell cycle regulatory, apoptosis-related, and neural-specific genes and proteins; changes in proliferation; apoptosis; and cytogenetic effects. Quantitative RT-PCR analysis revealed that ELF-EMF exposure to ES-derived neural cells significantly affected transcript levels of the apoptosis-related bcl-2, bax, and cell cycle regulatory "growth arrest DNA damage inducible" GADD45 genes, whereas mRNA levels of neural-specific genes were not affected. RF-EMF exposure of neural progenitor cells resulted in down-regulation of neural-specific Nurr1 and in up-regulation of bax and GADD45 mRNA levels. Short-term RF-EMF exposure

for 6 h, but not for 48 h, resulted in a low and transient increase of DNA double-strand breaks. No effects of ELF- and RF-EMF on mitochondrial function, nuclear apoptosis, cell proliferation, and chromosomal alterations were observed. We may conclude that EMF exposure of ES-derived neural progenitor cells transiently affects the transcript level of genes related to apoptosis and cell cycle control. However, these responses are not associated with detectable changes of cell physiology, suggesting compensatory mechanisms at the translational and posttranslational level.

**Reese JA, Jostes RF, Frazier ME. Exposure of mammalian cells to 60-Hz magnetic or electric fields: analysis for DNA single-strand breaks.** *Bioelectromagnetics*. 9(3):237-247, 1998. (NE)

Chinese hamster ovary (CHO) cells were exposed for 1 h to 60-Hz magnetic fields (0.1 or 2 mT), electric fields (1 or 38 V/m), or to combined magnetic and electric fields (2 mT and 38 V/m, respectively). Following exposure, the cells were lysed, and the DNA was analyzed for the presence of single-strand breaks (SSB), using the alkaline elution technique. No significant differences in numbers of DNA SSB were detected between exposed and sham-exposed cells. A positive control exposed to X-irradiation sustained SSB with a dose-related frequency. Cells exposed to nitrogen mustard (a known cross-linking agent) and X-irradiation demonstrated that the assay could detect cross-linked DNA under our conditions of electric and magnetic field exposures.

**Robison JG, Pendleton AR, Monson KO, Murray BK, O'Neill KL. Decreased DNA repair rates and protection from heat induced apoptosis mediated by electromagnetic field exposure.** *Bioelectromagnetics*. 23(2):106-112, 2002. (E)

In this study, we demonstrate that electromagnetic field (EMF) exposure results in protection from heat induced apoptosis in human cancer cell lines in a time dependent manner. Apoptosis protection was determined by growing HL-60, HL-60R, and Raji cell lines in a 0.15 mT 60 Hz sinusoidal EMF for time periods between 4 and 24 h. After induction of apoptosis, cells were analyzed by the neutral comet assay to determine the percentage of apoptotic cells. To discover the duration of this protection, cells were grown in the EMF for 24 h and then removed for 24 to 48 h before heat shock and neutral comet assays were performed. Our results demonstrate that EMF exposure offers significant protection from apoptosis ( $P < .0001$  for HL-60 and HL-60R,  $P < .005$  for Raji) after 12 h of exposure and that protection can last up to 48 h after removal from the EMF. In this study we further demonstrate the effect of the EMF on DNA repair rates. DNA repair data were gathered by exposing the same cell lines to the EMF for 24 h before damaging the exposed cells and non-exposed cells with H<sub>2</sub>O<sub>2</sub>. Cells were allowed to repair for time periods between 0 and 15 min before analysis using the alkaline comet assay. Results showed that EMF exposure significantly decreased DNA repair rates in HL-60 and HL-60R cell lines ( $P < .001$  and  $P < .01$  respectively), but not in the Raji cell line. Importantly, our apoptosis results show that a minimal time exposure to an EMF is needed before observed effects. This may explain previous studies showing no change in apoptosis susceptibility and repair rates when treatments and EMF exposure were

administered concurrently. More research is necessary, however, before data from this in vitro study can be applied to in vivo systems.

**Scarfi MR, Sannino A, Perrotta A, Sarti M, Mesirca P, Bersani F. Evaluation of genotoxic effects in human fibroblasts after intermittent exposure to 50 Hz electromagnetic fields: a confirmatory study.** *Radiat Res.* 164(3):270-276, 2005. (NE)

The aim of this investigation was to confirm the main results reported in recent studies on the induction of genotoxic effects in human fibroblasts exposed to 50 Hz intermittent (5 min field on/10 min field off) sinusoidal electromagnetic fields. For this purpose, the induction of DNA single-strand breaks was evaluated by applying the alkaline single-cell gel electrophoresis (SCGE)/comet assay. To extend the study and validate the results, in the same experimental conditions, the potential genotoxicity was also tested by exposing the cells to a 50 Hz powerline signal (50 Hz frequency plus its harmonics). The cytokinesis-block micronucleus assay was applied after 24 h intermittent exposure to both sinusoidal and powerline signals to obtain information on cell cycle kinetics. The experiments were carried out on human diploid fibroblasts (ES-1). For each experimental run, exposed and sham-exposed samples were set up; positive controls were also provided by treating cells with hydrogen peroxide or mitomycin C for the comet or micronucleus assay, respectively. No statistically significant difference was detected in exposed compared to sham-exposed samples in any of the experimental conditions tested ( $P > 0.05$ ). In contrast, the positive controls showed a statistically significant increase in DNA damage in all cases, as expected. Accordingly, our findings do not confirm the results reported previously for either comet induction or an increase in micronucleus frequency.

**Schmitz C, Keller E, Freuding T, Silny J, Korr H. 50-Hz magnetic field exposure influences DNA repair and mitochondrial DNA synthesis of distinct cell types in brain and kidney of adult mice.** *Acta Neuropathol (Berl).* 107(3):257-264, 2004. (E)

Despite several recent investigations, the impact of whole-body magnetic field exposure on cell-type-specific alterations due to DNA damage and DNA repair remains unclear. In this pilot study adult mice were exposed to 50-Hz magnetic field (mean value 1.5 mT) for 8 weeks or left unexposed. Five minutes after ending exposure, the mice received [ $^3$ H]thymidine and were killed 2 h later. Autoradiographs were prepared from paraffin sections of brains and kidneys for measuring unscheduled DNA synthesis and mitochondrial DNA synthesis, or in situ nick translation with DNA polymerase-I and [ $^3$ H]dTTP. A significant ( $P < 0.05$ ) increase in both unscheduled DNA synthesis and in situ nick translation was only found for epithelial cells of the choroid plexus. Thus, these two independent methods indicate that nuclear DNA damage is produced by long-lasting and strong magnetic field exposure. The fact that only plexus epithelial cells were affected might point to possible effects of magnetic fields on iron transport across the blood-cerebrospinal fluid barrier, but the mechanisms are currently not understood. Mitochondrial DNA synthesis was exclusively increased in renal epithelial cells of distal convoluted tubules and collecting ducts, i.e., cells with a very high content of mitochondria, possibly indicating increased metabolic activity of these cells.

**Singh N, Lai H. 60 Hz magnetic field exposure induces DNA crosslinks in rat brain cells.** *Mutat Res.* 400(1-2):313-320, 1998. (E)

In previous research, we found an increase in DNA strand breaks in brain cells of rats acutely exposed to a 60 Hz magnetic field (for 2 h at an intensity of 0.5 mT). DNA strand breaks were measured with a microgel electrophoresis assay using the length of DNA migration as an index. In the present experiment, we found that most of the magnetic field-induced increase in DNA migration was observed only after proteinase-K treatment, suggesting that the field caused DNA-protein crosslinks. In addition, when brain cells from control rats were exposed to X-rays, an increase in DNA migration was observed, the extent of which was independent of proteinase-K treatment. However, the X-ray-induced increase in DNA migration was retarded in cells from animals exposed to magnetic fields even after proteinase-K treatment, suggesting that DNA-DNA crosslinks were also induced by the magnetic field. The effects of magnetic fields were also compared with those of a known DNA crosslink-inducing agent mitomycin C. The pattern of effects is similar between the two agents. These data suggest that both DNA-protein and DNA-DNA crosslinks are formed in brain cells of rats after acute exposure to a 60 Hz magnetic field.

**Stronati L, Testa A, Villani P, Marino C, Lovisolo GA, Conti D, Russo F, Fresegna AM, Cordelli E Absence of genotoxicity in human blood cells exposed to 50 Hz magnetic fields as assessed by comet assay, chromosome aberration, micronucleus, and sister chromatid exchange analyses.** *Bioelectromagnetics.* 25(1):41-48, 2004. (NE)

In the past, epidemiological studies indicated a possible correlation between the exposure to ELF fields and cancer. Public concern over possible hazards associated with exposure to extremely low frequency magnetic fields (ELFMFs) stimulated an increased scientific research effort. More recent research and laboratory studies, however, have not been able to definitively confirm the correlation suggested by epidemiological studies. The aim of this study was to evaluate the effects of 50 Hz magnetic fields in human blood cells exposed *in vitro*, using several methodological approaches for the detection of genotoxicity. Whole blood samples obtained from five donors were exposed for 2 h to 50 Hz, 1 mT uniform magnetic field generated by a Helmholtz coil system. Comet assay, sister chromatid exchanges (SCE), chromosome aberrations (CA), and micronucleus (MN) tests were used to assess DNA damage, one hallmark of malignant cell transformation. The effects of a combined exposure with X-rays were also evaluated. Results obtained do not show any significant difference between ELFMFs exposed and unexposed samples. Moreover, no synergistic effect with ionizing radiation has been observed. A slight but significant decrease of cell proliferation was evident in ELFMFs treated samples and samples subjected to the combined exposure.

**Svedenstal BM, Johanson KJ, Mild KH. DNA damage induced in brain cells of CBA mice exposed to magnetic fields.** *In Vivo.* 13(6):551-552, 1999. (E)

DNA migration, using single cell gel electrophoresis (comet assay), was studied on brain

cells of CBA mice exposed continuously to 50 Hz, 0.5 mT magnetic fields (MF) for 2 hrs, 5 days or 14 days. No differences were observed in the groups MF-exposed for 2 hrs and 5 days compared with controls. However, in the group exposed to MF for 14 days, a significantly extended cell DNA migration was observed ( $0.02 < p < 0.05$ ). These changes together with results from previous studies indicate that magnetic fields may have genotoxic effects in brain cells.

**Testa A, Cordelli E, Stronati L, Marino C, Lovisolo GA, Fresegna AM, Conti D, Villani P. Evaluation of genotoxic effect of low level 50 Hz magnetic fields on human blood cells using different cytogenetic assays.** *Bioelectromagnetics*. 25(8):613-619, 2004. (NE)

The question whether extremely low frequency magnetic fields (ELFMFs) may contribute to mutagenesis or carcinogenesis is of current interest. In order to evaluate the possible genotoxic effects of ELFMFs, human blood cells from four donors were exposed in vitro for 48 h to 50 Hz, 1 mT uniform magnetic field generated by a Helmholtz coil system. Comet assay (SCGE), sister chromatid exchanges (SCE), chromosome aberrations (CAs), and micronucleus (MN) test were used to assess the DNA damage. ELF pretreated cells were also irradiated with 1 Gy of X-ray to investigate the possible combined effect of ELFMFs and ionizing radiation. Furthermore, nuclear division index (NDI) and proliferation index (PRI) were evaluated. Results do not evidence any DNA damage induced by ELFMF exposure or any effect on cell proliferation. Data obtained from the combined exposure to ELFMFs and ionizing radiation do not suggest any synergistic or antagonistic effect.

**Villarini M, Moretti M, Scassellati-Sforzolini G, Boccioli B, Pasquini R.** Effects of co-exposure to extremely low frequency (50 Hz) magnetic fields and xenobiotics determined in vitro by the alkaline comet assay. *Sci Total Environ*. 361(1-3):208-219, 2006. (E)

In the present study, we used human peripheral blood leukocytes from 4 different donors, to investigate in vitro the possible genotoxic and/or co-genotoxic activity of extremely low frequency magnetic fields (ELF-MF) at 3 mT intensity. Two model mutagens were used to study the possible interaction between ELF-MF and xenobiotics: N-methyl-N'-nitro-N-nitrosoguanidine (MNNG) and 4-nitroquinoline N-oxide (4NQO). Primary DNA damage was evaluated by the alkaline single-cell microgel-electrophoresis ("comet") assay. Control cells (leukocytes not exposed to ELF-MF, nor treated with genotoxins) from the different blood donors showed a comparable level of basal DNA damage, whereas the contribution of individual susceptibility toward ELF-MF and the tested genotoxic compounds led to differences in the extent of DNA damage observed following exposure to the genotoxins, both in the presence and in the absence of an applied ELF-MF. A 3 mT ELF-MF alone was unable to cause direct primary DNA damage. In leukocytes exposed to ELF-MF and genotoxins, the extent of MNNG-induced DNA damage increased with exposure duration compared to sham-exposed cells. The opposite was observed in cells treated with 4NQO. In this case the extent of 4NQO-induced DNA damage was somewhat reduced in leukocytes exposed to ELF-MF compared to sham-exposed cells. Moreover, in cells exposed to ELF-MF an increased

concentration of GSH was always observed, compared to sham-exposed cells. Since following GSH conjugation the genotoxic pattern of MNNG and 4NQO is quite different, an influence of ELF-MF on the activity of the enzyme involved in the synthesis of GSH leading to different activation/deactivation of the model mutagens used was hypothesized to explain the different trends observed in MNNG and 4NQO genotoxic activity in the presence of an applied ELF-MF. The possibility that ELF-MF might interfere with the genotoxic activity of xenobiotics has important implications, since human populations are likely to be exposed to a variety of genotoxic agents concomitantly with exposure to this type of physical agent.

**Williams PA, Ingebretsen RJ, Dawson RJ.** 14.6 mT ELF magnetic field exposure yields no DNA breaks in model system Salmonella, but provides evidence of heat stress protection. *Bioelectromagnetics*. 27(6):445-450, 2006. (NE)

In this study, we demonstrate that common extremely low frequency magnetic field (MF) exposure does not cause DNA breaks in this Salmonella test system. The data does, however, provide evidence that MF exposure induces protection from heat stress. Bacterial cultures were exposed to MF (14.6 mT 60 Hz field, cycled 5 min on, 10 min off for 4 h) and a temperature-matched control. Double- and single-stranded DNA breaks were assayed using a recombination event counter. After MF or control exposure they were grown on indicator plates from which recombination events can be quantified and the frequency of DNA strand breaks deduced. The effect of MF was also monitored using a recombination-deficient mutant (recA). The results showed no significant increase in recombination events and strand breaks due to MF. Evidence of heat stress protection was determined using a cell viability assay that compared the survival rates of MF exposed and control cells after the administration of a 10 min 53 degrees C heat stress. The control cells exhibited nine times more cell mortality than the MF exposed cells. This Salmonella system provides many mutants and genetic tools for further investigation of this phenomenon.

**Winker R, Ivancsits S, Pilger A, Adlkofer F, Rudiger HW.** Chromosomal damage in human diploid fibroblasts by intermittent exposure to extremely low-frequency electromagnetic fields. *Mutat Res*. 585(1-2):43-49, 2005. (E)

Environmental exposure to extremely low-frequency electromagnetic fields (ELF-EMFs) has been implicated in the development of cancer in humans. An important basis for assessing a potential cancer risk due to ELF-EMF exposure is knowledge of biological effects on human cells at the chromosomal level. Therefore, we investigated in the present study the effect of intermittent ELF electromagnetic fields (50 Hz, sinusoidal, 5'field-on/10'field-off, 2-24 h, 1 mT) on the induction of micronuclei (MN) and chromosomal aberrations in cultured human fibroblasts. ELF-EMF radiation resulted in a time-dependent increase of micronuclei, which became significant after 10 h of intermittent exposure at a flux density of 1 mT. After approximately 15 h a constant level of micronuclei of about three times the basal level was reached. In addition, chromosomal aberrations were increased up to 10-fold above basal levels. Our data strongly indicate a clastogenic potential of intermittent low-frequency electromagnetic fields, which may lead to considerable chromosomal damage in dividing cells.

**Wolf FI, Torsello A, Tedesco B, Fasanella S, Boninsegna A, D'Ascenzo M, Grassi C, Azzena GB, Cittadini A. 50-Hz extremely low frequency electromagnetic fields enhance cell proliferation and DNA damage: possible involvement of a redox mechanism.** *Biochim Biophys Acta.* 1743(1-2):120-129, 2005. (E)

HL-60 leukemia cells, Rat-1 fibroblasts and WI-38 diploid fibroblasts were exposed for 24-72 h to 0.5-1.0-mT 50-Hz extremely low frequency electromagnetic field (ELF-EMF). This treatment induced a dose-dependent increase in the proliferation rate of all cell types, namely about 30% increase of cell proliferation after 72-h exposure to 1.0 mT. This was accompanied by increased percentage of cells in the S-phase after 12- and 48-h exposure. The ability of ELF-EMF to induce DNA damage was also investigated by measuring DNA strand breaks. A dose-dependent increase in DNA damage was observed in all cell lines, with two peaks occurring at 24 and 72 h. A similar pattern of DNA damage was observed by measuring formation of 8-OHdG adducts. The effects of ELF-EMF on cell proliferation and DNA damage were prevented by pretreatment of cells with an antioxidant like alpha-tocopherol, suggesting that redox reactions were involved. Accordingly, Rat-1 fibroblasts that had been exposed to ELF-EMF for 3 or 24 h exhibited a significant increase in dichlorofluorescein-detectable reactive oxygen species, which was blunted by alpha-tocopherol pretreatment. Cells exposed to ELF-EMF and examined as early as 6 h after treatment initiation also exhibited modifications of NF kappa B-related proteins (p65-p50 and I kappa B alpha), which were suggestive of increased formation of p65-p50 or p65-p65 active forms, a process usually attributed to redox reactions. These results suggest that ELF-EMF influence proliferation and DNA damage in both normal and tumor cells through the action of free radical species. This information may be of value for appraising the pathophysiological consequences of an exposure to ELF-EMF.

**Yaguchi H, Yoshida M, Ejima Y, Miyakoshi J. Effect of high-density extremely low frequency magnetic field on sister chromatid exchanges in mouse m5S cells.** *Mutat Res.* 440(2):189-194, 1999. (E)

The induction of sister chromatid exchanges (SCEs) was evaluated in the cultured mouse m5S cells after exposure to extremely low frequency magnetic field (ELFMF; 5, 50 and 400 mT). Exposure to 5 mT and 50 mT ELFMF led to a very small increase in the frequency of SCEs, but no significant difference was observed between exposed and unexposed control cells. The cells exposed to 400 mT ELFMF exhibited a significant elevation of the SCE frequencies. There was no significant difference between data from treatments with mitomycin-C (MMC) alone and from combined treatments of MMC plus ELFMF (400 mT) at any MMC concentrations from 4 to 40 nM. These results suggest that exposure to highest-density ELFMF of 400 mT may induce DNA damage, resulting in an elevation of the SCE frequencies. We suppose that there may be a threshold for the elevation of the SCE frequencies, that is at least over the magnetic density of 50 mT.

**Yokus B, Cakir DU, Akdag MZ, Sert C, Mete N. Oxidative DNA damage in rats exposed to extremely low frequency electro magnetic fields.** *Free Radic Res.* 39(3):317-323, 2005. (E)

Extremely low frequency (ELF) electromagnetic field (EMF) is thought to prolong the life of free radicals and can act as a promoter or co-promoter of cancer. 8-hydroxy-2'-deoxyguanosine (8OHdG) is one of the predominant forms of radical-induced lesions to DNA and is a potential tool to assess the cancer risk. We examined the effects of extremely low frequency electromagnetic field (ELF-EMF) (50 Hz, 0.97 mT) on 8OHdG levels in DNA and thiobarbituric acid reactive substances (TBARS) in plasma. To examine the possible time-dependent changes resulting from magnetic field, 8OHdG and TBARS were quantitated at 50 and 100 days. Our results showed that the exposure to ELF-EMF induced oxidative DNA damage and lipid peroxidation (LPO). The 8OHdG levels of exposed group (4.39±0.88 and 5.29±1.16 8OHdG/dG.10<sup>5</sup>), respectively) were significantly higher than sham group at 50 and 100 days (3.02±0.63 and 3.46±0.38 8OHdG/dG.10<sup>5</sup>) (p<0.001, p<0.001). The higher TBARS levels were also detected in the exposure group both on 50 and 100 days (p<0.001, p<0.001). In addition, the extent of DNA damage and LPO would depend on the exposure time (p<0.05 and p<0.05). Our data may have important implications for the long-term exposure to ELF-EMF which may cause oxidative DNA damage.

**Zmyslony M, Palus J, Jajte J, Dziubaltowska E, Rajkowska E. DNA damage in rat lymphocytes treated in vitro with iron cations and exposed to 7 mT magnetic fields (static or 50 Hz). Mutat Res. 453(1):89-96, 2000. (E)**

The present study was undertaken to verify a hypothesis that exposure of the cells to static or 50 Hz magnetic fields (MF) and simultaneous treatment with a known oxidant, ferrous chloride, may affect the oxidative deterioration of DNA molecules. The comet assay was chosen for the assessment of DNA damage. The experiments were performed on isolated rat lymphocytes incubated for 3h in Helmholtz coils at 7 mT static or 50 Hz MF. During MF exposure, part of the cell samples were incubated with 0.01 microM H<sub>2</sub>O<sub>2</sub> and another one with 10 microg/ml FeCl<sub>2</sub>, the rest serving as controls. Lymphocyte exposure to MF at 7 mT did not increase the number of cells with DNA damage in the comet assay. Incubation of lymphocytes with 10 microg/ml FeCl<sub>2</sub> did not produce a detectable damage of DNA either. However, when the FeCl<sub>2</sub>-incubated lymphocytes were simultaneously exposed to 7 mT MF, the number of damaged cells was significantly increased and reached about 20% for static MF and 15% for power frequency MF. In the control samples about 97% of the cells did not have any DNA damage. It is not possible at present to offer a reasonable explanation for the findings of this investigation - the high increase in the number of lymphocytes showing symptoms of DNA damage in the comet assay, following simultaneous exposure to the combination of two non-cytotoxic factors - 10 microg/ml FeCl<sub>2</sub> and 7 mT MF. In view of the obtained results we can only hypothesise that under the influence of simultaneous exposure to FeCl<sub>2</sub> and static or 50 Hz MF, the number of reactive oxygen species generated by iron cations may increase substantially. Further studies will be necessary to confirm this hypothesis and define the biological significance of the observed effect.

**Zmyslony M, Palus J, Dziubaltowska E, Politanski P, Mamrot P, Rajkowska E, Kamedula M. Effects of in vitro exposure to power frequency magnetic fields on UV-induced DNA damage of rat lymphocytes. Bioelectromagnetics. 25(7):560-562, 2004. (E)**

The mechanisms of biological effects of 50/60 Hz (power frequency) magnetic fields (MF) are still poorly understood. There are a number of studies indicating that MF affect biochemical processes in which free radicals are involved, such as the biological objects' response to ultraviolet radiation (UVA). Therefore, the present study was aimed to assess the effect of 50 Hz MFs on the oxidative deterioration of DNA in rat lymphocytes irradiated in vitro by UVA. UVA radiation (150 J/m<sup>2</sup>) was applied for 5 min for all groups and 50 Hz MF (40 microT rms) exposure was applied for some of the groups for 5 or 60 min. The level of DNA damage was assessed using the alkaline comet assay, the fluorescence microscope, and image analysis. It has been found that the 1 h exposure to MF caused an evident increase in all parameters consistent with damaged DNA. This suggest that MF affects the radical pairs generated during the oxidative or enzymatic processes of DNA repair.

**SECTION 7**

**Evidence for Stress Response  
(Stress Proteins)**

**Health Risk of Electromagnetic Fields:  
Research on the Stress Response**

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## **A Scientific Perspective on Health Risk of Electromagnetic Fields: Research on the Stress Response**

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## I. Abstract

The stress response is a protective cellular mechanism that is characterized by stress protein synthesis. The stress response, by its very nature, shows that *cells react to EMFs as potentially harmful*. The stress response is an important protective mechanism that enables cells from animals, plants and bacteria to survive environmental stressors with the aid of heat shock proteins (hsp). It is stimulated by both non-thermal power (ELF), and non-thermal radiofrequency (RF) as well as thermal radio (RF) frequency EMFs, so the greatly differing energies are not critical in activating the DNA to synthesize proteins. Direct interaction of both ELF and RF EMFs with DNA is likely, since specific DNA sequences are sensitive to EMFs and retain their sensitivity when transferred to artificial molecular constructs. Basic science research is essential for determining the biological parameters needed to assess health risks of electromagnetic fields (EMFs) and the molecular mechanisms that explain them. However, the adversarial nature of the debate about risk has clouded the evaluation of the science. To clarify the results of research on EMF stimulation of the stress response, it is necessary to consider the scientific context as well as the research. There is ample evidence that ELF and RF fields activate DNA in cells and cause damage at exposure levels that are considered 'safe' (i.e., below current exposure limits that are based on tissue heating as measured in Specific Absorption Rate or SAR). Because non-thermal EMFs are biologically active and potentially harmful, new safety standards must be developed to protect against possible damage at non-thermal levels, and the standards must be defined in terms of a non-thermal biological dose. Fewer than one quarter of the relevant references listed in Table 1 appear in the IEEE list leading to the newly revised IEEE C95.1 recommendations (April, 2006).

## II. Stress Proteins - Conclusions (Heat Shock Proteins)

Conclusion: *Scientific research has shown that the public is not being protected from potential damage that can be caused by exposure to EMF, both power frequency (ELF) and radio frequency (RF).*

Conclusion: *DNA damage (e.g., strand breaks), a cause of cancer, occurs at levels*

*of ELF and RF that are below the safety limits. Also, there is no protection against cumulative effects stimulated by different parts of the EM spectrum.*

Conclusion: *The scientific basis for EMF safety limits is flawed when the same biological mechanisms are activated in ELF and RF ranges at vastly different levels of the Specific Absorption Rate (SAR). Activation of DNA to synthesize stress proteins (the stress response), is stimulated in the ELF at a non-thermal SAR level that is over a billion times lower than the same process activated in the RF at the thermal level.*

Conclusion: *There is a need for a biological standard to replace the thermal standard and to also protect against cumulative effects across the EM spectrum.*

### **III. ELF and RF activation of the stress response**

Much detailed information about the stress response will be presented in the following sections and in the tables, but the most important finding to keep in mind is that *both ELF and RF fields activate the synthesis of stress proteins*. All cells do not respond to EMF, but activation of the same cellular mechanism by both thermal and non-thermal stimuli in a variety of cells shows that both ELF and RF are biologically active and that a biological ‘dose’ of EMF cannot be described in terms of SAR (Blank and Goodman, 2004a). SAR is irrelevant for non-thermal ELF responses, where energy thresholds are many orders of magnitude lower than in RF. A new definition of EMF dose is necessary for describing a safety limit, and SAR must be replaced by a measure of exposure that can be defined in biological terms.

The stress response, by its very nature, shows that *cells react to EMFs as potentially harmful*. The stress response is an important protective mechanism that enables cells from animals, plants and bacteria to survive environmental stressors, such as sharp increases in temperature (originally called ‘heat shock’), hypoxia, and dissolved toxic heavy metals like  $\text{Cd}^{+2}$  and oxidative species that can damage proteins and DNA (‘oxidative stress’). The stress response is evolutionarily conserved in essentially all eukaryotic and prokaryotic organisms, but not all stressors are effective in all cells, and different stress proteins are activated under different conditions. Stress proteins are a family of about 20 different proteins, ranging in size from a few kilodaltons to over 100kD. The 27kD and 70kD protein families are the most common and most frequently studied.

Kültz (2005) has called the stress response a ‘... defense reaction of cells to damage that environmental forces inflict on macromolecules.’, based on evidence from gene analysis showing that the stress response is a reaction to molecular damage. The genes activated as a group along with stress genes, which Kültz calls the ‘universally conserved proteome’, are those associated with sensing and repairing damage to DNA and proteins.

Stress proteins help damaged proteins refold to regain their conformations, and also act as “chaperones” for transporting cellular proteins to their destinations in cells. The molecular damage stimulated by non-thermal ELF fields occurs in the absence of an increase in temperature. ELF energy thresholds are estimated to be about  $10^{-12}$  W/kg, over a billion times lower than the thermal stimuli that cause damage in the RF range (Blank and Goodman, 2004a).

The classic stress response to a sharp increase in temperature (i.e., ‘heat shock’) is associated with a biochemical pathway where transcription factors known as heat shock factors, HSFs, translocate from the cytoplasm to the nucleus, trimerize and bind to DNA at the heat shock elements (HSEs) in the promoters of the genes. The promoter is the DNA segment where protein synthesis is initiated and it is not part of the coding region. The HSEs contain specific nucleotide sequences, nGAAn, that are the consensus sequences for thermal stimuli. The binding of HSFs to HSEs, etc is similar for heat shock in plant, animal and bacterial cells. ELF range EMFs have been shown to follow the same sequence of events in inducing stress response proteins in human cells, including breast (MCF7, HTB124), leukemia (HL60), epithelial cells, as well as *E. coli* and yeast cells.

Studies done with chick embryos and cells from *Drosophila* and *Sciara* salivary gland chromosomes have produced graphic evidence of the effects of EMF. In *Drosophila* and *Sciara* salivary gland chromosomes, EMF causes the formation of ‘puff’s, enlarged regions along the chromosome, at loci associated with activation of heat shock genes. This is followed by elevated concentrations of transcripts at the sites and eventually stress protein synthesis (Goodman and Blank, 1998). The changes in chromosome morphology are characteristic of the stress response to both EMF and elevated temperature. Chick embryos develop hearts that stop beating when the oxygen concentration is lowered, but that can be protected and kept beating if stress proteins have been induced by ELF fields (DiCarlo et al, 1998) and in the RF range (Shallom et al, 2002).

The cellular response pathways to EMF have been characterized in the ELF range (Goodman and Blank, 2002), and have been found to share some of the characteristics of heat shock stress, such as the movement of heat shock factor monomers from the cytoplasm to the nucleus. The biochemical mechanism that is activated, the MAPK signaling pathway, differs from the thermal pathway (Goodman and Blank, 2002), but is the same as the non-thermal pathway in the RF range (Leszczynski et al, 2002).

The HSP70 gene is activated within minutes in cells exposed to ELF fields (Lin et al, 1997), and is accompanied by the binding of HSFs to the specific nucleotide sites in the promoter of the gene. However, different segments of the DNA promoter function as HSEs. Research in the ELF range has shown that the promoter of the major stress protein, hsp70, has two domains that respond to two different physical stimuli, EMF and an increase in temperature (Lin et al, 1999). The stimulus-specific domains have different DNA sequences that cannot be interchanged. The ***DNA consensus sequences that respond to EMF are nCTCTn*** (Lin et al, 1997; 1999). These differ from the nGAAn consensus sequences for thermal stimuli. The existence of two different consensus sequences that respond to EMF and temperature increase, respectively, are molecular

evidence of different pathways that respond to non-thermal and thermal stimuli.

In another series of experiments, a DNA sequence from the promoter of an EMF sensitive gene was included in a construct containing a reporter gene, either chloramphenicol amino transferase (CAT) or luciferase. In each case, the construct proved to be EMF sensitive and reacted when an ELF field was applied (Lin et al, 2001). The ability to transfer EMF sensitive DNA sequences that subsequently respond to an EMF is further evidence linking the cellular response to a DNA structure.

In heat shock, the stress response is activated when extracellular signals affect receptors in the plasma membrane. This probably does not happen with an EMF, which can easily penetrate throughout the cell and whose actions are therefore not limited to the membrane. One can transfer the EMF response by transferring the DNA consensus sequences (Lin et al, 2001), so it is likely that the activation mechanism involves direct EMF interaction with the DNA consensus sequences. The cell based signal transduction pathways of the heat shock response are involved in regulation of the EMF stimulated process, probably through the feedback control mechanisms that respond to the stress proteins synthesized or the mRNA concentrations that code for them (Lin et al, 1998).

Repeated induction of the stress response in a cell has been shown to induce cytoprotection, a reduced response associated with restimulation (Blank and Goodman, 1998). This is analogous to thermotolerance, the reduced response to an increase in temperature after an initial heat shock response. Experiments with developing chick embryos show similar habituation to repeated stimulation in the ELF range (DiCarlo et al, 2002). There are different effects of continuous and intermittent EMF exposures that show feedback control features in the EMF stimulated stress response (Lin et al, 1997). This autoregulatory reaction is an indication that the thermotolerance mechanism is inherent in the response to a single stimulus as well.

It has now been shown in many laboratories that RF also stimulates the cellular stress response and cells start to synthesize stress proteins in many different kinds of cells (e.g., Kwee et al, 2001; Shallom et al, 2002; Leszczynski et al, 2002; Weisbrot et al, 2004). Cotgreave (2005) included many cells that did not synthesize stress proteins in response to RF stimulation in his summary of data. The listings in Table 1 contain additional positive and negative results. It is quite clear that certain cell lines do not respond to EMF by synthesizing stress proteins. The reasons are not known, but the changes in cells in tissue culture and in cancer cells may render some of them unable to respond to EMF. In addition to mutations in cell lines, pre-exposure to ambient ELF and RF fields in the laboratory can also affect an ability to respond. What we can say in summary at this stage is that:

- the stress response has been demonstrated in many cells and linked to changes in the DNA and chromosomes.

- there are similarities in stress protein synthesis stimulated in the non-thermal ELF and thermal RF frequency ranges.
- the biochemical mechanism that is activated is the same non-thermal pathway in both ELF and RF, and is not associated with the thermal response.

#### **IV. DNA activation mechanisms: EMFs and electrons**

We think of DNA as a very stable polymer that stores and transmits genetic information from generation to generation. However, DNA must also come apart relatively easily to enable the continuous protein synthesis that is needed to sustain living cells. Usually, this process is started when specialized proteins called transcription factors bind to DNA. However, both ELF and RF fields also stimulate DNA to start protein synthesis. EMF stimulation of stress protein synthesis indicates activation of DNA, even by relatively weak non-thermal ELF. This raises the possibility that EMF can cause other changes in DNA that interfere with the copying and repair processes in DNA, and that can lead to mutations and cancer.

Protein synthesis starts when the two chains of DNA come apart to make an mRNA copy of the amino acid code for a particular protein. This occurs at the specific DNA segment where the transcription factor binds, and in forming a bond changes the electron distribution. Since recent research has shown electron conduction in DNA (Wan et al, 1999; 2000; Ratner, 1999; Porath et al, 2000; Giese and Spichty, 2000), it is possible that EMF affects electron distribution and movement in DNA, and helps it to come apart to initiate protein synthesis, not unlike the action of a transcription factor. Charge transport through DNA depends on the DNA sequence (Shao et al, 2005), and there are reasons to believe that EMFs would cause the DNA to come apart at the EMF consensus sequence, nCTCTn (Blank and Goodman, 2002).

The ability of relatively small perturbations to stimulate DNA to initiate biosynthesis is consistent with larger perturbations that lead to DNA strand breaks. Several experimental studies have reported both single and double strand breaks in DNA and other chromosome damage after exposure to ELF fields (Lai and Singh, 1997a; Ivancsits et al, 2005, Diem et al, 2005; Winker et al, 2005). Ivancsits et al (2005) found DNA damage in fibroblasts, melanocytes and rat granulosa cells, but not in lymphocytes, monocytes and skeletal muscle cells. Single and double strand breaks and other DNA damage after exposure to RF fields have also been reported (Phillips et al, 1998; Sarimov et al, 2004; Lai and Singh, 2005).

The Ivancsits, Diem and Winker studies cited above are part of the REFLEX Project, a collaboration of twelve laboratories in seven countries of the European Union (REFLEX, 2004). The group found that both ELF and RF exposures, below the current safety limits, modified the expression of many genes and proteins. They also reported DNA damage (e.g., strand breaks, micronuclei, chromosomal damage) due to ELF fields at exposures

of 35 $\mu$ T. Similar genotoxic effects were produced in fibroblasts, granulosa cells and HL60 cells by RF fields at SARs between 0.3 and 2W/kg. The expression and phosphorylation of the stress protein hsp27 was one of the many proteins affected.

The REFLEX Project Report (2004) is available on the internet and well worth consulting as a source of much information about the effects on cells *in vitro* due to the ELF and RF exposures we encounter in our environment. The Report has an introduction by Ross Adey, one of the last things he wrote, telling us about the importance of establishing "...essential exposure metrics ... based on mechanisms of field interactions in tissues". One needs a biological metric in order to characterize EMF exposure.

The possibility that EMFs could cause greater damage to DNA in the RF range and at longer exposures was demonstrated by Phillips et al (1998) who reported more DNA breaks when cells were exposed at higher SARs. They suggested that the rate at which DNA damage can be repaired (or eliminated by apoptosis) is limited, and when the rate of damage at the higher SARs exceeds the repair rate, there is the possibility of retaining mutations and initiating carcinogenesis. Chow and Tung (2000) reported that exposure to a 50Hz magnetic field enhances DNA repair through the induction of DnaK/J synthesis. The eternal struggle in cells and organisms between the forces tending to break things down (catabolism) and those tending to build up and repair (anabolism) probably accounts for much of the variability one finds in experiments with cells as well as with people.

The changes in DNA initiated by ELF fields cannot be explained by thermal effects. Electric and magnetic fields interact with charges and magnetic dipoles, and fundamental mechanisms must ultimately be based on these interactions. From the data in Table 2, it is clear that relatively little energy is needed for effects on electron transfer (Blank and Goodman, 2002; 2004b; Blank, 2005). The low energies needed to perturb DNA in the ELF range suggest that the mechanism involves electrons, e.g., probably in the H-bonds that hold the two chains of DNA together. Electrons have very high charge to mass ratio and are most likely to be affected even by weak electric and magnetic fields.

There are many indications that electrons are involved in EMF reactions with DNA. In experiments that stimulate the stress response, the estimated force of  $\sim 10^{-21}$  newtons that activates DNA can move a free electron about the length of a H-bond ( $\sim 0.3$ nm) in 1ns. The calculated electron velocity is comparable to electron velocities measured in DNA (Wan et al, 1999; 2000), and is also expected if electrons move at the  $\sim$ nanometer/picosecond flickering rate of protons in H-bonded networks (Fecko et al, 2003) that would be present at normally hydrated DNA sites. Electrons can tunnel nanometer distances in proteins (Gray and Winkler, 2003), and experiments have shown comparable electron movement in DNA (Wan et al, 1999; 2000). Electrons might be expected to move more readily from the CTCT bases in the consensus sequence, because of their low electron affinities. Finally, ELF fields have been shown to accelerate electron transfer in oxidation-reduction reactions (Blank and Soo, 1998; 2003).

The fact that the same non-thermal mechanism is activated in ELF and RF ranges

emphasizes that it is not the total energy associated with the EMF that is critical, but rather the regular oscillations of the stimulating force. As already mentioned earlier, the energy associated with each wave (i.e., energy/cycle) is more or less independent of the frequency. If the same energy is needed to reach threshold in both ELF and RF, the many repetitions at the higher frequency cause the non-thermal threshold to be reached in a shorter time and the total energy absorbed over time to increase with frequency. Even in the ELF range, where SAR levels are very low, the stress response is activated by short exposures to fields of less than  $1\mu\text{T}$ , while single and double strand breaks in DNA have been reported at longer exposures to higher field strengths  $\sim 0.1\text{mT}$  (Lai and Singh, 2005). The two mechanisms appear to be related in that breaks in DNA appear to result from free radical mechanisms that also involve electron transfer reactions (Lai and Singh, 1997b).

The reaction of EMFs with DNA differs from those listed in Table 2 in that they appear to occur with equal ease at the widely differing frequencies in ELF and RF ranges. The frequency dependence of a reaction provides information about how time constants of charge transfer processes are affected by fields, and the frequency responses of the few EMF sensitive biological systems that have been studied suggest that fields are most effective at frequencies that are close to the natural rhythms of the processes affected (Blank and Soo, 2001a; Blank and Goodman, 2004b; Blank, 2005). Frequency optima for the enzymes, Na,K-ATPase and cytochrome oxidase, differ by an order of magnitude with maximums at about 60Hz and 800Hz, respectively (Blank and Soo, 2001a), in both cases close to the observed frequency maximum of the enzyme reaction. The rate constant of the BZ reaction is about 250Hz, the frequency of the rate limiting step in a multi-step process with at least 10 sub-reactions (Blank and Soo, 2003).

The electrons in DNA that are affected by EMFs are probably not engaged in electron transfer reactions. They respond to frequencies that range from ELF to RF and are more likely to be tied to the wide frequency range of fluctuations than to the frequency of a particular reaction. The displacement of electrons in DNA would charge small groups of base pairs and lead to disaggregation forces overcoming H-bonds, separating the two chains and enabling transcription. Studies have shown that biopolymers can be made to disaggregate when the molecular charge is increased (Blank, 1994; Blank and Soo, 1987). This explanation would also apply to the effect of applied electric fields that also activate DNA. Electric fields exert a force on electrons, and have been shown to stimulate protein synthesis in HL60 cells (Blank et al, 1992), E coli (Laubitz et al, 2006) and muscle *in vivo* (Blank, 1995). The genes for the hsp70 stress protein are more likely to be activated since they have been shown to be 'bookmarked' on the DNA chain, that is, more exposed to externally applied forces (Xing et al, 2005).

The outline of a plausible mechanism to account for EMF activation of DNA through interaction with electrons has relied on evidence from many lines of research. This mechanism may or may not hold up under further testing, but the experimental facts it is based on have been verified. It has been clearly demonstrated that exposure of cells to non-thermal power and thermal radio frequency EMFs, at levels deemed to be safe for human exposure, activate DNA production of stress proteins and could increase the

number of DNA breaks. There is ample experimental evidence to support the possibility of DNA damage at non-thermal levels of exposure, and the need for greater protection.

## **V. The critical role of scientific research**

The connection between the results of scientific research and assessing EMF risk does not appear to be working well. We all agree that EMFs are unsafe at the level where they cause electrocution, and that we must protect against that possibility. We also agree that if other risks are associated with EMFs, we must identify them and determine the exposure levels at which they occur. This task requires that we define a biological dose of EMF, and that we obtain information about cellular mechanisms activated at different doses. As we have seen, the currently accepted measure of EMF dose, the specific absorption rate (SAR), is definitely not a measure of the effective biological dose when stress protein synthesis can be stimulated by SAR levels that differ by many orders of magnitude in the ELF and RF ranges (Blank and Goodman, 2004a). Yet, there is strong opposition to accepting the consequences of these experimental facts.

Regarding EMF mechanisms, we still have much to learn, but we know that the energy and field strength thresholds of many biological reactions are very low (Table 2). These findings indicate that safe exposure levels for the public should be substantially lowered, if only as a precautionary measure. Even when stated in vague terms, so as to require little more than lip service, a precautionary policy has not yet been recommended by the WHO. Thus, the two main problems of research on EMF risk, defining a biological dose and the desired level of exposure protection, remain to be solved.

Scientific research can contribute to defining a biological dose, but the desired level of exposure protection is a more complicated issue. Guidance for EMF policy on exposure protection has come primarily from epidemiology studies of health risks associated with power lines in the case of ELF, and cell phones in the case of RF. Basic research studies do not provide insight into the effects of long term exposures that are so important in determining risk, and they appear to have been used almost entirely to probe biochemical mechanisms that might underlie health risks identified in epidemiology studies. However, the research does overcome a basic weakness of epidemiology studies, an inability to determine a causal relation and to rule out effects of possible confounders. Epidemiology studies can correlate EMF exposure and health effects in human populations, and show quantitative dose-response relations, but it is only when coupled with basic research on molecular mechanisms that one can test and establish the scientific plausibility of effects of exposure. This scientific capability has become more important with recent advances in research on DNA, where mutations associated with initiation and promotion of cancer can be identified. EMF laboratory research has also played an indirect role in the practical aspects of risk by showing that:

- many biological systems are affected by EMFs,
- EMFs compete with intrinsic forces in a system, so effects can be variable,

- many frequencies are active,
- field strength and exposure duration thresholds are very low,
- molecular mechanisms at very low energies are plausible links to disease (e.g., effect on electron transfer rates linked to oxidative damage, DNA activation linked to abnormal biosynthesis and mutation).

Research on the stress response, a protective mechanism that involves activation of DNA and protein synthesis, was not included in previous scientific reviews prior to evaluating safety standards, and thus provides additional insights into EMF interactions (Blank and Goodman, 2004a). Activation of this protective mechanism by non-thermal as well as thermal EMF frequencies has demonstrated:

- the reality and importance of non-thermal effects of EMFs,
- that cells react to an EMF as potentially harmful,
- the same biological reaction to an EMF can be activated in more than one division of the EM spectrum,
- direct interaction of ELF and RF with DNA has been documented and both activate the synthesis of stress proteins,
- the biochemical pathway that is activated is the same pathway in both ELF and RF and it is non-thermal,
- thresholds triggering stress on biological systems occur at environment levels on the order of 0.5 to 1.0  $\mu\text{T}$  for ELF,
- many lines of research now point to changes in DNA electron transfer as a plausible mechanism of action as a result of non-thermal ELF and RF.

Given these findings, the *specific absorption rate (SAR)* is not the appropriate measure of biological threshold or dose, and should not be used as a basis for a safety standard since it regulates against thermal effects only.

Cellular processes are unusually sensitive to non-thermal ELF frequency fields. The thresholds for a number of biological systems are shown in Table 2, and many are in the range of 0.5 to 1.0  $\mu\text{T}$ , not very much higher than the usual environmental backgrounds of  $\sim 0.1 \mu\text{T}$ . The low biological thresholds in the non-thermal ELF range undermine claims that an EMF must increase the temperature in order to cause changes in cells. They also show that many biochemical reactions can be affected by relatively low field strengths, similar to those in the environment. -Non-thermal ELF fields can also cause DNA damage, and therefore add to health and safety concerns.

In addition to very low thresholds, exposure durations do not have to be very long to be effective. Litovitz et al (1991, 1993), working with the enzyme ornithine decarboxylase,

have shown a full response to an EMF when cells were exposed for only 10sec. This occurred with ELF sine waves or ELF modulated 915MHz sine waves. The exposure had to be continuous, since gaps in the sine wave resulted in a reduced response. Interference with the sine wave in the form of superimposed ELF noise also reduced the response (Mullins et al, 1998). The interfering effect of noise has been shown in the RF range by Lai and Singh (2005), who reported that noise interferes with the ability of an RF signal to cause breaks in DNA strands. The decreased effect when noise is added to a signal is yet another indication that EMF energy is not the critical factor in causing a response.

The finding that the stress response threshold can be stimulated in both ELF and RF frequency ranges appears to suggest that the threshold is independent of EMF energy. Energy increases with the frequency, so compared to an ELF energy of  $\sim 1$  a.u. (arbitrary unit of energy), the energy at RF is  $\sim 10^{11}$  a.u. Actually, it is the energy/cycle that is independent of frequency. A typical ELF cycle at  $10^2$  Hz lasts  $10^{-2}$  sec and a typical RF cycle at  $10^{11}$  Hz lasts  $10^{-11}$  sec. Because the energy is spread over a different number of cycles each second in the two ranges, the same value of  $\sim 10^{-2}$  a.u./cycle applies to both ELF and RF ranges.

An early review of the stress response in the ELF range (Goodman and Blank, 1998) summarized basic findings, and a more recent review by Cotgreave (2005) has provided much additional information, primarily on the RF range. Table 1 summarizes both ELF and RF studies (mainly frequencies 50Hz, 60Hz, 900MHz, 1.8GHz) relevant to stimulation of DNA and stress protein synthesis in many different cells. The list is not exhaustive, but the citations represent the different frequencies and biological systems, as well as the diversity of results in the literature. As already noted by Cotgreave (2005), the stress response does not occur in reaction to EMFs in all cells. A paper by Jin et al (2000), to be discussed later, shows that even the same cell line can give opposite results in the same laboratory. The stress response is an important topic in its own right, but its importance for EMF research is that it offers insights into EMF interaction mechanisms in the stimulation of DNA. On the practical level, the stress response has shown the need to replace the SAR standard to take into account non-thermal biological effects.

Differences in experimental results shown in Table 1 are not uncommon when studying phenomena that are not as yet well understood, and this frequently gives rise to controversy. In EMF research, however, other factors have contributed to a controversial scientific atmosphere. The following sections on the scientific context, as well as a critique of the review by Cotgreave, will show how discussion of the stress response and the absence of discussion on related topics have compromised the evaluation of the science. The discussion of stress response stimulation in ELF and RF ranges together with ideas on DNA mechanisms, has important implications regarding EMF risk and safety.

## **VI. The troubling context of today's science**

The need to include basic research findings in assessment of health risks is clear, but it is

equally important to make sure that these findings are properly evaluated. No less an authority on science than Donald Kennedy (2006), the current Editor of *Science*, wrote "...how competitive the scientific enterprise has become, and the consequential incentive to push (or shred) the ethical envelope". He was referring primarily to the controversial religious/ political atmosphere over such issues as evolution, stem cell research, etc, but he could just as easily have included economic factors. In the following quote, editors of the *Journal of the American Medical Association* (JAMA 284:2203-2208, 2000) pointed out distortions in the proof of effectiveness of drugs in studies supported by the drug industry:

*"There is a growing body of literature showing that faculty who have industry ties are more likely to report results that are favorable to a corporate sponsor, are more likely to conduct research that is of lower quality, and are less likely to disseminate their results to the scientific community".*

Even *The Wall Street Journal* (Jan 9, 2007), which generally presents favorable views of business, had a front page article on the controversy over whether mycotoxins produced by molds are harmful, that was critical of scientist-business community connections. They pointed out that some scientific experts in the professional societies, who had issued statements minimizing harmful effects, had not disclosed their links to companies defending lawsuits in this area.

The connection between scientific expertise, the research that is done, and the source of support, has always been an ethical gray area, but the above examples and recent instances of experimental fraud have reinforced the impression that the ethical standards of scientists have deteriorated considerably. In our area of interest, insufficient attention has been paid to the influence the power and communication industries may be having on the research of those assessing EMF safety. At the Third International Standard Setting Seminar (October 2003) in Guilin, China, Prof. Henry Lai of the University of Washington summarized 179 cell phone studies showing that independent researchers were twice as likely to report biological effects due to RF in comparison to those funded by industry. This was very much in line with the earlier JAMA comment on the drug industry. Published reports have started to appear (Hardell et al, 2006; Huss et al, 2007) documenting the correlation of EMF research outcome with the source of support. Recognition of the phenomenon is a first step toward minimizing abuses, and one hopes that this information will eventually be factored into evaluation of the experimental results. I am not overly optimistic, since those who wish their influence to remain hidden can channel support through unaffiliated committees with non-committal names.

Science is a cooperative enterprise in the long run, but in day-to-day practice, there has always been competition among scientists for recognition and support. In EMF research, the atmosphere has become especially adversarial in the selection of participants and subjects to be covered in recent evaluations. Two important examples are the International Committee on Electromagnetic Safety (ICES) and IEEE sponsored symposium on "Reviews of Effects of RF Energy on Human Health" (BEMS Supplement 6, 2003), and the more recent WHO sponsored symposium "Sensitivity of Children to

EMF Exposure” (BEMS Supplement 7, 2005). Both collections of papers appeared in *Bioelectromagnetics*, the journal of the primary research society in this scientific specialty, where publication carries a certain aura of authority in the field. Of course, one expects the highest of ethical standards, and the editor assured everyone that normal reviewing procedures, etc, had been followed. However, all that had come after the scope of the papers had been narrowly defined so that there was no coverage of recent research on the EMF stimulated stress response or stimulation of DNA to initiate protein synthesis. An older mind set pervaded the choice of the topics and the papers. That mind set appeared to be stuck in the belief that non-thermal EMF was biologically inert, that the nucleus was an impregnable structure that unlocked the genetic information in its DNA only at the time of cell division, etc. These two meetings took place only a few years ago, in a world of science where it had already been known for some time that biochemical signals are continuously changing DNA in cell nuclei and mitochondria, turning on protein synthesis, checking and repairing DNA itself, etc. Research on the stress response had even shown that DNA was unusually sensitive to EMF by finding responses in the non-thermal ELF range. One expects to find such papers in symposia organized by the Mobile Manufacturers Forum, but not in *Bioelectromagnetics*.

A science based evaluation process cannot limit its scope of interest so as to ignore a research area that is so central in biology today, and that is obviously affected by EMF. Information on the EMF stimulated stress response and stimulation of DNA to initiate protein synthesis must be an integral part of the evaluation process, and its omission in earlier evaluations compromised the scientific basis of those reviews and distorted their conclusions.

It is ironic that the review in *Bioelectromagnetics* Supplement 6 listed as its first guiding principle that “The RF safety standard should be based on science”, essentially a reaffirmation of the IEEE guideline for the revision of C95.1-1991 safety standards. Scientific research is designed to answer questions, and answers do not come from deciding *a priori* that certain types of studies are not relevant or can be ignored because they have not been adequately proven in the eyes of the organizers. Scientific method is not democratic. The word ‘proof’ in ‘scientific proof’ is best understood in terms of its older meaning of ‘test’. It does not rely on an adversarial ‘weight of the evidence’, where opposing results and arguments are presented and compared. Answers do not come from keeping a scoreboard of positive versus negative results and merely tallying the numbers to get a score. In scientific proof, number and weight do not count. It is hard to see how the review in *Bioelectromagnetics* Supplement 6 could reconcile its advocacy of science as a guiding principle with its subsequent endorsement of “the weight of evidence approach” to be used in their assessment.

*We should be reminded that ‘scientific proof’ is not symmetric (Popper, 1959). One cannot prove that EMF is harmless no matter how many negative results one presents. One single reproducible (significant) harmful effect would outweigh all the negative results.*

The above characteristics of science are generally acknowledged to be valid as abstract

principles, but in EMF research, it has been quite common to list positive and negative findings and thereby imply equal weights. Table 1 is an alphabetical listing by first author of positive and negative findings, with the negative studies indicated as **NO** in bold. There is no scoreboard, since the studies are on many different systems, etc, and not of the same quality. The listing is not meant to be complete or to be scored, but rather to present the variety of biological systems studied in the different EMF ranges. Negative studies play an important role in science, and there is good reason to publish them when they are failures to replicate earlier positive results. This can often lead to important clarifications of the effect, the technique, etc. However, negative studies are being used in another way. Although they cannot prove there is no positive effect, they do have an influence in the unscientific ‘weight of evidence approach’. In epidemiology, where it is difficult to compare studies done under different conditions, it is common to make a table of the positive and negative results. The simple listing has the effect of a tally, and the overall score substitutes for an evaluation. In any case, one can write that the evidence is ‘not consistent’, ‘not convincing’ or claims are ‘unsubstantiated’ and therefore ‘unproven’. The same is true in experimental studies. Funds are generally not available for an independent study to track down the causes of the differences in results, so the contradictory results are juxtaposed and a draw is implied. This is a relatively cheap but effective way to neutralize or negate a positive study.

## **VII. Replication and failures to replicate experimental results**

Independent replication of experiments is an essential criterion for acceptance of a result and one of the pillars of scientific proof. However, as we shall see below, it is very difficult to actually replicate a biological experiment. We need only remember the experience with the ‘Henhouse’ project run by the Office of Naval Research many years ago, when chicken eggs from different suppliers led to different effects of EMFs on chick embryo development.

While scientists generally shun replications, some failures to replicate have been analyzed and explained. The two discussed below had the earmarks of replications, but neither was. In one case, it was clearly shown by Jin et al (2000) that the investigators failed to use the precise cell type population of the original experiment. Jin et al obtained HL60 cells from the two different sources used in the papers with the contradictory results, and showed that the cells had very different growth characteristics, significantly different reactivities and reactions to EMFs. It appears that even different samples of the same cell line in the same laboratory can have different responses to EMFs. The changes that occur in tissue culture over time can result in very different responses to EMFs.

In another example, Utteridge et al (2002) published a paper in *Radiation Research* meant to test the positive results of an earlier study (Repacholi et al, 1997) that had shown a twofold increase in lymphoma in mice exposed to cell phones. They failed to replicate the findings, but even a cursory reading of the paper showed that the study was

poorly designed and executed, and was definitely not a replication. They had used a different exposure regimen and had manually handled the animals, an added stress on the mice. The cancer rate in the control group was three times the rate of the earlier study, possibly due to the handling, making it almost impossible to find any effect of cell phone exposure. There were also unusual inconsistencies in the published data, such as listing the weights of animals that had died months earlier. It is hard to see how the paper passed peer review. The Utteridge study self-destructed, and the results of the Repacholi study are still looked upon as showing a relation between RF and cancer in an animal model. However, there were scientific casualties, the peer review process of the journal and the credibility of its editors.

It may be appropriate to mention that *Radiation Research*, a journal devoted to research with ionizing radiation frequencies, has published studies that almost exclusively show no EMF effects. A quick glance at Table 1 will show that many of the 'NO effect' listings are published in that journal. It has even gone beyond the frequency range defined in its title and published 'negative' studies in the non-ionizing frequency range. The internet edition of *Microwave News* has an explanation for why this journal repeatedly publishes negative research and appears to have become so politicized on the EMF issue.

It is not unusual for scientists to deviate from an original experimental protocol when repeating an experiment. They generally view the deviations as improvements in technique. Readers who have not worked on that particular system are unlikely to focus on a small difference that does not appear to be significant. Yet, even a small difference may lead to a failed replication. Blank and Soo (2003) showed that EMF accelerated the Belousov-Zhabotinsky (BZ) reaction, which is the catalyzed oxidation of malonic acid. A subsequent study reported no effect of EMF on the BZ reaction (Sontag, 2006), in essence a failed replication. In the second study, the authors did not apply the field at the time the reactants were mixed, as in the original, but only after the reaction was well under way for about seven minutes. This time difference was critical for a reaction that responds to EMF. Other reactions had responded to EMF (Blank and Soo, 2001b; Blank, 2005) only when the field was applied at time zero, when the intrinsic chemical forces were relatively weak. The effect of EMF was even shown to vary inversely with the opposing chemical forces of an enzyme (Blank, 2005). After seven minutes, the BZ reaction was running at full speed and the applied ELF fields were not strong enough to overcome the built up chemical forces.

The above paragraph points up a critical factor often overlooked in EMF experiments. EMF is only one of the factors that can affect the rate of a biochemical reaction, and a relatively weak one in the ELF range. It appears that when an EMF accelerates charge movements associated with a reaction, the applied field competes with intrinsic forces, and the ability to see an effect of the applied EMF depends on minimizing the other forces in the system. It is obvious that an important strategy to minimize unwanted biological effects due to EMF is to maintain intrinsic forces at optimal (healthy) levels.

In the above mentioned experiments with the Na,K-ATPase (Blank, 2005), it was found

that the effect of an applied electric or magnetic field varied inversely with the activity of the enzyme, which could be changed by changing ion concentrations, temperature, inhibitors, or by the normal aging of the preparation. The effect of intrinsic activity was also observed in other systems, electron transfer from cytochrome C to cytochrome oxidase (Blank and Soo, 1998), and in the effect of temperature on the oxidation of malonic acid (Blank and Soo, 2003). Since the effect of EMF in an experiment can vary depending on the other forces acting in the system, it is important to make sure that all relevant parameters are identified and controlled. Replication of biological experiments must ensure a comparable level of intrinsic biological activity before a perturbing EMF is applied. This is especially difficult with enzyme preparations as they age.

In studies of stress protein synthesis, many factors must be considered, but the choice of cells is particularly important. Not all cells respond to EMF, and the results of many experiments have suggested ideas about critical properties that are apt to determine the response and also affect the ability to replicate an experimental result.

A quick look at Table 1 shows that tissue culture cells are more likely to show ‘**NO** effect’. That is not really surprising. Cells in tissue culture have changed significantly to enable them to live indefinitely in the unnatural conditions of a flask in a laboratory, and the changes could have made them unresponsive to EMF. The same is true of the changes in cancer cells, although some (e.g., MCF7) have responded to EMF (e.g., Liburdy et al, 1993), and in one cell line, HL60, some samples respond to EMF and others do not (Jin et al, 2000). On the other hand, the study by Czyz et al (2004) found that p53-deficient embryonic stem cells showed an increased EMF response, but the wild type did not. It is obviously difficult to make generalizations about the necessary conditions for a response to EMF when there are so many variations, and cells can undergo changes in tissue culture.

Some insight into differences between cells has been obtained from a broad study of genotoxic effects in different kinds of cells (Ivancsits et al, 2005). They found no effects with lymphocytes, monocytes and skeletal muscle cells, but did find effects with fibroblasts, melanocytes and rat granulosa cells. Other studies (e.g., Lantow et al, 2006b; Simko et al, 2006) have also found that the blood elements, such as lymphocytes and monocytes are natural cells that have not responded. From an evolutionary point of view, it may be that mobile cells can easily move away from a stress and there is little selective advantage to develop the stress response. The lack of response by skeletal muscle cells is easier to explain (Blank, 1995). It is known that cells containing fast muscle fibers do not synthesize hsp70, while those with slow fibers do. This evolutionary development protects cells from over-reacting to the high temperatures reached in fast muscles during activity.

Other natural cells listed in Table 1, such as epithelial, endothelial and epidermal cells, fibroblasts, yeast, E coli, developing chick eggs, the cells of *Drosophila*, *Sciara* and *C elegans*, have all been shown to respond. While experiments with non-responding cells have provided little information, studies of the differences between responding and non-

responding cells may be the best experimental strategy for studying the stress response mechanism. Proteomics appears to be an excellent tool for answering many of the questions about the molecular mechanisms that are activated (Leszczynski et al, 2004).

In studies of stress protein synthesis, the time course of a response must be determined. There is generally a rapid induction and a slower falloff of response, but the kinetics can be affected by many other conditions of the experiment. It is, therefore, important to look for stress proteins when they are apt to be present, and not before they have been synthesized or after the response has decayed. This may be the explanation for the inability of Cleary et al, (1997) to observe stress proteins twenty-four hours after exposure. Some additional cautions to be aware of in contemplating or evaluating a study. For example, different stresses elicit different responses, so it is important to determine which of the ~20 different stress proteins are synthesized. The most frequently studied stress proteins are hsp70 and hsp27, but others may be involved and undetected. The exposure history of a cell population must be known, since there are differences in the responses to an initial stimulus and subsequent ones. The need to provide shielding for cells becomes far more complicated when they respond to RF as well as ELF fields and one must insure no pre-exposure.

Obviously, many experiments must be done to determine the optimal conditions for the study of a particular system. This does not shift the burden of proof to those unable to find an effect, but it adds weight to the cautions generally voiced in papers that state their failure to observe stress proteins 'under our experimental conditions'. Those words mean just that, and not that stress proteins were absent.

An experiment on EMF stimulation of cell growth that has almost disappeared from the EMF literature is the work of Robert Liburdy (Liburdy et al, 1993). He reported that weak 60Hz fields can interfere with the ability to inhibit growth in MCF7 breast cancer cells. This finding has been replicated six times, but the original experiment and its replications have been ignored by many health oriented scientists (Liburdy, 2003), including the recent WHO review (BEMS Supplement 7, 2005). Even breast cancer researchers (e.g., Loberg et al, 1999), who have not been directly involved in the EMF debate, appear to be totally unaware of results showing the ability of weak 60Hz fields to affect cancer cell growth. It is shocking when an EMF research review by a presumably scientifically neutral WHO fails to even mention any of the papers that offers insight into the mechanism of a devastating disease that is so prevalent in the population (Blank and Goodman, 2006). Let us not forget the asymmetry in scientific proof (Popper, 1959), where a single reproducible harmful effect would outweigh all the negative results. The many replications of the Liburdy experiment have given us a crucial finding regarding the question of EMF risk, and they cannot be ignored.

### **VIII. A critical look at a recent review of the stress response**

The earlier discussion of non-scientific influences in the design and presentation of the results of EMF research serves as an introduction to a critical look at the recent review on

RF and the stress response by Cotgreave (2005) ‘with contributions of the Forschungsgemeinschaft Funk’. I agree with the major conclusion-of the review, the need for more research on the stress response with better controls. However, Cotgreave was highly selective in his omission of papers on ELF and stress proteins. Given that there are many relevant ELF papers reporting effects on stress proteins at non-thermal levels, this omission results in significant under-reporting of what is scientifically established. These obvious and scientifically questionable omissions were used to cast doubt on the ability of RF to have a significant biological effect, at a time when much evidence pointed in the opposite direction.

Cotgreave stated correctly that RF is pleiotropic (produces more than one gene effect) for many regulatory events, in addition to the stress response. That observation comes as no surprise to biologists who know that cellular systems are interconnected and that the complexity of the signaling pathways resembles that of the old interlinked intermediary metabolism charts. It is also no surprise to those familiar with early papers on EMFs, which showed activation of genes such as *c-myc* (Goodman and Shirley-Henderson, 1991; Lin et al, 1994;1996) and *c-fos* (Rao and Henderson, 1996) at about the same time the EMF stress response was first described (Blank et al, 1994; Goodman et al, 1994). The EMF stimulated synthesis of many proteins (Goodman and Henderson, 1988) and the binding of specific transcription factors AP-1, AP-2 and SP-1 were also previously described (Lin et al, 1998).

By highlighting the previously known pleiotropic nature of the EMF response, Cotgreave played down the role of the stress response as a protective mechanism. Had he analyzed the biological implications of the many genes activated, he could have pointed to evidence from proteomics and gene analysis that there is a relevant pattern to the pleiotropism. Kültz (2005) recently summarized the evidence that specific groups of genes are activated along with stress genes across the biological spectrum. It is of particular interest to the EMF discussion that this ‘universally conserved proteome’ consists largely of genes involved in sensing and repairing damage to DNA and proteins, evidence that the stress response is a reaction to molecular damage across the biological spectrum. The stress response is one of many stimulated by RF, but other parts of the response also show evidence of damage control in reaction to an EMF.

By limiting the scope of his review to effects of RF, Cotgreave overlooked much that is relevant to understanding the effects of EMFs. That was a bit like writing a review on the physiological effects of alcohol and limiting the discussion to scotch whiskey. The EM spectrum is continuous and its divisions arbitrary, so there is no good reason to limit the discussion to RF when living cells are activated and synthesize stress proteins in both RF and ELF ranges (Blank and Goodman, 2004a). Furthermore, emissions from cell phones include both RF and ELF frequencies (Linde and Mild, 1997; Jokela, 2004; Sage et al, 2007). The bulk of the original research on EMFs and the stress response was done using ELF (see review by Goodman and Blank, 1998). ELF studies also led to information about the DNA consensus sequence sensitive to EMFs that differs from the ‘heat shock’ consensus sequence (Lin et al, 1999). This is a critical piece of molecular evidence showing the difference between thermal and non-thermal responses. Cotgreave described

the heat shock consensus sequence, but not the EMF consensus sequence or the experiments in which such sequences were transferred and retained sensitivity to an EMF (Lin et al, 2001). For any insight into EMF-DNA interaction, it was absolutely essential to describe the molecularly based biological sensitivity to EMFs, inherent in DNA structure, that differs from thermal sensitivity and that can be manipulated.

More importantly, by considering both ELF and RF responses, it becomes obvious that the practice of describing EMF 'dose' in terms of SAR is meaningless for the stress response (Blank and Goodman, 2004a). The research on ELF stimulated stress response has shown unequivocally that SAR at the threshold is many orders of magnitude lower than in the RF range. The separation of thermal and non-thermal mechanisms had already been shown by Mashevich et al (2002), where chromosomal damage observed under RF in lymphocytes was not seen when the cells were exposed to elevated temperatures. The importance of non-thermal mechanisms was also made clear in the experiments of Bohr and Bohr (2000) in a much simpler biochemical system, showing that both denaturation and renaturation of  $\beta$ -lactoglobulin are accelerated by microwave EMF, and by de Pomerai et al (2003), who showed that microwave radiation causes protein aggregation without bulk heating. These as well as the ELF enzyme kinetics studies listed in Table 2 should have indicated that EMFs can cause changes in molecular structure without requiring heating.

Cotgreave overlooked a similarity between electric and magnetic ELF stimulation of DNA and endogenous electric stimulation of protein synthesis. Blank (1995) had reviewed this effect in striated muscle, and recently Laubitz et al (2006) showed that myoelectrical activity in the gut can trigger heat shock response in E coli and Caco-2 cells. The mechanism in striated muscle is well known. Body builders stimulate muscle activity to increase muscle mass, and biologists have known that the electric fields associated with muscle action potentials stimulate the synthesis of muscle proteins. The particular proteins synthesized appear to be related to the frequency of the action potentials, and one can even change the protein composition of a muscle by changing the frequency of the action potentials (Pette and Vrbova, 1992). Under normal physiological conditions, the action potentials along the muscle membrane drive currents across the DNA in nuclei adjacent to the membrane. The estimated magnitude of electric field,  $\sim 10\text{V/m}$ , provides a large safety margin in muscle, since fields as low as  $3\text{mV/m}$  stimulate biosynthesis in HL60 cells (Blank et al, 1992). The fact that a physiological mechanism links electric stimulation to protein synthesis suggests that EMF can cause stress protein synthesis by a similar mechanism.

As a matter of proper scholarly attribution "heat shock" was first described in *Drosophila* by Ritossa (1962), and the first description of stress response due to EMF was in back-to-back papers showing similar protein distributions stimulated by temperature and ELF (Blank et al, 1994), and that both stimuli resulted in proteins that reacted with the same specific antibody for the stress protein hsp70 (Goodman et al, 1994). The ability of power frequency fields to alter RNA transcription patterns had been reported even earlier by Goodman et al (1983).

The above discussion acknowledges that Cotgreave's review was a positive contribution that summarized much useful information, but one that failed to properly assess the state of knowledge in EMF stress protein research. He gave the impression that much of the information was tenuous and that the thermal mechanism was the only one to consider. This may be his point of view and that of co-contributor, Forschungsgemeinschaft Funk. However, at the very least, he should have incorporated relevant research on stimulation of the stress response by non-thermal EMFs. The ELF data have convinced many to reject the paradigm of thermal effects only. A reader would have learned more about the stress response had the author devoted more space to the ELF papers than to papers on something called 'athermal heating'.

## **IX. Rethinking EMF safety in a biology context**

Studies of the stress response in different cells under various conditions have enabled us to characterize the molecular mechanisms by which cells respond to EMF and their effects on health risk. That information can now correct assumptions about biological effects of EMF, and establish a scientific basis for new safety standards.

In setting standards, it is essential that basic findings in all relevant research areas are taken into account. Relevance is not subjective. It is determined by whether a study adds to our knowledge of how cells react to EMF, and this criterion determined inclusion of the references in Table 1. The criteria for the references in the IEEE list were not focused on the molecular biology of cellular responses that illuminate disease mechanisms, but were based on such assumptions as arbitrarily defined divisions of the spectrum, on thermal responses only, etc. It is therefore not surprising that many relevant studies were omitted in the IEEE literature review. Fewer than one quarter of the references listed in Table 1 appear in the IEEE list. The result of having omitted many EMF studies, including those on the stress response, is that many research results have not been utilized in setting EMF safety standards. A careful examination of basic assumptions will show that the omissions are crucial and that they indicate an urgent need to reconsider the entire basis for EMF safety standards. Here in bold are the assumptions, followed by the re-evaluations:

- **Safety standards are set by division of the EM spectrum.** It may come as a surprise to the engineers and physicists who set up the divisions of the EM spectrum, but biology does not recognize EM spectrum divisions. The same biological reaction can be stimulated in more than one subdivision of the EM spectrum. The arbitrarily defined divisions of the spectrum do not in any way confine the reactions of cells to EMF, and ELF studies do indeed contribute to an understanding of how cells respond to RF. This was discussed in the critique of Cotgreave's (2005) review. This area clearly demands immediate attention. People are getting ELF and RF simultaneously from the same device, and they are being protected from thermal effects only. This ignores the potentially harmful

effects from non-thermal ELF and RF discussed next.

- **EMF standards are based on the assumption that only ionizing radiation causes chemical change.** The stress response in both ELF and RF ranges has shown that non-ionizing radiation also causes chemical change. Several additional examples of EMF stimulated chemical change in the ELF range are listed in Table 2.

- **EMF standards are based on the assumption that non-ionizing EMF only causes damage by heating (i.e., damage by thermal effects only).** Research on the stress response in the ELF range has shown that a thermal response to a rise in temperature and the non-thermal response to EMF are associated with different DNA segments of the same gene. Both the thermal and the non-thermal mechanisms are natural responses to potential damage. Furthermore, the non-thermal stress response can occur in both the ELF and RF ranges. Other non-thermal effects of EMF have been demonstrated, e.g., acceleration of electron transfer reactions and DNA strand breaks.

- **Safety limits in the non-ionizing range are in terms of rate of heating (SAR).** The above described effects occur below the thermal safety limits in the non-ionizing range, so the safety limits provide no protection against non-thermal damage. Safety limits must include non-thermal effects.

## X. Summary

It is generally agreed that EMF safety standards should be based on science, yet recent EMF research has shown that a basic assumption used to determine EMF safety is not valid. The safety standard assumes that EMF causes biological damage only by heating, but cell damage occurs in the absence of heating and well below the safety limits. This has been shown in the many studies, including the cellular stress response where cells synthesize stress proteins in reaction to potentially harmful stimuli in the environment, including EMF. The stress response to both the power (ELF) and radio (RF) frequency ranges shows the inadequacy of the thermal (SAR) standard.

The same mechanism is stimulated in both ranges, but in the ELF range, where no heating occurs, the energy input rate is over a billion times lower than in the RF range.

The stress response is a natural defense mechanism activated by molecular damage caused by environmental forces. The response involves activation of DNA, i.e., stimulating stress genes as well as genes that sense and repair damage to DNA and proteins. Scientific research has identified specific segments of DNA that respond to EMF and it has been possible to move these specific segments of DNA and transfer the sensitivity to EMF. At high EMF intensities, the interaction with DNA can lead to DNA strand breaks that could result in mutation, an initiating step in the development of cancer.

Scientific research has shown that ELF/RF interact with DNA to stimulate protein synthesis, and at higher intensities to cause DNA damage. The biological thresholds (field strength, duration) are well below current safety limits. To be in line with EMF research, a biological standard must replace the thermal (SAR) standard, which is fundamentally flawed. EMF research also indicates a need for protection against the cumulative biological effects stimulated by EMF across the EM spectrum.

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**Table 1. Studies of EMF Stimulation of DNA and Protein Synthesis  
(page 1)**

Table 1 summarizes both ELF and RF studies (mainly frequencies 50Hz, 60Hz, 900MHz, 1.8GHz) relevant to stimulation of DNA and stress protein synthesis in many different cells.

<b>Study/Journal</b>	<b>Frequency</b>	<b>Cells/effect on hsps</b>
Balcer-Kubicek et al, 1996 Radiation Res	60Hz	HL60 <b>NO</b> synthesis of myc
Blank et al, 1994 Bioelectrochem Bioenerg	60Hz	<i>Sciara</i> salivary glands [temperature, EMF, cause same new proteins]
Capri et al, 2004 Int J Radiat Biol	1800MHz	monocytes <b>NO</b> effect on apoptosis, hsp70
Caraglia et al, 2005 J Cell Physiol	1.95GHz	epidermoid cancer cells Induces apoptosis, hsp70
Chauhan et al, 2006 Radiation Res	1.9GHz	human lymphoblastoma (TK6) <b>NO</b> hsp response
Chauhan et al, 2006 Int J Radiat Biol	1.9GHz	two human immune cell-lines HL60,MM6 <b>NO</b> hsp response
Cleary et al, 1997 Bioelectromagnetics	27MHz	HeLa, CHO (also at 2450MHz mammalian cells <b>NO</b> hsp after 2 hr exposure, 24 hr to measurement
Chow and Tung, 2000 FEBS Letters	50Hz	E. coli strain XL-1 BLUE + plasmid pUCB DNA repair improved
Czyz et al, 2004 Bioelectromagnetics	modulated 1.71GHz	p53-deficient embryonic stem cells hsp70 expression, but not in wild type

**Table 1. Studies of EMF Stimulation of DNA and Protein Synthesis**  
(page 2)

Daniells et al, 1998 Mutat Res	750MHz	C elegans induced hsp16
Dawe et al, 2005 Bioelectromagnetics	750MHz	C elegans (same lab as above paper) hsp 16 may be due to temperature rise
Di Carlo et al, 2002 J Cell Biochem	60Hz	chick embryo repeated EMF causes lower hsp response
Diem et al, 2005. Mutation Res	1800MHz	fibroblasts, GFSH-R-17 granulosa cells non-thermal DNA breakage
Fritze et al, 1997 Neuroscience	900MHz	rat brain blood brain barrier leakage at high SAR
Goodman et al, 1983 Science	pulsed 60Hz	<i>Sciara</i> larvae induce cellular transcription
Goodman et al, 1994 Bioelectrochem Bioenerg	60Hz	<i>Sciara</i> larvae increased hsp70 transcripts
Harvey et al, 2000 Cell Biol Int	864.3MHz	human mast cell line, HMC-1 effects on protein kinase C , stress genes
Hirose et al, 2006a Bioelectromagnetics	2.1425GHz	Human IMR-90 fibroblasts <b>NO</b> effect on gene expression of p53
Hirose et al, 2006b Bioelectromagnetics	2.1425GHz	human glioblastoma A172, IMR-90 fibroblasts <b>NO</b> effect on apoptosis, phosphorylation of hsp27
Ivancsits et al, 2005 Mutation Res	intermittent 50Hz	<b>NO</b> effect lymphocyte, monocyte, muscle: DNA damage: fibroblast, melanocyte, rat granulose
Jin et al, 1997 Bioelectrochem Bioenerg	60Hz	HL60 cells from two sources <i>myc</i> expression in one population, not in other
Kwee et al, 2001 Electro- and Magnetobiology	960MHz	human epithelial amnion (AMA) cells hsp70 increased

**Table 1. Studies of EMF Stimulation of DNA and Protein Synthesis**  
(page 3)

Lacy-Hulbert et al, 1995 Radiation Res	50Hz	HL60 <b>NO</b> synthesis of myc or $\beta$ -actin
Lai & Singh, 1997a Bioelectromagnetics	60Hz	rat brain cells melatonin blocks DNA strand breaks
Lai & Singh, 2005 Electromag Biol Med	1800MHz	rat brain cells noise blocks DNA strand breaks
Lantow et al, 2006a Radiation Res	1800MHz	human Mono Mac 6 and K562 cells <b>NO</b> hsp response
Lantow et al, 2006b Radiat Environ Biophys	1800MHz	primary human monocytes, lymphocytes <b>NO</b> hsp response
Lantow et al, 2006c Radiation Res	1800MHz	human Mono Mac 6 and K562 cells <b>NO</b> effect on apoptosis or necrosis
Laszlo et al, 2005 Radiation Res	835MHz	cultured mammalian cells <b>NO</b> 'effect within sensitivity of assay'
Laubitz et al, 2006 Experimental Physiol	muscle generated ELF	E coli, Caco-2 cells induce hsp70, protect vs apoptosis
Lee JS et al, 2005 Int J Radiat Biol	849, 1763 MHz	hsp70.1-deficient mice <b>NO</b> hsp induction
Lee S et al, 2005 FEBS Lett	2.45GHz	cultured human cells gene regulation: apoptosis 88, cell cycle99
Leszczynski et al, 2002 Differentiation	900MHz	human endothelial cells activate hsp27/p38MAPK stress pathway
Liburdy et al, 1993 J Pineal Res	60Hz	ER <sup>+</sup> MCF7 breast cancer cells block melatonin's oncostatic action
Lim et al, 2005 Radiation Res	900MHz	human leukocytes. <b>NO</b> effect on hsp
Lin et al, 1994 J Cell Biochem	60Hz	human HL60 cells EMF region of the <i>c-myc</i> promoter

**Table 1. Studies of EMF Stimulation of DNA and Protein Synthesis  
(page 4)**

Lin et al, 1996 Bioelectrochem Bioenerg	60Hz	human HL60 cells changes in c-myc transcript levels
Lin et al, 1999 J Cell Biochem	60Hz	human HL60 cells EMF consensus sequence in HSP70 promoter
Lin et al, 2001 J Cell Biochem	60Hz	human HL60 cells EMF consensus sequence response elements
Lixia et al, 2006 Mutat Res	1.8GHz	human lens epithelial cells increased hsp70 protein
Maes et al, 2006 [Epub] Mutagenesis	900MHz	peripheral blood lymphocytes <b>NO</b> effect on DNA damage
Malagoli et al, 2004 Comp Biochem Physiol	50Hz	mussel immunocyte activate p38 MAP kinase, induce hsp70, hsp90
Mashevich et al, 2003 Bioelectromagnetics	830MHz	human peripheral blood lymphocytes chromosomal instability
McNamee et al, 2002 Radiat Res	1.9Ghz	human leukocytes <b>NO</b> effect on DNA damage, micronuclei
Miyakawa et al, 2001 Bioelectromagnetics	60Hz	C elegans induction of hsp16
Nylund & Leszczynski,2004 Proteomics	900MHZ	human endothelial cell line EA.hy926 effects on cytoskeletal proteins
Nylund & Leszczynski,2006 Proteomics	900MHZ	human endothelial cell line EA.hy926 response genome- and proteome-dependent
Oktem et al, 2005. Arch Med Res	900MHz	rats (oxidative kidney damage) oxidative damage protected by melatonin
Ozguner et al, 2005 Toxicol Ind Health	900MHz	rats (oxidative myocardial damage) protection by caffeic acid phenethyl ester

**Table 1. Studies of EMF Stimulation of DNA and Protein Synthesis  
(page 5)**

Penafiel et al, 1997 Bioelectromagnetics	840MHz (AM, FM)	mouse L929 cells (ornithine decarboxylase activity) frequency dependent AM effect, no FM effect
Phillips et al, 1998 Bioelectrochem Bioenerg	813, 836MHz	Molt-4 T-lymphoblastoid cells DNA damage (and ability to repair) varied with SAR
Saffer & Thurston, 1995 Radiation Res	60Hz	HL60, Daudi cells <b>NO</b> synthesis of myc
Sanchez et al, 2006 FEBS J	900MHz	human skin cells slight but significant increase in hsp70
Sarimov et al, 2004 IEEE Trans Plasma Sci	895, 915MHz	transformed human lymphocytes affect chromatin conformation
Shallom et al, 2002 J Cell Biochem	915MHz	chick embryos induces hsp70, protects against hypoxia
Shi et al, 2003. Environ health Perspect	60Hz	human keratinocytes <b>NO</b> phosphorylation, expression of hsp27
Simko et al, 2006 Toxicol Lett	900MHz	human Mono Mac 6 cells <b>NO</b> hsp reponse
Vanderwaal et al, 2006 Int J Hyperthermia	900MHz	cultured HeLa, S3 and EA Hy296 cells <b>NO</b> hsp27 phosphorylation increases
Velizarov et al, 1999 Bioelectrochem Bioenerg	960MHz	human epithelial cells cell proliferation
Wang et al, 2006 Bioelectromagnetics	2450MHz	human glioma A172 cells <b>NO</b> hsp70, hsp27
Weisbrot et al, 2003 J Cell Biochem	900MHz	<i>Drosophila</i> hsp708, affects development, reproduction
Winker et al, 2005 Mutation Res	intermittent 50Hz	human diploid fibroblasts micronuclei, chromosomal damage

**Table 2**                      **Biological Thresholds in the ELF Range**

<b>Biological System</b>	<b>Threshold*</b>	<b>Reference</b>
<i>Enzyme reaction rates</i>		
Na,K-ATPase	.2-.3 $\mu$ T	Blank & Soo, 1996
cytochrome oxidase	.5-.6 $\mu$ T	Blank & Soo, 1998
ornithine decarboxylase	~2 $\mu$ T	Mullins et al, 1999
<i>Oxidation-reduction rate</i>		
Belousov-Zhabotinsky	<.5 $\mu$ T	Blank & Soo, 2001b
<i>Biosynthesis of stress proteins</i>		
HL60, Sciara, yeast,	<.8 $\mu$ T	Goodman et al, 1994
breast (HTB124, MCF7)	<.8 $\mu$ T	Lin et al, 1998
chick embryo (anoxia)	~2 $\mu$ T	DiCarlo et al, 2000
<i>Disease related</i> <b>block melatonin inhibition</b>		
of breast carcinoma	.2<1.2 $\mu$ T	Liburdy et al, 1993
leukemia epidemiology	.3-.4 $\mu$ T	Ahlbom et al, 2000 Greenland et al, 2000

\*The estimated values are for departures from the baseline, although Mullins et al (1999) and DiCarlo et al (2000) generally give inflection points in the dose-response curves. The leukemia epidemiology values are not experimental and are listed for comparison.

**SECTION 8**

**EVIDENCE FOR EFFECTS ON THE IMMUNE SYSTEM**

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### **Appendix 8-A Some legal aspects of the functional impairment electrohypersensitivity in Sweden**

## I. Basic concepts and components of the immune system

The human immune system is part of a general defense barrier towards our surrounding environment. We live in a biological system, the world, dominated by various microorganisms, including microbes and viruses, many of which can cause harm. The immune system serves as the primary line of defense against invasion by such microbes. As we are, practically speaking, built as a tube, the outer surface - the skin - and the innermost surface - the gastrointestinal tract - are the major borders between us and the rest of the universe. These borders must be guarded and protected since any damage to them could be fatal.

The skin and the mucous membranes are part of the innate or non-adaptive immune system. However, if these barriers are broken (e.g. after cutting a finger), then microbes, including potential pathogens (i.e. harmful microbes) can enter the body and then begin to multiply rapidly in the warm, moist, nutrient-rich environment. The cut may not be as physical, brutal and abrupt as a knife cut, it could also very well be an internal leakage, such as the one found after microwave exposure of the fragile blood-brain-barrier (cf. Persson et al, 1997). Such a leakage could indeed be fatal, causing nerve cell damage and consecutive cellular death (cf. Salford et al, 2003).

One of the first cell types to be encountered by a foreign organism after a cut in the skin is the phagocytic white blood cells which will congregate within minutes and begin to attack the invading foreign microbes. Following this, the next cell type to be found in the area of such a local infection will be the so-called neutrophils. They are also phagocytic and use pattern-recognizing surface receptor molecules to detect structures commonly found on the surface of bacteria. As a result, these bacteria - as well as other forms of particulate materia - will be ingested and degraded by the neutrophils. Various other protein components of serum, including the complement components may bind to the invader organisms and facilitate their phagocytosis, thereby further limiting the source of infection/disease. Other small molecules, the interferons, mediate an early response to viral infection by the innate system.

The innate immune system is often sufficient to destroy invading microbes. If it fails to clear an infection, it will rapidly activate the adaptive or acquired immune response, which - as a consequence - takes over. The molecular messenger connection between the innate and the adaptive systems are molecules known as cytokines (actually, the interferons are part of this molecular family).

The first cells in this cellular orchestra to be activated are the T and B lymphocytes. These cells are normally at rest and are only recruited at need, i.e. when encountering a foreign (=non-self) entity referred to as an antigen. The T and B lymphocytes, together with a wide spectrum of other cell types, have antigen receptors or antigen-recognizing molecules on their surface. Among them you find the classical antibodies (=B cell antigen receptors), T cell antigen receptors as well as the specific protein products of special genetic regions (=the major histocompatibility complexes). The genes of humans are referred to as human leukocyte antigen (HLA) genes and their protein products as HLA molecules. The antibodies - apart from being B cell surface receptors - are also found as soluble antigen-recognizing molecules in the blood

(immunoglobulins). The adaptive immune response is very highly effective but rather slow; it can take 7-10 days to mobilize completely. It has a very effective pathogen (non-self) recognition mechanism, a molecular memory and can improve its production of pathogen-recognition molecules during the response.

A particularly interesting set of cells are the various dendritic cells of the skin. In the outermost portion, the epidermis, you find both dendritic melanocytes, the cells responsible for the pigment-production, as well as the Langerhans cells with their antigen-presenting capacity. In the deeper layer, the dermis, you find corresponding cells, as well as the basophilic mast cells, often showing a distinct dendritic appearance using proper markers such as chymase, tryptase or histamine. All these cells are the classical reactors to external radiation, such as radioactivity, X-rays and UV light. For that reason, our demonstration (Johansson et al, 1994) of a high-to-very high number of somatostatin-immunoreactive dendritic cells in the skin of persons with the functional impairment electrohypersensitivity is of the greatest importance. Also, the alterations found in the mast cell population of normal healthy volunteers exposed in front of ordinary house-hold TVs and computer screens (Johansson et al, 2001) are intriguing, as are the significantly increased number of serotonin-positive mast cells in the skin ( $p < 0.05$ ) and neuropeptide tyrosine (NPY)-containing nerve fibers in the thyroid ( $p < 0.01$ ) of rats exposed to extremely low-frequency electromagnetic fields (ELF-EMF) compared to controls, indicating a direct EMF effect on skin and thyroid vasculature (Rajkovic et al, 2005a,b, 2006; for further details and refs., see below). In the gastrointestinal tract, you will find corresponding types of cells guardening our interior lining towards the universe.

In essence, the immune system is a very complex one, built up of a large number of cell types (B and T lymphocytes, macrophages, natural killer cells, mast cells, Langerhans cells, etc.) with certain basic defense strategies. It has evolved during an enormously long time-span and is constructed to deal with its known enemies, including bacteria. Among the known enemies are, of course, not modern electromagnetic fields, such as power-frequent electric and magnetic fields, radiowaves, TV signals, mobile phone or Wi-Fi microwaves, radar signals, X-rays or radioactivity. They have been introduced during the last 100 years, in many cases during the very last decades. They are an entirely new form of exposure and could pose to be a biological "terrorist army" against which there are no working defence walls. They do penetrate the body from outside and in. Some of them have already been proven to be of fatal nature, and today no-one would consider having a radioactive wrist watch with glowing digits (as you could in the 1950s), having your children's shoes fitted in a strong X-ray machine (as you could in the 1940s), keeping radium in open trays on your desk (as scientists could in the 1930s), or X-raying each other at your garden party (as physicians did in the 1920s). That was, of course, just plain madness. However, the persons doing so and selling these gadgets were not misinformed or less intelligent, not at all. The knowledge at the time was just lacking as was a competent risk analysis behaviour coupled to a parallel analysis of true public need.

## **II. Hypersensitivity reactions**

The immune system can react in an excessive manner and it can cause damage to the local tissue as well as generally to the entire body. Such events are called

hypersensitivity reactions and they occur in response to three different types of antigens: a) infectious agents, b) environmental disturbances, and c) self-antigens. The second one is related to the impact of the new electromagnetic fields of today's modern world. Hypersensitivity can occur in response to innocuous environmental antigens - one example of this is allergy. For example, in hay fever, grass pollens themselves are incapable of causing damage; it is the immune response to the pollen that causes harm.

## **II A. Hypersensitivity to environmental substances**

For environmental substances to trigger hypersensitivity reactions, they must be fairly small in order to gain access to the immune system. Dust triggers off a range of responses because they are able to enter the lower extremities of the respiratory tract, an area that is rich in adaptive immune-response cells. These dusts can mimic parasites and may stimulate an antibody response. If the dominant antibody is IgE, they may subsequently trigger immediate hypersensitivity, which is manifest as allergies such as asthma or rhinitis, If the dust stimulates IgG antibodies it may trigger off a different kind of hypersensitivity, e.g. farmer's lung.

Smaller molecules sometimes diffuse into the skin and these may act as haptens, triggering a delayed hypersensitivity reaction. This is the basis of contact dermatitis caused by nickel.

Drugs administered orally, by injection or onto the surface of the body can elicit hypersensitivity reactions mediated by IgE or IgG antibodies or by T cells. Immunologically mediated hypersensitivity reactions to drugs are very common and even very tiny doses of drugs can trigger life-threatening reactions. These are well classified as idiosyncratic adverse drug reactions.

In this respect, of course electromagnetic fields could be said to fulfil the most important demands: they can penetrate the entire body and if they are small.

## **II B. Hypersensitivity to self antigens**

Some degree of immune response to self antigens is normal and is present in most people. When these become exaggerated or when tolerance to further antigens breaks down, hypersensitivity reactions can occur and manifest themselves as an autoimmune disease, many of which that are truly serious and may even end fatally.

## **II C. Types of hypersensitivity reactions**

The hypersensitivity classification system was first described by Coombs and Gell. The system classifies the different types of hypersensitivity reaction by the types of immune responses involved. Each type of hypersensitivity reaction produces characteristic clinical diseases whether the trigger is an environmental, infectious or self-antigen. For example, in type III hypersensitivity the clinical result is similar whether the antigen is streptococcus, a drug or an autoantigen such as DNA.

Hypersensitivity reactions are reliant on the adaptive immune system. Prior exposure to antigen is required to prime the adaptive immune response to produce IgE (type I),

IgG (type II and III) or T cells (type IV). Because prior exposure is required, hypersensitivity reactions do not take place when an individual is first exposed to antigen. In each type of hypersensitivity reaction the damage is caused by different adaptive and innate systems, each of which with their respective role in clearing infections.

### *Type I*

Type I hypersensitivity is mediated through the degranulation of mast cells and eosinophils. The effects are felt within minutes of exposure and this type of hypersensitivity is sometimes referred to as immediate hypersensitivity and is also known as allergy. Among such reactions are hay fever and the classical skin prick test that can be used to reveal such reaction patterns. -The mast cell is a common denominator in the functional impairment electrohypersensitivity (earlier referred to as "electrical allergy").

### *Type II*

Type II hypersensitivity is caused by IgG reacting with antigen present on the surface of cells. The bound immunoglobulin then interacts with complement or with Fc receptors on macrophages. These innate mechanisms then damage the target cells using processes that may take several hours, as in the case of drug-induced hemolysis.

### *Type III*

Immunoglobulin is also responsible for the type III hypersensitivity. In this case, immune complexes of antigen and antibody form and either cause damage at the site of production or circulate and cause damage elsewhere. Immune complexes take some time to form and to initiate tissue damage. Among the cells types involved are neutrophils. Post-streptococcal glomerulonephritis is a good example of immune complex disease.

### *Type IV*

The slowest form of hypersensitivity is that mediated by T cells (type IV hypersensitivity). This can take 2-3 days to develop and is referred to as delayed hypersensitivity. Macrophages are frequently involved. A well-known example of such delayed reactions is contact dermatitis.

## **III. The old and new electromagnetic environment**

"Electromagnetic radiation" covers a broad range of frequencies (over 20 orders of magnitude), from low frequencies in electricity supplies, radiowaves and microwaves, infrared and visible light, to x-rays and cosmic rays.

### **III A. Definitions and sources**

Electric fields are created by differences in voltage: the higher the voltage, the stronger will be the resultant field. Magnetic fields are created when electric current flows: the greater the current, the stronger the magnetic field. An electric field will exist even when there is no current flowing. If current does flow, the strength of the magnetic field will vary with power consumption but the electric field strength will be constant.

### **III B. Natural sources of electromagnetic fields**

Electromagnetic fields are present everywhere in our environment but are invisible to the human eye. Electric fields are produced by the local build-up of electric charges in the atmosphere associated with thunderstorms. The earth's magnetic field causes a compass needle to orient in a North-South direction and is used by birds and fish for navigation.

### **III C. Human-made sources of electromagnetic fields**

Besides natural sources the electromagnetic spectrum also includes fields generated by human-made sources: X-rays are employed to diagnose a broken limb after a sport accident. The electricity that comes out of every power socket has associated low frequency electromagnetic fields. And various kinds of higher frequency radiowaves are used to transmit information – whether via TV antennas, radio stations or mobile phone base stations.

### **III D. What makes the various forms of electromagnetic fields so different?**

One of the main characteristics which defines an electromagnetic field (EMF) is its frequency or its corresponding wavelength. Fields of different frequencies interact with the body in different ways. One can imagine electromagnetic waves as series of very regular waves that travel at an enormous speed, the speed of light. The frequency simply describes the number of oscillations or cycles per second, while the term wavelength describes the distance between one wave and the next. Hence wavelength and frequency are inseparably intertwined: the higher the frequency the shorter the wavelength.

### **III E. A few basic facts**

**Field strength:** An electromagnetic field consist of an electrical part and a magnetic part. The electrical part is produced by a voltage gradient and is measured in volts/metre. The magnetic part is generated by any flow of current and is measured in Tesla. For example, standing under a power line would expose you to an electrical voltage gradient due to the difference between the voltage of the line (set by the power company) and earth. You would also be exposed to a *magnetic* field proportional to the current actually flowing through the line, which depends on consumer demand. Both types of field give biological effects, but the magnetic field may be more damaging since it penetrates living tissue more easily. Magnetic fields as low as around 2 milligauss (mG) or 0.2 microTesla (a millionth of a Tesla) can produce biological effects. For comparison, using a mobile (cell) phone or a PDA exposes you to magnetic pulses that peak at several tens of microTesla (Jokela et al, 2004; Sage et al, 2007), which is well over the minimum needed to give harmful effects. Because mobile phones and other wireless gadgets are held close to the body and are used frequently, these devices are potentially the most dangerous sources of electromagnetic radiation that the average person possesses.

**Frequency:** The fields must vary with time, e.g. those from alternating currents, if they are to have biological effects. Extremely low frequencies (ELF) represent power-lines and domestic appliances, and here, just now in June 2007, the WHO again has pointed them out as an area for general caution since they are believed to be one of the causes for children's leukemia. Pulsed or amplitude modulated, at a biologically active lower frequency (i.e. when the radio signal strength rises and falls in time with

the lower frequency), high-frequencies are the hallmark of mobile phones, WiFi systems, PDAs, etc.

### ***III F. Electromagnetic fields at low frequencies***

Electric fields exist whenever a positive or negative electrical charge is present. They exert forces on other charges within the field. The strength of the electric field is measured in volts per metre (V/m). Any electrical wire that is charged will produce an associated electric field. This field exists even when there is no current flowing. The higher the voltage, the stronger the electric field at a given distance from the wire. Electric fields are strongest close to a charge or charged conductor, and their strength rapidly diminishes with distance from it. Conductors such as metal shield them very effectively. Other materials, such as building materials and trees, provide some shielding capability. Therefore, the electric fields from power lines outside the house are reduced by walls, buildings, and trees. When power lines are buried in the ground, the electric fields at the surface are hardly detectable.

Plugging a wire into an outlet creates electric fields in the air surrounding the appliance. The higher the voltage the stronger the field produced. Since the voltage can exist even when no current is flowing, the appliance does not have to be turned on for an electric field to exist in the room surrounding it.

Magnetic fields arise from the motion of electric charges. The strength of the magnetic field is measured in amperes per meter (A/m); more commonly in electromagnetic field research, scientists specify a related quantity, the flux density (in microtesla,  $\mu\text{T}$ ) instead. In contrast to electric fields, a magnetic field is only produced once a device is switched on and current flows. The higher the current, the greater the strength of the magnetic field.

Like electric fields, magnetic fields are strongest close to their origin and rapidly decrease at greater distances from the source. Magnetic fields are not blocked by common materials such as the walls of buildings.

### **III G. How do static fields differ from time-varying fields?**

A static field does not vary over time. A direct current (DC) is an electric current flowing in one direction only. In any battery-powered appliance the current flows from the battery to the appliance and then back to the battery. It will create a static magnetic field. The earth's magnetic field is also a static field. So is the magnetic field around a bar magnet which can be visualized by observing the pattern that is formed when iron filings are sprinkled around it.

In contrast, time-varying electromagnetic fields are produced by alternating currents (AC). Alternating currents reverse their direction at regular intervals. In most European countries electricity changes direction with a frequency of 50 cycles per second or 50 Hertz. Equally, the associated electromagnetic field changes its orientation 50 times every second. North American electricity has a frequency of 60 Hertz.

What are the main sources of low, intermediate and high frequency fields? The time-varying electromagnetic fields produced by electrical appliances are an example of extremely low frequency (ELF) fields. ELF fields generally have frequencies up to

300 Hz. Other technologies produce intermediate frequency (IF) fields with frequencies from 300 Hz to 10 MHz and radiofrequency (RF) fields with frequencies of 10 MHz to 300 GHz. The effects of electromagnetic fields on the human body depend not only on their field level but on their frequency and energy. Our electricity power supply and all appliances using electricity are the main sources of ELF fields; computer screens, anti-theft devices and security systems are the main sources of IF fields; and radio, television, radar and cellular telephone antennas, and microwave ovens are the main sources of RF fields. These fields induce currents within the human body, which if sufficient can produce a range of effects such as heating and electrical shock, depending on their amplitude and frequency range. (However, to produce such effects, the fields outside the body would have to be very strong, far stronger than present in normal environments.)

There are four phenomena that emerge from the use of electricity: ground currents; "electromagnetic smog" from communications equipment; magnetic fields from power lines and specialized equipments; and radiofrequencies on power lines or so-called "dirty electricity." They may all be potential environmental toxins and this is an area of research that must be further pursued.

#### ***Electromagnetic fields at high frequencies***

Mobile telephones, television and radio transmitters and radar produce RF fields. These fields are used to transmit information over long distances and form the basis of telecommunications as well as radio and television broadcasting all over the world. Microwaves are RF fields at high frequencies in the GHz range. In microwave ovens, we use them to quickly heat food at 2.45 GHz (or 2,450 MHz ).

Communications and radar antennae expose those who live or work near these installations to their emissions. The radiation travels through buildings, and can also be conducted along electrical wires or metal plumbing. Wireless communications create levels within buildings that are orders of magnitude higher than natural background levels.

At radio frequencies, electric and magnetic fields are closely interrelated and we typically measure their levels as power densities in watts per square metre ( $W/m^2$ ).

### **IV. The immune system and the impairment electrohypersensitivity**

An increasing number of studies has clearly shown various biological and medical effects at the cellular level of electromagnetic fields, including power-frequency and radiofrequency/microwave exposures at low-intensity levels. –Such electromagnetic fields are present in everyday life, at the workplace, in ~~your home~~ in homes and at places of leisure. Such bioeffects and health impacts are substantially documented in the scientific literature, and are directly relevant to public health.

Direct effects on the immune system were first reported in relation to people with symptoms of electrohypersensitivity. Subjective and objective skin- and mucosa-related symptoms, such as itch, smarting, pain, heat sensation, redness, papules,

pustles, etc., after exposure to visual display terminals (VDTs), mobile phones, DECT telephones, WI-FI equipments, as well as other electromagnetic devices were reported. Frequently, symptoms from internal organ systems, such as the heart and the central nervous system were reported.

A working definition of EHS from Bergqvist et al. (1997) is:

*“a phenomenon where individuals experience adverse health effects while using or being in the vicinity of devices emanating electric, magnetic or electromagnetic fields (EMFs)”*.

Stenberg (2004) distinguishes between two groups: those who experience facial skin symptoms in connection with VDT work (sensory sensations of the facial skin including stinging, itching, burning, erythema, rosacea) while EHS symptoms include these and also fatigue, headache, sleeplessness, dizziness, cardiac and cognitive problems.

Hillert (2004) reports that symptoms of EHS may include facial skin complaints, eye irritation, runny or stuffy nose, impaired sense of smell, hoarse dry throat, coughing, sense of pressure in ear(s), fatigue, headache, heaviness in the head, nausea/dizziness, and difficulties in concentrating.

Cox (2004) reported on a study of electrical hypersensitivity in the United Kingdom. Symptoms reported by mobile phone users included headaches (85%), dizziness (27%), fatigue (24%), nausea (15%), itching (15%), redness (9%), burning (61%), and cognitive problems (42%). For those individuals reporting EHS symptoms in the UK population, the percentage of patients with symptoms from cell phone masts was 18%, DECT cordless phones (36%), landline phones (6%), VDTs (27%), television (12%) and fluorescent lights (18%).

Fox et al (2004) reported that a questionnaire survey of EHS individuals revealed symptoms of nausea, muzziness/disorientation.

Levallois et al. (2002) reported on their study of prevalence of self-perceived hypersensitivity to electromagnetic fields in California. They found that about 3% of the population reports to be electrohypersensitive. About 0.5% of the population has reported the necessity to change jobs or to remain unemployed due to the severity of their electrohypersensitivity symptoms. Underestimation of these percentages is discussed, since the population surveyed was found through contact with either an occupational clinic or a support group, and electrohypersensitive people very frequently cannot do normal outings (go out, travel, meet in buildings with EMF exposures, etc). The study concludes that while there was no clinical confirmation of the reported symptoms of electrohypersensitivity, the perception is of public health importance in California, and perhaps North America. The results were based on a telephone survey among a sample of 2,072 Californians. Being “allergic or very sensitive” to getting near electrical devices was reported by 68 subjects resulting in an adjusted prevalence of 3.2% (95% confidence interval: 2.8, 3.7). Twenty-seven subjects (1.3%) reported sensitivity to electrical devices but no sensitivity to chemicals. Alleging that a doctor had diagnosed “environmental illness or multiple chemical sensitivity” was the strongest predictor of reporting being hypersensitive to

EMF in this population (adjusted prevalence odds ratio = 5.8, 95 % confidence interval: 2.6 - 12.8. This study confirms the presence of this self-reported disorder in North America.

A recent German survey suggests that the prevalence of subjects who attribute health complaints to EMF exposures is not negligible. In a sample of 2,500 interviewees, 8% specifically attributed health complaints to exposures from mobile phone base station antennas or the use of mobile or cordless phones [Institut für angewandte Sozialwissenschaft (infas), 2004]. In Sweden, 3.1% of the population claimed to be hypersensitive to EMF. Considerable variation across countries, regions within countries, and surveys in the same regions has been noted before. In 1997, a European expert group reported that electrical hypersensitivity had a higher prevalence in Sweden, Germany, and Denmark than in the United Kingdom, Austria, and France [European group of experts, 1997]. All these data suggest that the true number is still uncertain and the topic merits further research (cf. Schuz et al, 2006).

Roosli et al. (2004a, 2004b) estimates that the proportion of individuals in Switzerland with EHS symptoms is about 5%, where the exposures of concern are cited to be powerlines, handheld phones, television and computer exposures rather than base stations (cell towers). He reported that about half the Swiss population is concerned about health effects from EMF exposures in general.

## **V. Scientific studies of electrohypersensitivity, as well as effects of electromagnetic fields on humans**

Lyskov et al. (2004) reported that EHS individuals exhibited sensitivity to VDTs, fluorescent lights and television, all of which produce flickering light. EHS individuals that were given provocation tests with flickering light exhibited a higher critical flicker frequency (CFF) than normal, and their visual evoked potential (VEP) was significantly higher than in controls. Follow-up studies, individuals with EHS demonstrated increased CFF, increased VEP, increased heart rate, decreased heart rate variability (HRV) and increased electrodermal (EDA) reaction to sound stimuli. These results indicate an imbalance in the autonomic nervous system and a lack of normal circadian rhythms in these EHS individuals. However, it may also just show that they feel ill.

Mueller and Schierz (2004) reported that soundness of sleep and well-being in the morning but not sleep quality were affected by exposure in EHS individuals to overnight EMF exposures. An effect was reported where EHS individuals shifted their position in the bed during sleep to the non-exposed (or probably less exposed) side of the bed.

Vecchio et al (2007) have reported that EMF from mobile phones affects the synchronization of cerebral rhythms. Their findings suggest that prolonged exposure to mobile phone emissions affect cortical activity and the speed of neural synchronization by interhemispherical functional coupling of EEG rhythms. This may be evidence that such exposure can affect the way in which the brain is able to process information, by interfering with the synchronization rhythms between the

halves of the brain, and by disregulating the normal alpha wave 2 (about 8-10 Hz) and alpha 3 (10-12 Hz) bands.

Markova et al. (2005) reported that non-thermal microwave exposure from Global System for Mobile Communication (GSM) mobile telephones at lower levels than the ICNIRP safety standards affect 53BP1 and  $\gamma$ -H2AX foci and chromatin conformation in human lymphocytes. They investigated effects of microwave radiation of GSM at different carrier frequencies on human lymphocytes from healthy persons and from persons reporting hypersensitivity to electromagnetic fields (EMFs). They measured the changes in chromatin conformation, which are indicative of stress response and genotoxic effects, by the method of anomalous viscosity time dependence, and analyzed tumor suppressor p53-binding protein 1 (53BP1) and phosphorylated histone H2AX ( $\gamma$ -H2AX), which have been shown to colocalize in distinct foci with DNA double-strand breaks (DSBs), using immunofluorescence confocal laser microscopy. The authors reported that microwave exposure from GSM mobile telephones affect chromatin conformation and 53BP1/ $\gamma$ -H2AX foci similar to heat shock. For the first time, they reported that effects of microwave radiation from mobile telephones on human lymphocytes are dependent on carrier frequency. On average, the same response was observed in lymphocytes from hypersensitive and healthy subjects. These effects occurred at non-thermal microwave exposure levels from mobile telephones. These levels are presently permissible under safety standards of the International Commission for Non-Ionizing Radiation Protection (ICNIRP).

Recent evidence has indicated activation of stress-induced pathways in cultivated cells in response to microwaves (Leszczynski et al, 2002). Their article indicated that mobile telephone microwaves activate a variety of cellular signal transduction pathways, among them the hsp27/p38MAPK stress response pathway (Leszczynski et al, 2002). Whether activation of stress response pathways relates to apoptosis, blood-brain barrier permeability, or increased cancer in humans remains to be investigated. Further work reported gene and protein expression changes in human endothelial cell lines with microwave 900 MHz mobile phone exposure (Leszczynski and Nylund, 2006).

Persons claiming adverse skin reactions after having been exposed to computer screens or mobile phones very well could be reacting in a highly specific way and with a completely correct avoidance reaction, especially if the provocative agent was radiation and/or chemical emissions -- just as would happen if you had been exposed to e.g. sun rays, X-rays, radioactivity or chemical odors. The working hypothesis, thus, early became that they react in a cellularly correct way to the electromagnetic radiation, maybe in concert with chemical emissions such as plastic components, flame retardants, etc., something later focussed upon by professor Denis L. Henshaw and his collaborators at the Bristol University (cf. Fewes et al, 1999a,b). This is also covered in great depth by the author Gunni Nordström in her latest book (2004).

Very early immune cell alterations were observed when exposing two EHS individuals to a TV monitor (Johansson et al, 1994). In this people were placed in front of, in front of an ordinary TV set (an open provocation study). Subjects who regarded themselves as suffering from skin problems due to work at video display terminals were tested. Employing immunohistochemistry, in combination with a wide range of antisera directed towards cellular and neurochemical markers, we observed

and reported a high-to-very high number of somatostatin-immunoreactive dendritic cells as well as histamine-positive mast cells in skin biopsies from the anterior neck taken before the start of the provocation. At the end of the provocation the high number of mast cells was unchanged, however, all the somatostatin-positive cells had seemingly disappeared. The reason for this latter finding may be discussed in terms of loss of immunoreactivity, increase of breakdown, etc. The high number of mast cells present may explain the clinical symptoms of itch, pain, edema and erythema.

In facial skin samples of electrohypersensitive persons, the most common finding is a profound increase of mast cells as monitored by various mast cell markers, such as histamine, chymase and tryptase (Johansson and Liu, 1995). From these studies, it is clear that the number of mast cells in the upper dermis is increased in the electrohypersensitivity group. A different pattern of mast cell distribution also occurred in the electrohypersensitivity group, namely, the normally empty zone between the dermo-epidermal junction and mid-to-upper dermis disappeared in the electrohypersensitivity group and, instead, this zone had a high density of mast cell infiltration. These cells also seemed to have a tendency to migrate towards the epidermis (=epidermotrophism) and many of them emptied their granular content (=degranulation) in the dermal papillary layer. Furthermore, more degranulated mast cells could be seen in the dermal reticular layer in the electrohypersensitivity group, especially in those cases which had the mast cell epidermotrophism phenomenon described above. Finally, in the electrohypersensitivity group, the cytoplasmic granules were more densely distributed and more strongly stained than in the control group, and, generally, the size of the infiltrating mast cells was found to be larger in the electrohypersensitivity group as well. It should be noted, that increases of similar nature later on were demonstrated in an experimental situation employing normal healthy volunteers in front of visual display units, including ordinary house-hold television sets (cf. Johansson et al, 2001).

Mast cells, when activated, release a spectrum of mediators, among them histamine, which is involved in a variety of biological effects with clinical relevance, e.g., allergic hypersensitivity, itch, edema, local erythema, and many types of dermatoses. From the results of the above studies, it is clear that electromagnetic fields affect the mast cell, and also the dendritic cell, population, and may degranulate these cells.

The release of inflammatory substances, such as histamine, from mast cells in the skin results in a local erythema, edema, and sensation of itch and pain, and the release of somatostatin from the dendritic cells may give rise to subjective sensations of ongoing inflammation and sensitivity to ordinary light. These are, as mentioned, the common symptoms reported from persons suffering from electrohypersensitivity/screen dermatitis. Mast cells occur in the brain (Zhuang et al, 1999) and their presence may, under the influence of electromagnetic field and/or radiofrequency radiation exposure lead to chronic inflammatory response by the mast cell degranulation.

Mast cells are also present in the heart tissue and their localization is of particular relevance to their function. Data from studies made on interactions of electromagnetic fields with the cardiac function have demonstrated that changes are present in the heart after exposure to electromagnetic fields. Some electrically sensitive people have symptoms similar to heart attacks after exposure to electromagnetic fields.

We have also compared facial skin from electrohypersensitive persons with corresponding material from normal healthy volunteers (Johansson et al, 1996). The aim of the study was to evaluate possible markers to be used for future double-blind or blind provocation investigations. Differences were found for the biological markers calcitonin gene-related peptide (CGRP), somatostatin (SOM), vasoactive intestinal polypeptide (VIP), peptide histidine isoleucine amide (PHI), neuropeptide tyrosine (NPY), protein S-100 (S-100), neuron-specific enolase (NSE), protein gene product (PGP) 9.5 and phenylethanolamine N-methyltransferase (PNMT). The overall impression in the blind-coded material was such that it turned out easy to blindly separate the two groups from each other. However, no single marker was 100% able to pin-point the difference, although some were quite powerful in doing so (CGRP, SOM, S-100). In our on-going investigations, we have also found alterations of the Merkel cell number in the facial skin of electrohypersensitive persons (Yoshimura et al, 2006). However, it has to be pointed out that we cannot, based upon those results, draw any definitive conclusions about the cause of the changes observed. Blind or double-blind provocations in a controlled environment (Johansson et al, 2001) are necessary to elucidate the underlying causes for the changes reported in this particular investigation.

Gangi and Johansson (1997, 2000) have proposed models for how mast cells and substances secreted from them (e.g., histamine, heparin, and serotonin) could explain sensitivity to electromagnetic fields similar to those used to explain UV- and ionizing irradiation-related damages. We discuss an increasing number of persons who report cutaneous problems as well as symptoms from certain internal organs, such as the central nervous system and the heart, when being close to electric equipment. Many of these respondents are users of video display terminals, and have both subjective and objective skin- and mucosa-related symptoms, such as pain, itch, heat sensation, erythema, papules, and pustules. The central nervous system-derived symptoms are, e.g., dizziness, tiredness, and headache, erythema, itch, heat sensation, edema, and pain which are also common symptoms of sunburn (UV dermatitis). Alterations have been observed in cell populations of the skin of electrohypersensitive persons similar to those observed in the skin damaged due to ultraviolet light or ionizing radiation.

Gangi and Johansson (1997, 2000), have proposed a theoretical mechanism to explain how mast cells and substances secreted from them could cause sensitivity to electromagnetic fields. The mechanism derives from known facts in the fields of UV- and ionizing irradiation-related damage. Alterations seen after power-frequency or microwave electromagnetic field-exposures that result in electrohypersensitivity symptoms may be understood by comparison to ionizing radiation damage according to the type of immune function responses seen in both.

The working hypothesis is that electrohypersensitivity is a kind of irradiation damage, since the observed cellular changes are very much the same as the ones documented in tissue subjected to UV-light or ionizing radiation (see references below).

Mast cells are located in close proximity to neurons in the peripheral and central nervous systems, suggesting a functional role in normal and aberrant neurodegenerative states. They also possess many of the features of neurons, in terms of monoaminergic systems, responsiveness to neurotrophins and neuropeptides and the ability to synthesise and release bioactive neurotrophic factors. Mast cells are able

to secrete an array of potent mediators which may orchestrate neuroinflammation and affect the integrity of the blood-brain barrier. The «cross-talk» between mast cells, lymphocytes, neurons and glia constitutes a neuroimmune axis which is implicated in a range of neurodegenerative diseases with an inflammatory and/or autoimmune component, such as multiple sclerosis and Alzheimer's disease.

Mast cells are involved in numerous activities ranging from control of the vasculature, to tissue injury and repair, allergic inflammation and host defences. They synthesize and secrete a variety of mediators, activating and modulating the functions of nearby cells and initiating complex physiological changes. Interestingly, NO produced by mast cells and/or other cells in the microenvironment appears to regulate these diverse roles. Some of the pathways central to the production of NO by mast cells and many of the tightly controlled regulatory mechanisms involved have been identified. Several cofactors and regulatory elements are involved in NO production, and these act at transcriptional and post-translational sites. Their involvement in NO production and the possibility that these pathways are critically important in mast cell functions should be investigated. The effects of NO on mast cell functions such as adhesion, activation and mediator secretion ought to be examined with a focus on molecular mechanisms by which NO modifies intracellular signalling pathways dependent or independent of cGMP and soluble guanylate cyclase. Metabolic products of NO including peroxynitrite and other reactive species may be the critical elements that affect the actions of NO on mast cell functions. Further understanding of the actions of NO on mast cell activities may uncover novel strategies to modulate inflammatory conditions.

It is important to remember that mastocytosis - an abnormal accumulation of mast cells in one or more organ system - can occur secondarily to other causes, such as inflammation and some kinds of leukemia. The increase in EHS being described here is more accurately thought of as “primary” mastocytosis, meaning that the increased number of mast cells occurs independently of any other cause. However, because of the increased number of mast cells in primary mastocytosis, conditions such as osteoporosis and inflammation may arise as a result of the activity of those mast cells. The manner in which primary mastocytosis can be distinguished from secondary mastocytosis and other conditions should be addressed.

Research of mast cells and mastocytosis has made impressive progress over the past decade toward understanding what is different about mast cells in patients who have mastocytosis compared with mast cells in people who do not. A group of 23 researchers from Europe and the United States met in Vienna in September, 2000, and, after lengthy discussions, arrived at a consensus as to what criteria will accurately diagnose mastocytosis, and how to classify the various sub-types. Their conclusions are reported in a series of articles in the July, 2001, issue of *Leukemia Research*. Unfortunately, nothing was mentioned about mast cells and EMF effects.

Patients with mastocytosis may or may not have constitutional symptoms, including weight loss, pain, nausea, headache, malaise, or fatigue. These symptoms may be due to uncontrolled proliferation of mast cells or involvement of distinct organs, such as the stomach and intestines, or bone or bone marrow. Constitutional symptoms also can result from high levels of mast cell mediators in the blood stream. The severity of symptoms varies from mild to life-threatening.

The study of biopsy tissue in patients with suspected mastocytosis requires the use of appropriate stains. Tryptase is the stain of choice, as toluidine blue and Giemsa stains are more likely to be affected by tissue processing and may not always produce reliable results.

In skin, accumulation of groups of mast cells combined with the presence of urticaria pigmentosa or mastocytoma is diagnostic of cutaneous mastocytosis. In some cases, it may be difficult to establish a diagnosis. The absence of skin lesions does not rule out the diagnosis of mastocytosis.

The abnormalities that may be seen in mastocytosis mast cells are elongated shape, oval nuclei that are not in the center of the mast cell, and fewer than usual granules inside the mast cells, with those present being in groups rather than scattered. If two or more of these features are found, the cells are referred to as atypical mast cells. Sometimes the nucleus of atypical mast cells will have "lobes."

When the diagnosis of mastocytosis has not previously been established, specialized analyses may be required to differentiate between mastocytosis and other non-mast cell disorders of the blood-forming system, such as leukemias and myeloproliferative disorders. In some of these other disorders, the diseased cells contain and release low amounts of tryptase. Additional blood cell studies and chromosome analysis may be necessary to make a clear diagnosis in such cases.

Holmboe and Johansson (2005) reported on testing for the presence of increased levels of IgE or signs of a positive Phadiatop Combi (which is a screening test for allergies towards certain articles of food, pollen, insects, and other animals) which both would be indicators of an immune system alert. Twenty-two people (5 men, 17 women) participated in the study. Skin and nervous system effects were the primary symptoms reported by participants in the study. The most frequently reported symptoms were skin redness, eczema and sweating, loss of memory, concentration difficulties, sleep disturbances, dizziness, muscular and joint-related pain, and muscular and joint-related weakness. Headache, faintness, nasal stuffiness, and fatigue were also common. In addition, 19 of the people had disturbances of the gastrointestinal tract. All the people with the impairment electrohypersensitivity had tinnitus.

No connection between IgE blood levels and symptoms were found. All the people who reported electrohypersensitivity had normal values (<122 kU/l). Only 3 people had a positive Phadiatop Combi. Such increases could be used in the diagnosis of electrohypersensitivity, but they were not found to be useful indicators.

#### Animal Studies

In addition to the studies in humans, series of animal experiments were performed in collaboration with the Department of Biology, Faculty of Sciences, Novi Sad, Serbia and Montenegro), and the Karolinska Institute, Stockholm, Sweden (Rajkovic et al, 2005a,b, 2006).

The aim of these was to investigate the influence of extremely low-frequency electromagnetic fields (ELF-EMFs) on mast cells, parafollicular cells, and nerve fibers in rat skin and thyroid gland, as seen using light and transmission electron

microscopy. The experiments were performed on 2-month-old Wistar male rats exposed for 4 h a day, 5 or 7 days a week for 1 month to power-frequent (50 Hz) EMFs (100-300  $\mu$ T, 54-160 V/m). After sacrifice, samples of skin and thyroid were processed for indirect immunohistochemistry or toluidine blue staining and were then analyzed using the methods of stereology. Antibody markers to serotonin, substance P, calcitonin gene-related peptide (CGRP), and protein gene product 9.5 (PGP) were applied to skin sections and PGP, CGRP, and neuropeptide Y (NPY) markers to the thyroid. A significantly increased number of serotonin-positive mast cells in the skin ( $p < 0.05$ ) and NPY-containing nerve fibers in the thyroid ( $p < 0.01$ ) of rats exposed to ELF-EMF was found compared to controls, indicating a direct EMF effect on skin and thyroid vasculature.

After ultrastructural examination, a predominance of microfollicles with less colloid content and dilated blood capillaries was found in the EMF group. Stereological counting showed a statistically significant increase of the volume density of follicular epithelium, interfollicular tissue and blood capillaries as well as the thyroid activation index, as compared to the controls. The volume density of colloid significantly decreased. Ultrastructural analysis of thyroid follicular cells in the EMF group revealed the frequent finding of several colloid droplets within the same thyrocyte with the occasional presence of large-diameter droplets. Alterations in lysosomes, granular endoplasmic reticulum and cell nuclei compared to the control group were also observed. Taken together, the results of this study show the stimulative effect of power-frequency EMFs on thyroid gland at both the light microscope and the ultrastructural level.

The animal results reported in these studies can not be explained away as psychosomatic in origin because they were conducted on animals, not humans.

In summary, both human and animal studies report large immunohistological changes in mast cells, and other measures of immune dysfunction and dysregulation due to exposures to ELF and RF at environmental levels associated with new electrical and wireless technologies.

It is evident from our preliminary experimental data that various biological alterations are present in the electrohypersensitive persons claiming to suffer from exposure to electromagnetic fields. The alterations are themselves enough to fully explain the EHS symptoms, and the involvement of the immune system is evident. In view of recent epidemiological studies, pointing to a correlation between long-term exposure from power-frequent magnetic fields or microwaves and cancer, our data ought to be taken seriously and to be further analyzed.

Thus, it is of paramount importance to continue the investigation of persons with the impairment electrohypersensitivity. We would favour studies of electromagnetic fields' interaction with mast cell release of histamine and other biologically active substances, studies of lymphocyte viability as well as studies of the newly described serotonin-containing melanocytes. Also, continued analysis of the intraepidermal nerve fibers and their relations to these mast cells and serotonin-containing melanocytes are very important. Finally, not to be forgotten, a general investigation - of persons with the impairment electrohypersensitivity versus normal healthy volunteers - regarding the above markers as well as other markers for cell traffic,

proliferation and inflammation is very much needed. Such scientific work may lay a firm foundation for necessary adjustment of accessibility, thus helping and supporting all persons with the functional impairment electrohypersensitivity.

## **VI. Direct effects of EMFs on the immune system**

Childhood leukemia was early connected to power-frequent magnetic fields already in the pioneering work by Wertheimer and Leeper (1979), and more recently Scandinavian scientists have identified an increased risk for acoustic neuroma (i.e., a benign tumor of the eighth cranial nerve) in cell phone users, as well as a slightly increased risk of malignant brain tumors such as astrocytoma and meningioma on the same side of the brain as the cell phone was habitually held (Hardell et al, 1999, 2004, 2005; Lonn et al, 2004). In addition, a clear association between adult cancers and FM radio broadcasting radiation has been noticed, both in time and location (Hallberg and Johansson, 2002b, 2004a, 2005a). Initial studies on facial nevi indicates that nowadays also young children can have a substantial amount of these. If it can be shown that radiofrequency radiation is not correlated with childhood cancers the current focus on low-frequency electromagnetic fields can continue. If there is also a radiofrequency and/or microwave correlation then this must be considered in future research as well as in today's preventive work.

Anane and coworkers (2003) studied the effects of acute exposure to GSM-900 microwaves (900 MHz, 217 Hz pulse modulation) on the clinical parameters of the acute experimental allergic encephalomyelitis (EAE) model in rats in two independent experiments: rats were either habituated or nonhabituated to the exposure restrainers. EAE was induced with a mixture of myelin basic protein and Mycobacterium tuberculosis. Female Lewis rats were divided into cage control, sham exposed, and two groups exposed either at 1.5 or 6.0 W/kg local specific absorption rate (SAR averaged over the brain) using a loop antenna placed over their heads. No effect of a 21-day exposure (2 h/day) on the onset, duration, and termination of the EAE crisis was seen.

The object of the study by Boscol et al. (2001) was to investigate the immune system of 19 women with a mean age of 35 years, for at least 2 years (mean = 13 years) exposed to electromagnetic fields induced by radiotelevision broadcasting stations in their residential area. In September 1999, the EMFs (with range 500 KHz-3 GHz) in the balconies of the homes of the women were (mean +/- S.D.) 4.3 +/- 1.4 V/m. Forty-seven women of similar age, smoking habits and atopy composed the control group, with a nearby resident EMF exposure of < 1.8 V/m. Blood lead and urinary trans-trans muconic acid (a metabolite of benzene), markers of exposure to urban traffic, were higher in the control women. The EMF exposed group showed a statistically significant reduction of blood NK CD16+-CD56+, cytotoxic CD3(-)-CD8+, B and NK activated CD3(-)-HLA-DR+ and CD3(-)-CD25+ lymphocytes. 'In vitro' production of IL-2 and interferon-gamma (INF-gamma) by peripheral blood mononuclear cells (PBMC) of the EMF exposed group, incubated either with or without phytohaemoagglutinin (PHA), was significantly lower; the 'in vitro' production of IL-2 was significantly correlated with blood CD16+-CD56+ lymphocytes. The stimulation index (S.I.) of blastogenesis (ratio between cell proliferation with and without PHA) of PBMC of EMF exposed women was lower than that of the control subjects. The S.I. of blastogenesis of the EMF exposed group

(but not blood NK lymphocytes and the 'in vitro' production of IL-2 and INF-gamma by PBMC) was significantly correlated with the EMF levels. Blood lead and urinary trans-trans muconic acid were barely correlated with immune parameters: the urinary metabolite of benzene of the control group was only correlated with CD16+-CD56+ cells indicating a slight effect of traffic on the immune system. In conclusion, this study demonstrates that high-frequency EMFs reduce cytotoxic activity in the peripheral blood of women without a dose-response effect. Such an effect could, of course, only be considered as very serious, since this could hamper the immune system in its daily struggle against various organisms/agents.

On the other hand, Chagnaud and Veyret in 1999 could not demonstrate an effect of low-level pulsed microwaves on the integrity of the immune system. They investigated the effects of GSM-modulated microwaves on lymphocyte sub-populations of Sprague-Dawley rats and their normal mitogenic responses using flow cytometry analysis and a colorimetric method. No alterations were found in the surface phenotype of splenic lymphocytes or in their mitogenic activity.

Cleary et al. (1990) reported a biphasic, dose-dependent effect of microwave radiation on lymphocyte proliferation with non-thermal exposures. -Whole human blood was exposed or sham-exposed in vitro for 2 h to 27 or 2,450 MHz radio-frequency electromagnetic (RF) radiation under isothermal conditions (i.e., 37 +/- 0.2 degrees C). Immediately after exposure, mononuclear cells were separated from blood by Ficoll density-gradient centrifugation and cultured for 3 days at 37 degrees C with or without mitogenic stimulation by phytohemagglutinin (PHA). Lymphocyte proliferation was assayed at the end of the culture period by 6 h of pulse-labeling with 3H-thymidine (3H-TdR). Exposure to radiation at either frequency at specific absorption rates (SARs) below 50 W/kg resulted in a dose-dependent, statistically significant increase of 3H-TdR uptake in PHA-activated or unstimulated lymphocytes. Exposure at 50 W/kg or higher suppressed 3H-TdR uptake relative to that of sham-exposed cells. There were no detectable effects of RF radiation on lymphocyte morphology or viability. Notwithstanding the characteristic temperature dependence of lymphocyte activation in vitro, the isothermal exposure conditions of this study warrant the conclusion that the biphasic, dose-dependent effects of the radiation on lymphocyte proliferation were not dependent on heating.

Cleary et al. (1996) subsequently published ~~yet~~ another paper reporting a biphasic response of lymphocytes to radiofrequency/microwave radiation where higher SARs resulted in decreased cell proliferation and lower SARs result in increased cell proliferation, dependent on the mitotic state of the cells. -Previous in vitro studies had provided evidence that RF electromagnetic radiation modulates proliferation of human glioma, lymphocytes, and other cell types. The mechanism of such RF radiation cell proliferation modulation, as well as mechanisms for effects on other cell physiologic endpoints, however, were not well understood. To obtain insight regarding interaction mechanisms, they investigated effects of RF radiation exposure on interleukin 2 (IL-2) -dependent proliferation of cytolytic T lymphocytes (CTL-2). After exposure to RF radiation in the presence or absence of IL-2 cells were cultured at various physiological concentrations of IL-2. Treatment effects on CTL-2 proliferation were determined by tritiated thymidine incorporation immediately or 24 h after exposure. Exposure to 2,450 MHz RF radiation at specific absorption rates (SARs) of greater than 25 W/kg (induced E-field strength 98.4 V/m) induced a

consistent, statistically significant reduction in CTLL-2 proliferation, especially at low IL-2 concentrations. At lower SARs, 2,450 MHz exposure increased CTLL-2 proliferation immediately after exposure but reduced 24 h post-exposure proliferation. RF radiation effects depended on the mitotic state of the cells at the time of exposure.

In 1992, Czernska et al. studied the effects of continuous and pulsed 2,450-MHz radiation on spontaneous lymphoblastoid transformation of human lymphocytes *in vitro*. Normal human lymphocytes were isolated from the peripheral blood of healthy donors. One-ml samples containing one million cells in chromosome medium 1A were exposed for 5 days to conventional heating or to continuous wave (CW) or pulsed wave (PW) 2,450-MHz radiation at non-heating (37 degrees C) and various heating levels (temperature increases of 0.5, 1.0, 1.5, and 2 degrees C). The pulsed exposures involved 1-microsecond pulses at pulse repetition frequencies from 100 to 1,000 pulses per second at the same average SAR levels as the CW exposures. Actual average SARs ranged to 12.3 W/kg. Following termination of the incubation period, spontaneous lymphoblastoid transformation was determined with an image analysis system. The results were compared among each of the experimental conditions and with sham-exposed cultures. At non-heating levels, CW exposure did not affect transformation. At heating levels both conventional and CW heating enhanced transformation to the same extent and correlate with the increases in incubation temperature. PW exposure enhanced transformation at non-heating levels. This finding is significant ( $p < 0.002$ ). At heating levels PW exposure enhanced transformation to a greater extent than did conventional or CW heating. This finding is significant at the 0.02 level. It was concluded that PW 2,450-MHz radiation acts differently on the process of lymphoblastoid transformation *in vitro* compared with CW 2,450-MHz radiation at the same average SARs.

In 2003, Dabrowski et al. exposed samples of mononuclear cells isolated from peripheral blood of healthy donors ( $n = 16$ ) to 1,300 MHz pulse-modulated microwaves at 330 pps with 5  $\mu$ s pulse width. The samples were exposed in an anechoic chamber at the average value of power density of  $S = 10 \text{ W/m}^2$  (1 mW/cm<sup>2</sup>). The average specific absorption rate (SAR) was measured in rectangular waveguide and the value of SAR = 0.18 W/kg was recorded. Subsequently, the exposed and control cells were assessed in the microculture system for several parameters characterizing their proliferative and immunoregulatory properties. Although the irradiation decreased the spontaneous incorporation of 3H-thymidine, the proliferative response of lymphocytes to phytohemagglutinin (PHA) and to Con A as well as the T-cell suppressive activity (SAT index) and the saturation of IL-2 receptors did not change. Nevertheless, the lymphocyte production of interleukin (IL)-10 increased ( $p < 0.001$ ) and the concentration of IFN $\gamma$  remained unchanged or slightly decreased in the culture supernatants. Concomitantly, the microwave irradiation modulated the monokine production by monocytes. The production of IL-1 $\beta$  increased significantly ( $p < 0.01$ ), the concentration of its antagonist (IL-1ra) dropped by half ( $p < 0.01$ ) and the tumor necrosis factor (TNF- $\alpha$ ) concentration remained unchanged. These changes of monokine proportion (IL-1  $\beta$  vs. IL-1ra) resulted in significant increase of the value of LM index ( $p < 0.01$ ), which reflects the activation of monocyte immunogenic function. The results indicate that pulse-modulated microwaves represent the potential of immunotropic influence, stimulating preferentially the immunogenic and proinflammatory activity of monocytes at relatively low levels of exposure,

Following these findings of  $G_0$  phase peripheral blood mononuclear cells (PBMC) exposed to low-level (SAR = 0.18 W/kg) pulse-modulated 1300 MHz microwaves, and subsequently cultured, demonstrating changed immune activity (as of above), in 2006 Stankiewicz and coworkers investigated whether cultured immune cells induced into the active phases of cell cycle ( $G_1$ , S) and then exposed to microwaves will also be sensitive to electromagnetic fields. An anechoic chamber containing a microplate with cultured cells and an antenna emitting microwaves (900 MHz simulated GSM signal, 27 V/m, SAR 0.024 W/kg) was placed inside an ASSAB incubator. The microcultures of PBMC exposed to microwaves demonstrated significantly higher response to mitogens and higher immunogenic activity of monocytes (LM index) than control cultures. The LM index, described in detail elsewhere (Dabrowski et al, 2001), represents the monokine influence on lymphocyte mitogenic response. The results suggest that immune activity of responding lymphocytes and monocytes can be additionally intensified by 900 MHz microwaves. The above described effects of an immune system activity-intensifying effect of 900 MHz microwaves are, of course, a very important warning signal as well as a very important piece of the explanatory jigsaw puzzle regarding, for instance, the functional impairment electrohypersensitivity. In the latter, affected persons very often describe “influenza-like” sensations in their body. Maybe the mobile phones, as well as other high-frequency devices, have aroused the immune system to a too high an activation level?

In an attempt to understand how non-atopic and atopic fertile women with uniform exposure to toxic compounds produced by traffic - immunologically react to high or low frequency electromagnetic fields (ELMF), Del Signore et al. (2000) performed a preliminary study. Women were divided in group A (non-atopic, non-exposed to ELMF); B (atopic, non-exposed to ELMF); C (non-atopic, exposed to ELMF); D (atopic, exposed to ELMF). In vitro cell proliferation of peripheral blood mononuclear cells (PBMC) of atopic women (groups B and D) stimulated by phytohaemagglutinin (PHA) was reduced. The ELMF exposed women (groups C and D) showed lower levels of blood NK CD16(+)-CD56+ lymphocyte subpopulations and of "in vitro" production of interferon-gamma (both spontaneously and in presence of PHA) by PBMC, suggesting that ELMF reduces blood cytotoxic activity. Serum IgE of the atopic women exposed to ELMF (group D) was higher than that of the other groups. Linear discriminant analysis including serum zinc and copper (essential enzymes for immune functions), blood lead and urinary transtrans muconic acid, a metabolite of benzene (markers of exposure to traffic) and key parameters of immune functions (CD16(+)-CD56+ lymphocyte subset, serum IgE, interferon-gamma produced by PBMC in presence of PHA, stimulation index of blastogenesis) showed absence of significant difference between groups A and C and a marked separation of groups B and D. This datum suggests that ELMF have a greater influence on atopic women exposed to traffic than on non-atopic ones, again pointing out differing reaction capacities in the human population – maybe dependent on varying immune functions based on variations in genetic make-up.

A more general reaction pattern was found by Dmoch and Moszczynski (1998) who assessed immunoglobulin concentrations and T-lymphocyte subsets in workers of TV re-transmission and satellite communication centres. An increase in IgG and IgA

concentrations, an increased count of lymphocytes and T8 lymphocytes, an decreased count of NK cells and a lower value of T-helper/T-suppressor ratio were found.

Elekes et al. (1996) found a very interesting sex-difference. The effect of continuous (CW; 2.45 GHz carrier frequency) or amplitude-modulated (AM; 50 Hz square wave) microwave radiation on the immune response was tested. CW exposures (6 days, 3 h/day) induced elevations of the number of antibody-producing cells in the spleen of male Balb/c mice (+37%). AM microwave exposure induced elevation of the spleen index (+15%) and antibody-producing cell number (+55%) in the spleen of male mice. No changes were observed in female mice. It is concluded that both types of exposure conditions induced moderate elevation of antibody production only in male mice.

Irradiation with electromagnetic waves (8.15-18 GHz, 1 Hz within, 1 microW/cm<sup>2</sup>) in vivo increases the cytotoxic activity of natural killer cells of rat spleen (Fesenko et al, 1999a). In mice exposed for 24-72 h, the activity of natural killer cells increased by 130-150%, the increased level of activity persisting within 24 h after the cessation of treatment. Microwave irradiation of animals in vivo for 3.5 and 5 h, and a short exposure of splenic cells in vitro did not affect the activity of natural killer cells.

Whole body microwave sinusoidal irradiation of male NMRI mice with 8.15-18 GHz (1 Hz within) at a power density of 1 microW/cm<sup>2</sup> caused a significant enhancement of TNF production in peritoneal macrophages and splenic T lymphocytes (Fesenko et al, 1999b). Microwave radiation affected T cells, facilitating their capacity to proliferate in response to mitogenic stimulation. The exposure duration necessary for the stimulation of cellular immunity ranged from 5 h to 3 days. Chronic irradiation of mice for 7 days produced the decreasing of TNF production in peritoneal macrophages. The exposure of mice for 24 h increased the TNF production and immune proliferative response, and these stimulatory effects persisted over 3 days after the termination of exposure. Microwave treatment increased the endogenously produced TNF more effectively than did lipopolysaccharide, one of the most potential stimuli of synthesis of this cytokine. Microwaves, thus, indeed can be a factor interfering with the process of cell immunity!

Gapeev et al. (1996) reported that low-intensity electromagnetic radiation of extremely high frequency in the near field of modified the activity of mouse peritoneal neutrophils in a quasi-resonance fashion. He compared the effect of radiation from various types of antennae, including one which created a uniform spatial distribution of specific absorbed rating in the frequency range used and wide-band matching with the object both in near field and far field zones of the radiator. The authors extremely high frequency in near field zone but not the far field zone of the channel radiator modified the activity of mouse peritoneal neutrophils on a quasi-resonance manner. The interaction of electromagnetic radiation with the biological object has been revealed in the narrow-band frequencies of 41.8-42.05 GHz and consists in inhibition of luminol-dependent chemiluminescence of neutrophils activated by opsonized zymosan. It is not found any frequency dependence of the electromagnetic radiation effects in the far field zone of the radiator. The results obtained suggest, that the quasi-resonance dependence of the biological effect on the frequency of the electromagnetic radiation in the near field zone is conditioned by structure and nature of the electromagnetic radiation in this zone.

In 2003, Gatta et al. studied the effects of *in vivo* exposure to GSM-modulated 900 MHz radiation on mouse peripheral lymphocytes. The aim of this study was to evaluate whether daily whole-body exposure to 900 MHz GSM-modulated radiation could affect spleen lymphocytes. C57BL/6 mice were exposed 2 h/day for 1, 2 or 4 weeks in a TEM cell to an SAR of 1 or 2 W/kg. Untreated and sham-exposed groups were also examined. At the end of the exposure, mice were killed humanely and spleen cells were collected. The number of spleen cells, the percentages of B and T cells, and the distribution of T-cell subpopulations (CD4 and CD8) were not altered by the exposure. T and B cells were also stimulated *ex vivo* using specific monoclonal antibodies or LPS to induce cell proliferation, cytokine production and expression of activation markers. The results did not show relevant differences in either T or B lymphocytes from mice exposed to an SAR of 1 or 2 W/kg and sham-exposed mice with few exceptions. After 1 week of exposure to 1 or 2 W/kg, an increase in IFN- $\gamma$  (Ifng) production was observed that was not evident when the exposure was prolonged to 2 or 4 weeks. This suggests that the immune system might have adapted (!) to RF radiation as it does with other stressing agents. All together, from their *in vivo* data, they made the conclusion that it indicated that the T- and B-cell compartments were not substantially affected by exposure to RF radiation and that a clinically relevant effect of RF radiation on the immune system is unlikely to occur. Another explanation could be that the cells were unable to deal with the exposure and the obvious follow-up question then will be: What happened with the immune cells after months and years of exposure?

On the other hand, Kolomytseva et al. (2002), in their whole-body exposure experiment designed to study the dynamics of leukocyte number and functional activity of peripheral blood neutrophils under whole-body exposure of healthy mice to low-intensity extremely-high-frequency electromagnetic radiation (EHF EMR, 42.0 GHz, 0.15 mW/cm<sup>2</sup>, 20 min daily), showed that such a whole-body exposure of healthy mice to low-intensity EHF EMR has a profound effect on the indices of nonspecific immunity. It was shown that the phagocytic activity of peripheral blood neutrophils was suppressed by about 50% ( $p < 0.01$  as compared with the sham-exposed control) in 2-3 h after the single exposure to EHF EMR. The effect persisted for 1 day after the exposure, and then the phagocytic activity of neutrophils returned to the norm within 3 days. A significant modification of the leukocyte blood profile in mice exposed to EHF EMR for 5 days was observed after the cessation of exposures: the number of leukocytes increased by 44% ( $p < 0.05$  as compared with sham-exposed animals), mostly due to an increase in the lymphocyte content. The supposition was made that EHF EMR effects can be mediated via the metabolic systems of arachidonic acid and the stimulation of adenylate cyclase activity, with subsequent increase in the intracellular cAMP level.

The modification of indices of the humoral immune response to thymus-dependent antigen (sheep erythrocytes) after a whole-body exposure of healthy mice to low-intensity extremely-high-frequency electromagnetic radiation was reported by Lushnikov et al. in 2001. Male NMRI mice were exposed in the far-field zone of horn antenna at a frequency of 42.0 GHz and energy flux density of 0.15 mW/cm<sup>2</sup> under different regimes: once for 20 min, for 20 min daily during 5 and 20 successive days before immunization, and for 20 min daily during 5 successive days after immunization throughout the development of the humoral immune response. The intensity of the humoral immune response was estimated on day 5 after immunization

by the number of antibody-forming cells of the spleen and antibody titers. Changes in cellularity of the spleen, thymus and red bone marrow were also assessed. The indices of humoral immunity and cellularity of lymphoid organs changed insignificantly after acute exposure and series of 5 exposures before and after immunization of the animals. However, after repeated exposures for 20 days before immunization, a statistically significant reduction of thymic cellularity by 17.5% ( $p < 0.05$ ) and a decrease in cellularity of the spleen by 14.5% ( $p < 0.05$ ) were revealed. The results show that low-intensity extremely-high-frequency electromagnetic radiation with the frequency and energy flux density used does not influence the humoral immune response intensity in healthy mice but influences immunogenesis under multiple repeated exposures.

The immunoglobulins' concentrations and T lymphocyte subsets during occupational exposures to microwave radiation were assessed in 1999 by Moszczynski et al. In the workers of retransmission TV center and center of satellite communications on increased IgG and IgA concentration and decreased count of lymphocytes and T8 cells was found. However, in the radar operators IgM concentration was elevated and a decrease in the total T8 cell count was observed. The different behaviour of examined immunological parameters indicate that the effect of microwave radiation on immune system depends on character of an exposure. Disorders in the immunoglobulins' concentrations and in the T8 cell count did not cause any reported clinical consequences.

Experiments have also been conducted to elucidate the effects of chronic low power-level microwave radiation on the immunological systems of rabbits (Nageswari et al, 1991). Fourteen male Belgian white rabbits were exposed to microwave radiation at 5 mW/cm<sup>2</sup>, 2.1 GHz, 3 h daily, 6 days/week for 3 months in two batches of 7 each in specially designed miniature anechoic chambers. Seven rabbits were subjected to sham exposure for identical duration. The microwave energy was provided through S band standard gain horns connected to a 4K3SJ2 Klystron power amplifier. The first batch of animals were assessed for T lymphocyte-mediated cellular immune response mechanisms and the second batch of animals for B lymphocyte-mediated humoral immune response mechanisms. The peripheral blood samples collected monthly during microwave/sham exposure and during follow-up (5/14 days after termination of exposures, in the second batch animals only) were analysed for T lymphocyte numbers and their mitogen responsiveness to ConA and PHA. Significant suppression of T lymphocyte numbers was noted in the microwave group at 2 months ( $p$  less than 0.01) and during follow-up ( $p$  less than 0.01). The first batch animals were initially sensitised with BCG and challenged with tuberculin (0.03 ml) at the termination of microwave irradiation/sham exposure and the increase in foot pad thickness ( $\Delta$  mm), which is a measure of T cell-mediated immunity (delayed type hypersensitivity response, DTH) was noted in both the groups. The microwave group revealed a more robust response than the control group ( $\Delta$  % +12.4 vs. +7.54).

Nakamura et al. (1997) reported on the effect of microwaves on pregnant rats. The authors reported that microwaves at the power of 10 mW/cm<sup>2</sup> produced activation of the hypothalamic-pituitary-adrenal axis and increased oestradiol in both virgin and pregnant rats, suggesting that microwaves greatly stress pregnant organisms. Earlier data had indicated that these microwaves produce various detrimental changes based on actions of heat or non-specific stress, although the effects of microwaves on

pregnant organisms was not uniform. This study was therefore designed to clarify the effect of exposure to microwaves during pregnancy on endocrine and immune functions. Natural killer cell activity and natural killer cell subsets in the spleen were measured, as well as some endocrine indicators in blood--corticosterone and adrenocorticotrophic hormone (ACTH) as indices of the hypothalamic-pituitary-adrenal axis--beta-endorphin, oestradiol, and progesterone in six female virgin rats and six pregnant rats (nine to 11 days gestation) exposed to microwaves at 10 mW/cm<sup>2</sup> incident power density at 2,450 MHz for 90 minutes. The same measurements were performed in control rats (six virgin and six pregnant rats). Skin temperature in virgin and pregnant rats increased immediately after exposure to microwaves. Although splenic activity of natural killer cells and any of the subset populations identified by the monoclonal antibodies CD16 and CD57 did not differ in virgin rats with or without exposure to microwaves, pregnant rats exposed to microwaves showed a significant reduction of splenic activity of natural killer cells and CD16+CD57-. Although corticosterone and ACTH increased, and oestradiol decreased in exposed virgin and pregnant rats, microwaves produced significant increases in beta-endorphin and progesterone only in pregnant rats.

Nakamura et al. (1998) evaluated the involvement of opioid systems in reduced natural killer cell activity (NKCA) in pregnant rats exposed to microwaves at a relatively low level (2 mW/cm<sup>2</sup> incident power density at 2,450 MHz for 90 min). They assayed beta-endorphin (betaEP) in blood, pituitary lobes, and placenta as well as splenic NKCA in virgin and/or pregnant rats. Although microwaves elevated colonic temperatures by 0.8 degrees C for virgin and 0.9 degrees C for pregnant rats, and betaEP in blood and anterior pituitary lobes (AP) significantly, it did not change blood corticosterone as an index of hypothalamic-pituitary adrenal axis. There were significant interactions between pregnancy and microwave exposure on splenic NKCA, betaEP in both blood and AP, and blood progesterone. Intra-peritoneal administration of opioid receptor antagonist naloxone prior to microwave exposure increased NKCA, blood, and placental betaEP in pregnant rats. Alterations in splenic NKCA, betaEP and progesterone in pregnant rats exposed to microwaves may be due to both thermal and non-thermal actions. These results suggest that NKCA reduced by microwaves during pregnancy is mediated by the pituitary opioid system.

To further clarify the effects of microwaves on pregnancy, Nakamura et al. (2000) investigated rats exposed to continuous-wave (CW) microwave at 2 mW/cm<sup>2</sup> incident power density at 2,450 MHz for 90 min.. The effects on uterine or uteroplacental blood flow and endocrine and biochemical mediators, including corticosterone, estradiol, prostaglandin E(2) (PGE(2)), and prostaglandin F(2)alpha (PGF(2)alpha) were measured, -Colonic temperature in virgin and pregnant rats was not significantly altered by microwave treatment. Microwaves decreased uteroplacental blood flow and increased progesterone and PGF(2)alpha in pregnant, but not in virgin rats. Intraperitoneal (i.p.) administration of angiotensin II, a uteroplacental vasodilator, before microwave exposure prevented the reduction in uteroplacental blood flow and the increased progesterone and PGF(2)alpha in pregnant rats. Increased corticosterone and decreased estradiol during microwave exposure were observed independent of pregnancy and pretreatment with angiotensin II. These results suggest that microwaves (CW, 2 mW/cm<sup>2</sup>, 2,450 MHz) produce uteroplacental circulatory disturbances and ovarian and placental dysfunction during pregnancy, probably through non-thermal actions. The uteroplacental disturbances

appear to be due to actions of PGF(2)alpha and may pose some risk for pregnancy. Reported pregnancy losses in women (Lee, 2001; Li, 2001) and infertility (Magras and Xenos, 1997) might be related to these laboratory findings.

Nasta et al. (2006), very recently examined the effects of in vivo exposure to a GSM-modulated 900 MHz RF field on B-cell peripheral differentiation and antibody production in mice. Their results show that exposure to a whole-body average specific absorption rate (SAR) of 2 W/kg, 2 h/day for 4 consecutive weeks does not affect the frequencies of differentiating transitional 1 (T1) and T2 B cells or those of mature follicular B and marginal zone B cells in the spleen. IgM and IgG serum levels are also not significantly different among exposed, sham-exposed and control mice. B cells from these mice, challenged in vitro with LPS, produce comparable amounts of IgM and IgG. Moreover, exposure of immunized mice to RF fields does not change the antigen-specific antibody serum level. Interestingly, not only the production of antigen-specific IgM but also that of IgG (which requires T-B-cell interaction) is not affected by RF-field exposure. This indicates that the exposure does not alter an ongoing in vivo antigen-specific immune response. In conclusion, the results of Nasta et al. (2006) do not indicate any effects of GSM-modulated RF radiation on the B-cell peripheral compartment and antibody production.

Whole-body microwave sinusoidal irradiation of male NMRI mice, exposure of macrophages in vitro, and preliminary irradiation of culture medium with 8.15-18 GHz (1 Hz within) at a power density of 1 microW/cm<sup>2</sup> caused a significant enhancement of tumor necrosis factor production in peritoneal macrophages (Novoselova et al, 1998). The role of microwaves as a factor interfering with the process of cell immunity must, thus, be seriously considered. Furthermore the effect of 8.15-18 GHz (1 Hz within) microwave radiation at a power density of 1 microW/cm<sup>2</sup> on the tumor necrosis factor (TNF) production and immune response was tested by Novoselova et al. (1999). A single 5 h whole-body exposure induced a significant increase in TNF production in peritoneal macrophages and splenic T cells. The mitogenic response in T lymphocytes increased after microwave exposure. The activation of cellular immunity was observed within 3 days after exposure. The diet containing lipid-soluble nutrients (beta-carotene, alpha-tocopherol and ubiquinone Q9) increased the activity of macrophages and T cells from irradiated mice.

Obukhan (1998) has performed cytologic investigations designed to study bone marrow, peripheral blood, spleen, and thymus of albino rats irradiated by an electromagnetic field, 2,375, 2,450, and 3,000 MHz. Structural and functional changes in populations of megakaryocytes, immunocompetent cells as well as of undifferentiated cells, and of other types of cells that are dependent on the intensity of irradiation.

The possibility of genotoxicity of radiofrequency radiation (RFR) applied alone or in combination with x-rays was recently investigated in vitro using several assays on human lymphocytes by Stronati and colleagues (2006). The chosen specific absorption rate (SAR) values are near the upper limit of actual energy absorption in localized tissue when persons use some cellular telephones. The purpose of the combined exposures was to examine whether RFR might act epigenetically by reducing the fidelity of repair of DNA damage caused by a well-characterized and

established mutagen. Blood specimens from 14 donors were exposed continuously for 24 h to a Global System for Mobile Communications (GSM) basic 935 MHz signal. The signal was applied at two SAR; 1 and 2 W/Kg, alone or combined with a 1-min exposure to 1.0 Gy of 250 kVp x-rays given immediately before or after the RFR. The assays employed were the alkaline comet technique to detect DNA strand breakage, metaphase analyses to detect unstable chromosomal aberrations and sister chromatid exchanges, micronuclei in cytokinesis-blocked binucleate lymphocytes and the nuclear division index to detect alterations in the speed of in vitro cell cycling. By comparison with appropriate sham-exposed and control samples, no effect of RFR alone could be found for any of the assay endpoints. In addition RFR did not modify any measured effects of the x-radiation. In conclusion, this study has used several standard in vitro tests for chromosomal and DNA damage in Go human lymphocytes exposed in vitro to a combination of x-rays and RFR. It has comprehensively examined whether a 24-h continuous exposure to a 935 MHz GSM basic signal delivering SAR of 1 or 2 W/Kg is genotoxic per se or whether, it can influence the genotoxicity of the well-established clastogenic agent; x-radiation. Within the experimental parameters of the study in all instances no effect from the RFR signal was observed.

Tuschl et al. (1999) recorded a considerable excess of recommended exposure limits in the vicinity of shortwave diathermy devices used for medical treatment of patients. Different kinds of field probes were used to measure electric and magnetic field strength and the whole body exposure of medical personnel operating shortwave, decimeter wave and microwave units was calculated. To investigate the influence of chronic exposure on the immune system of operators, blood was sampled from physiotherapists working at the above mentioned devices. Eighteen exposed and thirteen control persons, matched by sex and age, were examined. Total leucocyte and lymphocyte counts were performed and leucocytic subpopulations determined by flow cytometry and monoclonal antibodies against surface antigens. In addition, to quantify subpopulations of immunocompetent cells, the activity of lymphocytes was measured. Lymphocytes were stimulated by mitogen phytohemagglutinin and their proliferation measured by a flow cytometric method. No statistically significant differences between the control and exposed persons were found. In both study groups all immune parameters were within normal ranges.

Despite the important role of the immune system in defending the body against infections and cancer, only few investigations on possible effects of radiofrequency (RF) radiation on function of human immune cells have been undertaken. One of these is the investigation by Tuschl et al. in 2005 where they assessed whether GSM modulated RF fields have adverse effects on the functional competence of human immune cells. Within the frame of the multidisciplinary project "Biological effects of high frequency electromagnetic fields (EMF)" sponsored by the National Occupation Hazard Insurance Association (AUVA) in vitro investigations were carried out on human blood cells. Exposure was performed at GSM Basic 1950 MHz, an SAR of 1 mW/g in an intermittent mode (5 min "ON", 10 min "OFF") and a maximum Delta T of 0.06 degrees C for the duration of 8 h. The following immune parameters were evaluated: (1) the intracellular production of interleukin-2 (IL-2) and interferon (INF) gamma in lymphocytes, and IL-1 and tumor necrosis factor (TNF)-alpha in monocytes were evaluated with monoclonal antibodies. (2) The activity of immune-relevant genes (IL 1-alpha and beta, IL-2, IL-2-receptor, IL-4, macrophage colony stimulating factor (MCSF)-receptor, TNF-alpha, TNF-alpha-receptor) and

housekeeping genes was analyzed with real time PCR. (3) The cytotoxicity of lymphokine activated killer cells (LAK cells) against a tumor cell line was determined in a flow cytometric test. For each parameter, blood samples of at least 15 donors were evaluated. No statistically significant effects of exposure were found and there is no indication that emissions from mobile phones are associated with adverse effects on the human immune system.

Irradiation by pulsed microwaves (9.4 GHz, 1 microsecond pulses at 1,000/s), both with and without concurrent amplitude modulation (AM) by a sinusoid at discrete frequencies between 14 and 41 MHz, was assessed for effects on the immune system of Balb/C mice (Veyret et al, 1991). The mice were immunized either by sheep red blood cells (SRBC) or by glutaric-anhydride conjugated bovine serum albumin (GA-BSA), then exposed to the microwaves at a low rms power density (30 microW/cm<sup>2</sup>; whole-body-averaged SAR approximately 0.015 W/kg). Sham exposure or microwave irradiation took place during each of five contiguous days, 10 h/day. The antibody response was evaluated by the plaque-forming cell assay (SRBC experiment) or by the titration of IgM and IgG antibodies (GA-BSA experiment). In the absence of AM, the pulsed field did not greatly alter immune responsiveness. In contrast, exposure to the field under the combined-modulation condition resulted in significant, AM-frequency-dependent augmentation or weakening of immune responses.

Finally, in addition, classical allergy reactions, such as chromate allergy, has been studied by Seishima et al. (2003). The background for the study was an earlier case report about a patient with allergic contact dermatitis caused by hexavalent chromium plating on a cellular phone. The new study described the clinical characteristics and results of patch tests (closed patch tests and photopatch tests were performed using metal standard antigens) in 8 patients with contact dermatitis possibly caused by handling a cellular phone. The 8 patients were 4 males and 4 females aged from 14 to 54 years. They each noticed skin eruptions after 9-25 days of using a cellular phone. All patients had erythema, and 7 had papules on the hemilateral auricle or in the preauricular region. Three of 8 patients had a history of metal allergy. Chromate, aluminium and acrylnitrile-butadiene-styrene copolymer were used as plating on the cellular phones used by these patients. The patch test was positive for 0.5, 0.1 and 0.05% potassium dichromate in all 8 patients. The photopatch test showed the same results. One patient was positive for 2% cobalt chloride and one for 5% nickel sulfate. Based on these data, it is important to consider the possibility of contact dermatitis due to a cellular phone, possibly caused by chromate, when the patients have erythema and papules on the hemilateral auricle or in the preauricular region.

## **VII. Electromagnetic fields and health**

Since the formation of life on Earth, as we know it, more than 3.5 billion years ago, the only real source of radiation, apart from Earth's static geomagnetic field, has been the sun. All living organisms that have evolved and not been able to cope with it are either gone or have adapted to it in one of several ways. Living under-ground, only being active during night, living in the deeper waters (1 meter or deeper) in oceans and lakes, under the foliage of **jungle-trees**, or - as all day-active organisms have - developed a skin (or, for plants, a cortex) containing a pigment (animals and plants have very similar ones) that will shield some heat and some sunshine...but not very

much. Any fair-skinned Irish or Scandinavian person learns very early to avoid even the rather bleak sun up-north, because – if not – you will easily get a nasty sunburn. Later on, that sunburn will develop into a postinflammatory hyperpigmentation, with its cosmetic values, however, well before it you will get a strong alarm signal in the form of a redness of the skin.

When considering other frequencies, the pigment does not furnish any protection at all, something mankind has found out during the last 100 years. Cosmic rays, radioactivity, X-rays, UVC, UVB and now even UVA are considered, together with radar-type microwaves to be very, or even extremely, dangerous to your health. You are translucent to exposures such as power-frequent magnetic fields as well as mobile phone and WI-FI microwaves, but this does not mean that they are without possible effect, through thermal or non-thermal mechanisms.

Is it possible that we can adapt our biology to altered exposure conditions in less than 100 years, or do we have to have thousands of years for such an adaptation? And, in the meantime, what kind of safety standards must we adopt if the current public safety limits are not sufficiently protective of public health?

The World Health Organization (WHO) has acknowledged the condition of electrohypersensitivity, and published a 2006 research agenda for radio-frequency fields (see Addendum to Chapter 12 on the Swedish Government response to persons with Electrosensitivity). The WHO recommends that people reporting sensitivities receive a comprehensive health evaluation. It states: "Some studies suggest that certain physiological responses of EHS individuals tend to be outside the normal range. In particular, hyperactivity in the central nervous system and imbalance in the autonomic nervous system need to be followed up in clinical investigations and the results for the individuals taken as input for possible treatment." Studies of individuals with sensitivities ought to consider sufficient acclimatization of subjects as recommended for chemical sensitivities, as well as recognition of individuals' wavelength-specific sensitivities. Reduction of electromagnetic radiation may ameliorate symptoms in people with chronic fatigue.

Off-gassing of electrical equipment may also contribute to sensitivities. Different sorts of technology (e.g. various medical equipment, analogue or digital telephones; flat screen monitors and laptop computers or larger older monitors) may vary significantly in strength, frequency and pattern of electromagnetic fields. One challenging question for science is to find out if, for instance, 50- or 60-Hz ELF pure sine wave, square waves or sawtooth waveform, ELF-dirty (e.g. radiofrequencies on power lines), ELF-modulated radiofrequency fields, continuous wave radiofrequency radiation and particularly pulsed radiofrequency signals are more or less bioactive, e.g. as neurotoxic and/or carcinogenic environmental exposure parameters. (see Chapter 8 on Disruption by Modulation).

## VIII. Conclusions

- Both human and animal studies report large immunological changes with exposure to environmental levels of electromagnetic fields (EMFs). Some of these exposure levels are equivalent to those of e.g. wireless technologies in daily life.
- Measurable physiological changes (mast cells increases, for example) that are bedrock indicators of allergic response and inflammatory conditions are stimulated by EMF exposures.
- Chronic exposure to such factors that increase allergic and inflammatory responses on a continuing basis may be harmful to health.
- It is possible that chronic provocation by exposure to EMF can lead to immune dysfunction, chronic allergic responses, inflammatory responses and ill health if they occur on a continuing basis over time. This is an important area for future research.
  - Specific findings from studies on exposures to various types of modern equipment and/or EMFs report over-reaction of the immune system; morphological alterations of immune cells; profound increases in mast cells in the upper skin layers, increased degranulation of mast cells and larger size of mast cells in electrohypersensitive individuals; presence of biological markers for inflammation that are sensitive to EMF exposure at non-thermal levels; changes in lymphocyte viability; decreased count of NK cells; decreased count of T lymphocytes; negative effects on pregnancy (uteroplacental circulatory disturbances and placental dysfunction with possible risks to pregnancy); suppressed or impaired immune function; and inflammatory responses which can ultimately result in cellular, tissue and organ damage.
- Electrical hypersensitivity is reported by individuals in the United States, Sweden, Switzerland, Germany, Denmark and many other countries of the world. Estimates range from 3% to perhaps 10% of populations, and appears to be a growing condition of ill-health leading to lost work and productivity.
- The WHO and IEEE literature surveys do not include all of the relevant papers cited here, leading to the conclusion that evidence has been ignored in the current WHO ELF Health Criteria Monograph; and the proposed new IEEE C95.1 RF public exposure limits (April 2006).
- The current international public safety limits for EMFs do not appear to be sufficiently protective of public health at all, based on the studies of immune function. New, biologically-based public standards are warranted that take into account low-intensity effects on immune function and health that are reported in the scientific

## IX. Acknowledgements

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## **Appendix 8-A Some legal aspects of the functional impairment electrohypersensitivity in Sweden**

In Sweden, electrohypersensitivity (EHS) is an officially fully recognized functional impairment (i.e., it is not regarded as a disease). Survey studies show that somewhere between 230,000 - 290,000 Swedish men and women, out of a population of 9,000,000 people, report a variety of symptoms when being in contact with electromagnetic field (EMF)-sources.

The electrohypersensitive persons have their own handicap organisation; The Swedish Association for the ElectroSensitive; <http://www.feb.se> (the website has an English version). This organisation is included in the Swedish Disability Federation (Handikappförbundens SamarbetsOrgan; HSO). HSO is the unison voice of the Swedish disability associations towards the government, the parliament and national authorities and is a cooperative body that today consists of 43 national disability organisations (where The Swedish Association for the ElectroSensitive is 1 of these 43 organisations) with all together about 500,000 individual members. You can read more on <http://www.hso.se> (the site has an English short version). The Swedish Association for the ElectroSensitive gets a governmental subsidy as a handicap organization according to SFS 2000:7 §2 (SFS = The Swedish Governmental Statute-Book). EHS persons' right to get disablement allowances has been settled in The Swedish Supreme Administrative Court, i.a. in the judgement "dom 2003-01-29, mål nr. 6684-2001".

Swedish municipalities, of course, have to follow the UN 22 Standard Rules on the equalization of opportunities for persons with disabilities ("Standardregler för att tillförsäkra människor med funktionsnedsättning delaktighet och jämlikhet"; about the UN 22 Standard Rules, see website:

<http://www.un.org/esa/socdev/enable/dissre00.htm>). All persons with disabilities shall, thus, be given the assistance and service they have the right to according to the Swedish Act concerning Support and Service for Persons with Certain Functional Impairments (LSS-lagen) and the Swedish Social Services Act (Socialtjänstlagen). Persons with disabilities, thus, have many different rights and can get different kinds of support. The purpose of those rights and the support is to give every person the chance to live like everyone else. Everyone who lives in the Swedish municipalities should be able to lead a normal life and the municipalities must have correct knowledge and be able to reach the persons who need support and service. Persons with disabilities shall be able to get extra support so that they can live, work, study, or do things they enjoy in their free time. The municipalities are responsible for making sure that everyone gets enough support. Everyone shall show respect and remember that such men and women may need different kinds of support.

In Sweden, impairments are viewed from the point of the environment. No human being is in itself impaired, there are instead shortcomings in the environment that cause the impairment (as the lack of ramps for the person in a wheelchair or rooms electrosanitized for the person with electrohypersensitivity). This environment-related impairment view, furthermore, means that even though one does not have a scientifically-based complete explanation for the impairment electrohypersensitivity, and in contrast to disagreements in the scientific society, the person with

electrohypersensitivity shall always be met in a respectful way and with all necessary support with the goal to eliminate the impairment. This implies that the person with electrohypersensitivity shall have the opportunity to live and work in an electrosanitized environment.

This view can fully be motivated in relation to the present national and international handicap laws and regulations, including the UN 22 Standard Rules and the Swedish action plan for persons with impairments (prop. 1999/2000:79 "Den nationella handlingplanen för handikappolitiken - Från patient till medborgare"). Also the Human Rights Act in the EU fully applies.

A person is disabled when the environment contains some sort of impediments. It means that in that moment a man or woman in a wheelchair can not come onto the bus, a train, or into a restaurant, this person has a disability, he or she is disabled. When the bus, the train or the restaurant are adjusted for a wheelchair, the person do not suffer from his disability and are consequently not disabled. An electrohypersensitive person suffers when the environment is not properly adapted according to their personal needs. Strategies to enable a person with this disability to attend common rooms such as libraries, churches and so on, are for instance to switch off the high-frequency fluorescent lamps and instead use ordinary light bulbs. Another example is the possibility to switch off - the whole or parts of - the assistive listening systems (persons with electrohypersensitivity are often very sensitive to assistive listening systems).

In the Stockholm municipality - were I live and work as a scientist with the responsibility to investigate comprehensive issues for persons with electrohypersensitivity - such persons have the possibility to get their home sanitized for EMFs. It means for example that ordinary electricity cables are changed to special cables. Furthermore, the electric stove can be changed to a gas stove and walls, roof and floors can be covered with special wallpaper or paint with a special shelter to stop EMFs from the outside (from neighbours and mobile telephony base stations). Even the windows can be covered with a thin aluminum foil as an efficient measure to restrain EMFs to get into the room/home. If these alterations turn out not to be optimal they have the possibility to rent small cottages in the countryside that the Stockholm municipality owns. These areas have lower levels of irradiation than others. The Stockholm municipality also intend to build a village with houses that are specially designed for persons who are electrohypersensitive. This village will be located in a low-level irradiation area. [One of my graduate students, Eva-Rut Lindberg, has in her thesis project studied the "construction of buildings for persons with the impairment electrohypersensitivity". The doctoral thesis will be presented during the Autumn.]

Persons with electrohypersensitivity also have a general (legal) right to be supported by their employer so that they can work despite of this impairment. For instance, they can get special equipment such as computers that are of low-emission type, that high-frequency fluorescent lamps are changed to ordinary light bulbs, no wireless DECT telephones in their rooms, and so on.

Some hospitals in Sweden (e.g. in Umeå, Skellefteå and Karlskoga) also have built special rooms with very low EMFs so that persons who are hypersensitive can get

medical care. Another example is the possibility for persons who are electrohypersensitive to get a specially designed car so that the person can transport himself/herself between his/her home and their workplace.

Recently, some politicians in the Stockholm municipality even proposed to the politicians responsible for the subway in the Stockholm City that a part of every trainset should be free from mobile phones; that the commuters have to switch of the phones in these selected parts to enable persons with electrohypersensitivity to travel with the subway (compare this with persons who have an allergy for animal fur whereupon people consequently is prohibited to have animals, such as dogs or cats, in selected parts of the trainset).

In addition, when the impairment electrohypersensitivity is discussed it is also of paramount importance that more general knowledge is needed with the aim to better adapt the society to the specific needs of the persons with this impairment. The Swedish "Miljöbalk" (the Environmental Code) contains an excellent prudence avoidance principle which, of course, must be brought into action also here, together with respect and willingness to listen to the persons with electrohypersensitivity.

Naturally, all initiatives for scientific studies of the impairment electrohypersensitivity must be characterized and marked by this respect and willingness to listen, and the investigations shall have the sole aim to help the persons with this particular impairment. Rule 13 in the UN 22 Standard Rules clearly says that scientific investigations of impairments shall, in an unbiased way - and without any prejudice - focus on cause, occurrence and nature and with the sole and explicit purpose to help and support the person with the impairment.

A unique conference recently was held in Stockholm in May, 2006. The theme for the conference was "The right for persons with the impairment electrohypersensitivity to live in a fully accessible society". The conference was organized by the Stockholm City municipality and the Stockholm County Council and dealt with the most recent measures to make Stockholm fully accessible for persons with the impairment electrohypersensitivity. Among such measures are to offer home equipment adjustments, ban mobile phones from certain underground cars as well as certain public bus seats, and through electrosanitized hospital wards. The conference was documented on film.

**SECTION 9**

**EVIDENCE FOR EFFECTS ON  
NEUROLOGY AND BEHAVIOR**

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- Appendix 9-B - Memory and Behavior: The Biological Effects, Health Consequences and Standards for Pulsed Radiofrequency Field. International Commission on Nonionizing Radiation Protection and the World Health Organization, Ettoll Majorare, Centre for Scientific Culture, Italy, 1999.**

## I. Introduction

This chapter is a brief review of recent studies on the effects of radiofrequency radiation (RFR) on neuronal functions and their implication on learning and memory in animal studies, effects on electrical activity of the brain and relation to cognitive functions, and finally a section on the effects of cell phone radiation on the auditory system. There is also a set of studies reporting subjective experience in humans exposed to RFR. This includes reports of fatigue, headache, dizziness, and sleep disturbance, etc.

The close proximity of a cellular telephone antenna to the user's head leads to the deposition of a relatively large amount of radiofrequency energy in the head. The relatively fixed position of the antenna to the head causes a repeated irradiation of a more or less fixed amount of body tissue, including the brain at a relatively high intensity to ambient levels. The question is whether such exposure affects neural functions and behavior.

## II. Chemical and cellular changes

Several studies have investigated the effect of RFR on the cholinergic system because of its involvement in learning and wakefulness and animals. Testylier et al. [2002] reported modification of the hippocampal cholinergic system in rats during and after exposure to low-intensity RFR. Bartier et al. [2005] reported that RFR exposure induced structural and biochemical changes in AchE, the enzyme involved in acetylcholine metabolism. Vorobyov et al. [2004] reported that repeated exposure to low-level extremely low frequency-modulated RFR affected baseline and scopolamine-modified EEG in freely moving rats. However, recently Crouzier et al [2007] found no significant change in acetylcholine-induced EEG effect in rats exposed for 24 hours to a 1.8 MHz GSM signal at 1.2 and 9 W/cm<sup>2</sup>.

There are several studies on the inhibitory and excitatory neurotransmitters. A decrease in GABA, an inhibitory transmitter, content in the cerebellum was reported by Mausset et al. [2001] after exposure to RFR at 4 W/kg. The same researchers [Mausset-Bonnefont et al., 2004] also reported changes in affinity and concentration of NMDA and GABA receptors in the rat brain after an acute exposure at 6 W/kg. Changes in GABA receptors has also been reported by Wang et al. [2005], and reduced excitatory synaptic activity and number of excitatory synapses in cultured rat hippocampal neurons have been reported by Xu et al. [2006] after RFR exposure. Related to the findings of changes in GABA in the brain is that RFR has been shown to facilitate seizure in rats given subconvulsive doses of picrotoxin, a drug that blocks the GABA system [Lopez Martin et al., 2006]. This finding raises the concern that humans with epileptic disorder could be more susceptible to RFR exposure.

Not much has been done on single cell in the brain after RFR exposure. Beason and Semm [2002] reported changes in the amount of neuronal activity by brain cells of birds exposed to GSM signal. Both increase and decrease in firing were observed. Salford et al. [2003] reported cellular damage and death in the brain of rat after acute exposure to GSM signals. Tsurita et al. [2000] reported no significant morphological change in the cerebellum of rats exposed for 2-4

weeks to 1439-MHz TDMA field at 0.25 W/kg. More recently, Joubert et al. [2006, 2007] found no apoptosis in rat cortical neurons exposed to GSM signals in vitro.

### III. Learning in Animals

Few animal learning studies have been carried out. All of them reported no significant effect of exposure to cell phone radiation on learning. Bornhausen and Scheingrahen [2000] found no significant change in operant behavior in rats prenatally exposed to a 900-MHz RFR. Sienkiewicz et al. [2000] reported no significant effect on performance in an 8-arm radial maze in mice exposed to a 900-MHz RFR pulsed at 217 Hz at a whole body SAR of 0.05 W/Kg. Dubreuil et al. [2002, 2003] found no significant change in radial maze performance and open-field behavior in rats exposed head only for 45 min to a 217-Hz modulated 900-MHz field at SARs of 1 and 3.5 W/kg. Yamaguichi et al. [2003] reported a change in T-maze performance in the rat only after exposure to a high whole body SAR of 25 W/kg.

### IV. Electrophysiology

Studies on EEG and brain evoked-potentials in humans exposed to cellular phone radiation predominantly showed positive effects. The following is a summary of the findings in chronological order. (There are seven related papers published before 1999).

Von Klitzing et al. [1995] were the first to report that cell phone radiation affected EEG alpha activity during and after exposure to cell phone radiation.

Mann and Roschke [1996] reported that cell phone radiation modified REM sleep EEG and shortened sleep onset latency.

Rosche et al. [1997] found no significant change in spectral power of EEG in subjected exposure to cell phone radiation for 3.5 minutes.

Eulitz et al. [1998] reported that cell phone radiation affected brain activity when subjects were processing task-relevant target stimuli and not for irrelevant standard stimuli.

Freude et al. [1998] found that preparatory slow brain potential was significantly affected by cellular phone radiation in certain regions of the brain when the subjects were performing a cognitive complex visual task. The same effects were not observed when subjects were performing a simple task.

Urban et al. [1998] reported no significant change in visual evoked potentials after 5 minutes of exposure to cell phone radiation.

Wagner et al. [1998, 2000] reported that cell phone radiation had no significant effect on sleep EEG.

Borbely et al. [1999] reported that the exposure induced sleep and also modified sleep EEG during the non-rapid eye movement (NREM) stage.

Hladky et al. [1999] reported that cell phone use did not affect visual evoked potential.

Freude et al. [2000] confirmed their previous report that cellular phone radiation affected slow brain potentials when subjects are performing a complex task. However, they also reported that the exposure did not significantly affect the subjects in performing the behavioral task.

Huber et al. [2000] reported that exposure for 30 minutes to a 900-MHz field at 1 W/kg peak SAR during waking modified EEG during subsequent sleep.

- Hietanen et al. [2000] found no abnormal EEG effect, except at the delta band, in subjects exposed for 30 minutes to 900- and 1800-MHz fields under awake, closed-eye condition.
- Krause et al. [2000a] reported that cell phone radiation did not affect resting EEG but modified brain activity in subjects performing an auditory memory task.
- Krause et al. [2000b] reported that cell phone radiation affected EEG oscillatory activity during a cognitive test. The visual memory task had three different working memory load conditions. The effect was found to be dependent on memory load.
- Lebedeva et al. [2000] reported that cell phone radiation affected EEG.
- Jech et al. [2001] reported that exposure to cell phone radiation affected visual event-related potentials in narcolepsy patient performing a visual task.
- Lebedeva et al. [2001] reported that cell phone radiation affected sleep EEG.
- Huber et al [2002] reported that exposure to pulsed modulated RFR prior to sleep affected EEG during sleep. However, effect was not seen with unmodulated field. They also found that the pulsed field altered regional blood flow in the brain of awake subjects.
- Croft et al. [2002] reported that radiation from cellular phone altered resting EEG and induced changes differentially at different spectral frequencies as a function of exposure duration.
- D'Costa et al. [2003] found EEG effect affected by the radiation within the alpha and beta bands of EEG spectrum.
- Huber et al. [2003] reported EEG effect during NREM sleep and the effect was not dependent on the side of the head irradiated. They concluded that the effect involves subcortical areas of the brain that project to both sides of the brain. Dosimetry study shows that the SAR in those area during cell phone use is relatively very low, e.g., 0.1 W/kg at the thalamus. Recently, Aalta et al. [2006], using PET scan imaging, reported a local decrease in regional cerebral blood flow under the antenna in the inferior temporal cortex, but an increase was found in the prefrontal cortex.
- Kramarenko et al. [2003] reported abnormal EEG slow waves in awake subjects exposed to cell phone radiation.
- Marino et al. [2003] reported an increased randomness of EEG in rabbits.
- Hamblin et al. [2004] reported changes in event-related auditory evoked potential in subjects exposed to cellular phone radiation when performing an auditory task. They also found an increase in reaction time in the subjects, but no change in accuracy in the performance.
- Hinrich and Heinze [2004] reported a change in early task-specific component of event-related magnetic field in the brain of exposed subjects during a verbal memory encoding task.
- Krause et al. [2004] repeated the experiment with auditory memory task [Krause et al., 2000b] and found different effects.
- Papageorgiou et al. [2004] reported that cell phone radiation affected male and female EEG differently.
- Vorobyov et al. [2004] reported that repeated exposure to modulated microwaves affected baseline and scopolamine-modified EEG in freely moving rats.
- Curcio et al. [2005] reported that EEG spectral power affected in the alpha band and the effect was greater when the field was on during EEG recording than when applied before recording.
- Hamblin et al. [2005] stated that they could not replicate their previous results on auditory evoked potentials.
- Huber et al. [2005] found altered cerebral blood flow in humans exposed to pulsed modulated cell phone radiation. They concluded that, "This finding supports our previous observation that pulse modulation of RF EMF is necessary to induce changes in the waking and sleep

EEG, and substantiates the notion that pulse modulation is crucial for RF EMF-induced alterations in brain physiology.”

Loughran et al. [2005] reported that exposure to cell phone radiation prior to sleep promoted REM sleep and modified sleep in the first NREM sleep period.

Ferreri et al. [2006] tested excitability of each brain hemisphere by transcranial magnetic stimulation and found that, after 45 minutes of exposure to cellular phone radiation, intracortical excitability was significantly modified with a reduction of inhibition and enhancement in facilitation.

Krause et al. [2006] reported that cell phone radiation affected brain oscillatory activity in children doing an auditory memory task.

Papageorgiou et al. [2006] reported that the radiation emitted by cell phone affects pre-attentive working memory information processing as reflected by changes in P50 evoked potential.

Yuasa et al. [2006] reported no significant effect of cell phone radiation on human somatosensory evoked potentials after 30 minutes of exposure.

Krause et al. [2007] reported effects on brain oscillatory responses during memory task performance. But, they concluded that “The effects on the EEG were, however, varying, unsystematic and inconsistent with previous reports. We conclude that the effects of EMF on brain oscillatory responses may be subtle, variable and difficult to replicate for unknown reasons.”

Vecchio et al. [2007] reported that exposure to GSM signal for 45 min modified interhemispheric EEG coherence in cerebral cortical areas.

Hung et al. [2007] reported that after 30 min of exposure to talk-mode mobile phone radiation, sleep latency was markedly and significantly delayed beyond listen and sham modes in healthy human subjects. This condition effect over time was also quite evident in 1-4Hz EEG frontal power, which is a frequency range particularly sensitive to sleep onset.

There is little doubt that electromagnetic fields emitted by cell phones and cell phone use affect electrical activity in the brain. The effect also seems to depend on the mental load of the subject during exposure, e.g., on the complexity of the task that a subject is carrying out. Based on the observation that the two sides of the brain responded similarly to unilateral exposure, Huber et al. [2003] deduced that the EEG effect originated from subcortical areas of the brain. Dosimetry calculation indicates that the SAR in such areas could be as low as 0.1 W/kg.

However, the behavioral consequences of these neuroelectrophysiological changes are not always predictable. In several studies (e.g., Freude et al., 2000; Hamblin et al, 2004), cell phone radiation-induced EEG changes were not accompanied by a change in psychological task performance of the subjects. The brain has the flexibility to accomplish the same task by different means and neural pathways. Does cell phone radiation alter information-processing functions in the brain as reported previously with RFR exposure [Wang and Lai, 2000]? In the next section, we will look at the effects of cell phone radiation exposure on cognitive functions in humans.

## **V. Cognitive functions**

Again, findings are listed below in chronological order.

- Preece et al. [1999] were the first to report an increase in responsiveness, strongly in the analogue and less in the digital cell phone signal, in choice reaction time.
- Cao et al. [2000] showed that the average reaction time in cell phone users was significantly longer than that in control group in psychological tests. The time of use was negatively associated with corrected reaction number.
- Koivisto et al. [2000a, b] reported a facilitation of reaction in reaction time tasks during cell phone radiation exposure. In a working memory test, exposure speeded up response times when the memory load was three items but no significant effect was observed with lower loads.
- Jech et al. [2001] reported that cell phone radiation may suppress the excessive sleepiness and improve performance while solving a monotonous cognitive task requiring sustained attention and vigilance in narcolepsy patients.
- Lee et al. [2001] reported a facilitation effect of cell phone radiation in attention functions.
- Edelstyn and Oldershaw [2002] found in subjects given 6 psychological tests a significant difference in three tests after 5 min of exposure. In all cases, performance was facilitated following cell phone radiation exposure.
- Haarala et al. [2003] found no significant effect of cell phone radiation on the reaction time and response accuracy of subjects performed in 9 cognitive tasks.
- Lee et al. [2003] reported that the facilitation effect of cell phone radiation on attention functions is dose (exposure duration)-dependent.
- Smythe and Costall [2003] using a word learning task, found that male subjects made significantly less error than unexposed subject. However, the effect was not found in female subjects. (Papageorgiou et al. [2004] also reported that cell phone radiation affected male and female EEG differently.)
- Curcio et al. [2004] found in subjects tested on four performance tasks, an improvement of both simple- and choice-reaction times. Performance needed a minimum of 25 min of EMF exposure to show significant changes.
- Haarala et al. [2004] reported that they could not replicate their previous results [Koivisto et al., 2000a] on the effect of cell phone radiation on short-term memory.
- Maier et al. [2004] found that subjects exposed to GSM signal showed worse results in their auditory discrimination performance as compared with control conditions.
- Basset et al. [2005] reported no significant effect of daily cell phone use on a battery of neuropsychological tests screening: information processing, attention capacity, memory function, and executive function. The authors concluded that "...our results indicate that daily MP use has no effect on cognitive function after a 13-h rest period."
- Haarala et al [2005] reported that 10-14 year old children's cognitive functions were not affected by cell phone radiation exposure.
- Preece et al. [2005] concluded that, "this study on 18 children did not replicate our earlier finding in adults that exposure to microwave radiation was associated with a reduction in reaction time." They speculated that the reason for the failure to replicate was because a less powerful signal was used in this study.
- Schmid et al. [2005] reported no significant effect of cell phone radiation on visual perception.
- Eliyaku et al. [2006] reported in subjects given 4 cognitive tasks that exposure of the left side of the brain slowed down the left-hand response time in three of the four tasks.
- Keetley et al. [2006] tested 120 subjects on 8 neuropsychological tests and concluded that cell phone emissions "improve the speed of processing of information held in working memory."

Russo et al. [2006] reported that GSM or CW signal did not significantly affect a series of cognitive tasks including a simple reaction task, a vigilance task, and a subtraction task.

Terao et al. [2006] found no significant effect of cell phone use on the performance of visuo-motor reaction time task in subjects after 30 minutes of exposure.

Haarala et al. [2007] concluded that ‘the current results indicate that normal mobile phones have no discernible effect on human cognitive function as measured by behavioral tests.’

Terao et al. [2007] reported no significant effect of a 30-min exposure to mobile phone radiation on the performance of various saccade tasks (visually-guided, gap, and memory-guide), suggesting that the cortical processing for saccades and attention is not affected by the exposure.

Cinel et al. [2007] reported that acute exposure to mobile phone RF EMF did not affect performance in the order threshold task.

Thus, a majority of the studies (13/23) showed that exposure to cell phone could affect cognitive functions and affect performance in various behavioral tasks. Interestingly, most of these studies showed a facilitation and improvement in performance. Only the studies of Cao et al. [2000], Maier et al. [2004] and Eliyaku et al. [2006] reported a performance deficit. (It may be significant to point out that of the 10 studies that reported no significant effect, 6 of them were funded by the cell phone industry and one [Terao et al., 2006] received partial funding from the industry.)

## **VI. Auditory effect**

Since the cell phone antenna is close to the ear during use, a number of studies have been carried out to investigate the effect of cell phone radiation on the auditory system and its functions. Kellenyi et al. [1999] reported a hearing deficiency in the high frequency range in subjects after 15 minutes of exposure to cell phone radiation. Mild hearing loss was reported by Garcia Callejo et al. [2005], Kerckhanjanarong et al [2005] and Oktay and Dasdag [2006] in cell phone users. However, these changes may not be related to exposure to electromagnetic fields. Recently, Davidson and Lutman [2007] reported no chronic effects of cell phone usage on hearing, tinnitus and balance in a student population.

Auditory-evoked responses in the brain have been studied. Kellenyi et al. [1999], in addition to hearing deficiency, also reported a change in auditory brainstem response in their subjects. However, no significant effect on brainstem and cochlear auditory responses were found by Arai et al.[2003], Aran et al. [2004], and Sievert et al. [2005]. However, Maby et al. [2004, 2005, 2006] reported that GSM electromagnetic fields modified human auditory cortical activity recorded at the scalp.

Another popular phenomenon studied in this aspect is the distorted product otoacoustic emission, a measure of cochlear hair cell functions. Grisanti et al. [1998] first reported a change in this measurement after cell phone use. Subsequent studies by various researchers using different exposure times and schedules failed to find any significant effect of cell phone radiation [Aren et al. 2004; Galloni et al., 2005 a,b; Janssen et al., 2005; Kizilay et al, 2003; Marino et al., 2000; Monnery et al., 2004; Mora et al., 2006; Ozturan et al., 2002; Parazzini et al., 2005; Uloziene et al., 2005].

There have been reports suggesting that people who claimed to be hypersensitive to EMF have higher incidence of tinnitus [Cox, 2004; Fox, 2004; Holmboe and Johansson, 2005]. However, data from the physiological studies described above do not indicate that EMF exposure could cause tinnitus.

## VII. Human subjective effects

- Abdel-Rassoul G, El-Fateh OA, Salem MA, Michael A, Farahat F, El-Batanouny M, Salem E. Neurobehavioral effects among inhabitants around mobile phone base stations. *Neurotoxicology*, 28:434-440, 2007.
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Wilén J, Sandström M, Hansson Mild K. Subjective symptoms among mobile phone users-A consequence of absorption of radiofrequency fields? *Bioelectromagnetics* 24(3):152-159, 2003.

Wilén J, Johansson A, Kalezić N, Lyskov E, Sandström M. Psychophysiological tests and provocation of subjects with mobile phone related symptoms. *Bioelectromagnetics* 27:204-214, 2006.

The possible existence of physical symptoms from exposure to RFR from various sources including cell phones, cell towers and wireless systems has been a topic of significant public concern and debate. This is an issue that will require additional attention. Symptoms that have been reported include: sleep disruption and insomnia, fatigue, headache, memory loss and confusion, tinnitus, spatial disorientation and dizziness. However, none of these effects has been studied under controlled laboratory conditions. Thus, whether they are causally related to RFR exposure is unknown.

### **VIII. Summary and Discussion**

A. Research data are available suggesting effects of RFR exposure on neurological and behavioral functions. Particularly, effects on neurophysiological and cognitive functions are quite well established. Interestingly, most of the human studies showed an enhancement of cognitive function after exposure to RFR, whereas animals studied showed a deficit. However, research on electrophysiology also indicates that effects are dependent on the mental load of the subjects during exposure. Is this because the test-tasks used in the animal studies are more complex or the nervous system of non-human animals can be easier overloaded? These point to an important question on whether RFR-induced cognitive facilitation still occurs in real life situation when a person has to process and execute several behavioral functions simultaneously. Generally speaking, when effects were observed, RFR disrupted behavior in animals, such as in the cases of behaviors to adapt to changes in the environment and learning. This is especially true when the task involved complex responses. In no case has an improvement in behavior been reported in animals after RFR exposure. It is puzzling that only disruptions in behavior by RFR exposure are reported in non-human animals. In the studies on EEG, both excitation and depression have been reported after exposure to RFR. If these measurements can be considered as indications of electrophysiological and behavioral arousal and depression, improvement in behavior should occur under certain conditions of RFR exposure. This is now reported in humans exposed to cell phone radiation.

B. On the other hand, one should be very careful in extrapolating neurological/behavioral data from non-human in vivo experiments to the situation of cell phone use in humans. The structure and anatomy of animal brains are quite different from those of the human brain. Homologous structures may not be analogous in functions. Differences in head shape also dictate that different brain structures would be affected under similar RF exposure conditions. Thus, neurological data from human studies should be more reliable indicators of cell phone effects.

C. Another consideration is that most of the studies carried out so far are short-term exposure experiments, whereas cell phone use causes long-term repeated exposure of the brain. Depending on the responses studied in neurological/behavioral experiments, several outcomes have been reported after long term exposure: (1) an effect was observed only after prolonged (or repeated)

exposure, but not after one period of exposure; (2) an effect disappeared after prolonged exposure suggesting habituation; and (3) different effects were observed after different durations of exposure. All of these different responses reported can be explained as being due to the different characteristics of the dependent variable studied. These responses fit the pattern of general responses to a 'stressor'. Indeed, it has been proposed that RFR is a 'stressor' (e.g., see <http://www.wave-guide.org/library/lai.html>). Chronic stress could have dire consequences on the health of a living organism. However, it is difficult to prove that an entity is a stressor, since the criteria of stress are not well defined and the caveat of stress is so generalized that it has little predictive power on an animal's response.

D. From the data available, in general, it is not apparent that pulsed RFR is more potent than continuous-wave RFR in affecting behavior in animals. Even though different frequencies and exposure conditions were used in different studies and hardly any dose-response study was carried out, there is no consistent pattern that the SARs of pulsed RFR reported to cause an effect are lower than those of continuous-RFR. This is an important consideration on the possible neurological effects of exposure to RFR during cell phone use, since cell phones emit wave of various forms and characteristics.

E. Thermal effect cannot be discounted in the effects reported in most of the neurological/behavioral experiments described above. Even in cases when no significant change in body or local tissue temperature was detected, thermal effect cannot be excluded. An animal can maintain its body temperature by actively dissipating the heat load from the radiation. Activation of thermoregulatory mechanisms can lead to neurochemical, physiological, and behavioral changes. However, several points raised by some experiments suggest that the answer is not a simple one. They are: (a) 'Heating controls' do not produce the same effect of RFR; (b) Window effects are reported; (c) Modulated or pulsed RFR is more effective in causing an effect or elicits a different effect when compared with continuous-wave radiation of the same frequency.

F. It is also interesting to point out that in most of the behavioral experiments, effects were observed after the termination of RFR exposure. In some experiments, tests were made days after exposure. This suggests a persistent change in the nervous system after exposure to RFR.

G. In many instances, neurological and behavioral effects were observed at a SAR less than 4 W/kg. This directly contradicts the basic assumption of the IEEE guideline criterion.

H. A question that one might ask is whether different absorption patterns in the brain or body could elicit different biological responses in an animal. If this is positive, possible outcomes from the study of bioelectromagnetics research are: (a) a response will be elicited by some exposure conditions and not by others, and (b) different response patterns are elicited by different exposure conditions, even though the average dose rates in the conditions are equal. These data indicate that energy distribution in the body and other properties of the radiation can be important factors in determining the outcome of the biological effects of RFR.

I. Even though the pattern or duration of RFR exposure is well-defined, the response of the biological system studied will still be unpredictable if we lack sufficient knowledge of the

response system. In most experiments on the neurological effects of RFR, the underlying mechanism of the dependent variable was not fully understood. The purpose of most of the studies was to identify and characterize possible effects of RFR rather than the underlying mechanisms responsible for the effects. Understanding the underlying mechanism is an important criterion in understanding an effect.

J. Another important consideration in the study of the central nervous system should be mentioned here. It is well known that the functions of the central nervous system can be affected by activity in the peripheral nervous system. This is especially important in the *in vivo* experiments when the whole body is exposed. However, in most experiments studying the effects of RFR on the central nervous system, the possibility of contribution from the peripheral nervous system was not excluded in the experimental design. Therefore, caution should be taken in concluding that a neurological effect resulted solely from the action of RFR on the central nervous system.

K. In conclusion, the questions on the neurological effects (and biological effects, in general) of RFR and the discrepancies in research results in the literature can be resolved by (a) a careful and thorough examination of the effects of the different radiation parameters, and (b) a better understanding of the underlying mechanisms involved in the responses studied. With these considerations, it is very unlikely that the neurological effects of RFR can be accounted for by a single unifying neural mechanism.

L. Finally, does disturbance in behavior have any relevance to health? The consequence of a behavioral deficit is situation dependent and may not be direct. It probably does not matter if a person is playing chess and RFR in his environment causes him to make a couple of bad moves. However, the consequence would be much more serious if a person is flying an airplane and his response sequences are disrupted by RFR radiation.

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**Appendix 9-A****NEUROLOGICAL EFFECTS OF RADIOFREQUENCY ELECTROMAGNETIC RADIATION** in "Advances in Electromagnetic Fields in Living Systems, Vol. 1," J.C. Lin (ed.), Plenum Press, New York. (1994) pp. 27-88

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**INTRODUCTION**

Many reports in the literature have suggested the effect of exposure to radiofrequency electromagnetic radiation (RFR) (10 kHz-300,000 MHz) on the functions of the nervous system. Such effects are of great concern to researchers in bioelectromagnetics, since the nervous system coordinates and controls an organism's responses to the environment through autonomic and voluntary muscular movements and neurohumoral functions. As it was suggested in the early stages of bioelectromagnetics research, behavioral changes could be the most sensitive effects of RFR exposure. At the summary of session B of the proceedings of an international symposium held in Warsaw, Poland, in 1973, it was stated that "The reaction of the central nervous system to microwaves may serve as an early indicator of disturbances in regulatory functions of many systems" [Czerski et al., 1974].

Studies on the effects of RFR on the nervous system involve many aspects: morphology, electrophysiology, neurochemistry, neuropsychopharmacology, and psychology. An obvious effect of RFR on an organism is an increase in temperature in the tissue, which will trigger physiological and behavioral thermal regulatory responses. These responses involve neural activities both in the central and peripheral nervous systems. The effects of RFR on thermoregulation have been extensively studied and reviewed in the literature [Adair, 1983; Stern, 1980]. The topic of thermoregulation will not be reviewed in this chapter. Since this paper deals mainly with the effects of RFR on the central nervous system, the effect on neuroendocrine functions also will not be reviewed here. It is, however, an important area of research since disturbances in neuroendocrine functions are related to stress, alteration in immunological responses, and tumor development [Cotman et al., 1987; Dunn, 1989; Plotnikoff et al., 1991]. Excellent reviews of research on this topic have been written by Lu et al.[1980] and Michaelson and Lin [1987].

In order to give a concise review of the literature on the effects of RFR on neural functions, we have to first understand the normal functions of the nervous system.

**PRINCIPLES OF NEURAL FUNCTIONS**

The nervous system is functionally composed of nerve cells (neurons) and supporting cells known as glia. In higher animal species, it is divided into the central and peripheral nervous systems. The central nervous system consists of the brain and the spinal cord and is enveloped in a set of membranes known as the meninges. The outer surface as well as the inner structures of

the central nervous system are bathed in the cerebrospinal fluid (CSF) that fills the ventricles of the brain and the space at the core of the spinal cord.

The brain is generally subdivided into regions (areas) based on embryological origins. The anterior portion of the neural tube, the embryonic tissue from which the nervous system is developed, has three regions of expansion: the forebrain, midbrain, and hindbrain. From the forebrain, the cerebral hemispheres and the diencephalon will develop. The diencephalon consists of the thalamus, epithalamus, subthalamus, and hypothalamus. The midbrain remains mostly unchanged from the original structure of the neural tube; however, two pairs of structures, the superior and inferior colliculi, develop on its dorsal surface. These are parts of the visual and auditory systems, respectively. The hindbrain develops into the medulla, pons, and cerebellum.

The thalamus of the diencephalon is divided into various groups of cells (nuclei). Some of these nuclei are relays conveying sensory information from the environment to specific regions of the cerebral cortex, such as the lateral and medial geniculate nuclei that relay visual and auditory information, respectively, from the eyes and ears to the cerebral cortex. Other nuclei have more diffuse innervations to the cerebral cortex. The hypothalamus is involved in many physiological regulatory functions such as thermoregulation and control of secretion of hormones.

The cerebral hemispheres consist of the limbic system (including the olfactory bulbs, septal nucleus, amygdala, and hippocampus), the basal ganglia (striatum), and the cerebral cortex. The limbic system serves many behavioral functions such as emotion and memory. The striatum is primarily involved in motor controls and coordination. The cerebral cortex especially in the higher animal species is divided into regions by major sulci: frontal, parietal, temporal, and occipital cortex, etc. The function of some regions can be traced to the projection they receive from the thalamus, e.g., the occipital cortex (visual cortex) processes visual information it receives from the lateral geniculate nucleus of the thalamus and the temporal cortex (auditory cortex) receives auditory information from the medial geniculate nucleus. There are other cortical areas, however, known as secondary sensory areas and 'association' cortex that receive no specific thalamic innervations. One example of the association cortical areas is the prefrontal cortex, which is supposed to subservise higher behavioral functions, e.g., cognition.

The basic design of the central nervous system is similar among species in the phylogenetic scale; however, there are differences in the details of structure among species. Most of the brain regions mentioned in the above sections have been studied in bioelectromagnetics research to a various extent.

On the neurochemical level, neurons with similar biochemical characteristics are usually grouped together to form a nucleus or ganglion. Information is transmitted by electrochemical means via fibers (axons) protruding from the neuron. In addition to making local innervations to other neurons within the nucleus, nerve fibers from the neurons in a nucleus are also grouped into bundles (pathways) that connect one part of the brain to another. Information is generally passed from one neuron to another via the release of chemicals. These chemicals are called neurotransmitters or neuromodulators depending upon their functions. Many neurotransmitters have been identified in the central nervous system. Some are small molecules such as acetylcholine, norepinephrine, dopamine, serotonin, and  $\gamma$ -amino-butyric acid (GABA), whereas the others are polypeptides and proteins such as the endogenous opioids, substance-P, etc. Effects of RFR on most of these neurotransmitters have been investigated. Nerve fibers in a pathway usually release the same neurotransmitter. The anatomy of some of these neurotransmitter

pathways are well studied such as those of dopamine, norepinephrine, serotonin, and acetylcholine.

After a neurotransmitter is released, it passes a space gap (synapse) between two adjacent cells and reacts with a molecule known as "receptor" at the cell membrane of the receiving (postsynaptic) cell. Such a reaction is usually described as analogous to the action of the key and lock. A particular neurotransmitter can only bind to its specific receptor to exert an effect. Binding of the neurotransmitter to a receptor triggers a series of reactions that affect the postsynaptic cell. Properties of the receptors can be studied by the receptor-ligand binding technique. Using this method the concentration and the binding affinity to the neurotransmitter of the receptors in a neural tissue sample can be determined.

Pharmacologically, one can affect neural functions by altering the events of synaptic transmission by the administration of a drug. Drugs can be used to decrease or increase the release of neurotransmitters or affect the activity of the receptors. Many drugs exert their effects by binding to neurotransmitter receptors. Drugs which have actions at the receptors similar to those of the natural neurotransmitters are called agonists, whereas drugs which block the receptors (thus blocking the action of the endogenous neurotransmitters) are known as antagonists. The property of antagonists provides a powerful conceptual tool in the study of the functions of the nervous system. Neural functions depend on the release of a particular type of neurotransmitter. If a certain physiological or behavioral function is blocked by administration of a certain antagonist to an animal, one could infer that the particular neurotransmitter blocked by the antagonist is involved in the function. In addition, since neurons of the same chemical characteristics are grouped together into pathways in the nervous system, from the information obtained from the pharmacological study, one can speculate on the brain areas affected by a certain treatment such as RFR.

The activity in the synapses is dynamic. In many instances as a compensatory response to changes in transmission in the synapses, the properties (concentration and/or affinity) of the receptors change. Generally, as a result of repeated or prolonged increase in release of a neurotransmitter, the receptors of that neurotransmitter in the postsynaptic cells decrease in number or reduce their binding affinity to the neurotransmitter. The reverse is also true, i.e., increase in concentration or binding affinity of the receptors occurs after prolonged or repeated episodes of decreased synaptic transmission. Such changes could have important implications on an animal's functional state. The changes in neurotransmitter receptors enable an animal to adapt to the repeated perturbation of function. On the other hand, since changes in receptor properties can last for a long time (days to weeks), an animal's normal physiological and behavioral functions will be altered by such changes.

The central nervous system of all vertebrates is enveloped in a functional entity known as the blood-brain barrier, due to the presence of high-resistance tight junctions between endothelial cells in the capillaries of the brain and spinal cord. The blood-brain barrier is impermeable to hydrophilic (polar) and large molecules and serves as a protective barrier for the central nervous system against foreign and toxic substances. Many studies have been carried out to investigate whether RFR exposure affects the permeability of the blood-brain barrier.

Drugs can be designed that cannot pass through the blood-brain barrier and, thus, they can only affect the peripheral nervous system. Using similar antagonists that can and cannot pass through the blood-brain barrier, one can determine whether an effect of an entity such as RFR is mediated by the central or peripheral nervous system. On the other hand, drugs can be directly

injected into the central nervous system (thus, by-passing the blood-brain barrier) to investigate the roles of neural mechanisms inside the brain on a certain physiological or behavioral function.

Changes in neurochemical functions lead to changes in behavior in an animal. Research has been carried out to investigate the effects of RFR exposure on spontaneous and learned behaviors. Motor activity is the most often studied spontaneous behavior. Alteration in motor activity of an animal is generally considered as an indication of behavioral arousal. For learned behavior, conditioned responses were mostly studied in bioelectromagnetics research. The behavior of an animal is constantly being modified by conditioning processes, which connect behavioral responses with events (stimuli) in the environment. Two types of conditioning processes have been identified and they are known as classical and operant conditioning. In classical conditioning, a 'neutral' stimulus that does not naturally elicit a certain response is repeatedly being presented in sequence with a stimulus that does elicit that response. After repeated pairing, presentation of the neutral stimulus (now the conditioned stimulus) will elicit the response (now the conditioned response). Interestingly, the behavioral control probability of the conditioned stimulus is shared by similar stimuli, i.e., presentation of a stimulus similar to the conditioned stimulus can also elicit the conditioned response. The strength and probability of occurrence of the conditioned response depends on the degree of similarity between the two stimuli. This is known as "stimulus generalization."

A paradigm of classical conditioning used in bioelectromagnetics research is the "conditioned suppression" procedure. Generally, in this conditioning process, an aversive stimulus (such as electric shock, loud noise) follows a warning signal. After repeated pairing, the presentation of the warning signal alone can stop or decrease the on-going behavior of the animal. The animal usually "freezes" for several minutes and shows emotional responses like defecation and urination. Again, stimulus generalization to the warning signal can occur.

Operant (or instrumental) conditioning involves a change in the frequency or probability of a behavior by its consequences. Consequences which increase the rate of the behavior are known as "reinforcers". Presentation of a "positive reinforcer", e.g., availability of food to a hungry animal, increases the behavior leading to it. On the other hand, removal of a "negative reinforcer", e.g., an electric shock, also leads to an increase of the behavior preceding it. Presentation of an aversive stimulus will decrease the probability of the behavior leading to it. In addition, removal of a positive reinforcer contingent upon a response will also decrease the probability of further response. Thus, both positive and negative reinforcers increase the probability of a response leading to them, and punishment (presentation of an aversive stimulus or withdrawal of a positive reinforcer) decreases the occurrence of a response. The terms used to describe a consequence are defined by the experimental procedures. The same stimulus can be used as a "negative reinforcer" to increase a behavior or as a punisher to decrease the behavior.

An interesting aspect of behavioral conditioning is the schedule on which an animal is reinforced (schedule-controlled behavior). An animal can be reinforced for every response it emits; however, it can also be reinforced intermittently upon responding. Intermittent reinforcement schedules generally consist of the following: reinforcement is presented after a fixed number of responses (fixed ratio), a fixed period of time (fixed interval), or a variable number of responses (variable ratio) or interval of time (variable interval) around an average value. The intermittent reinforcement schedules have a profound effect on the rate and pattern of responding. The variable schedules generally produce a steadier responding rate than the fixed schedules. A post-reinforcement pulse is associated with the fixed schedules when the rate of responding decreases immediately after a reinforcement and then increases steadily. Ratio

schedules generally produce a higher responding rate than interval schedules. Another simple reinforcement schedule commonly used in bioelectromagnetics research is the differential reinforcement of a low rate of responding (DRL). In this schedule, a reinforcement only follows a response separated from the preceding response by a specific time interval. If the animal responds within that time, the timer will be reset and the animal has to wait for another period of time before it can elicit a reinforceable response. The DRL schedule, dependent of the time interval set, produces a steady but low rate of responding. Compound schedules, consisting of two or more of the above schedule types, can also be used in conditioning experiments to control behavior. A multiple schedule is one in which each component is accompanied by a discriminatory stimulus, e.g., a white light when a fixed interval schedule is on and a green light when a variable interval schedule is on. The multiple schedule paradigm is widely used in pharmacological research to compare the effect of a drug on the patterns of response under different schedules in the same individual. A mixed schedule is a multiple schedule with no discriminative stimulus associated with each schedule component. Thus, a multiple schedule produces discrete patterns of responding depending on the currently active schedule, whereas a mixed schedule produces a response pattern that is a blend of all the different components. A tandem schedule consists of a sequence of schedules. Completion of one schedule leads to access to the next schedule, with no reinforcement presented until the entire sequence of schedules is completed. A chained schedule is a tandem schedule with each component accompanied by a discriminatory stimulus. Other more complicated combinations of schedules can be used in conditioning experiments. These compound schedules pose increased difficulties in an animal's ability to respond and make the performance more sensitive to the disturbance of experimental manipulations such as RFR.

In operant discrimination learning, an animal learns to elicit a certain response in the presence of a particular environmental stimulus, e.g., light, and is rewarded after the response, whereas no reinforcement is available in the absence of the stimulus or in the presence of another stimulus, e.g., tone. In this case, generalization to similar stimuli can also occur.

Another popular paradigm used in the research on the behavioral effects of RFR is escape and avoidance learning. In escape responding an animal elicits a response immediately when an aversive stimulus, e.g., electric foot-shock, is presented in order to escape from it or to turn it off. In avoidance learning an animal has to make a certain response to prevent the onset of an aversive stimulus. The avoidance can be a signalled avoidance-escape paradigm in which a stimulus precedes the aversive stimulus. On the other hand, the aversive stimulus can be nonsignalled. In this case the animal has to respond continuously to postpone the onset of the aversive stimulus, otherwise it will be presented at regular intervals. This paradigm is also known as "continuous-avoidance." It was speculated that avoidance learning was reinforced by reduction of a conditioned fear reaction [Mowrer, 1939; Solomon and Wynne, 1954]. In escape-avoidance learning both classical and operant conditioning processes are involved.

Use of reinforcement-schedules can generate orderly and reproducible behavioral patterns in animals, and thus, allows a systematic study of the effect of an independent variable, such as RFR. However, the underlying mechanisms by which different schedules affect behavior are poorly understood. The significance of studying schedule-controlled behavior has been discussed by Jenkins [1970] and Reynolds [1968]. In addition, de Lorge [1985] has written a concise and informative review and comments on the use of schedule-controlled behavior in the study of the behavioral effects of RFR.

In the following review on the effects of RFR on the central nervous system the concepts described above on the functions of the nervous system will apply.

## **EFFECTS OF RADIOFREQUENCY RADIATION ON THE MORPHOLOGY OF THE CENTRAL NERVOUS SYSTEM**

### **Cellular Morphology**

Radiofrequency radiation-induced morphological changes of the central nervous system are not expected except under relatively high intensity or prolonged exposure to the radiation. Such changes are not a necessary condition for alteration in neural functions after exposure to RFR. Early Russian studies [Gordon, 1970; Tolgskaya and Gordon, 1973] reported morphological changes in the brain of rats after 40 min of exposure to 3000- or 10000-MHz RFR at power densities varying from 40-100 mW/cm<sup>2</sup> (rectal temperature increased to 42-45 °C). Changes included hemorrhage, edema, and vacuolation formation in neurons. In these studies, changes in neuronal morphology were also reported in the rat brain after repeated exposure to RFR of lower power densities (3000 MHz, thirty-five 30-min sessions, <10 mW/cm<sup>2</sup>, SAR 2 W/kg). Changes included neuronal cytoplasmic vacuolation, swelling and beading of axons, and a decrease in the number of dendritic spines. Albert and DeSantis [1975] also reported swollen neurons with dense cytoplasm and decreased rough endoplasmic reticulum and polyribosomes, indicative of decreased protein synthesis, in the hypothalamus and subthalamic region of the brain of hamsters exposed for 30 min to 24 h to continuous-wave 2450-MHz RFR at 50 mW/cm<sup>2</sup> (SAR 15 W/kg). No observable effect was seen in the thalamus, hippocampus, cerebellum, pons, and spinal cord. Recovery was seen at 6-10 days postexposure. In the same study, vacuolation of neurons was also reported in the hypothalamus of hamsters exposed to 2450-MHz RFR at 24 mW/cm<sup>2</sup> (SAR 7.5 W/kg) for 22 days (14 h/day). Similar effects of acute exposure were observed in a second study [Albert and DeSantis, 1976] when hamsters were exposed for 30-120 min to continuous-wave 1700-MHz RFR at either 10 (SAR 3 W/kg) or 25 mW/cm<sup>2</sup> (SAR 7.5 W/kg). The effects persisted even at 15 days postexposure.

Baranski [1972] reported edema and heat lesions in the brain of guinea pigs exposed in a single 3-h session to 3000-MHz RFR at a power density of 25 mW/cm<sup>2</sup> (SAR 3.75 W/kg). After repeated exposure (3 h/day for 30 days) to similar radiation, myelin degeneration and glial cell proliferation were reported in the brains of exposed guinea pigs (3.5 mW/cm<sup>2</sup>, SAR 0.53 W/kg) and rabbits (5 mW/cm<sup>2</sup>, SAR 0.75 W/kg). Pulsed (400 pps) RFR produced more pronounced effects in the guinea pigs than continuous-wave radiation of the same power density. Switzer and Mitchell [1977] also reported an increase in myelin figures (degeneration) of neurons in the brain of rats at 6 weeks after repeated (5 h/day, 5 day/week for 22 weeks) exposure to continuous-wave 2450-MHz RFR (SAR 2.3 W/kg). In another study [McKee et al., 1980], Chinese hamsters were exposed to continuous-wave 1700-MHz RFR at 10 or 25 mW/cm<sup>2</sup> (SARs 5 and 12.5 W/kg) for 30-120 min. Abnormal neurons were reported in the hypothalamus, hippocampus, and cerebral cortex of the animals after exposure. In addition, platelet aggregation and occlusion of some blood vessels in the brain were also reported.

Two studies investigated the effects of perinatal exposure to RFR on the development of Purkinje cells in the cerebellum. In the first study [Albert et al., 1981a], pregnant squirrel

monkeys were exposed to continuous-wave 2450-MHz RFR (3 h/day, 5 days/week) at a power density of  $10 \text{ mW/cm}^2$  (SAR 3.4 W/kg) and the offspring were similarly exposed for 9.5 months after birth. No significant change was observed in the number of Purkinje cells in the uvula areas of the cerebellum of the exposed animals compared to that of controls. In the second study, Albert et al. [1981b] studied the effects of prenatal, postnatal, and pre- and postnatal-RFR exposure on Purkinje cells in the cerebellum of the rat. In the prenatal exposure experiment, pregnant rats were exposed from 17-21 days of gestation to continuous-wave 2450-MHz RFR at  $10 \text{ mW/cm}^2$  (SAR 2W/kg) for 21 h/day. The offspring were studied at 40 days postexposure. A decrease (-26%) in the concentration of Purkinje cells was observed in the cerebellum of the prenatally RFR-exposed rats. In the pre- and postnatal-exposure experiment, pregnant rats were exposed 4 h/day between the 16-21 days of gestation and their offspring were exposed for 90 days to continuous-wave 100-MHz RFR at  $46 \text{ mW/cm}^2$  (SAR 2.77 W/kg). Cerebellum morphology was studied at 14 months postexposure. A 13% decrease in Purkinje cell concentration was observed in the RFR-exposed rats. The changes observed in the pre- and perinatally-exposed rats seemed to be permanent, since the animals were studied more than a month postexposure. In the postnatal exposure experiment, 6-day old rat pups were exposed 7 h/day for 5 days to 2450-MHz RFR at  $10 \text{ mW/cm}^2$  and their cerebella were studied immediately or at 40 days after exposure. A 25% decrease in Purkinje cell concentration was found in the cerebellum of rats studied immediately after exposure, whereas no significant effect was observed in the cerebellum at 40 days postexposure. Thus, the postnatal exposure effect was reversible. The authors suggested that RFR may affect the proliferative activity and migrational process of Purkinje cells during cerebellar development. In a further study [Albert and Sherif, 1988], 1- or 6-day old rat pups were exposed to continuous-wave 2450-MHz RFR for 5 days (7 h/day,  $10 \text{ mW/cm}^2$ , SAR 2W/kg). Animals were killed one day after the exposure and morphology of their cerebellum was studied. The authors reported two times the number of deeply stained cells with dense nucleus in the external granular layer of the cerebellum. Examination with an electron microscope showed that the dense nuclei were filled with clumped chromatin. Extension and disintegration of nucleus, ruptured nuclear membrane, and vacuolization of the cytoplasm were observed in these cells. Some cells in the external granular layer normally die during development of the cerebellum; therefore, these data showed that postnatal RFR exposure increased the normal cell death. In the same study, disorderly arrays of rough endoplasmic reticulum were observed in the Purkinje cells of the exposed animals indicating an altered metabolic state in these cells.

### **Blood-Brain Barrier**

Intensive research effort was undertaken to investigate whether RFR affected the permeability of the blood-brain barrier [Albert, 1979b; Justesen, 1980]. The blood-brain barrier blocks the entry of large and hydrophilic molecules in the general blood circulation from entering the central nervous system. Its permeability was shown to be affected by various treatments, e.g., electroconvulsive shock [Bolwig, 1988]. Variable results on the effects of RFR on blood-brain barrier permeability have been reported. A reason for this could be due to the difficulties in measuring and quantifying the effect [Blasberg, 1979].

Frey et al. [1975] reported an increase in fluorescein in brain slices of rats injected with the dye and exposed for 30 min to continuous-wave 1200-MHz RFR ( $2.4 \text{ mW/cm}^2$ , SAR 1.0 W/kg) as compared with control animals. The dye was found mostly in the lateral and third ventricles of

the brain. A similar but more pronounced effect was observed when the animals were exposed to pulsed 1200-MHz RFR at an average power density of  $0.2 \text{ mW/cm}^2$ . These data were interpreted as an indication of an increase in permeability of the blood-brain barrier, since fluorescein injected systemically does not normally permeate into the brain. On the other hand, Merritt et al. [1978] did not observe a significant change in the permeability of fluorescein-albumin into the brain of rats exposed to a similar dose-rate of RFR (1200 MHz, either continuous-wave or pulsed, 30 min,  $2\text{-}75 \text{ mW/cm}^2$ ); however, an increase in permeability was observed, if the body temperature of the animal was raised to  $40 \text{ }^\circ\text{C}$  either by RFR or convective heating. In addition, no significant change in permeability of mannitol and inulin to the brain was reported in this experiment after RFR exposure.

Chang et al. [1982] studied in the dog the penetration of  $^{131}\text{I}$ -labelled albumin into the brain. The head of the dog was irradiated with 1000-MHz continuous-wave RFR at 2, 4, 10, 30, 50, or  $200 \text{ mW/cm}^2$  and the tracer was injected intravenously. Radioactivity in the blood and cerebrospinal fluid (CSF) was determined at regular time intervals postinjection. An increase in the ratio of radioactivity in the CSF versus that in the blood was considered as an indication of entry of the labelled albumin that normally does not cross the blood-brain barrier. At  $30 \text{ mW/cm}^2$ , 4 of the 11 dogs studied showed a significant increase in the ratio compared to that of sham-exposed animals, whereas no significant difference was seen at the other power densities. The authors suggested a possible 'power window' effect.

Lin and Lin [1980] reported no significant change in the permeability of sodium fluorescein and Evan's blue into the brain of rats with focal exposure at the head for 20 min to pulsed 2450-MHz RFR at  $0.5\text{-}1000 \text{ mW/cm}^2$  (local SARs  $0.04\text{-}80 \text{ W/kg}$ ), but an increase was reported after similar exposure of the head at an SAR of  $240 \text{ W/kg}$  [Lin and Lin, 1982]. The brain temperature under the latter exposure condition was  $43 \text{ }^\circ\text{C}$ . In a further study, by the same laboratory, Goldman et al. [1984] used  $^{86}\text{Rb}$  as the tracer to study the permeability of the blood-brain barrier after RFR exposure. The tracer was injected intravenously to rats after 5, 10, or 20 min of exposure to 2450-MHz pulsed RFR (10  $\mu\text{s}$  pulses, 500 pps) at an average power density of  $3 \text{ W/cm}^2$  (SAR  $240 \text{ W/kg}$ ) on the left side of the head. Brain temperature was increased to  $43 \text{ }^\circ\text{C}$ . The  $^{86}\text{Rb}$  uptake in the left hemisphere of the brain was studied. Increase in uptake was detected in the hypothalamus, striatum, midbrain, dorsal hippocampus, and occipital and parietal cortex at 5 min postexposure. Increased uptake of the tracer in the cerebellum and superior colliculus was also observed at 20 min after exposure. That increase in brain temperature played a critical role in the effect of RFR on the permeability of the blood-brain barrier was further supported in an experiment by Neilly and Lin [1986]. They showed that ethanol, infused into the femoral vein, reduced the RFR-induced ( $3150 \text{ MHz}$ ,  $30 \text{ W/cm}^2$  rms for 15 min on the left hemisphere of the brain) increase in penetration of Evan's blue into the brain of rats. Ethanol attenuated the RFR-induced increase in brain temperature.

Several studies used horseradish peroxidase as an indicator of blood-brain barrier permeability. An increase in horseradish peroxidase in the brain after systemic administration could be due to an increase in pinocytosis of the epithelial cells in the capillary of the brain, in addition to or instead of an increase in the leakiness of the blood-brain barrier. Pinocytosis can actively transport the peroxidase from the general blood circulation into the brain. An increase in the concentration of horseradish peroxidase was found in the brain of the Chinese hamster after 2 h of irradiation to continuous-wave 2450-MHz RFR at  $10 \text{ mW/cm}^2$  (SAR  $2.5 \text{ W/kg}$ ) [Albert, 1977]. The increase was more concentrated in the thalamus, hypothalamus, medulla, and cerebellum, and less in the cerebral cortex and hippocampus [Albert and Kerns, 1981]. Increases

in horseradish peroxidase permeability were also observed in the brains of rats and Chinese hamsters exposed for 2 h to continuous-wave 2800-MHz RFR at 10 mW/cm<sup>2</sup> (SAR 0.9 W/kg for the rat and 1.9 W/kg for the Chinese hamster). Fewer brain areas were observed with horseradish peroxidase at 1 h postexposure and complete recovery was seen at 2 h [Albert, 1979a]. Sutton and Carroll [1979] also reported an increase in permeability of horseradish peroxidase to the brain of the rat, when the brain temperature was raised to 40-45 °C by focal heating of the head with continuous-wave 2450-MHz RFR. In addition, cooling the body of the animals before exposure could counteract this effect of the radiation. These results again point to the conclusion that the hyperthermic effect of the RFR can disrupt the blood-brain barrier.

Oscar and Hawkins [1977] reported increased permeability of radioactive mannitol and inulin, and no significant change in dextran permeability into the brain of rats exposed for 20 min to continuous-wave or pulsed 1300-MHz RFR at a power density of 1 mW/cm<sup>2</sup> (SAR 0.4 W/kg). Effect of the pulsed radiation was more prominent. A 'power window' effect was also reported in this study. Preston et al. [1979] exposed rats to continuous-wave 2450-MHz RFR for 30 min at different power densities (0.1-30 mW/cm<sup>2</sup>, SARs 0.02-6 W/kg) and observed no significant change in radioactive mannitol distribution in various regions of the brain. In that paper, they suggested that an increase in regional blood flow in the brain could explain the results of Oscar and Hawkins [1977]. In further experiments Preston and Prefontaine [1980] reported no significant change in the permeability of radioactive sucrose to the brain of rats exposed with the whole body to continuous-wave 2450-MHz RFR for 30 min at 1 or 10 mW/cm<sup>2</sup> (SARs 0.2 and 2.0 W/kg) or with the head for 25 min at different power densities. Gruenau et al. [1982] also reported no significant change on the penetration of <sup>14</sup>C-sucrose into the brain of rats after 30 min of exposure to pulsed (2 μs pulses, 500 pps) or continuous-wave 2800-MHz RFR of various intensities (1-15 mW/cm<sup>2</sup> for the pulsed radiation, 10 and 40 mW/cm<sup>2</sup> for the continuous-wave radiation). Ward et al. [1982] irradiated rats with 2450-MHz RFR for 30 min at different power densities (0-30 mW/cm<sup>2</sup>, SAR 0-6 W/kg) and studied entry of <sup>3</sup>H-inulin and <sup>14</sup>C-sucrose into different areas of the brain. Ambient temperature of exposure was at either 22, 30, or 40 °C. They reported no significant increase in penetration of both compounds into the brain due to RFR exposure; however, they reported an increase in <sup>14</sup>C-sucrose entry into the hypothalamus when the ambient temperature of exposure was at 40 °C. The increase was suggested to be due to the hyperthermia induced in the animals under such exposure conditions. In a further study, Ward and Ali [1985] exposed rats to 1700-MHz continuous-wave or pulsed (0.5 μs pulses, 1000 pps) RFR for 30 min with the radiation concentrated at the head of the animal (SAR 0.1 W/kg). They reported no significant change in permeability into the brain of <sup>3</sup>H-inulin and <sup>14</sup>C-sucrose after the exposure.

Oscar et al. [1981] did observe increased blood flow in various regions of the rat brain after 5 to 60 min of exposure to pulsed 2800-MHz (2 μs pulses, 500 pps) RFR at 1 or 15 mW/cm<sup>2</sup> (SARs 0.2 and 3 W/kg). At 1 mW/cm<sup>2</sup>, increased blood flow (measured at ~6 min after exposure) was observed in 16 of the 20 brain areas studied with the largest increase in the pineal gland, hypothalamus, and temporal cortex. After exposure to the radiation at 15 mW/cm<sup>2</sup>, the largest increases in blood flow were detected in the pineal gland, inferior colliculus, medial geniculate nucleus, and temporal cortex (the last three areas are parts of the auditory system). It is interesting that patterns of changes involving different brain areas are reported in different studies [Albert and Kerns, 1981; Goldman et al., 1984; Oscar et al., 1981]. One wonders if this is due to the different patterns of energy distribution in the brain leading to different patterns of

increases in local cerebral blood flow, since different exposure conditions were used in these experiments.

Williams et al. [1984a-d] carried out a series of experiments to study the effect of RFR exposure on blood-brain barrier permeability to hydrophilic molecules. Unrestrained, conscious rats were used in these studies. The effects of exposure to continuous-wave 2450-MHz RFR at 20 or 65 mW/cm<sup>2</sup> (SAR 4 or 13 W/kg) for 30, 90, or 180 min were compared with those of ambient heating (42 °C)-induced hyperthermia and urea infusion, on sodium fluorescein, horseradish peroxidase, and <sup>14</sup>C-sucrose permeability into different areas of the brain. In general, they found that hyperosmolar urea was the most effective and ambient heating was as effective as hyperthermic RFR in increasing the tracer concentrations in the brain. However, significant increase of plasma concentrations of sodium fluorescein and <sup>14</sup>C-sucrose were also observed in the heat- and RFR-exposed animals, which might result from a decrease in renal function due to hyperthermia. Increase in tracer concentrations in the brain could be due to the increase in plasma concentrations. The authors concluded that RFR did not significantly affect the penetration of the tracers into the brain (via the blood-brain barrier). In the case of horseradish peroxidase, a reduced uptake into the brain was actually observed. The authors speculated that there was a decrease in pinocytotic activity in cerebral micro-vessels after exposure for 30 to 90 min to the radiation at 65 mW/cm<sup>2</sup>.

A series of experiments was carried out to study the effect of RFR on the passage of drugs into the central nervous system. Drug molecules that are less lipid soluble are less permeable through the blood-brain barrier. Thus, their actions are confined mainly to the peripheral nervous system after systemic administration. The actions of methylatropine, a peripheral cholinergic antagonist, methylnaltrexone, a peripheral opiate antagonist, and domperidone, a peripheral dopamine antagonist on RFR-exposed rats were studied by Quock et al. [1986a,b; 1987]. After 10 min of irradiation of mice to continuous-wave 2450-MHz RFR at 20 mW/cm<sup>2</sup> (SAR 53 W/kg), they observed antagonism of the apomorphine (a dopamine agonist)-induced stereotypic climbing behavior by domperidone, the analgesic effect of morphine (an opiate) by methylnaltrexone, and the central effects of oxotremorine and pilocarpine (both cholinergic agonists) by methylatropine. The behavioral and physiological responses studied are due to the action of the agonists in the central nervous system and are normally not blocked by the peripheral antagonists used in these studies. Since the enhanced antagonist effects of the peripheral drugs cannot be due to an increase in cerebral blood flow after exposure to the RFR, Quock et al. [1986a] speculated that the effect may be due to the breakdown of capillary endothelial tight-junction or an increase in pinocytosis in the blood-brain barrier.

Neubauer et al. [1990] studied the penetration of rhodamine-ferritin complex into the blood-brain barrier of the rat. The compound was administered systemically to the animals and then the animals were irradiated with pulsed 2450-MHz RFR (10 μs pulses, 100 pps) for 15, 30, 60 or 120 min at an average power density of 5 or 10 mW/cm<sup>2</sup> (SAR of 2 W/kg). Capillary endothelial cells from the cerebral cortex of the rats were isolated immediately after exposure, and the presence of rhodamine-ferritin complex in the cells was determined by the fluorescence technique. An approximately two fold increase in the complex was found in the cells of animals after 30 min or more of exposure to the 10 mW/cm<sup>2</sup> radiation. No significant effect was observed at 5 mW/cm<sup>2</sup>. Furthermore, pretreating the animals before exposure with the microtubular function inhibitor colchicine blocked the effect of the RFR. These data indicate an increase in pinocytotic activity in the cells forming the blood-brain barrier. In a more recent study [Lange and Sedmak, 1991], using a similar exposure system, a dose- (power density)

dependent increase in the entry of Japanese encephalitis virus into the brain and lethality was reported in mice after 10 min of RFR exposure (power densities 10-50 mW/cm<sup>2</sup>, SARs 24-98 W/kg). The blood-brain barrier is a natural barrier against the penetration of this virus to the brain. The authors also speculated that the high-intensity RFR caused an increase in pinocytosis of the capillary endothelial cells in the central nervous system and the viruses were carried inside by this process.

It is apparent that in the majority of the studies a high intensity of RFR is required to alter the permeability of the blood-brain barrier. Change in brain or body temperature seems to be a necessary condition for the effect to occur. In addition, permeability alteration could be due to a passive change in 'leakiness' or an increase in pinocytosis in the blood-brain barrier.

## **ELECTROPHYSIOLOGICAL EFFECTS OF RADIOFREQUENCY RADIATION**

### **Electrophysiology of Neurons**

Wachtel et al. [1975] and Seaman and Wachtel [1978] described a series of experiments investigating the effect of RFR (1500 and 2400 MHz) on neurons from the isolated abdominal ganglion of the marine gastropod, *Aphysia*. Two types of cells generating regular action potential spikes or bursts were studied. A majority of cells (87%) showed a decrease in the rate of the spontaneous activity when they were irradiated with RFR. 'Temperature' controls were run and in certain neurons convective warming produced an opposite effect (increased rate of activity) to that produced by RFR (decreased activity). Chou and Guy [1978] exposed temperature-controlled samples of isolated frog sciatic nerves, cat saphenous nerve, and rabbit vagus nerve to 2450-MHz RFR. They reported no significant change in the characteristics of the compound action potentials in these nerve preparations during exposure to either continuous-wave (SARs 0.3-1500 W/kg) or pulsed (peak SARs 0.3-220 W/kg) radiation. No direct field stimulation of neural activity was observed.

Arber and Lin [1985] recorded from *Helix aspersa* neurons irradiated with continuous-wave 2450-MHz RFR (60 min at 12.9 W/kg) at different ambient temperatures. The irradiation induced a decrease in spontaneous firing at medium temperatures of 8 and 21 °C, but not at 28 °C. However, when the neurons were irradiated with noise-amplitude-modulated 2450-MHz RFR (20% AM, 2 Hz-20 kHz) at SARs of 6.8 and 14.4 W/kg, increased membrane resistance and spontaneous activity were observed.

### **Evoked Potentials**

Several studies investigated the effects of RFR on evoked potentials in different brain areas. The evoked potential is the electrical activity in a specific location within the central nervous system responding to stimulation of the peripheral nervous system. Johnson and Guy [1972] recorded the evoked potential in the thalamus of cats in response to stimulation of the contralateral forepaw. The animals were exposed to continuous-wave 918-MHz RFR for 15 min at power densities of 1-40 mW/cm<sup>2</sup> at the head. A power density-dependent decrease in latency of some of the late components, but not the initial response of the thalamic evoked potential was observed. These data were interpreted that RFR affected the multisynaptic neural pathway,

which relates neural information from the skin to the thalamus and is responsible for the late components of the evoked potential. Interestingly, warming the body of the animals decreased the latency of both the initial and late components of the evoked potential.

Taylor and Ashleman [1975] recorded spinal cord ventral root responses to electrical stimulation of the ipsilateral gastrocnemius nerve in cats, using a polyethylene suction electrode. The spinal cord was irradiated with continuous-wave 2450-MHz RFR at an incident power of 7.5 W. Decreases in latency and amplitude of the reflex response were observed during exposure (3 min) and responses returned to normal immediately after exposure. They also reported that raising the temperature of the spinal cord produced electrophysiological effects similar to those of RFR.

### **Electrophysiology of Auditory Effect of Pulsed RFR**

Electrophysiological methods have also been used to study the pulsed RFR-induced auditory effects in animals. The effect was first systemically studied in humans by Frey [1961] and has been reviewed by Chou et al. [1982a] and Lin [1978]. Evoked potential responses were recorded in the eighth cranial nerve, medial geniculate nucleus, and the primary auditory cortex (three components of the auditory system) in cats exposed to pulsed 2450-MHz RFR. These evoked responses were eliminated after damaging the cochlea [Taylor and Ashleman, 1974]. Guy et al. [1975] studied the threshold of evoked responses in the medial geniculate nucleus in the cat in response to pulsed RFR while background noise (50-15000 Hz, 60-80 dB) was used to interfere with the response. They reported that background noise did not significantly affect the threshold to the RFR response, but caused a large increase in threshold to sound stimulus applied to the ear. The authors speculated that RFR interacts with the high frequency component of the auditory response system. In the study, evoked potentials in brain sites other than those of the auditory system were also recorded during pulsed RFR stimulation.

Chou et al. [1975] confirmed the peripheral site of the auditory effect generation. They recorded cochlear microphonics in the guinea pig inner ear during stimulation with 918-MHz pulsed RFR. The response was similar in characteristics to the cochlear microphonics generated by a click. These data were further supplemented by the finding that the middle-ear was not involved in the pulsed RFR-induced auditory responses, since destruction of the middle ear did not abolish the RFR-induced evoked potential in the brainstem [Chou and Galambos, 1979].

Experiments [Chou and Guy, 1979b] studying the threshold of RFR auditory effect in guinea pigs using the brainstem auditory evoked responses showed that the threshold for pulses with pulse width less than 30  $\mu$ s was related to the incident energy per pulse, and for larger duration pulses it was related to the peak power. In another study Chou et al. [1985b] measured the intensity-response relationship of brainstem auditory evoked response in rats exposed to 2450-MHz pulsed RFR (10 pps) of different intensities and pulse widths (1-10  $\mu$ s) in a circularly polarized waveguide. They also confirmed in the rat that the response is dependent on the energy per pulse and independent of the pulse width (up to 10  $\mu$ s in this experiment).

Lebovitz and Seaman [1977a,b] recorded responses from single auditory neurons in the auditory nerve of the cat in response to 915-MHz pulsed RFR. Responses are similar to those elicited by acoustic stimuli. Seaman and Lebovitz [1987; 1989] also recorded in the cat the responses of single neurons in the cochlear nucleus, a relay nucleus in the auditory system, to pulsed 915-MHz RFR applied to the head of the animal. The threshold of response to RFR pulses was determined and found to be low (SAR response threshold determined at the midline

of the brain stem, where the cochlear nucleus is located, was 11.1 mW/g/pulse corresponding to a specific absorption threshold of 0.6  $\mu$ J/g/pulse.)

### **Electroencephalographic Recording**

Various experiments studied the effects of acute and chronic RFR exposures on electroencephalograph (EEG). Measurement of electrical activity from the brain using external electrodes provides a non-invasive means of studying brain activity. Electroencephalograph is the summation of neural activities in the brain and provides a gross indicator of brain functions. It is generated by cell activity in the cerebral cortex around the area of recording, but it is modulated by subcortical input, e.g., from the thalamus. Sophisticated techniques and methods are available in the recording and analysis of EEG that provide useful knowledge on brain functions [da Silva, 1991].

In the early studies on the effects of RFR on EEG, metal electrodes were used in recording that distorted the field and possibly led to artifactual results [Johnson and Guy, 1972]. Saline filled glass electrodes [Johnson and Guy, 1972] and carbon loaded Teflon electrodes [Chou and Guy, 1979a] were used in later experiments to record the electrical activity in the brain of animals during RFR exposure. The carbon loaded Teflon electrode has conductivity similar to tissue and, thus, minimizes field perturbation. It can be used for chronic EEG and evoked potential measurements in RFR studies.

Baranski and Edelwejn [1968] reported that acute pulsed RFR (20 mW/cm<sup>2</sup>) had little effect on the EEG pattern of rabbits that were given phenobarbital; however, after chronic exposure (7 mW/cm<sup>2</sup>, 200 h), desynchronization (arousal) was seen in the EEG after phenobarbital administration, whereas synchronization (sedation) was observed in the controls [Baranski and Edelwejn, 1974]. Goldstein and Sisko [1974] also reported periods of alternating EEG desynchronization and synchronization in rabbits anesthetized with pentobarbital and then subjected to 5 min of continuous-wave 9300-MHz RFR (0.7-2.8 mW/cm<sup>2</sup>). Duration of desynchronization correlated with the power density of the irradiation. Servantie et al. [1975] reported that rats exposed for 10 days to 3000-MHz pulsed (1  $\mu$ s pulses, 500-600 pps) RFR at 5 mW/cm<sup>2</sup> produced an EEG frequency in the occipital cortex (as revealed by spectral analysis) synchronous to the pulse frequency of the radiation. The effect persisted a few hours after the termination of exposure. The authors proposed that the pulsed RFR synchronized the firing pattern of cortical neurons.

Dumansky and Shandala [1974] reported in the rat and rabbit that changes in EEG rhythm occurred after chronic RFR exposure (120 days, 8 h/day) using a range of power densities. The authors interpreted their results as an initial increase in excitability of the brain after RFR exposure followed by inhibition (cortical synchronization and slow wave) after prolonged exposure. Shandala et al. [1979] exposed rabbits to 2375-MHz RFR (0.01-0.5 mW/cm<sup>2</sup>) 7 h/day for 3 months. Metallic electrodes were implanted in various regions of the brain (both subcortical and cortical areas) for electrical recording during the exposure period and postexposure. After 1 month of exposure at 0.1 mW/cm<sup>2</sup>, the authors observed in the sensory-motor and visual cortex an increase in alpha-rhythm, an EEG pattern indicative of relaxed and resting states of an animal. An increase in activity in the thalamus and hypothalamus was also observed later. Similar effects were also seen in animals exposed to the RFR at 0.05 mW/cm<sup>2</sup>; however, rats exposed to a power density of 0.5 mW/cm<sup>2</sup> showed an increase in delta waves of high amplitude in the cerebral cortex after 2 weeks of exposure, suggesting a suppressive effect on EEG activity.

Bawin et al. [1973] exposed cats to 147-MHz RFR amplitude-modulated at 8 and 16 Hz at  $1 \text{ mW/cm}^2$ . They reported changes in both spontaneous and conditioned EEG patterns. Interestingly, the effects were not observed at lower or higher frequencies of modulation. Takashima et al. [1979] also studied the EEG patterns in rabbits exposed to RFR fields (1-30 MHz) amplitude-modulated at either 15 or 60 Hz. Acute exposure (2-3 h, field strength 60-500  $V_{\text{rms}}/\text{m}$ ) elicited no observable effect. Chronic exposure (2 h/day for 4-6 weeks at 90-500  $V_{\text{rms}}/\text{m}$ ) produced abnormal patterns including high amplitude spindles, bursts, and suppression of normal activity (shift to pattern of lower frequencies) when recorded within a few hours after exposure.

In an experiment by Chou and Guy [1979a], no significant change in electrical activity from the hypothalamus was detected in rabbits exposed to 2450-MHz RFR at  $100 \text{ mW/cm}^2$  (SAR at electrode  $\sim 25 \text{ W/kg}$ ). In a chronic exposure experiment, Chou et al. [1982b] exposed rabbits to continuous-wave 2450-MHz RFR at  $1.5 \text{ mW/cm}^2$  (2 h/day, 5 days/week for 90 days). Electroencephalograph and evoked potentials were measured at the sensory-motor and occipital cortex at various times during the exposure period. They reported large variations in the data and a tendency toward a decreased response amplitude in the latter part of the experiment, i.e., after a longer period of exposure.

In a more recent study, Chizhenkova [1988] recorded in the unanesthetized rabbits slow wave EEG in the motor and visual cortex, evoked potential in the visual cortex to light flashes, and single unit activity in the visual cortex during and after exposure to continuous-wave RFR (wavelength = 12.5 cm,  $40 \text{ mW/cm}^2$ , 1 min exposure to the head) using glass electrodes. She reported that RFR increased the incident of slow wave and spindles in the EEG, which are characteristics of slow wave sleep in animals. However, the radiation facilitated light-evoked responses in the visual cortex. Cells in the visual cortex also showed changes in firing rates (increase or decrease depending on the neuron studied). Driving responses of visual cortical neurons to light flashes, i.e., responses to sequence of light flashes of increasing frequency, were also enhanced by the RFR exposure. The author interpreted the data as showing a decrease in the threshold of visual evoked potential and an increase in excitability of visual cortical cells as a result of RFR exposure.

## **NEUROCHEMICAL EFFECTS OF RADIOFREQUENCY RADIATION**

Neurochemical studies of RFR include those on the concentrations and functions of neurotransmitters, receptor properties, energy metabolism, and calcium efflux from brain tissues.

### **Changes in Neurotransmitter Functions**

In most studies on the effects of RFR on neurotransmitter functions, only the concentration of neurotransmitters (usually measured as amount/gm wet weight of brain tissue) was measured in the brains of animals after irradiation. Data on change in concentration alone tells little about the nature of the effect, since it could result from different causes. For example, a decrease in the concentration could be due to an enhanced release or a decrease in synthesis of the neurotransmitter as the result of RFR exposure. For a more informative study, the turnover rate

of a neurotransmitter should be investigated. This involves the measurement of the rate of decrease in concentration of the neurotransmitter when its synthesis is blocked and/or the rate of accumulation of the metabolites of the neurotransmitter. More recently, the rate of release of a neurotransmitter from a local brain region can be studied by the microdialysis technique.

Snyder [1971] reported a significant increase in the concentrations of serotonin and its metabolite, 5-hydroxyindolacetic acid, in the brain of rats after 1 h of exposure to continuous-wave 3000-MHz RFR at 40 mW/cm<sup>2</sup> (SAR 8 W/kg). However, decreases in both neurochemicals were observed in the brain of rats exposed 8 h/day for 7 days at 10 mW/cm<sup>2</sup>. Thus, these results indicated an increase in the synthesis and turnover of brain serotonin after acute exposure and a decrease after prolonged exposure to RFR. Furthermore, warming the animals by placing them in an incubator heated at 34 °C had no significant effect on the turnover rate of serotonin in the brain.

Catras et al. [1976] also reported an increase in diencephalon serotonin concentration and activity of tryptophan hydroxylase, the synthesis enzyme for serotonin, in the rat after 8 daily (8 h/day) exposures to RFR at 10 mW/cm<sup>2</sup>. No significant changes in activity of monoamine oxidase, the degradation enzyme of serotonin, was observed in the brain of the irradiated rats.

Zeman et al. [1973] investigated the effects of exposure to pulsed 2860-MHz RFR on  $\gamma$ -amino-butyric acid (GABA) in the rat brain. No significant difference was observed in GABA concentration nor the activity of its synthesis enzyme, L-glutamate decarboxylase, in the brains of chronic (10 mW/cm<sup>2</sup>, 8 h/day for 3-5 days, or 4 h/day, 5 days/week for 4 or 8 weeks) or acutely exposed (40 mW/cm<sup>2</sup> for 20 min, or 80 mW/cm<sup>2</sup> for 5 min) rats compared with those of the sham-exposed animals.

Rats exposed to continuous-wave 1600-MHz RFR at 30 mW/cm<sup>2</sup> for 10 min were reported to have altered concentrations of catecholamines (norepinephrine and dopamine) and serotonin in specific regions of the brain [Merritt et al., 1976]. Norepinephrine was decreased only in the hypothalamus, whereas decrease in serotonin was seen in the hippocampus and decreases in dopamine were observed in the striatum and hypothalamus. These effects were suggested to be caused by an uneven distribution of RFR in different regions of the brain. In a further study, rats exposed to similar radiation (20 or 80 mW/cm<sup>2</sup>) were found to have a reduction of norepinephrine concentration in the basal hypothalamus, whereas no significant changes in dopamine and serotonin concentrations were observed even though the brain temperature increased up to 5 °C [Merritt et al., 1977]. In another study [Grin, 1974], rats were exposed to 2375-MHz RFR at power densities of 50 and 500  $\mu$ W/cm<sup>2</sup> for 30 days (7 h/day). At 50  $\mu$ W/cm<sup>2</sup>, brain epinephrine was increased on the 20th day of exposure, but returned to normal by day 30. There were slight increases in norepinephrine and dopamine concentrations throughout the exposure period. At 500  $\mu$ W/cm<sup>2</sup>, concentrations of all three neurotransmitters were increased at day 5, but declined continually after further exposure.

Various studies have been carried out to investigate the neurochemical effects of RFR irradiation on acetylcholine in the brain. A decrease in whole brain concentration of acetylcholine, suggesting an increased release of the neurotransmitter, has been reported in mice exposed to a single 2450-MHz RFR pulse, which deposited 18.7 J in the brain and increased the brain temperature by 2 to 4 °C [Modak et al., 1981]. Several studies investigated the effect on acetylcholinesterase (AChE), the degradation enzyme for acetylcholine. Acute (30 min) exposure to 9700-MHz RFR was reported to inhibit the membrane-bound AChE activity in a vagal-heart preparation [Young, 1980]. This effect was attributed to a release of bound calcium from the postjunctional membrane. In another study [Baranski, 1972], acute exposure to pulsed RFR

(~3000 MHz) at  $25 \text{ mW/cm}^2$  caused a decrease in AChE activity in the guinea pig brain. The effect was most pronounced at the diencephalon and mesencephalon (midbrain). After three months (3 h/day) of exposure at a power density of  $3.5 \text{ mW/cm}^2$ , an increase in brain AChE was observed. Surprisingly, when rabbits were subjected to the same chronic exposure treatment, a decrease in AChE activity was seen. On the other hand, two groups of investigators [Galvin et al., 1981; Miller et al., 1984] showed independently that 2450-MHz RFR exposure at a wide range of SARs did not significantly affect the activity of isolated AChE in vitro. More recently, Dutta et al. [1992] reported an increase in AChE activity in neuroblastoma cells in culture after 30 min of exposure to 147-MHz RFR amplitude-modulated at 16 Hz at SARs of 0.05 and 0.02 W/kg, but not at 0.005, 0.01, or 0.1 W/kg. The authors suggested a 'power window' effect. It is not known whether the effect was a response to the radiofrequency or the 16-Hz component of the radiation. Acetylcholinesterase is a very effective enzyme. A large decrease in its activity will be needed before any change in cholinergic functions can be observed.

D'Inzeo et al. [1988] reported an experiment that showed the direct action of RFR on acetylcholine-related ion channels in cultured chick embryo myotube cells. The acetylcholine-induced opening and closing of a single channel in the membrane of these cells were studied by the patch-clamp technique. Changes in membrane current of the whole cell in response to acetylcholine was also studied. The channels were probably the nicotinic cholinergic receptor channels, which are ligand-gated channels. The cell culture was exposed to continuous-wave 10750-MHz RFR with the power density at the cell surface estimated to be a few  $\mu\text{W/cm}^2$ . (Power density of the incident field at the surface of the culture medium was  $50 \mu\text{W/cm}^2$ .) Recordings were made during exposure. The authors reported a decrease in acetylcholine-activated single channel opening, whereas the duration of channel opening and the conductance of the channels were not significantly affected by the radiation. Since these latter two parameters are temperature-dependent, the effect observed was suggested as not related to the thermal effects of RFR. The whole cell membrane current also showed an increase in the recovery rates (desensitization) during irradiation. Thus, RFR decreased the opening probability of the acetylcholine channel and increased the rate of desensitization of the acetylcholine receptors. Opening and desensitization of the nicotinic channels are known to involve different molecular mechanisms.

Lai et al. [1987b,c] performed experiments to investigate the effects of RFR exposure on the cholinergic systems in the brain of the rat. Activity of the two main cholinergic pathways, septo-hippocampal and basalis-cortical pathways, were studied. The former pathway has the cell bodies in the septum and their axons innervate the hippocampus. The latter pathway includes neurons in the nucleus basalis and innervates several cortical areas including the frontal cortex. These two cholinergic pathways are involved in many behavioral functions such as learning, memory, and arousal [Steriade and Biesold, 1990]. Degeneration of these pathways occurs in Alzheimers disease [Price et al., 1985]. In some studies, cholinergic activities in the striatum and hypothalamus were also investigated. Cholinergic activity in the brain tissue was monitored by measuring sodium-dependent high-affinity choline uptake (HACU) from brain tissues. Sodium-dependent high-affinity choline is the rate limiting step in the synthesis of acetylcholine and has widely been used as an index of cholinergic activity in neural tissue [Atweh et al., 1975].

We found that after 45 min of acute exposure to pulsed 2450-MHz RFR (2  $\mu\text{s}$  pulses, 500 pps,  $1 \text{ mW/cm}^2$ , average whole body SAR 0.6 W/kg), HACU was decreased in the hippocampus and frontal cortex, whereas no significant effect was observed in the striatum, hypothalamus, and inferior colliculus [Lai et al., 1987b]. Interestingly, the effect of RFR on HACU in the

hippocampus was blocked by pretreatment of the animals with the opiate-antagonists naloxone and naltrexone, suggesting involvement of endogenous opioids in the effect. Endogenous opioids are a group of peptides synthesized by the nervous system and have pharmacological properties like opiates. They are involved in a variety of physiological functions such as stress reactions, temperature-regulation, motivational behaviors, etc. Our further research showed that the effects of RFR on central cholinergic activity could be classically conditioned to cues in the exposure environment [Lai et al., 1987c]. These effects of RFR on cholinergic functions are similar to those reported in animals after exposure to stressors [Finkelstein et al., 1985; Lai, 1987; Lai et al., 1986c].

When different power densities of RFR were used, a dose-response relationship could be established from each brain region [Lai et al., 1989a]. Data were analyzed by probit analysis, which enables a statistical comparison of the dose-response functions of the different brain regions. It was found that a higher dose-rate was required to elicit a change in HACU in the striatum, whereas the responses of the frontal cortex and hippocampus were similar. Thus, under the same irradiation conditions, different brain regions could have different sensitivities to RFR.

In further experiments to investigate the contributory effect of different parameters of RFR exposure, we found that the radiation caused a duration-dependent biphasic effect on cholinergic activity in the brain. After 20 instead of 45 min of RFR exposure as in earlier experiments, an increase in HACU was observed in the frontal cortex, hippocampus, and hypothalamus of the rat [Lai et al., 1989b], and these effects could be blocked by pretreatment with the opiate antagonist naltrexone, suggesting the effects are also mediated by endogenous opioids.

Experiments [Lai et al., 1988] were then carried out to compare the effects of exposure in two different systems that produced different energy absorption patterns in the body of the exposed animal. Rats were exposed to pulsed (2  $\mu$ s pulses, 500 pps) or continuous-wave 2450-MHz RFR in the circular waveguide and the miniature anechoic chamber exposure systems designed by Guy [Guy, 1979; Guy et al., 1979] with the whole body average SAR kept at a constant level of 0.6 W/kg. In the circular waveguide rats were exposed to circularly polarized RFR from the side of the body. In the miniature anechoic chamber rats were exposed dorsally with plane-polarized RFR. The circular waveguide produced a more localized energy absorption pattern than the miniature anechoic chamber. Detailed dosimetry studies in the body and brain of rats exposed in these two exposure systems had been carried out [Chou et al., 1984, 1985a]. After 45 min of exposure to the RFR, a decrease in HACU was observed in the frontal cortex in all exposure conditions studied (circular waveguide vs miniature anechoic chamber, pulsed vs continuous-wave). However, regardless of the exposure system used, HACU in the hippocampus decreased only after exposure to pulsed, but not continuous-wave RFR. Striatal HACU was decreased after exposure to either pulsed or continuous-wave RFR in the miniature anechoic chamber, but no significant effect was observed when the animal was exposed in the circular waveguide. No significant effect on HACU was found in the hypothalamus under all the exposure conditions studied. Thus, each brain region responded differently to RFR exposure depending on the parameters. Effects on the frontal cortex were independent of the exposure system or use of pulsed or continuous-wave RFR. The hippocampus only responded to pulsed but not to continuous-wave RFR. Response of the striatum depended on the exposure system used. The neurochemical changes were correlated with the dosimetry data of Chou et al. [1985a] on the local SARs in different brain areas of rats exposed to RFR in these two exposure systems. The dosimetry data showed that the septum, where the cell bodies of the hippocampal cholinergic pathway are located, had the lowest local SAR among eight brain areas measured in

both exposure systems; however, the hippocampus cholinergic pathway responded to pulsed, but not to continuous-wave RFR. Dosimetry data from the frontal cortex showed a wide range of local SARs in the frontal cortex (0.11-1.85 W/kg per mW/cm<sup>2</sup>) depending on the exposure system. Yet, exposure in both systems produced similar neurochemical responses in the frontal cortex (30-40% decrease in HACU). More interestingly, in the striatum the local SAR was approximately five times higher when the animals were exposed in the circular waveguide than in the miniature anechoic chamber; however, the striatal cholinergic system responded when the animal was exposed in the miniature anechoic chamber, but not in the circular waveguide. Since the cholinergic innervations in the striatum are mostly from interneurons inside the brain structure, these data would argue against a direct action of RFR on striatal cholinergic neurons causing a decrease in HACU, e.g., a local heating by the radiation. Unless different brain areas have different sensitivities to the direct effect of RFR, we could conclude that the effects of RFR on HACU in the brain areas studied in our experiments originated from other sites in the brain or body.

### Neurotransmitter Receptors

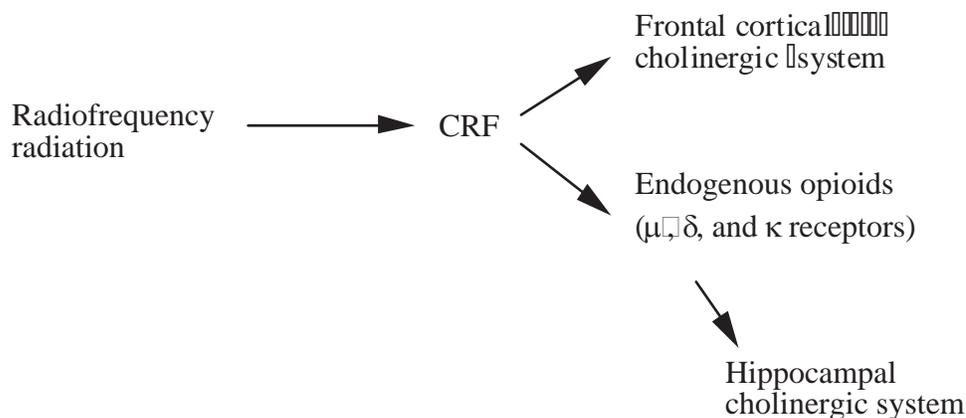
Further experiments were conducted to investigate the effects of repeated RFR exposure on the cholinergic systems in the brain. Muscarinic cholinergic receptors were studied using the receptor-binding technique with <sup>3</sup>H-quinuclidinyl benzilate (QNB) as the ligand. These receptors are known to change their properties after repeated perturbation of the cholinergic system and that such changes can affect an animal's normal physiological functions [Overstreet and Yamamura, 1979]. After ten daily sessions of RFR exposure (2450 MHz at an average whole body SAR of 0.6 W/kg), the concentration of muscarinic cholinergic receptors changed in the brain [Lai et al., 1989b]. Moreover, the direction of change depended on the acute effect of the RFR. When animals were given daily sessions of 20-min exposure, which increased cholinergic activity in the brain, a decrease in the concentration of the receptors was observed in the frontal cortex and hippocampus. On the other hand, when animals were subjected to daily 45-min exposure sessions that decreased cholinergic activity in the brain, an increase in the concentration of muscarinic cholinergic receptors in the hippocampus resulted after repeated exposure and no significant effect was observed in the frontal cortex. These data pointed to an important conclusion that the long term biological consequence of repeated RFR-exposure depended on the parameters of exposure. Further experiments showed that changes in cholinergic receptors in the brain after repeated RFR exposure also depended on endogenous opioids, because the effects could be blocked by pretreatment before each session of daily exposure with the narcotic antagonist naltrexone [Lai et al., 1991]. Interestingly, changes in neurotransmitter receptor concentration also have been reported in animals after a single episode of exposure to RFR [Gandhi and Ross, 1987]. In the experiment rats were irradiated with 700-MHz RFR at 15 mW/cm<sup>2</sup> to produce a rise in body temperature of 2.5 °C (~10 min) and in some animals the temperature was allowed to return to normal (~50 min). Alpha-adrenergic and muscarinic cholinergic receptors were assayed in different regions of the brain using <sup>3</sup>H-clonidine and <sup>3</sup>H-QNB as ligands, respectively. No significant change in binding was observed for both receptors studied at the time when the body temperature reached a 2.5 °C increase. Decreases in <sup>3</sup>H-clonidine binding in the cerebral cortex, hypothalamus, striatum, and hypothalamus, and an increase in <sup>3</sup>H-QNB binding in the hypothalamus were observed when the brains were studied at the time the body temperature returned to the base line level. The authors

speculated that the receptor changes were thermoregulatory responses to the hyperthermia. It is not uncommon that the concentration of neurotransmitter receptors in the brain changes after a single exposure to drug or perturbation, e.g., stress [Estevez et al., 1984; Mizukawa et al., 1989].

Data from the above experiments and those described in the previous section indicate that the parameters of irradiation are important determinants of the outcome of the biological effect. Different durations of acute exposure lead to different biological effects and, consequently, the effects of repeated exposure depends upon the duration of each exposure session. On the other hand, the waveform of the irradiation was an important factor. This was seen in the differential effects that occurred after exposure to pulsed vs continuous-wave RFR, plane vs circularly polarized waves, and the pattern of energy absorption in the body of the animal. These data raised the question whether the whole body SAR could be used as the sole factor in considering the biological effects of RFR. Other exposure factors also should be considered.

A series of experiments were carried out to investigate the neural mechanisms mediating the effects of low-level RFR on the cholinergic systems of the rat brain. Our experiments [Lai et al., 1987b, 1989b] showed that some of the neurological effects of RFR are mediated by endogenous opioids in the brain. Since there are three types of endogenous opioid receptors,  $\mu$ ,  $\delta$ , and  $\kappa$ , in the brain [Mansour et al., 1987; Katoh et al., 1990], the types of opioid receptors mediating the effects of RFR were studied in a further experiment [Lai et al., 1992b]. We found that RFR-induced decrease in HACU in the hippocampus could be blocked by injection of specific  $\mu$ ,  $\delta$ , and  $\kappa$  opioid-antagonists into the lateral cerebroventricle of rats before exposure to RFR (2450 MHz, 45 min at an average whole body SAR of 0.6 W/kg). Supporting the previous finding that the RFR-induced decrease in HACU in the frontal cortex was not mediated by endogenous opioids [Lai et al., 1987b], all types of opioid receptor antagonists tested were not effective in blocking the effect in the frontal cortex.

More recent research showed that the effects of RFR on both frontal cortical and hippocampal cholinergic systems could be blocked by pretreatment with an intracerebroventricular injection of the corticotropin-releasing factor (CRF) antagonist  $\alpha$ -helical-CRF9-41 [Lai et al., 1990]. Corticotropin-releasing factor is a hormone that has been implicated in mediating stress responses in animals [Fisher, 1989]. From the above results and data from our other research [Lai and Carino, 1990a], the following sequence of events in the brain was proposed [Lai, 1992] to be triggered by RFR:



Radiofrequency radiation (2450-MHz, 45 min exposure at an average whole body SAR of 0.6 W/kg) activates CRF, which in turn caused a decrease in the activity of the cholinergic innervations in the frontal cortex and hippocampus of the rat. In addition, the effect of CRF on the hippocampal cholinergic system was mediated by endogenous opioids via  $\mu$ ,  $\delta$ , and  $\kappa$  receptors. Since these effects can be blocked by direct injection of antagonists into the ventricle of the brain, the neural mechanisms involved are located inside the central nervous system.

A series of experiments were performed to study the effects of RFR on benzodiazepine receptors in the brain. Benzodiazepine receptors have been suggested to be involved in anxiety and stress responses in animals [Polc, 1988] and have been shown to change after acute or repeated exposure to various stressors [Braestrup et al., 1979; Medina et al., 1983a, b]. Exposure to RFR has been previously shown to affect the behavioral actions of benzodiazepines [Johnson et al., 1980; Thomas et al., 1979]. After an acute (45 min) exposure to 2450-MHz RFR (average whole body SAR 0.6 W/kg), increase in the concentration of benzodiazepine receptors occurred in the cerebral cortex of the rat, but no significant effect was observed in the hippocampus and cerebellum. Furthermore, the response of the cerebral cortex adapted after repeated RFR exposure (ten 45-min sessions) [Lai et al., 1992a].

### **Metabolism of Neural Tissues**

With the changes in neurotransmitter functions after exposure to RFR, it would not be surprising to observe changes in second messenger activity in neural tissues that mediate the reaction between a neurotransmitter and its receptors on the cell membrane. Studies in this area are sparse. Gandhi and Ross [1989] reported that exposure of rat cerebral cortex synaptosomes to 2800-MHz RFR at power densities greater than 10 mW/cm<sup>2</sup> (SAR, 1 mW/gm per mW/cm<sup>2</sup>) increased <sup>32</sup>Pi incorporation into phosphoinositides, thereby suggesting an increase in inositol metabolism. These phospholipids play an important role in membrane functions and act as second messengers in the transmission of neural information between neurons.

Several studies have investigated the effects of RFR exposure on energy metabolism in the rat brain. Sanders and associates studied the components of the mitochondrial electron-transport system that generates high energy molecules for cellular functions. The compounds nicotinamide adenosine dinucleotide (NAD), adenosine triphosphate (ATP), and creatine phosphate (CP) were measured in the cerebral cortex of rats exposed to RFR.

Sanders et al. [1980] exposed the head of rats to 591-MHz continuous-wave RFR at 5.0 or 13.8 mW/cm<sup>2</sup> for 0.5-5 min (local SAR at the cortex of the brain was estimated to be between 0.026 and 0.16 W/kg per mW/cm<sup>2</sup>). Decreases in ATP and CP and an increase in NADH (the reduced form of NAD) concentration were observed in the cerebral cortex. These changes were found at both power densities of exposure. Furthermore, the authors reported no significant change in cerebral cortical temperature at these power densities. They concluded that the radiation decreased the activity of the mitochondrial electron-transport system.

In another study [Sanders and Joines, 1984] the effects of hyperthermia and hyperthermia plus RFR were studied. The authors reported brain temperature-dependent decreases in ATP and CP concentrations in the brain. Radiofrequency radiation (591 MHz, continuous-wave, at 13.8 mW/cm<sup>2</sup>, for 0.5-5 min) caused a further decline in the concentration of the compounds in addition to the temperature effect.

Sanders et al. [1984] further tested the effect of different frequencies of radiation (200, 591 and 2450 MHz) on the mitochondrial electron-transport system. The effect on the concentration of NADH was found to be frequency dependent. An intensity-dependent increase in NADH level was observed in the cerebral cortex when irradiated with the 200-MHz and 591-MHz radiations. No significant effect was seen with the 2450-MHz radiation. In their paper, Sanders et al. [1984] made an interesting deduction. Under normal conditions, the concentration of ATP in a cell is maintained by conversion of CP into ATP by the enzyme creatine phosphate kinase. Thus, the concentration of ATP is generally more stable than that of CP, and the concentration of ATP does not decline unless the CP concentration has reached 60% of normal. In the case of the RFR, the concentration of ATP dropped as fast as the CP level. Thus, they speculated that the radiation may have inhibited creatine phosphate kinase activity in the brain tissue.

In a further study [Sanders et al., 1985], the effects of continuous-wave, sinusoidally amplitude-modulated, and pulsed 591-MHz RFR were compared after five min of exposure at power densities of 10 and 20 mW/cm<sup>2</sup> (SARs at the cerebral cortex were 1.8 and 3.6 W/kg). Different modulation frequencies (4-32 Hz) were used in the amplitude-modulation mode. There was no significant difference in the effect on the NADH level across the modulation frequency. Furthermore, pulsed radiations of 250 and 500 pps (5 μs pulses) were compared with power densities ranging from 0.5-13.8 mW/cm<sup>2</sup>. The 500 pps radiation was found to be significantly more effective in increasing the concentration of NADH in the cerebral cortex than the 250 pps radiation. Since changes in these experiments occurred when the tissue (cerebral cortex) temperature was normal, the authors speculated that they were not due to hyperthermia, but to a direct inhibition of the electron-transport functions in the mitochondria by RFR-induced dipole molecular oscillation in divalent metal containing enzymes or electron transport sites.

Another experiment related to brain metabolism after RFR exposure was performed by Wilson et al. [1980]. They studied the uptake of <sup>14</sup>C-2-deoxy-D-glucose (2-DG) in the auditory system of the rat after exposure to either pulsed 2450 MHz (20 μs pulses, 10 pps, average power density 2.5 mW/cm<sup>2</sup>) or continuous-wave 918-MHz (2.5-10 mW/cm<sup>2</sup>) RFR for 45 min. One middle ear of the rats was destroyed before the experiment. Neurons that have increased activity (metabolism) will pick up an increased amount of 2-DG, which will accumulate in the cell body, since it is not a normal substrate for cellular functions. Location in the brain of these neurons can then be identified histologically by the autoradiographic technique. The authors reported a symmetrical (in both brain hemispheres) increase in 2-DG uptake in the inferior colliculus, medial geniculate nucleus, and various other nuclei in the auditory system after exposure. Asymmetric (contralateral to the intact middle ear) uptake was seen in the auditory system of rats exposed to auditory stimuli. Further experiment showed that unilateral destruction of the cochlea before the experiment produced asymmetric 2-DG uptake in the brain after exposure to the RFR. These data confirmed the findings of Chou et al. [1975] and Chou and Galambos [1979] that the cochlea and not the middle ear contributes to the auditory perception of pulsed RFR. However, it is surprising that both continuous-wave and pulsed RFRs produced similar patterns of 2-DG uptake in the auditory system and only pulsed RFR elicited auditory sensation.

## Calcium Efflux

Another important topic of research on the neurochemical effects of electromagnetic radiation is the efflux of calcium ions from brain tissue. Calcium ions play important roles in the functions of the nervous system, such as the release of neurotransmitters and the actions of some