

5G committee my intro

My opening statement does not directly address the 5G health debate but I wish to cover the wider issue of the ICNIRP's RF Guidelines and whether or not they provide protection against chronic environmental level RF emissions. The ARPANSA RF standard is essentially a copy & Paste version of ICNIRP's RF Guidelines.

- I have been writing and researching on the issue of the health impacts of electromagnetic fields (EMF) since the early 1990's as a science writer for Australian Senator Robert Bell. I was a member of the Standards Australia TE/7 Committee in 1998-1999 during its final round of meetings on revising the then RF exposure standard ($200\mu\text{W}/\text{cm}^2$ regardless of frequency) in order to accommodate new wireless technology. Notably this was the only Standards Australia committee in its entire history to fail to come to a consensus. The stumbling block was disagreement over how to address ICNIRP's supposed precautionary principle that only considered acute thermal effects in setting exposure limits. Seven of the committee members, including the CSIRO member, thought this approach was not justified because it avoided consideration of non-thermal biological effects and so it was referred to as just a cooking standard. A chapter of my theses examines in detail the historical TE/7 debate over ICNIRP and I can make it available for the committee.
- Note that from the start of my involvement with TE/7 I stated that I was prepared to vote in favour of accepting a ICNIRP compliant RF standard **provided it was plainly stated in a precautionary approach statement in the Aust standard what the standard covered and what**

it did not. At the conclusion of TE/7 this was removed as any admission that non-thermal effects may exist could have legal consequences, such as possible litigation.

- From 2005 to 2010 I was a PhD candidate through the University of Wollongong. The Science, Technology and Society Program. My thesis, titled *“The Procrustean Approach: Setting exposure standards for telecommunication frequency electromagnetic radiation”* examined the historical development of the Western radiofrequency / microwave (RF/MW) exposure standards and how it influenced Australia’s RF debate.
- I later authored a published paper, *Spin in the Antipodes: A history of industry involvement in telecommunications health research in Australia.* This paper, originally intended for my thesis, examined how telecommunications industry vested interests and professional PR firms have influenced the direction of radiofrequency health research in Australia and in the NH&MRC. I can provide this to the committee if requested.
- I am currently a member of the Oceania Radiofrequency Scientific Advisory Association and the Australasian College of Nutritional and Environmental Medicine and have a specific interest in the connection between Electromagnetic radiation and chronic fatigue syndrome and sleep impairment and have previously published research papers on this topic with researchers from Massey University in New Zealand.

- I currently writing paper on this topic which is titled: Sleep disorders and Chronic Fatigue Syndrome (CFS): Evidence that extremely low frequency magnetic fields and radiofrequency electromagnetic fields may be a co-factor to investigate in treatment.

This is in stark contrast to an ICNIRP statement that claims that research on the relationship between HF fields and health outcomes such as headaches, concentration difficulty, sleep quality, cognitive function, cardiovascular effects, etc. has not shown any such health effects. This is incorrect as I will show in the paper.

END

Notes

At the International conference, *Mobile Communications and Health: Medical, Biological and Social Problems*, held in Moscow in 2004, The then ICNIRP chairman Paulo Vecchia stated the following in relation to ICNIRP's so called *precautionary principle approach*:

"ICNIRP only considers acute effects in its precautionary principle approach. Consideration of long-term effects is not possible. Precautionary actions to address public concerns may increase rather than mitigate worries and fears of the public. This constitutes a health detriment and should be prevented as other adverse effects of EME."

(p 325)