

Responses to Typical Industry Claims

On the balance of available science, there are no proven EMR health effects.

1. The so-called "balance" is typically skewed by both willful ignorance of contrary findings and a body of industry-funded research that is statistically far more likely to find no adverse effects.
2. In matters of health, "balance" is relative. Would anyone willingly buy a product that was proven to be unsafe in even 30 or 40 percent of published studies? Should they not have a right to decline being exposed?
3. Due to the ever-evolving nature of science itself, genuine scientific consensus is rarely achieved. This can be exploited by cherry picking studies or perpetuating false uncertainty due to a lack of "conclusive" results. Think tobacco.

There are no (known, accepted, significant, etc.) health effects due to EMR.

1. This repeated type of claim is deliberately rendered meaningless by insertion of qualifying adjectives, such as in brackets above. It is therefore simply opinion and immune to the facts or accountability.
2. Such claims fail to account for literally thousands of peer-reviewed studies worldwide that demonstrate adverse biological responses. Prove this to doubters by providing examples of same.

Adverse biological responses do not technically constitute "health effects".

1. The accepted legal definition of health is in general "a natural and perfect state of being". Therefore, how can an induced adverse biological changes not be rightfully considered a health effect?

Mobile phones are necessary for emergencies.

1. Any such presumed benefit must be weighed against the wide-spread adverse impacts of mobile phone use, such as reduced health, technology addiction and the very high incidence of phone-related driving accidents.
2. Unlike landlines, NBN and mobile phone services are more susceptible to power disruption during storms, etc. thereby failing in service just when connection is needed most urgently.

Govt. mandated deployment of mobile phone and other wireless services constitutes

"essential infrastructure" and is for the greater good,

1. It thus follows that a percentage of citizens will suffer health impacts, reduced amenity, financial loss, etc. What is their fair and just compensation for being discriminated against? Who in Govt. or industry accepts responsibility for the ever-increasing number of persons so affected?
2. Why should communities in which the informed majority object to a wireless installation such as a phone tower be forced to accept same?
3. Consumer demand for wireless products is driven by cultivated psychological and physiological addiction. It therefore often does not reflect genuine needs or a proportionate pursuit of enjoyment.

The "precautionary principle" is being followed because radiation from wireless facilities is far (100x) below the official safety standards.

1. The standards do not represent an unbiased assessment of all current science and expert opinion, particularly with regard to non-thermal effects. For example, Australian standards are 10 times less stringent than those enjoyed by 40% of the remaining world's population.
2. By the regulators' own admission, their standards are medically non-binding, subject to admission of further data and therefore not complete or reliable. Is this not a form of mass experimentation? Is anyone guaranteeing public safety?
3. Hundreds of accredited scientific studies demonstrate adverse biological effects at field intensities equal to or less than those allowed by most current standards.

According to the laws of physics, telecommunication microwaves do not possess sufficient energy to cause physiological damage such as breaking of molecular bonds..

1. This is a misleading argument. The "laws" cited are specific to thermal effects. There are thousands of peer-reviewed studies documenting adverse impacts at far lower non-thermal levels.

EMR is "natural". It has been part of our evolution for millions of years.

1. This attempts to exploit public ignorance by lumping all EMR into a single category. Technological EMR is many orders of magnitude stronger, and differs in frequency and wave structure. Unlike natural energies, there is no evolved protection or constructive biological response. Microwaves from the Sun are largely absorbed by the upper atmosphere.

TV and radio have been around for nearly 70 years. If EMR was a problem we would have seen effects by now.

1. We have. Dozens of surveys document health problems near TV and radio broadcast towers. Additionally, the earlier analogue signals were inherently less biologically disruptive than pulsed digital microwaves. Therefore, the two time spans should not be combined.

Typical claim in support of "standards": "The 1998 (outdated) ICNIRP guidelines (not 'standards') have been (not are) accepted (as valid?) by the world's (the entire world?) scientific and health communities ; these guidelines are both consistent with other (not all) stated standards (by definition guidelines cannot be 'consistent' with standards) and published by (ICNIRP) a highly respected (according to who?) and independent (industry staffed) scientific organization."

1. Note the liberal use of subjective language, open to interpretation. Many examples in industry literature. Text in brackets ours.

The level of radiation from phone towers is many times less than that emitted by personal devices and therefore insignificant.

1. Unlike the case with phones and Wi-Fi, persons residing in close proximity to a tower have no freedom or ability to limit exposure. If there is no risk, why do major insurers include policy exemptions? Why are there policies to limit towers near schools?

2. Phone use is intermittent and voluntary. Towers operate 24/7, thereby potentially resulting in greater net absorption. Once erected, there is virtually no limit on the number of antennas that can be co-located.

People are now exposed to so many wireless devices that one more tower will not make much difference. Just accept it and move on.

1. This is the flawed reasoning behind the perpetual escalation of exposure. There is no logical justification for administering more toxin simply because a system is already poisoned.

2. Eventually, a catastrophic tipping point will be reached. Due to the delayed cumulative bio-effects of EMR, it may then be too late or economically unviable to repair the damage to humanity.

The above information provided without prejudice and to the best of our knowledge.

Please rely upon your own inquiries.