

Committee Secretary  
Senate Standing Committees on Environment and  
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From:

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EMR Stop

[emrstop.com](http://emrstop.com)

[emrstop.net](http://emrstop.net)

[emrstop.org](http://emrstop.org)

EMR Stop Pty Ltd is a company which has been formed directly because of the threat of Electromagnetic Radiation (EMR)—specifically man-made EMR at levels that are far outside of those in which the human species and other biological life forms on this planet have evolved. The frequencies of EMR in question are those which are relatively quiet in terms of the exposure levels found naturally: but in our modern information society, heavily dependent and fixated upon telecommunications and other types of digital data transfer, these frequencies have been harnessed by the numerous technologies of communication. They have as a regrettable by-product, produced unprecedented level of novel EMR exposures for populations worldwide.

The position of EMR Stop Pty Ltd is that there is more than ample evidence in the scientific literature to justify very significant alarm at the threat to health posed by “non-thermal”, so called ‘weak’ levels of electromagnetic radiation in the radio frequency bands, including the microwave and millimetre wave segments of the electromagnetic spectrum. Of course, this very much includes the EMR emissions from Australian telecommunications carrier base stations. There is a substantial body of evidence for this, some of which is being cumulated by EMR Stop Pty Ltd at the websites [emrstop.org](http://emrstop.org) and [emrstop.net](http://emrstop.net).

From the morass of scientific papers, expert pronouncements and opinion pieces on the problem of low-level EMR, I believe that several factors are outstanding in their import for this issue;

1. The failure of the first Standards Australia committee on RF guidelines, which was set with the task to come to a consensual agreement about appropriate guidance levels. The nature of the process in which the guidelines were finally developed is highly questionable, and the effective elimination of CSIRO input into the process (a scientific entity which at the time very much acknowledged the potential hazards of non-thermal EMR) calls into question the integrity of the entire public health decisionmaking process with respect to this issue. What we have to day as a result of those machinations is a framework which offers the regrettable political legitimization of a potentially extremely harmful agent, placed in many instances directly next to those in the community who are most vulnerable: public schools, hospitals and other public facilities are most frequently directly affected. This is a very bad health outcome given the scientific controversy and the lack of precautionary measures being taken to avoid potentially tragic outcomes.
2. ICNIRP did not assert that their guidelines are appropriate for more vulnerable members of the community, such as for children, the elderly and sick people. Yet the same guidelines have been virtually transcribed for Australian conditions, with the inclusion of these more vulnerable groups as being assumed to be “protected”, but no justification for the broader adoption (or imposition) of this ‘template’ has been given by Australian Authorities.
3. The recent decision given by the World Health Organisation’s International Agency for Research on Cancer (IARC) in which members (after the removal of some serious conflict-of-interest parties) classified mobile phone emissions as a potential 2B carcinogen is another indication that the science is showing harm from non-thermal EMR, and that the present ICNIRP and ARPANSA guidance levels rest upon a scientific “house of cards”.
4. The late Dr. Cherry of New Zealand put some very significant metaanalytic work into the question of harm from non-thermal EMR. Some of his key conclusions indicated that the science on the matter demonstrates that there are only extremely low levels of EMR required in order for the human body to start reacting adversely (e.g., the formation of

“heat shock proteins”) and that the exposure of EMR to living cells results in a progressive disturbance which is akin to toxic accumulative effects familiarly seen with other toxins such as heavy metals. This metaanalytic corollary of the science has also been articulated since in many studies, including the well known *Bioinitiative Report*. Hence, even if mobile base stations are lower in direct exposure levels as compared to mobile phone exposures, nonetheless they still pose a similar if not more grave threat to health, given the exposures that (particularly children) are being given, since towers are placed in close proximity to schools and residences, where people obviously spend much time.

5. The work of scientists such as Professor Henry Lai of Washington State University demonstrating that genetic damage may occur because of exposure to non-thermal levels of EMR is also extremely concerning. This fear was articulated well by Dr Barry Trower, an RF bioelectronics ex-military researcher from the United Kingdom, who expressed one of his greatest alarms in this whole EMR issue: young girls, given their lifetime allocation of eggs, and given microwave EMR exposures (such as those experienced chronically in our schools), presents the risk that eggs might be mutated by the EMR. If the eggs are later “used” then the genetic line is thereafter teratogenically forever changed. It does not have to be emphasised how a whole unknown spectrum of possible negatives might hence be the product of such EMR exposures.
6. Professor Lai also showed a rather extreme bias effect in terms of the funding sources for EMR health effects research, and the relation to their outcomes. He showed a clear relationship between industry based funding of scientific research and the tendency towards it indicating nil harmful effect of EMR; this was directly the opposite of studies which were funded independent of the telecommunications industry. This skewing of the science and manipulation of scientific controversy should be a warning to all of those seriously concerned with maintaining public health over corporate profits.
7. Studies with a reasonable longitudinal component are beginning to appear, and as time goes on are ever increasingly demonstrating a significant increase in health problems such as ipsilateral brain tumours, coinciding with mobile & DECT phone frequency EMR exposures. This is all the more alarming given the length of time before such things as brain tumours commonly manifest. The research is thus indicating that mobile phones (for example) are indeed extremely efficient agents of carcinogenesis in relative terms, compared to other agents that we know of which can cause such tumours over longer intervals. Even some highly “conservative” (read skewed) scientific study designs have still managed to evolve a significant effect for microwave phone radiation in the formation of brain tumours such as glioma. Some of our most notable neurosurgeons such as Vini Khurana and Charlie Teo have had the courage to speak to the public about what they are seeing in their practices, and have also submitted data to the scientific journals. The information they have shared also raises great cause for concern. We are potentially setting ourselves up to experience an epidemic of electrosensitivity disorders and other regrettably common manifestations of EMR exposure, such as brain cancers.

So the Australian population predominately finds itself in a position where much of society is immersed in an experimental soup of 'electrosmog' which is often millions of times over the natural background radiation levels for these frequencies. Worse still is the fact that taking a casual drive along any major urban road with a 28-2500 MHz detector switched on, is almost like operating a "school detector". If not a school, then it is a early childhood centre, or some other flagrant **antithesis** to the precautionary principle that should be applied for these circumstances.

I believe that we continue to put our technology and our convenience ahead of our health, to our greatest collective detriment. We need to stop this madness, and—as rapidly as possible—adopt new technologies that exist now, which can remove the threat to health posed by microwave (and other "RF" frequency) EMRs. If the technology is going to persist in its current form, then we need to protect citizens from it; make them aware of the opposing side to the simplistic arguments telling us that non-thermal levels of EMR are safe; and where the source of emissions cannot be curtailed, we must do something to remediate living zones so that they are safer to occupy. Sweden already does this as a matter of formal public health measures.

We ignore this issue and continue on the path we are traversing now, much to our peril.

Yours Sincerely

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