

## Frequently Asked Questions

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Why aren't our health protection agencies getting involved?#160;

Why don't official regulations protect us?

Isn't it the government's job to protect the public against health risks?

Why don't we hear about this risk from the media?

Why don't cancer charities warn us about this risk?

Wouldn't doctors have stopped using mobile phones if they were dangerous?

I have read literature which says this radiation is safe and that campaign groups are scare-mongering. There seem to be scientists saying it is fine, so why should I be worried?

Other than children, which people might be more vulnerable than the general public?

What is the SAR rating of a mobile phone?

What is electro-hypersensitivity (EHS)?

Surely tiny levels of radiation from digital baby monitors, mobile and cordless phones on standby and wi-fi networks can't be a problem?

I would like to reduce exposure but I need the technology for my work.

Doesn't the increased safety children get from having a mobile phone out-weigh their possible health risks?

[Do interactive whiteboards in schools cause concern?](#)

[What about other sources of radiation from outside the home and school, such as mobile phone masts and power lines?](#)

## **What is microwave radiation? □**

Electro-magnetic Fields (EMFs) are energy fields created by electrically charged particles. An electro-magnetic field has two parts, a magnetic part and an electric part. The electric field part is produced by stationary charges, and the magnetic field part by moving charges (i.e. currents). Electromagnetic fields are

also called Electro-magnetic Radiation (EMR). [Read more about EMF's...](#)

You can not see, feel or hear electro-magnetic fields, apart from visible light, which is a part of the electro-magnetic spectrum.

Microwaves (microwave radiation) are also part of the electro-magnetic spectrum.

We have evolved with the natural

levels of EMFs produced by both the sun and the natural environment around us but their effects differ from EMF's on other parts of the spectrum, including microwaves.

Microwave frequency exposure is a very recent phenomenon. At the start of the 20th century the background radiation was millions of times lower than it is now, and it is as recent as the mobile phone boom of the 1990s that the modern, digitally pulsed signals have become commonplace.

With sunlight we know that our bodies have a certain amount of natural protection in our skin to minimize the damage, but with more and more exposure our skin becomes damaged and we can get skin cancer. Science is unclear whether our bodies have any natural protection against electro-magnetic radiation and at exactly what levels our bodies are vulnerable to damage, though it is probable that each of us is different.

The [Bio-Initiative](#) group of scientists have concluded that our bodies respond to electro-magnetic radiation

at extremely low levels particularly when the signals are pulsed, as is the case for mobile phones, cordless DECT phones and wi-fi:

**“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. 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.” (Dr Carl Blackman, [BioInitiative Report](#), section 14, p.16)

[Children and radiation...](#)

[Read more about microwave radiation...](#)

[Read about the health effects of microwave radiation...](#)

## What is "electrosmog"?

Electrosmog is the invisible pollution or "smog" in the form of [EMFs](#) from the now widespread microwave-emitting devices such as mobile phones, their masts, wireless routers and DECT phones. Just as 'normal' smog is the pollution from car exhausts that

causes breathing problems and other health problems, electrosmog is the equivalent pollution from our wireless age.

**If some studies fail to show a link between mobile phone use and cancer, doesn't that mean the technology is safe?**

A study with negative results (no association)

does not balance out one with positive results (showing an association). We don't have to be sure that the technology **ALWAYS** causes damage; we need to be concerned if it **SOMETIMES** causes damage. It may cause damage only after sufficient exposure, or after a latency period; it may cause damage to some

people and not others. It is only by looking at all the studies together that we can form a picture of whether health concerns have some justification. It is no consolation to a parent that their child may not be affected, if there is a chance that their child will be affected.

There is every prospect

that the studies that fail to show a link may simply be studying the particular people who are not affected, or the people who are not affected YET. Many of the negative studies didn't include long-term users so the people studied might have gone on to develop cancers. We will have a clearer picture as more

studies are carried out but, in the meantime, children need to be protected from the possible dangers.

[Read more about understanding the studies...](#) **Aren't we exposed to more radiation from the sun on an airplane journey than from any**

**of this wireless  
technology?**

**Microwave radiation**  
from mobile phones  
and wireless products  
is potentially much  
more dangerous than  
sunlight, even with  
higher exposures



nearer to the sun  
because our bodies  
have not evolved to  
cope with these  
unnatural exposures.

[Read more...](#)

**Is radiation the  
same as  
radioactivity?**

Radiation is a general term for the emission of energy. Radioactivity is a special form of radiation that is emitted when the nucleus of a

radioactive atom disintegrates. It can include sub-atomic particles such as alpha and beta particles as well as gamma rays (a form of electromagnetic radiation ). It is called ionizing

radiation because it has enough energy to break chemical bonds and can damage molecules in living tissues. It can break DNA molecules and make holes in cell membranes, which

results in further DNA damage as digestive enzymes stored in lysosomes (membrane-bound particle that recycle waste) are released inside its cells.

[Electromagnetic rad](#)

## iation

is transmitted in the form of electromagnetic waves that travel at the speed of light. It includes light itself, the colour of which depends on its wavelength and

gives rise to its spectrum from violet to red (the colours of the rainbow) with the longest wavelengths at the red end.

Shorter wavelengths include ultra-violet light, X-rays and gamma rays. These

shorter wavelengths are also forms of ionizing radiation that can damage living cells by breaking chemical bonds.

Longer wavelengths, which



include infra-red and radio waves, are called non-ionizing, because they do not have enough energy to break chemical bonds directly (the longer the wavelength the lower its energy).

However, they can still cause tissue damage by heating (thermal) effects as well as by non-thermal effects. The non-thermal effects can occur at levels hundreds of times lower than

current safety guidelines, which consequently do not protect us from the radiation from Wi-fi and mobile phones. There are a number of mechanisms by which non-thermal radiation can affect

living tissues, but the one that has the most supporting evidence is the electrical release of structurally-important calcium ions from cell membranes. This makes them leak, disrupts normal

metabolism and also leads to DNA damage, apparently by enzymes leaking from disrupted lysosome. [Read more...](#)

**Haven't we all been exposed to**

**radiation from  
radar and radio  
broadcasting  
antennae for  
many years  
without health  
damage?**

Although not widely publicised studies have been carried out in proximity to TV and Radio antennae as well as RADAR facilities with

conclusions that leukaemia rates, cancer rates and mortality rates are significantly higher than in areas further away from these facilities. So it does seem that



some health  
damage is  
occurring with  
RADAR and radio  
antennae too.

**Why aren't our  
health**

protection  
agencies  
getting  
involved? □ □

The Health  
Protection

Agency (HPA)  
says that “the  
balance of  
evidence to date  
suggests that  
exposures to  
...radiation  
below ...

guidelines do not  
cause adverse  
health effects to  
the general  
population”.

## Scientists do not always have the answers...

In an area of uncertainty there is often a disagreement within the scientific community as scientists interpret the conflicting evidence differently. Often this is the start of a "paradigm shift" as new theories take over from old. We saw this happen when the evidence of harm from smoking was emerging. Here are some quotes from scientists which demonstrate that they sometimes get it wrong:

“It is my conviction that nicotine is a very remarkable, beneficent drug that both helps the body to resist external stress and can as a result show a pronounced tranquilizing effect....”

*Sir Charles Ellis, Senior Scientist, British American Tobacco Company, 1962.*

“An outstandingly safe medication.” Letter from a physician participating in the "clinical investigation" program for the new sleeping pill thalidomide [Kevadon], to the FDA, urging speedy approval of the drug. Thalidomide was chiefly sold and prescribed during the late 1950s and early 1960s to pregnant women, as an antiemetic to combat morning sickness and as an aid to help them sleep. From 1956 to 1962, approximately 10,000 children in Africa and Europe were born with severe malformations because their mothers had taken thalidomide during pregnancy.

**Read about how industry can affect the results of scientific studies...**

We think this fails to give any sense of the amount of evidence of adverse health effects. The research so far is

limited and many of the health problems that might be associated with this form of radiation take 10-20 years to

manifest, so scientists have not been able to properly study the long-term effects yet.

Additionally,



many scientists believe that mixing in short term and light users with the long term and heavy users has diluted the

results in some studies and gives the appearance that there is no link.

Where studies have separated

out the heavy  
longer term  
users there has  
been shown to  
be a much  
higher incidence  
of certain brain  
tumours in these

people. There is every chance that studies in future years will show that this correlation is much higher amongst those

who consistently  
use mobile  
phones for 20  
years or more.

The HPA  
reference to “the  
general

population”  
points to the fact  
that there is no  
evidence that the  
technology is  
safe for children  
and other  
vulnerable

groups. There is much evidence that supports concerns over the effects on children. [Read more...](#)

The chairman of the HPA, Sir William Stewart stated in [an article in The Times newspaper](#) in 2006 that that



evidence of  
potentially  
harmful effects of  
microwave  
radiation  
had become  
more persuasive

over the past five years. So far the HPA has not revised its advice, nor is it raising the alarm publically.

Mobile phones and wireless technology have been called "the new cigarettes".

[Read more...](#)

**Why don't  
official  
regulations  
protect us? □**

**The**

International  
Commission for  
Non-Ionising  
Radiation  
Protection  
(ICNIRP) sets  
exposure limits

for mobile  
telecommunications,  
which have been  
adopted in the  
UK. [Read more](#)  
[about the](#)

# guidelines...

These values  
were set in

1998 well  
before most of  
the studies  
indicated  
adverse  
biological  
effects at



exposures  
below these  
levels. The  
limits are set to  
protect against  
the heating  
(thermal)

effects of the  
radiation but  
not the  
non-thermal  
(biological)  
effects.

Biological

effects are changes to the body other than heating up of body tissue .

Many studies

have found that

the type of  
radiation  
emitted from  
mobile phones  
and wireless  
technologies  
have biological

effects and the exposure limits do not prohibit radiation emissions at such levels.

ICNIRP itself  
states that  
"...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.”

ICNIRP's  
guidelines have  
been widely  
criticised and  
the

organisation  
has been  
accused of a  
lack of  
independence  
from the  
industries it

regulates.

Read more...

**Isn't it the  
government's  
job to  
protect the**

# public against health risks?

We saw with  
smoking and

asbestos that  
governments  
do not always  
work swiftly  
nor take a  
precautionary  
approach

when it comes  
to long-term  
health risks. It  
took about  
100 years  
from the early  
signs of

smoking  
health effects  
for  
governments  
to bring in  
health  
warnings and



restrictions on  
purchase by  
children.

Governments  
have a

number of  
competing  
responsibilities  
which can  
conflict with  
their health  
protection

role. Mobile communications represent a huge source of economic success and tax revenue.

In 2001 the  
UK  
government  
made £22  
billion from the  
sell-off of 3G  
mobile phone

licences alone  
and it  
continues to  
sell off more  
parts of the el  
ectromagnetic  
sp

pectrum; it  
receives  
annual tax  
revenues of  
approximately  
£15 billion  
from the

mobile phone  
industry and  
further  
amounts from  
wireless  
telecoms.

The  
government  
pays lip  
service to the  
precautionary



principle but  
does not  
appear to be  
giving it  
priority. The  
department of  
health's leaflet

"Mobile  
Phones and  
health" states  
that children  
under 16  
should only  
use mobile

phones

for short

essential calls

but the leaflet

has not been

seen by most

children or

parents.

Given the  
possible  
economic  
costs of  
raising

concerns  
about the  
safety any  
product,  
governments  
tend to wait  
until the

evidence is  
irrefutable.

They want  
proof "beyond  
a reasonable  
doubt,  
whereas

parents  
concerned  
about  
children's  
health mostly  
want to know  
if there is a

chance of a risk even if it isn't entirely proven, especially if the risk could have a very



big impact on  
health.



The UK  
government  
was criticised  
for this

approach  
when it  
insisted that  
BSE was not  
a health risk:  
the then  
minister

responsible  
went on TV  
saying he  
would give his  
daughter a  
beef burger.  
Later it was

widely agreed  
that the  
government's  
advice was  
precipitous  
and it had put  
its wish to

avoid the economic effects of a public panic before public protection.

[Read more](#)

about this

story...

—

Similarly

during the  
World War I  
as evidence  
mounted that  
smoking was  
doing harm,  
the



government  
gave out  
cigarettes to  
soldiers in  
their kit bags.  
Even as the  
consensus

about the  
dangers of  
smoking  
became  
established,  
the Macmillan  
government

denied the  
effects.

[Read more](#)

[...&#160;](#)

There are  
many other  
examples  
where  
governments  
have delayed  
in raising the

alarm.

It could take  
another 20  
years or more

to know for  
sure whether  
mobile phones  
and wireless  
technology  
are safe or  
unsafe. We

believe that  
where health  
effects could  
be serious,  
the  
responsible  
approach

where there is  
any material  
risk of  
damage is to  
warn the  
public so they  
can make



informed  
choices. If  
lives are at  
stake  
governments  
should not  
wait until the

risk of  
damage has  
been proven  
beyond doubt,  
but should  
raise the  
alarm once all

the  
information  
available  
indicates that  
serious  
damage is  
possible so

the public can  
make  
informed  
choices.

**Why don't**

**we hear  
about this  
risk from the  
media?**

It is hard for  
the media to  
interpret the  
confused  
messages.  
Few

journalists  
have  
scientific  
training and  
an  
impression is

easily  
created that  
the studies  
do not point  
in any clear  
direction. The



uncertainty  
discourages  
them from  
reporting the  
subject much  
and when

they do the  
extent of the  
evidence  
indicating a  
risk is  
obscured by

the  
industry-funded  
or  
short-term  
studies that  
do not show

a link. [Read more...](#)

**Why don't  
cancer  
charities**

**warn us  
about this  
risk?**

**Some**

cancer  
charities, for  
example Ca  
ncer Active,  
have  
recognised

the link  
between  
mobile  
phone use  
and cancer.

We are  
surprised  
that Cancer  
Research



UK has not  
recognised  
the  
association  
and we are  
particularly

surprised by  
the  
statement  
on its  
website that  
"scientific

evidence so  
far shows  
that using  
mobile  
phones  
doesn't

increase  
your risk of  
any type of  
cancer".

Apart from  
the fact that  
many  
studies have  
shown an  
association

between  
mobile  
phone risk  
and cancer,  
the  
statement

that a study  
shows there  
is no risk is  
unsupportable:  
no  
evidence of

harm is not  
the same as  
evidence of  
no harm. At  
most, a  
study could



indicate that  
no risk has  
yet shown  
up. While  
some,  
mostly

industry-funded, studies have shown this, many studies have shown that

risks  
increase  
significantly  
after ten  
years or  
more use of

a mobile  
phone.

The Cancer

Research  
UK website  
refers only  
to one  
(heavily  
criticised)

study not to  
the many  
other  
studies on  
this subject,  
a number of

which are  
more  
up-to-date.

Cancer

Research

UK receives

significant

funding from

corporate



# sources.



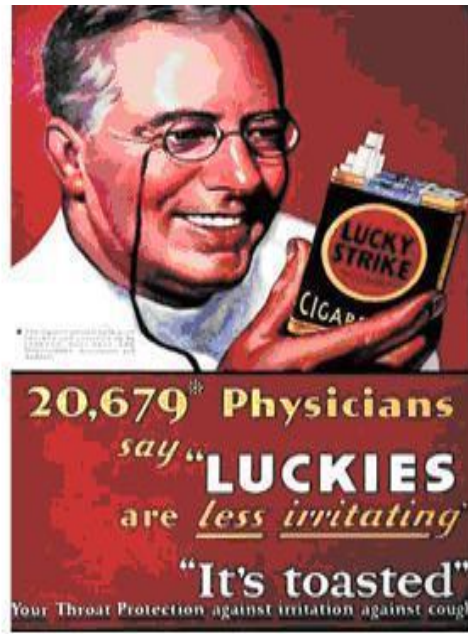
**Lady with a Lamp**  
*(from Venice)*

According to a recent *Nationwide survey* **MORE DOCTORS SMOKE CAMELS THAN ANY OTHER CIGARETTE**

**CAMELS** *Castles Tobacco*

**BUY CAMELS ON YOUR "LUNCH"**

*Doctors of the East and of the West... "It's toasted"...*



**20,679\* Physicians**  
*say* **"LUCKIES**  
*are less irritating"*

**"It's toasted"**  
Your Throat Protection against irritation against cough

**Wouldn't doctors have stopped using**

mobile  
phones if  
they we  
re  
dangerou

s?

Take a  
look at

these  
adverts  
from the  
1950's and  
decide

whether you  
think  
doctors  
always  
know all

the facts  
about risks  
to health.

Doctors

are busy  
profession  
als who  
are  
dependent



on advice  
from  
governme  
nt and  
profession

al bodies.  
These do  
not always  
highlight  
the full

range of  
scientific  
opinion or,  
particularly  
, a lack of

scientific  
certainty.

Some  
doctors  
are aware  
of the  
concerns...

**I have  
read  
literature**

**which  
says this  
radiation  
is safe  
and that**

**campaign  
groups  
are  
scare-mo  
ngering.**



**There  
seem to  
be  
scientists  
saying it**

**is fine, so  
why  
should I  
be  
worried?**

We have  
formed  
our

opinion  
based on  
the  
scientific  
evidence.

This  
website  
has been  
created  
entirely by

volunteers  
and we  
have no  
vested  
interests.

The same  
cannot be  
said of all  
commenta  
tors on

the  
subject,  
many of  
whom  
recieve



funding  
directly or  
indirectly  
from the  
telecomm

unications  
industry or  
are  
connected  
in other

# ways to telecoms corporate S.

Far from  
scare-mo  
ngering,

we hope  
to help the  
public to  
make  
informed

choices  
based on  
an full  
understan  
ding of the

science.

We

believe

that the

UK's

health  
protection  
agencies  
are failing  
in their



duty to  
bring the  
possible  
risks to  
the

public's  
attention  
to enable  
them to  
use the

technology  
y more  
safely.  
This may  
save lives.

# Other than

**children,  
which  
people  
might be**

**more  
vulnerable  
than  
the**

# general public?

Pregnant  
women,  
the  
elderly,



those  
who are  
sick,  
convalesc

ing or

have

impaired

immune

systems.

Read  
more  
about  
health

# effects...

---

# What is the SAR

# rating of a mobile phone?

The SAR  
rating of  
a mobile  
phone is

the

Specific

Absorpti

on Rate



of the  
energy  
produced  
and is

used

as a

measure

of the

absorption  
of radio  
waves in  
the head.

It is a  
relatively  
inaccurate  
guide

to the  
radiation  
level  
emitted

by a  
particular  
phone.

While  
using a

phone  
with the  
lowest  
possible



SAR  
value is  
preferabl  
e, doing

so will  
have little  
effect on  
exposure

compare  
d with  
other str  
ategies

because  
the  
ratings  
are an

inaccurat  
e guide  
to  
relative

exposure

s.

Measure  
ments in

test  
situations  
do not  
necessar

ily

accurately

y reflect

the



# differences in head tissue

type and  
age of  
the  
exposed

person,  
which  
can  
greatly

affect  
absorption  
in  
practice.

The SAR  
is  
affected  
by how

you hold

your

fingers

on the

back of  
the  
phone in  
order to

press the  
phone to  
your ear  
-



especiall  
y in  
phones  
with

internal  
antennas  
. The  
SAR is

measure  
d with  
the  
handset

operating  
at full  
power,  
so does

not  
reflect  
how a  
phone

responds  
to low  
signal  
strength

which  
can  
significan  
tly affect

the level  
of  
radiation  
emitted



by a  
particular  
phone.

# Using a s peaker

phone or

headset

reduces

exposure

to the

head

much

more

effectively  
than  
switching  
to a low

SAR  
value  
phone.

A comp  
arative  
guide  
to

radiation  
emitted  
from  
mobile



phones  
has been  
issued by  
US

watchdog  
of the  
Environmental  
Protection  
Agency

# Working Group (EWG).

# What is electro- hypersen- sitivity

(EHS)?

As with

sunlight

where

people

have

different

skin

types

and can

tolerate  
more or  
less  
tanning,



so  
people  
have  
different

# toleranc e to micr owaves



Some  
people  
become  
consciou

sly

sensitive

to

particula

r

electro-

magneti

c fields

. For  
children  
this is  
typically

a

particula

r

sympto

m  
related  
to a  
particula



r source,

such as

a

headach

e while  
using a  
mobile  
phone,

or

“flu-type”

sympto

ms and

headach  
es a few  
weeks  
after

# joining a school with WiFi

when

they

have not

been

exposed  
to such  
radiation  
in their

previous  
school.

In 1976



the US  
military  
reported  
that

“Person  
nel  
exposed  
to micr

owave

radiation

belo

w

thermal  
levels  
experien  
ce more

neurolog  
ical,  
cardiova  
scular,

and  
haemod  
ynamic  
disturba

nces  
than do  
their  
unexpos

ed  
counterp  
arts...  
The



most

common

subjectiv

e

complaints were  
headache,

fatigue,  
perspirin  
g,  
dizzines

# S, menstru al disorder

S,

irritability

,

agitation

;

tension,

drowsine

SS,

sleeples  
sness,  
depressi  
on,

anxiety,  
forgetful  
ness,  
and a



lack of  
concentr  
ation.”  
(US

# Defence Intelligen ce Agency,

DST-181  
0-074-76  
, March  
1976)

A small  
number

of  
people  
develop  
electro-h

yper-sen  
sitivity  
(EHS).  
Their

sensitivit

y to elec

tro-magn

etic

fields

become

s no

longer



limited to  
one type  
of  
exposur

e but is  
suddenly  
extende  
d to a

wider  
range of  
electro-  
magneti

c fields.

In

addition

they

often  
suffer a  
wider  
range of

symptoms.  
The  
trigger  
for the

stage  
can be  
sudden  
(such as

the  
installati  
on of a  
wifi



router or  
a  
portable  
DECT

phone in  
the  
home, or  
the

# erection of a phone mast

outside  
a house,  
or  
having a

MRI  
scan)  
or  
cumulati

ve (  
such as  
many  
years'

heavy  
use of a  
mobile  
phone).

EHS is  
thought



to be  
irreversi  
ble; the  
only

effective  
palliative  
measure  
s are (a)

# avoidance of electro- magneti

c

radiation

or (b)

shielding

from  
electro-  
magneti  
c

radiation  
. Both of  
these  
protectiv

e  
measure  
s are  
becomin

g

increasin

gly

difficult



in the  
growing  
o-smog”  
in

modern

society.

EHS is

technical

ly not an

illness

but

rather a

functional  
impairment or

# disability



The Can

adian

Human

Rights

**Commis**

---

**sion**

---

**has**

**recognis**

ed EHS  
as an  
environ  
mental



sensitivity  
which  
should  
be

accommodated.

Studies

have

shown

objective

physiolo

gical

changes

amongst

those

who

report  
symptoms  
of  
EHS.



Read

more

about

electro-h

ypersen

sitivity...

&#160;



What

doctors

say

about

electro-h

ypersen

sitivity...

---

Are

tiny

# levels of radiatio n from

# digital baby monitor s,

# mobile and cordles s

**phones  
on  
standby  
and**

**wi-fi  
network  
s really  
a**



proble  
m?

This is  
an area  
where  
research

h is very  
limited.

The  
concern

relates  
to the  
potential  
impact

of long-term  
cumulative  
value

exposur  
e,  
particula  
rly

during  
children'  
s  
formativ

e years,  
while  
their  
bodies



are  
developi  
ng, and  
combine

d  
exposur  
e from  
many

# different radiation sources



Many  
children

are

being

exposed

to

radiation  
day and  
night  
from a

number  
of  
sources  
at once.

There  
may  
well be  
one or



more

mobile

phone

masts

near  
their  
home,  
maybe a

digital  
baby  
monitor  
close to

their cot,  
a  
cordless  
phone

and a  
wi-fi  
enabled  
compute

r in the  
home.

When  
they go

to

school

there

will

probably

be

another

mast



nearby

and

maybe

similar

cordless  
and wi-fi  
equipment  
at

school.

They

are also

exposed

to  
radiation  
from  
mobile

and  
cordless  
phones  
being

used  
around  
them at  
home,

at  
school  
and in  
public

places.



They  
experien  
ce this  
through

out their  
childhood  
d, and in  
their

teens

they

may

carry

and use  
a mobile  
phone  
themsel

ves and  
a  
cordless  
phone

at  
home.  
Many  
will use

their  
mobile  
phone  
and

cordless  
phone  
for long  
periods,



sometim  
es 1-2  
hours a  
day held

next to  
the  
head  
and

when on  
standby  
close to  
the

body.

Microw

ave

radiatio

n only

occurs

at

negligible

levels

naturally

so

children'  
s  
exposur  
e is

literally  
millions  
of times  
higher



than  
their  
bodies  
have

evolved  
to deal  
with. By  
the time

they are

in their

20's

their

cumulati  
ve  
exposur  
e will be

exponen  
tially  
higher  
than we

would  
have  
experien  
ced at

the  
same  
age.

Read

more

about

cumulati



ve

exposur

e...

I  
would  
like to  
reduce

exposu  
re but I  
need  
the

**technol  
ogy for  
my  
work.**

Each  
person'

s

situatio

n is

different

and  
each of  
us has  
to work

out our  
own  
balance  
betwee



n the  
conveni  
ence of  
wireless

product  
s and  
reducin  
g the

risks.

Some  
of us at

WiredC

hild

focus

primarily

y on our  
use of  
the  
technol

ogy

around

our

children

,

removing as much

as  
possible  
of their  
exposur



e as

possible

while

still

using  
the  
product  
s

ourselv  
es in a  
limited  
way as

sugggest

ed in

the "do"

s and

don'ts"

section.

This

does

not  
preclud  
e using  
mobile

phones

and

hand-he

ld

devices  
when  
necess  
ary if



the  
children  
are not  
nearby.

# The conveni ence of Wi-fi

and  
cordles  
s  
phones

can be  
easily  
replicat  
ed

using  
wired  
systems  
with a

little  
effort,  
and a  
low

radiatio

n

cordles

s phone

is a  
good  
alternati  
ve for



those

who

really

need to

use a  
cordles  
s  
phone.

Read

more

about

the

alternati

ves...

While

focusin  
g on the  
children  
don't

ignore

your

own

exposur

e

entirely.

Children

need

parents!

Does



n't the  
increas  
ed

**safety  
children  
n get**

**from  
having  
a**

**mobile**

**phone**

**out-wei**

gh

their

possibl

e  
health  
risks?

Far

from  
improvi  
ng



safety,  
there is  
evidenc

e that  
mobile  
phones

increas

e

children

's risk  
of  
being

robbed,  
bullied  
and of

being

harmed

in a

road

acciden

t. Read

more...

---

Do



**interac  
tive  
whiteb**

# boards in school

**s**

**cause**

**concer**

n?

# Interactive whiteboard

boards

powered

using

wires

do not

emit mi

crowav

e

radiatio



n .

Some  
system

s use a  
wi-fi or  
Bluetoo

th

connec

tion to

enable

the

consol

e on

the

teacher

's desk

or

around

the  
classro  
om to

commu  
nicate  
with



the

whiteb

oard.

In most  
cases,  
membe

rs of  
the  
class

are

exposed

to a

continu  
al  
backgr

ound

**microw**

---

**ave**

---

exposu

re

whilst

the  
system  
is



operati  
onal,  
whethe

r they

are

using a

consol

e or

not.

As well  
as the  
long-ter

m  
health  
effects,

some  
children  
may

suffer

immedi

ate

sympto  
ms like  
headac



# hes and nausea

,  
impair  
d

memor

y

functio

n and  
disturb  
ance to

concentration.

Read

more...

---

**Read**

---

more

about

the



health

effects

of

microw

ave

radiatio

n...



What

**about  
other  
sourc**

# es of radiati on

from  
outsid  
e the

# home and school

, such  
as  
mobile



phone

masts

and

# power lines?

# Wired Child is

focuss  
ed on  
radiati

on

source

s

within  
the  
home

and  
school  
because

e  
these  
are



within  
our  
control

. There  
are  
effectiv

# e ways of shieldi

ng

against

most

extern  
al  
source

# s of radiati on

coming  
from  
outside

■ Read

more

at



other

website

es

especi

ally

Power

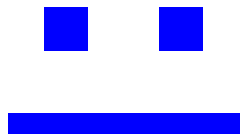
watch

and

Mast

# Sanity.

---



There

are  
compa  
nies

that  
offer  
service

s to  
help  
with



shieldi  
ng and  
other

strateg  
ies to  
reduce

exposu

re.

Read

more...













