

District Office
200 Douglas Street
Petaluma, California
94952
USA

4 August, 2016

Dear Petaluma City Schools;
Superintendent Gary Callahan and Board of Trustees

Regarding: Wireless technology should not be used in schools or pre-schools due to health risks for children and employees

We have been asked to declare our opinion about wireless technology in schools by parents that are concerned about their children.

Based on current published scientific studies, we urge your administration to educate themselves on the potential risks from wireless technologies in schools, and to choose wired teaching technologies. The well-being and educational potential of children depends on it.

High-speed connectivity to schools is important but it can be a wired connection instead of Wi-Fi. Wireless classroom infrastructure and wireless devices for schoolchildren should be avoided for these reasons:

- Wireless radiofrequency (RF) radiation emissions were classified as a Possible Human Carcinogen (group 2B) by the World Health Organization International Agency for Research on Cancer (IARC) in May 2011. One of the signers, Dr Hardell, was part of the evaluation group.
- The IARC classification holds for *all forms of radio frequency radiation* including RF-EMF emissions from wireless transmitters (access points), tablets and laptops.
- Epidemiological studies show links between RF radiation exposure and cancer, neurological disorders, hormonal changes, symptoms of electrical hypersensitivity (EHS) and more. Laboratory studies show that RF radiation exposure increases risk of cancer, abnormal sperm, learning and memory deficits, and heart irregularities. Foetal exposures in both animal and human studies may result in altered brain development in the young offspring, with disruption in learning, memory and behaviour.
- Recently a report was released from The National Toxicology Program (NTP) under the National Institutes of Health (NIH) in USA on the largest ever animal study on cell phone RF radiation and cancer (<http://biorxiv.org/content/biorxiv/early/2016/05/26/055699.full.pdf>). An increased incidence of glioma and malignant schwannoma in the heart was found. Interestingly our research group and others have in epidemiological studies shown that persons using wireless phones (both mobile phones and cordless phones; DECT) have an increased risk for glioma and acoustic neuroma. Acoustic neuroma or vestibular schwannoma is the same type of tumour as the one found in the heart, although benign.
- The research showing increased brain cancer risk in humans *has strengthened* since the IARC 2011 classification as new research has been published which repeatedly shows a significant association after RF radiation exposure. In addition, tumour

promotion studies have now been replicated showing cancer promotion after exposures at low levels.

- It is our opinion and that of many colleagues that the current IARC cancer risk classification should move to an *even higher* risk group. The carcinogenic effect has been shown in human and animal studies. Several laboratory studies have shown mechanistic effects in carcinogenesis such as oxidative stress, down regulation of mRNA, DNA damage with single strand breaks.
- In summary RF radiation should be classified as Carcinogenic to Humans, Group 1 according to the IARC classification. This classification should have a major impact on prevention.

The evidence for these statements is based on hundreds of published, peer-reviewed scientific studies that report adverse health effects at levels much lower than current ICNIRP and FCC public safety limits. Compliance with government regulations does not mean that the school wireless environment is safe for children and staff (especially pregnant staff).

As researchers in cancer epidemiology and RF radiation exposures, we have published extensively in this area and it is our opinion that schools should choose wired Internet connections. Multiple epidemiological research studies show that exposures equivalent to 30 minutes a day of cell phone use over ten years results in a significantly increased brain cancer risk.

What will be the health effect for a child exposed all day long in school for 12 years? Wireless networks in schools result in full body low level RF radiation exposures that can have a cumulative effect on the developing body of a child. No safe level of this radiation has been determined by any health agency and therefore we have no safety assurances. Cancers can have long latency periods (time from first exposure until diagnosis) and it will take decades before we know the full extent of health impacts from this radiation. The statistics and effects will be borne by the children you serve.

Wi-Fi in schools, in contrast to wired Internet connections, will increase risk of neurologic impairment and long-term risk of cancer in students. Promoting wireless technology in schools disregards the current health warnings from international science and public health experts in this field.

We recommend that your school district install wired Internet connections and develop curriculum that teaches students at all ages safer ways to use their technology devices. If cell phones and other wireless devices are used in the school curriculum (as many schools are now doing with Bring your Own Device Policy) then there should be educational curriculum in place and well posted instructions in classrooms so that the students and staff use these devices in ways that reduce exposure to the radiation as much as possible.

Supporting wired educational technologies is the safe solution in contrast to potentially hazardous exposures from wireless radiation.

Respectfully submitted

Lennart Hardell, MD, PhD
Department of Oncology,
Örebro University Hospital,

Michael Carlberg, MSc
Department of Oncology,
Örebro University Hospital,

SE-701 85 Örebro, Sweden
E-mail: lennart.hardell@regionorebrolan.se

SE-701 85 Örebro, Sweden
michael.carlberg@regionorebrolan.se

Lena Hedendahl, MD
Östra Skolgatan 12,
SE-972 53 Luleå, Sweden
E-mail: lenahedendahl@telia.com

References and additional reading:

Coureau G, Bouvier G, Lebailly P, Fabbro-Peray P, Gruber A, Leffondre K, Guillamo JS, Loiseau H, Mathoulin-Pélissier S, Salamon R, Baldi I. **Mobile phone use and brain tumours in the CERENAT case-control study.** *Occup Environ Med.* 2014;71(7):514-22.

Carlberg M, Hardell L. **Decreased survival of glioma patients with astrocytoma grade IV (glioblastoma multiforme) associated with long-term use of mobile and cordless phones.** *Int J Environ Res Public Health.* 2014;11(10):10790-805.

Carlberg M, Hedendahl L, Ahonen M, Koppel T, Hardell L. **Increasing incidence of thyroid cancer in the Nordic countries with main focus on Swedish data.** *BMC Cancer.* 2016 Jul 7;16:426. doi: 10.1186/s12885-016-2429-4.

Hardell L, Carlberg M. **Mobile phone and cordless phone use and the risk for glioma - Analysis of pooled case-control studies in Sweden, 1997-2003 and 2007-2009.** *Pathophysiology.* 2015;22(1):1-13.

Hardell L, Carlberg M, Söderqvist F, Hansson Mild K. **Case-control study of the association between malignant brain tumours diagnosed between 2007 and 2009 and mobile and cordless phone use.** *Int J Oncol.* 2013;43(6):1833-45.

Hardell L, Carlberg M, Hansson Mild K. **Pooled analysis of two case-control studies on the use of cellular and cordless telephones and the risk of benign brain tumours diagnosed during 1997-2003.** *Int J Oncol.* 2006;28(2):509-18.

Hardell L, Carlberg M, Söderqvist F, Hansson Mild K. **Pooled analysis of case-control studies on acoustic neuroma diagnosed 1997-2003 and 2007-2009 and use of mobile and cordless phones.** *Int J Oncol.* 2013;43(4): 1036-44.

Hardell L, Carlberg M, Hansson Mild K. **Pooled analysis of case-control studies on malignant brain tumours and the use of mobile and cordless phones including living and deceased subjects.** *Int J Oncol.* 2011;38(5):1465-74.

Hardell L, Carlberg M. **Using the Hill viewpoints from 1965 for evaluating strengths of evidence of the risk for brain tumors associated with use of mobile and cordless phones.** Rev Environ Health. 2013;28(2-3):97-106.

Hardell L, Carlberg M, Hansson Mild K. **Use of mobile phones and cordless phones is associated with increased risk for glioma and acoustic neuroma.** Pathophysiology. 2013;20(2):85-110.

Hedendahl L, Carlberg M, Hardell L. **Electromagnetic hypersensitivity - an increasing challenge to the medical profession.** Rev Environ Health 2015;30:209-215.

International Agency for Research on Cancer (IARC). **Non-ionizing radiation, Part II: Radiofrequency electromagnetic fields.** IARC Monogr Eval Carcinog Risks Hum. 2011;102(2):1-460.

Lerchl A, Klose M, Grote K, Wilhelm AF, Spathmann O, Fiedler T, Streckert J, Hansen V, Clemens M. **Tumor promotion by exposure to radiofrequency electromagnetic fields below exposure limits for humans.** Biochem Biophys Res Commun. 2015;459(4):585-90.

Wyde M, Cesta M, Blystone C, Elmore S, Foster P, Hooth M, Kissling G, Malarkey D, Sills R, Stout M, *et al*: **Report of Partial Findings from the National Toxicology Program Carcinogenesis Studies of Cell Phone Radiofrequency Radiation in Hsd: Sprague Dawley® SD rats (Whole Body Exposures).** Draft 5-19-2016. US National Toxicology Program (NTP), 2016. doi: <http://dx.doi.org/10.1101/055699>. Available online: <http://biorxiv.org/content/biorxiv/early/2016/05/26/055699.full.pdf>

Yakymenko I, Tsybulin O, Sidorik E, Henshel D, Kyrylenko O, Kyrylenko S. **Oxidative mechanisms of biological activity of low-intensity radiofrequency radiation.** Electromagn Biol Med. 2015;19:1-16.