The Risks of Radio Frequency Technology

by Dr. Scott Eberle

In the last decade radio frequency (RF) technology has grown at an astronomical rate, with RF signals now at very high levels in most communities. All this has happened despite considerable scientific evidence highlighting the dangers of RF exposure. On August 30, 2013, the American Academy of Environmental Medicine sent a letter to the Federal Communications Commission urging the federal government to lower acceptable limits of RF exposure to protect the public.

Here is an excerpt from that letter:

It became clear to AAEM physicians that by the mid 1990's patients were experiencing adverse health reactions and disease as a result of exposure to electromagnetic fields. In the last five years with the advent of wireless devices, there has been an exponential increase in the number of patients with radio frequency induced disease and hypersensitivity.

Numerous peer reviewed, published studies correlate radio frequency exposure with a wide range of health conditions and diseases. These include neurological and neurodegenerative diseases such as Parkinson's Disease, ALS, paresthesias, dizziness, headaches and sleep disruption as well as cardiac, gastrointestinal and immune disease, cancer, developmental and reproductive disorders, and electromagnetic sensitivity. The World Health Organization has classified RF emissions as a group 2 B carcinogen. This research is reviewed and cited in the following attached documents . . .

One recent report has suggested that 1-3% of people have electromagnetic hypersensitivity, yet public awareness of this condition remains low—as does concern about the more subtle (yet potentially serious) effects that RF exposure has on all people. The current situation is analogous to the dramatic increase in smoking during the early to mid-20th century when a rich and powerful tobacco industry tried (successfully for some time) to shape cultural beliefs about the safety of smoking, while offering fallacious research supporting their claims. Eventually medical science turned cultural perceptions around and, with that, the politics of the problem shifted dramatically. The present day work of the AAEM and other organizations is only the beginning of an equivalent sea of change in cultural understanding and practice.

Much research has already been done, and more is still to come, but what is lacking isn't the research so much as public awareness and precautionary policy-making. Many countries in Europe, especially Sweden, are far ahead of us on both fronts. For now, then, we continue to live with a silent, invisible, odorless phenomenon that has the capacity to alter our biology at a cellular level. Until a collective understanding of the issue evolves, we each are left to protect ourselves and our families as best we can.

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