

Rebuttal to Mr. Bangsburg's Statement in Response to Broad Scientific and Public Criticism of the Oregon Health Authority Handling of the "Scientific Review Required in Response to SB 283"

OHA STATEMENTThe Oregon Health Policy Board (OHPB) values community engagement and welcomes public comment at its board meetings and on its agenda items. Thank you to our members of the public for engaging in our meetings through written and verbal public comment. In response to the public comment regarding radio frequency radiation during the July OHPB meeting, the OHPB Chair read the OHA report, reviewed the videotaped public comment, read the written material submitted along with public comment, and re-read the OHA report with the oral and written public comments in mind. The Chair's impressions were then discussed with the OHA Public Health Division. Senate Bill (SB) 283, in identifying exposure from the use of wireless network technologies in schools or similar environments as a primary concern, directed OHA to evaluate peer-reviewed, independently-funded scientific studies of the health effects of exposure to microwave radiation.

THIS WAS NOT DONE. MANY STUDIES FUNDED BY INDUSTRY OR VENUES WITH CONFLICT OF INTEREST WERE USED. THE SOURCES OF FUNDING WERE NOT ALWAYS INDICATED AS WAS PREVIOUSLY SAID.

also known as radiofrequency radiation, or RFR. SB 283 directed OHA to concentrate on the review of health effects in school or similar environments, but most of the studies available for review were largely unrelated to school settings.

MANY STUDIES OF SIMILAR EXPOSURE AS IN SCHOOLS COULD HAVE BEEN FOUND. [List of 136 Scientific Studies Relating to the Effects of- WiFi.](#)

Nonetheless, OHA, in its analysis, included studies that overlap those expected in a school setting, with many estimating higher exposures. As stated in the report, OHA found insufficient evidence to indicate a causal relationship between cell phone exposures and cancer,

MANY REFERENCES TO CANCER WERE LISTED IN THE FIRST DRAFT AND NOT INCLUDED IN THE FINAL DRAFT.

as well as noncancer health effects and functions, such as auditory function, cognitive function, nervous system, miscarriage, reproductive system, sleep, and mental health. Most studies found no association between long-term use and these health effects and functions.

THAT IS A LIE. THE FIRST DRAFT FOUND ALL OF THE ABOVE LISTED EFFECTS, BUT AGAIN, REMOVED THEM FROM THE FRAUDULENT FINAL DRAFT:

QUOTING FROM THE FIRST DRAFT:

INCREASED LEUKEMIA IN CHILDREN 5 KILOMETERS FROM VATICAN CELL TOWERS.

- **13% INCREASE IN CANCER FROM CELL TOWERS IN TAIWAN.**
- **OTHER STUDIES-- HIGH BLOOD GLUCOSE IN MALES, 21 STUDIES SHOWED NEGATIVE EFFECTS ON HEART FUNCTION, NEGATIVE EFFECTS ON MEMORY, COGNITIVE FUNCTION, BRAIN STRUCTURE AND FUNCTION.**
- **PRE NATAL EXPOSURE STUDIES SHOWED SPONTANEOUS ABORTION, ALTERED THYROID FUNCTION, ADVERSE EFFECTS FETAL GROWTH AND CHILD DEVELOPMENT, GENOTOXICITY OF ORAL MUCOSAL CELLS, IMPACT ON SALIVARY GLAND. OTHER STUDIES SHOWED NEGATIVE AFFECTS ON MENTAL HEALTH & DEPRESSION, AS WELL AS 21 STUDIES SHOWING ALTERATIONS IN BRAIN PHYSIOLOGY AND CEREBRAL BLOOD FLOW.**
- **AND I QUOTE FROM THE FIRST DRAFT:**

“ALL STUDIES SHOWED NEGATIVE OUTCOME ON HEALTH. ALL STUDIES SHOWED NEGATIVE EFFECTS ON REPRODUCTIVE ORGANS.”

OHA recognizes that there are important limitations in the observational epidemiologic studies published to date. The most important limitation is that these studies had poor assessment of the primary exposure of interest: RFR. This limitation, namely errors in the measurement of the primary exposure variable can fail to detect a true association, often referred to in epidemiology terms as a type II error. OHA also recognizes that data from animal studies provide additional, though inconclusive, evidence of potential harms of RFR.

AGAIN, NOT TRUE. THOUSANDS OF STUDIES CULMINATING WITH THE RECENT NATIONAL INSTITUTE OF HEALTH NATIONAL TOXICOLOGY PROGRAM STUDY CONCLUSIVELY FOUND AN INCREASE IN CANCER AND DNA DAMAGE.

Taken together, animal ...

WHY ARE THEY REFERRING TO ANIMAL STUDIES WHEN OHA MADE A CONCLUSION THAT DID NOT INCLUDE ANIMAL STUDIES DESPITE ROUTINE USE OF ANIMAL STUDIES IN OTHER STUDIES.

...and epidemiology studies can give a better idea of the possible health effects of RFR. However, the synthesis from these two lines of data would need to consider the relevance of dose, exposure mode, and what is known about extrapolation of RFR-related health effects from animals to humans.

ANIMAL STUDIES ARE ROUTINELY USED AND THE RESULTS ARE ROUTINELY EXTRAPOLATED TO EFFECTS ON HUMANS BY OHA, EPA, NIH, AND VIRTUALLY EVERY SCIENTIFIC AND PUBLIC HEALTH AGENCY.

While the available data do not prove a causal effect, neither do they exclude the possibility of a causal effect. OHA recognizes the many benefits of wireless technology including in connecting remote communities in Oregon and in supplementing education both during the COVID19 pandemic through remote learning and in the classroom. OHA strongly supports additional research designed to overcome these limitations in order to better define the possible benefits and harms of RFR in order to advance evidence-based policy. A focus of SB 283 is school environments and the **RELEVANT EXPOSURES IN THESE SETTINGS** need to be considered. These conclusions on RFR exposures and effects on human health are in line with those made by the U.S. Food and Drug Administration, the Centers for Disease Control and Prevention, the National Cancer Institute and other agencies that work to protect population health. Similar to those federal public health agencies

NOT TRUE ! STATEMENTS BY U.S. REGULATORY AGENCIES
READ ON EXPOSURE TO RADIO FREQUENCY RADIATION
READ:

FDA – “FCC RULES DO NOT ADDRESS THE ISSUE OF LONG-TERM CHRONIC EXPOSURE TO RF FIELDS.” FDA TO FCC 1993

WHO- RECOMMENDS MINIMIZING EMF EXPOSURE IN SCHOOLS, KINDERGARTENS, AND ANY LOCATIONS WHERE CHILDREN REMAIN FOR A SUBSTANTIAL PART OF THE DAY [1,29].

CHIEF MEDICAL OFFICER FOR THE AMERICAN CANCER SOCIETY, OTIS W. BRAWLEY, M.D., "THE NTP REPORT MARKS A PARADIGM SHIFT IN OUR UNDERSTANDING OF RADIATION AND CANCER RISK. EARLY STUDIES ON THE LINK BETWEEN LUNG CANCER AND SMOKING HAD SIMILAR RESISTANCE, THE ACS EAGERLY AWAITS GUIDANCE FROM GOVERNMENT AGENCIES, LIKE THE (FDA) AND THE (FCC), ABOUT THE SAFETY OF CELL PHONE USE.”

E.P.A. “THE F.C.C.’S EXPOSURE STANDARDS ARE ... SERIOUSLY FLAWED...” EPA TO FCC NOV, 1993

NORBERT HANKIN EPA RADIATION PROTECTION DIV. “THE FCC’S CURRENT EXPOSURE GUIDELINES,-AS WELL AS THOSE OF THE IEEE AND ICNIRP, ARE THERMALLY BASED, AND DO NOT APPLY TO CHRONIC, “NON-THERMAL” EXPOSURE SITUATIONS.

PRIOR TO THE CDC SANITIZING IT’S OWN WEBSITE, IT READ: “...ALONG WITH MANY ORGANIZATIONS WORLDWIDE, WE RECOMMEND CAUTION IN CELL PHONE USE...IF RF DOES CAUSE HEALTH PROBLEMS, KIDS WHO USE THEM MAY HAVE A HIGHER CHANCE OF PROBLEMS IN THE FUTURE...”

NIOSH (NATIONAL INSTITUTE FOR OCCUPATIONAL SAFETY AND HEALTH): “*THE FCC’S STANDARD IS INADEQUATE BECAUSE IT IS BASED ON ONLY DOMINANT MECHANISM— BODY HEATING.*”

THE STEWART REPORT FROM THE U.K. WARNED “*CHILDREN MAY BE MORE VULNERABLE TO EMF AS THEY ARE EXPOSED OVER A LONGER LIFE TIME THAN ADULTS. CONDUCTIVITY IN CHILDREN IS HIGHER DUE TO HIGHER MOISTURE CONTENT THAN ADULTS AND THINNER SKULLS.* “

INSURANCE COMPANIES HAVE TAKEN ACTION: THE PORTLAND PUBLIC SCHOOLS LIABILITY INSURANCE POLICY SPECIFICALLY EXCLUDES COVERAGE FOR “COST OR EXPENSE DUE TO HAZARDS FROM EXPOSURE TO EMF’S”

SPEEDSPORT-ROUTER MFG. COMPANY WARNS ROUTERS SHOULD “NOT BE INSTALLED IN BEDROOMS OR ROOMS FOR CHILDREN.”,

OHA remains committed to ensuring the health of children and families and will look forward to future research coming from reputable sources.

OHA HAS FORFEITED CREDIBILITY IN THE PREVIOUS STATEMENT CONSIDERING THEIR