

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](#)

[...](#)

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.



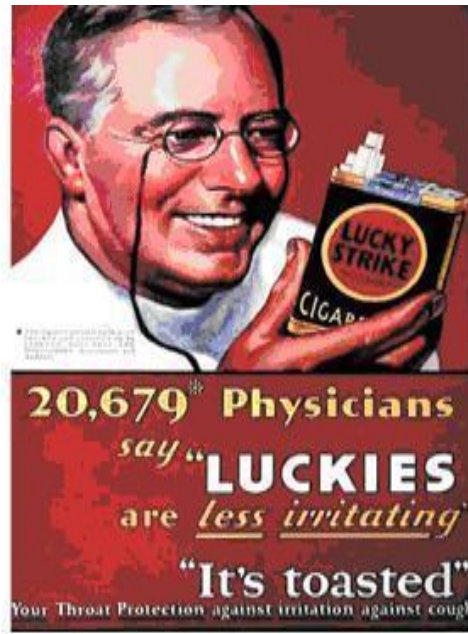
Lady with a Lamp
(1926 Fiction)

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

CAMELS *Castles Tobacco*

BUY CAMELS ON YOUR "LUNCH"

There's a lot of doctors who smoke Camels. They say it's the best cigarette they ever smoked. They say it's the only cigarette that's so good for you. They say it's the only cigarette that's so good for your throat. They say it's the only cigarette that's so good for your lungs. They say it's the only cigarette that's so good for your health. They say it's the only cigarette that's so good for your life. They say it's the only cigarette that's so good for your soul. They say it's the only cigarette that's so good for your everything.



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

"It's toasted"

Your Throat Protection against irritation against cough

LUCKY STRIKE CIGARETTES

Wouldn't doctors have stopped using

mobile
phones if
they we
re
dangerou

s?

Take a
look at

these
advertises
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

n 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
-

especially
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”
symptoms and

headaches
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

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increasin

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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

sensitivit
y 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...

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
situation
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**

uses of radiation 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
effective

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

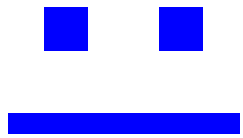
Power

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...

