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Extracts from U.S. Defence Intelligence Agency Documents from 1972-1983.

Note: Comments in ***bold italics*** are mine.

1. Ref: DST-1810S-076-76 March 1976. "If the more advanced nations of the West are strict in the enforcement of stringent exposure standards, there could be unfavourable effects on industrial output and military functions".
2. Ref: DST-1810S-074-76 March 1976 " Personnel exposed to microwave radiation below thermal levels experience more neurological, cardiovascular, and haemodynamic disturbances than do their unexposed counterparts. Some of the effects attributed to exposure include bradycardia, hypotension, and changes in EKG indices." "Subjects exposed to microwave exhibited a variety of neurasthenic disorders against a background of angiodystonia (abnormal changes in tonicity of blood vessels). The most common subjective complaints were headache, fatigue, perspiring, dizziness, menstrual disorders, irritability, agitation, tension, drowsiness, sleeplessness, depression, anxiety, forgetfulness, and lack of concentration". ***The very things that some mobile phone users report (Mild et al 1998)***
3. Ref: ST-CS-01-169-72 July 1972. "Low frequency electromagnetic fields have been found to generate sonic and ultrasonic oscillations in living organisms. These oscillations produce elastic deformations in the organism. If the frequency of the outside field corresponds to the oscillation frequency of the cells, the latter deteriorate" "Since almost all of the Soviet data on electromagnetic radiation (below visible) applies to physiological response, one can only imply that they have substantial knowledge of the psychological effects". "The UCLA Brain Information Service in Los Angeles has compiled an extensive bibliographic list on the biological effects of electromagnetic fields (below visible frequencies) especially on the central nervous system". ***Numerous studies have since confirmed this including Wever(1974), Konig (1974), Beale et al.(1997), Lilienfeld et al. (1978), Robinette et al.(1980).***
4. Ref: DST-1810S-074-76 March 1976 "Soviet research has produced guidelines which were used to establish a value of 10 uW/cm² per working day ***UK standard 110 uW/cm²***..... Should subsequent research result in adoption of the Soviet standard..... industries could be required to make costly modifications to protect workers. Recognition of the standard could also limit the application of new electronic technology by making the commercial exploitation of some products unattractive because of increased costs imposed by the need for additional safeguards." " Another possibility is the alteration of the permeability of the blood-brain barrier. This could allow neurotoxins in the blood to cross. As a result, an individual could develop severe neuropathological symptoms and either die or become seriously impaired neurologically" ***Proven by Salford et al.(1993)(1994)(1999). Parkinsons, Alzheimers, and vCJD are such possibilities.***
5. Ref: ST-CS-01-169-72 July 1972 "Low frequency emfs have been found to generate oscillations in living organisms. If the frequency of the outside field corresponds to the oscillation frequency of the cells, the latter deteriorate as a result of the mechanical resonance" ***The human brain & heart function at frequencies within the spectra of cellphones, computers etc.***
6. DST-1810S-074-76 March 1976 "personnel exposed to microwave radiation below thermal levels experience more neurological, cardiovascular and hemodynamic disturbances than do their unexposed counterparts

Threatens Military & Commercial Investment
Tetra

the press when the Moscow American Embassy irradiation became publicized.¹ A main reason for obfuscating weapons implications is that acknowledging biological performance degradations at and below Western radio frequency exposure standards threatens considerable military and commercial investment, as then or presently. All of the microwave exposure studies produced effects either just above or actually below exposure standards.^[140] The 2.3 W/kg chronic intermittent continuous wave exposure of Mitchell et al. 1977⁹⁶ is the highest, but 2 W/kg is allowed for the cell phone head and trunk exposure situation, though experimental exposures were of animal whole body. Depending on frequency, the corresponding occupational exposure standards range from 8.2 to 9.5 mW/cm² for the experiments demonstrating effects at 10 mW/cm², a power density little above stated regulation. Effects at 5 mW/cm² are below occupational standards, and only represent 2.6 – 3 times the general population standard depending on frequency, while the D'Andrea et al. 1986a²⁷ continuous wave experiment of deleterious effect is 1.5 times the population standard. Exposures in Raslear et al.²⁶ are below the population standard, and though these results were at high peak pulse level, there are no official limits regarding pulse power. Besides such considerations, extended exposure durations are not well studied. The prudence of exposure standards is not particularly precautionary regarding those effects herein reviewed or as elsewhere.¹³⁰ These standards were developed by the Institute of Electrical and Electronic Engineers (IEEE) apparently with more regard for military and commercial benefit than biological welfare. The existing standards are so weakly written as to be found unenforceable by the Occupational Safety and Health Administration at administrative law.

¹ Until actual syndromes are firmly established enough in literature for lawyers to reap benefits like for asbestos or tobacco, a laissez faire policy will continue even condoning criminal misuse.

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References

- [a] This power density is highly discrepant to previous treatments. The Senate American Embassy in Moscow irradiation report indicates the radiation from 1963-1975 remained about 5 microwatts/cm², with an 18 microwatt/cm² value measured later in 1975.² One milliwatt/cm² is 200 times a 5 microwatt/cm² value. Steneck pg. 94¹ in comment relative to a May 13, 1965 memo states that "At the time government sources erroneously estimated that the intensity of the signal was about 0.5-1 mW/cm²," so there is some indication that such measurements were impugned. The FOIA releases here reviewed were released in 1989, but not covered are previous FOIA releases relative to the Moscow American Embassy irradiation referenced in Steneck, and much still remains classified.
- [b] Article frequencies are converted to gigahertz (GHz) from megahertz (MHz) for comparison to the Bizarre figures. 1000 MHz = 1 GHz
- [c] Peak pulse power in previous articles would vary with power density.
- [d] Converted value from 0.125 pulses per second. 3000 MHz is also converted to 3.0 GHz.
- [e] Maier et al. 2004, Figure 3, graph B2.
- [f] Sharp et al. 1974 concerns microwave hearing physical mechanism, but in forward statement refer to ongoing work that heavily implies human experimentation.
- [g] This last reference contains apparently a summary of the same study also reported as part of a collaborative project with the Soviets, which is here included because publications of microwave studies can have limited availability.
- [h] Converted from 2.3 mW/gm for comparison to the International Commission on Non-Ionizing Radiation Protection (ICNIRP) standards, which are comparable to US standards.

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General Public Levels	Frequency MHz	E field V/m	Power W/m ²	Power μW/cm ²
NRPB, 1993 (old UK Investigation Levels to June 2000) Now ICNIRP at 900 & 1800 (TETRA is at 400).	400	100	26.4	2640
	900	112	33	3300
	1800	194	100	10000
FCC OET65:1997-01 (USA) <i>based on NCRP report No. 86</i>	900	47	6	600
	1800	61	10	1000
Canadian Safety Code 6 (SC6) 1993	900	47	6	600
	1800	61	10	1000
ICNIRP, 1998 (recognised by WHO) CENELEC, 1995 (EU)	400	28	2.1	208
	900	41	4.5	450
	1800	58	9	900
Australia 1988 (<i>under review</i>)	900 / 1800	27	2	200
Two USA research bases (1995)	30 - 100000	19	1	100
Poland (intermediate zone occup.) (safety zone)	300 - 300000	19	1	100
		6	0.1	10
Russia 1988 & China (gen. public)	300 - 300000	6	0.1	10
Italy, Decree 381 (1999)	30 - 30000	6	0.1	10
Toronto Health Board 2000, <i>proposal based on SC6/100</i>	900	5	0.06	6
	1800	6	0.1	10
Swiss Ordinance ORNI (<i>for base stations</i>) From 1st. Feb. 2000	900	4	<i>not specified</i>	<i>not specified</i>
	1800	6	<i>not specified</i>	<i>not specified</i>
Luxembourg (2001, <i>to be confirmed</i>)	900 & 1800	3	?	?
EU & UK EMC Regulations equipment Suscept test level (domestic & comm.)	30 - 2000	3 <i>any signal</i>	<i>not specified</i>	<i>not specified</i>
Typical max in public areas near base station masts (can be much higher)	900 & 1800	2	0.01	1
City of Salzburg (Austria, 2000)	900 & 1800	0.6	0.001	0.1
Estimated Avg. US exposure (EPA 1980) Typical City Dweller (FCC 1999)	approx	< 0.13	< 0.00005	< 0.005
	30 - 300000	< 2	< 0.01	< 1
Broadband 'natural' background	300 - 3000	< 0.00003	< 0.0000001	< 0.000001

← UK

← ICNIRP

safe Level ←

I expect you have this
maybe pass it on?

in excess of 100 references
going back to 50's

Microwave Sickness

Lucinda Grant

Reprinted from *Electrical Sensitivity News*
Vol. 1, No. 6 and Vol. 2, Nos. 1 - 4

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Cost: \$12

WARNING: Environmental illness is a complex topic. Methods or treatments that benefit some people may harm you. Readers are advised to consult appropriate medical, legal, or other professionals for personal guidance prior to making changes in their current program.

Regulations and Ethical Guidelines

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Directives for Human Experimentation

NUREMBERG CODE

1. The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision. This latter element requires that before the acceptance of an affirmative decision by the experimental subject there should be made known to him the nature, duration, and purpose of the experiment; the method and means by which it is to be conducted; all inconveniences and hazards reasonable to be expected; and the effects upon his health or person which may possibly come from his participation in the experiment.

The duty and responsibility for ascertaining the quality of the consent rests upon each individual who initiates, directs or engages in the experiment. It is a personal duty and responsibility which may not be delegated to another with impunity.

2. The experiment should be such as to yield fruitful results for the good of society, unprocurable by other methods or means of study, and not random and unnecessary in nature.
3. The experiment should be so designed and based on the results of animal experimentation and a knowledge of the natural history of the disease or other problem under study that the anticipated results will justify the performance of the experiment.
4. The experiment should be so conducted as to avoid all unnecessary physical and mental suffering and injury.
5. No experiment should be conducted where there is an a priori reason to believe that death or disabling injury will occur; except, perhaps, in those experiments where the experimental physicians also serve as subjects.
6. The degree of risk to be taken should never exceed that determined by the humanitarian importance of the problem to be solved by the experiment.
7. Proper preparations should be made and adequate facilities provided to protect the experimental subject against even remote possibilities of injury, disability, or death.
8. The experiment should be conducted only by scientifically qualified persons. The highest degree of skill and care should be required through all stages of the experiment of those who conduct or engage in the experiment.
9. During the course of the experiment the human subject should be at liberty to bring the experiment to an end if he has reached the physical or mental state where continuation of the experiment seems to him to be impossible.
10. During the course of the experiment the scientist in charge must be prepared to terminate the experiment at any stage, if he has probable cause to believe, in the exercise of the good faith, superior skill and careful judgment required of him that a continuation of the experiment is likely to result in injury, disability, or death to the experimental subject.

Reprinted from *Trials of War Criminals before the Nuremberg Military Tribunals under Control Council Law No. 10, Vol. 2, pp. 181-182.* Washington, D.C.: U.S. Government Printing Office, 1949.