

Statement to the Wireless Safety Summit
October 6, 2011
Congressman Dennis J. Kucinich

Good morning and thank you for the opportunity to talk with you about wireless technology. It is an honor to be in a room with people who are so ahead of their time when it comes to thinking about the effects of widespread wireless technology. This is an issue of great interest to me. Many of you know I held a hearing on the topic – the first in at least a decade if not the first ever – on the effects of cell phones on human health. My hearing was followed by a hearing in the Senate which also generated some interest.

I walked away from that hearing thinking the evidence that cell phones could cause brain cancer was fairly compelling. It was far from being authoritative but it was compelling. At a minimum, the current lack of research in the US is not at all justified, especially since some estimates are that half of the world population uses a cell phone. One of the most important areas we discussed at my hearing was the mechanism.

The wireless industry likes to claim that the only way a cell phone could cause harm to a human being is by heating tissue directly – the so called thermal mechanism. This is the way a microwave oven works. But we heard some evidence that a non-thermal mechanism is at work. It is certainly feasible since there are many existing therapies using electromagnetic radiation to induce some effect in the body using non-thermal mechanisms.

It is an important conversation to have because this belief - that there is no non-thermal mechanism - is preventing some influential agencies from being open to the possibility that cell phones and other wireless technologies are a real public health problem. I'm talking about the National Cancer Institute mainly, who is in turn influencing the Federal Communications Commission and the Food and Drug Administration.

These agencies are using this conversation about thermal and non-thermal mechanisms as a red herring, effectively claiming that we can't move forward with any kind of precautionary action until we know the mechanism. Let me explain.

When trying to link any given environmental exposure to a health problem, scientists like to know exactly how it is happening at the 10,000 foot level and at the micrometer level. In other words, they like to be able to look over vast numbers of people and compare who was exposed and who was not exposed and show that there is a link there. But before they conclude the link is rock solid, they also like to know what, exactly, is happening at the cellular level – how are the molecules changing in cells to make this happen? That is called the mechanism. Scientists are hesitant to say with certainty there is a link until that mechanism is nailed down. And the mechanism is usually the last thing to be discovered – usually years if not decades after epidemiology first uncovers the problem.

That's fine for scientists. But The NCI, the FCC, the FDA, and Members of Congress are not scientists. We are policy makers. And we have to look at things the scientists don't. For example, we have to consider that we knew tobacco was killing people in the 30s. The Surgeon General didn't even weigh in until the 60s. And there was no substantive action on cigarette bans until the mid 90s. In fact there are many places in the US where you can still smoke in public places even though it is well established that people die from exposure to it. It is not an accident that almost 70 years have passed and we're still fighting to protect public health from tobacco. That was the result of a sophisticated campaign to manufacture doubt in the mind of the public about the link between cigarettes and health. What we have to consider as policy makers, not scientists is this: How many people died between the time we knew tobacco caused cancer and dozens of other major lethal health problems and the time policy makers took real action to protect the public and educate them?

According to the Centers for Disease Control and Prevention, "Each year, an estimated 443,000 people die prematurely from smoking or exposure to secondhand smoke, and another 8.6 million live with a serious illness caused by smoking."

So, yes, let's talk about what the non-thermal mechanisms are. But let's not let that discussion get in the way when millions of lives are at stake. If we see a danger or even a potential danger to human health, we must act to protect health before acting to protect profits.

I announced that I would be introducing a bill that would do three things. It would reestablish a research program in the US to look at the health effects of cell phones. Almost all meaningful research in the field is now done overseas, save for a few selected pockets at places like the University of Washington and Cleveland Clinic.

Second, the bill would call for a real measure of exposure to replace the inaccurate, misleading, and downright false numbers used now to depict exposure levels. You know this measurement as the Specific Absorption Rate, or SAR, and it is mostly only accessible in places that are invisible to the consumer as they shop for phones. The SAR has multiple problems; among them is that they are designed for adults, not children; they ignore the fields created by phones that use increasing amounts of power, which smart phones do; and the science has developed significantly since the standards were set, mostly by engineers, not by people with medical training.

The third thing the bill would do is call for a label on cell phones, using the new measure of exposure that is created under this bill. Until we can say with greater certainty whether this is a link between electromagnetic radiation and various health problems, the consumer should be able to decide what they want. But markets are not truly free when the consumer has inadequate information. As it stands, the consumer cannot practically know what a particular phone or smart meter would expose them to. First the SAR is obsolete, as I mentioned. Second, even if it were useful, the SAR can't be readily accessed when buying a phone. We need labels.

The bill has already accumulated cosponsors and I am awaiting the right moment to introduce it. It will not be easy to make legislative progress because of the enormous financial resources the industry has at its disposal. They have already tried a few tricks to get us to pony up information about the bill's contents, timing and strategy. But I am convinced we can make legislative progress anyway. We just have to be very strategic about it.

I am also keeping a close eye on the other uses for wireless technology. Certainly there are a lot of questions about the dangers posed by towers. Increasingly, we're seeing popular resistance to smart meters as well because of the additional exposure they cause. And the wireless spectrum is being sold off to make room for more wireless gadgets like keyboards.

The use of the radiofrequency spectrum is one of three emerging technologies that are proof for the maxim that we are developing technology faster than our ability to manage it. Another textbook case is nanotechnology, which is proliferating by leaps and bounds while research on the effects on the environment and health is slowly lumbering along. What little research we have seen to date is deeply concerning. The third case, of course, is genetically engineered food; another topic which I have held hearings on.

In each of these cases, any progress that has been made has only come as a result of the efforts of a thoughtful, dedicated few who have raised the hard questions for industry and for policy makers. It is a privilege to join you in your efforts to put public health over private profit. Thank you again for the invitation to be with you today.