**CHANGE DATA IN RED**

**23/02226/Y 28th July 2023**

*Application to determine if prior approval is required for the proposed installation of a 15.0m Phase 8 monopole with associated ancillary works. (BRC14603).*

*Pavement NE Side (Outside Open Space) Pen Park Road Bristol BS10 6BX*

**OBJECTION**

The Day Centre and Jigsaw Community cafe located 40m opposite the proposed mast hosts vulnerable adults with physical and mental disabilities, some of whom are likely to have metallic implants/ stunts. The Day centre was not informed or consulted about the proposal.

The effect of RFR on tissues surrounding metal implants is unpredictable and so ICNIRP are clear that their guideline exposure levels do not ensure safety for anyone with any form of metal implant, or medical device in their body.

[ICNIRP 2020 GUIDELINES:](https://www.icnirp.org/cms/upload/publications/ICNIRPrfgdl2020.pdf)

*“PURPOSE AND SCOPE: The main objective of this publication is to establish guidelines for limiting exposure to EMFs that will provide a high level of protection for all people against substantiated adverse health effects from exposures to both short- and long-term, continuous and discontinuous radiofrequency EMFs.* ***However, some exposure scenarios are defined as******outside the scope of these guidelines.*** *Medical procedures may utilize EMFs, and* ***metallic implants may alter or perturb EMFs in the body, which in turn can affect the body******both directly (via direct interaction between field and tissue)******and indirectly (via an intermediate conducting object).*** *For example, radiofrequency ablation and hyperthermia are both used as medical treatments, and* ***radiofrequency EMFs******can indirectly cause harm by unintentionally interfering******with active implantable medical devices*** *(see ISO 2012) or* ***altering EMFs due to the presence of conductive implants****.”*

<https://www.icnirp.org/cms/upload/publications/ICNIRPrfgdl2020.pdf>

There is already an RFR emitting 5G mast 30m from the proposed site, radiation from this would be in addition and interfering unpredictably with the emissions generated by the proposed mast. the hazard created by this unpredictable interference needs to be properly assessed. The International EMF Project Committee member, James Lech recommended to South Africa in June 2022 that “hotspot maps” should be provided, and indeed they are experimenting with mitigating them in Amsterdam and have found a significant change in indoor plant growth when a hotspot was mitigated.

This recommendation has not been reported by COMARE or made available to LPAs, obviously no such maps are available with this application. Without seeing the exclusion zone diagrams and full technical details it is unclear whether the cumulative effect of radiation from both masts has been taken into account in the preparation of the exclusion zone diagrams when the ICNIRP compliance certificate was prepared. **Hence the ICNIRP certificate is unreliable.**

Environmental officers who also review applications may not be aware of the International expert group **ICBE-EMF** (International Commission of Biological Effects) who authored the paper:

# “Scientific evidence invalidates health assumptions underlying the FCC and ICNIRP exposure limit determinations for radiofrequency radiation: implications for 5G”

<https://ehjournal.biomedcentral.com/articles/10.1186/s12940-022-00900-9>

Representatives from this independent international Group spoke alongside Ex ICNIRP member **Professor James Lin** at the Royal Society of Medicine on June 14th 2023.

Professor Lin states: *“The ICNIRP guidelines are not applicable to long-term exposure, they are based on false assumptions using outdated measures, they are based on outdated information, they ignore important animal data*” <https://ieeexplore.ieee.org/stamp/stamp.jsp?tp=&arnumber=10121536>

This is particularly relevant to NPPF 185.

*“185. Planning policies and decisions should also ensure that new development is appropriate for its location taking into account the likely effects (including cumulative effects) of pollution on health, living conditions and the natural environment, as well as the potential sensitivity of the site or the wider area to impacts that could arise from the development”*

Speaker Professor Kent Chamberlain stated *“The science is in - science from lab studies and epidemiology converge to reveal the necessity of a 500m setback from masts to protect the public.”*

*Page 18 :* [*https://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf*](https://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf)

ICBE-EMF member **Dr Erica Mallery-Blythe** reported that in August 2022 parents have now won a 5 year legal battle against 2 local authorities to have their child accommodated in school for EHS (electrohypersensitivity).

They won in the Upper Tribunal. Excerpts from 2018 Decision Letter (First Tier Tribunal):

*“on balance we concluded, in the face of considerable evidence produced by the parents, that the*

*impairment existed and that child XXX met the definition of disability within section 6 of the Equality Act 2010: that is that it had substantial long-term effect on day-to-day functioning.*”

<https://phiremedical.org/wp-content/uploads/2022/10/phire-2022-press-release-hm-courts-and-tribunals-service-ehcp-for-uk-child-with-ehs.pdf>

I present this information as a demonstration of a court’s validation of the science of non-thermal effects.

Exceptional new research has become available in the last few years and so a full appraisal of the papers by [Professor James Lin](https://ieeexplore.ieee.org/stamp/stamp.jsp?tp=&arnumber=10121536), [ICBE\_EMF](https://ehjournal.biomedcentral.com/articles/10.1186/s12940-022-00900-9) & and the [New Hampshire Commission](https://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf) report is needed to make a fully evidence-based determination of the material planning consideration **“unacceptable and incompatible”** use of the site.

DLA Piper acting for Public Health England advised in 2019 that the ICNIRP guideline is just that, a guideline, and that **decision makers must decide** what weight to put on the guideline and potentially conflicting other evidence.

*'the Guidance is not maintained and revised by PHE for the explicit purpose of any other body undertaking any other statutory function. If in any other context regard is had to the Guidance that is entirely a matter for the discretion of the relevant body and it must determine what weight to place on the Guidance given the clear indication as to the sources from which the advice and recommendations in the Guidance are derived. Equally, that body must determine what other evidence from your clients or other members of the public or interested parties to consider in making any decision (letter dated 8th August 2019)*'.

The attendees at the Day centre who have physical and mental disabilities need full consideration. The ICBE-EMF report states:

ICNIRP’s position is that their guidelines may not safely accommodate these sensitive subgroups:

*“Different groups in a population may have differences in their ability to tolerate a particular NIR [Non-Ionizing Radiation] exposure. For example, children, the elderly, and some chronically ill people might have a lower tolerance for one or more forms of NIR exposure than the rest of the population. Under such circumstances, it may be useful or necessary to develop separate guideline levels for different groups within the general population, but it may be more effective to adjust the guidelines for the general population to include such groups. Some guidelines may still not provide adequate protection for certain sensitive individuals nor for normal individuals exposed concomitantly to other agents, which may exacerbate the effect of the NIR exposure, an example being individuals with photosensitivity”.*

[*https://ehjournal.biomedcentral.com/articles/10.1186/s12940-022-00900-9#ref-CR179*](https://ehjournal.biomedcentral.com/articles/10.1186/s12940-022-00900-9#ref-CR179)

It is understood that Policy 118 requires that LPAs *“do not set health safeguards other than ICNIRP”*, however, as Mendip Planning board were advised in March 2021, when the evidence is strong enough, a refusal on health grounds is **legally legitimate.**

The Mendip Planning board correctly concluded *“Mast refused - there is not enough evidence of safety to proceed”*. The three reports referenced here are conclusive regarding the unacceptable risks posed by this proposed mast to the vulnerable attendees at the Day Centre and Jigsaw Community Cafe just 40m distant.

Best Regards,

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