

# **Ethical problems arising when the trail of professional work lead to evidence of **COVER-UP** of serious risk and misrepresentation of scientific judgement concerning human exposures to radar or microwaves.**

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## **INTRODUCTION**

Professional interaction over fifteen years between myself, an epidemiologist, and a lawyer started in 1974, when we were both in Washington, evaluating environmental health problems. The lawyer, recently disappointed with the outcome of a case which hinged on the testimony of an epidemiologist, began a dialogue about the criteria for use of probabilities in the scientific and judicial system. We agreed on the importance of making clear these differences, and he documented them in an article.

These differences can be misused in both legal and scientific procedures, under circumstances in which the failure to demonstrate conventional statistical significance (scientifically) is erroneously interpreted as meaning that preventing exposure would not be a reasonable public health measure.

When the lawyer started his private practice he sought expert epidemiological advice in the case of foreign service workers with cancer who had been exposed to microwave radiation in the U.S Embassy in Moscow.

The trail then led to a major investigation of health risks of Embassy staff by a leading US epidemiologist. The report of this study was said to be negative but actually had some disturbing findings. The trail took a sharp turn when the lawyer provided me copies of documents, obtained under the Freedom of Information Act, which indicated persistent cover-up and deliberate distortions of views of highly regarded scientists with respect to risks from these exposures. A published report on personnel risks from radar exposure in the U.S Navy diluted the experience of increased leukemia in an exposed group with the low rates in a less exposed group, bringing down likelihood of a significant result and concluding that no effect occurred.

The ethical issues concern whether a scientist who inadvertently finds this evidence should disclose it in light of security considerations among other matters. The trail, in this presentation, ends with an application of the legal use of probability in interpreting epidemiological evidence on the central scientific issue, the possible health risks from microwave radiation.

Because I used to be a hiker and earlier was a Forest Service guard and lookout, I use a trail as a simile for scientific processes, based on the experience that one can not usually predict exactly where either a scientific process or a trail in the forest may lead, nor what hazard may have to be faced on the way.

As far as I know, the cases referred to here, or related ones, may still be pending, and in order to avoid the possibility that these comments may be misunderstood as an attempt to influence the hearing process, the lawyer is given a pseudonym, Eric.

## **BACKGROUND.**

Eric said as we left the meeting, "You epidemiologists use evidence differently than we lawyers, but we both use the same probability scales. No wonder we keep disappointing one another." The meeting had been on sharing data and interpretations on the possible health effects of organic compounds in drinking water. Eric had been representing the Federal Council for Environmental Quality, and I was on assignment in 1974 to the U.S National Cancer Institute in the Office of the Associate Director for Field Studies and Statistics.

We discussed it over lunch, and I learned that his disappointment had been based on his involvement in the Silver Bay case in which taconite waste had been flushed into Lake Superior. Before lunch was over, we had reached agreement that there were legal uses of probabilities and uses in the biological sciences which differed quite widely. We agreed that in future efforts to present scientific evidence on environmental regulation, both groups would be well served if these criteria were better known. For this reason we decided that presentation of a comparative table in a suitable publication would be a good idea. Such a scheme was eventually published, and I felt that I had learned an important lesson (Figure 1; Hills 1976).

## **THE TRAIL STARTS.**

Several years passed and I had returned to the California Department of Health and Eric had joined a private law firm. One day he called me and said he needed some help from an epidemiologist, "Could I provide it, he asked ?". "Tell me more, I replied."

The following story came out; He had a client who had worked overseas for the US State Department, and the client's wife had developed breast cancer. He learned, after his rotation back to Washington, that the Moscow embassy building, in which his family and many of the staff members also lived in those years, had been subject to microwave (radar) irradiation by the Russians. His client didn't know much about the radiation, but he did know that of their acquaintances, cancer seemed to be unusually frequent.

I wasn't very hopeful, because of the lack of information as to the nature and intensity of the radiation exposure. I suggested that if his client could provide a reasonably valid estimation of the numbers of persons living in the Embassy apartments and of how many of them had developed cancer over what periods of time, it might be possible to compare the data to what could be expected. If the ratio were high, this would suggest that the residents were at increased risk and perhaps this would motivate the State Department to provide protection and to pay more attention to estimation of the risk.

The client did this, and turned over the data to me and I compared it to the expected numbers based on the U.S National Cancer Institutes. DHEW (1975) Although I had some reservations about the completeness of the data, it seemed that indeed the incidence of cancer was several times greater (6 to 8 times depending on assumptions) than expected. I told Eric I felt that this would, in ordinary circumstances, justify at least a case-referent epidemiological study, and had begun to discuss how much it might cost and who could possibly do it.

## **A TURN IN THE TRAIL.**

The State Department suddenly announced that because of concern over exposures at the Moscow embassy, they were contracting with Professor Abraham M. Lilienfeld, head of the Epidemiology Department at the Johns Hopkins School of Public Health to do a full scale study of the matter and that he was to proceed at once. I advised Eric that Lilienfeld's reputation was very high, he being one of the best epidemiologists in the world, and that it would be reasonable to await the results of his study, so a few more years went by.

In this interval I had in 1978 moved to Israel, and Eric's client, the State Department employee, developed brain cancer and died, but his wife continued to be Eric's client.

Finally, I heard that the Lilienfeld report was out and was essentially negative, (Lilienfeld et al, 1978). I asked Eric to send me a copy, and it arrived in due time. I spent some hours going through all the tables and text. My first impression was that by presenting such a huge volume of data (106 Tables !) it was intended to show that every possibility had been explored. The study, as had been announced, would compare the health data for those working at the Moscow embassy, whether or not State Department employees, with comparable populations working at other Eastern European embassies. This was presumably because in those years it was true that Moscow duty was bleak and isolated and the climate dreadful, while these attributes occurred to some extent in other Eastern European Embassies as well. This comparison assumes that no irradiation was occurring at the other embassies. (see below) However, I excerpted data on cancer incidence and mortality among the Moscow employees and found that, for some categories, it was elevated compared to expectation, as well as compared to data from other Eastern European embassies (*Budapest, Prague, Warsaw, Belgrade, Bucharest, Sofia and Zagreb*). For other cancers, the rates for the other embassies was high as well as that for Moscow employees (though not always by enough to be considered statistically significant, that is with a probability of chance occurrence of less than  $p = .05$ ) I also suggested that Eric get other medical and epidemiological views, but I encouraged him to use the data excerpted from the Lilienfeld report as a basis for claiming that the cancer of his client had been related to working conditions at the Moscow embassy.

## **AN UNEXPECTED TURN OF THE TRAIL.**

When I next heard from Eric, (May 24, 1979) he sent me a packet of material "we developed" from the State Department files under the Freedom of Information Act. I read it with astonishment. It contained information that:

**A.** A study was done and reported Sept, 1967 of a group of 43 workers, (37 exposed and 7 not exposed) tested for abnormalities in chromosomes on stimulated division. 20 out of the 37 were above the normal range among the exposed, compared to among the non-exposed. In a final report, the scientists urged repeat and follow-up which was clinically indicated for 18 persons, but was not undertaken by the end of the contract period, June 30, 1969.

**B.** A study of blood counts among exposed persons in Moscow, compared to comparable persons in Washington reported to the State Department on October 7, 1976, showed the statistical comparison significantly different for Moscow subjects in almost every comparison.

**C.** The ambassador had complained to the Russian authorities of the irradiation in 1967, and apparently knew about the studies mentioned in A., above. Concerning the inquire of a Doctor, Ambassador Thompson wrote do not believe that you should communicate to him any particulars of the results of our investigations to date...."

**D.** The President of the AFSA (American Foreign Service Association, presumably, an employee group) in his report 6 April, 1976, to the Board on Radiation, UHF and Electro-magnetic that exposures were occurring in other Embassies, that not all of the exposures were due to external causes, that the Department of State was possible involved in a cover-up, while it had evidence of health damage.

**E.** That data on exposure and occurrence of some cases of cancer were withheld from Prof. Lilienfeld until the report was complete, and it was too late to include the results.

**F.** The views of Prof. Lilienfeld were altered or deleted at the request of the contract officer, according to comparisons between the original and final versions of the report. Notes taken at the meeting document that these changes were made at the request of the contract officer. Lilienfeld himself was hospitalized at the time of the meeting, but

was said to have agreed to the changes.

**G.** That Lilienfeld had urged that follow-up studies be done, since the latency period for some possible types of cancer had not yet been sufficient at the time of his survey.

**H.** That reviews of the work done by the contract investigators were interpreted by consultants as inconclusive because the State Department had failed to complete the follow-up work recommended by its contractors. (although this reason was not made clear).

To this day, I don't know from which files the data were extracted, who did the selection, for what purpose, and whether additional data would, make the apparent impact of the data less damning as evidence of a cover-up. As an epidemiologist I usually try to find out whether evidence is likely to be biased or whether it is likely to be representative. As to these excerpts, I can never know unless I try to find and examine the original files.

Of course Eric resubmitted the claim July 19, 1979, and added in June 16, 1981, that for another client whose wife had had leukemia following work in the Moscow Embassy.

I took no other action feeling that the claims submitted, including information obtained under the Freedom of Information Act, had priority.

I heard no more from Eric, but from time to time I reexamined the file, especially when a proposed Voice of America broadcast facility was planned for the Arava (the portion of the valley of the Jordan and Dead Sea rift valley) on Israel's Eastern border. (I testified against the project, and it has now been cancelled).

In 1990 with the break-up of the Former Soviet Union, I began to think that the publication of the material should be useful in health evaluation of radar or microwave exposures due to military, broadcast or industrial sources. I wrote Eric's firm in June, 1990 to ask what was the outcome of his cases, ostensible because I had never been paid for my work on them. His widow replied that he had died of cancer February 22, 1990. She knew nothing about his case material.

I still did nothing.

## **THE TRAIL MEANDERS.**

In the Spring of 1994, I was asked to contribute a paper to a meeting on "The Biological Effects of Radio-frequency (RF) Radiation" at Skrunda Latvia, the site of a huge microwave broadcast and receiving station for tracking missiles. The paper was to be on epidemiological evidence to be considered in such an evaluation. I again reviewed the file and concluded that evidence was suggestive for four health effects, (a) chromosomal changes, (b) hematological changes, (c) reproductive effects, and (d) increased cancer incidence from the microwave irradiation in Moscow, and all four of these effects had been found independently in other studies as well. I prepared the paper presenting evidence that these four effects might be found for the exposed groups at Skrunda. There were few physicians and epidemiologists in the audience, so although it was agreed to publish proceedings, I undertook to publish independently, these findings and I so Goldsmith, (1995).

I provided for the Skrunda symposium a manuscript, "Epidemiological Studies of Radio-frequency Radiation: Current Status and Areas of Concern", which is intended to be published in the Proceedings in "Science of the Total Environment".

At a meeting on Ethics and Environmental Epidemiology 16 Sept., 1994, at the Annual meeting of the International Society for Environmental Epidemiology I presented "Balancing the Interests of Patients, Science, and Employers: A case study of RF Exposure".

## **A FORK IN THE TRAIL.**

I was approached by a man whose son served in the military for two years in a naval patrol boat with extensive radar exposure. The year after his discharge, the son developed testicular cancer, for which he received surgical and chemotherapeutical treatment. The father asked me to review the evidence on cancer among military personnel exposed to radar, in order to see if there may be any reason to feel that his exposure during service in the Navy might have been partly responsible for his sons cancer.

### **The following facts were discerned:**

**A.** The major study following-up Naval personnel exposed to radar during the **KOREAN WAR** compared two groups of men, both of which were apparently exposed, the more exposed one was exposed in testing and repair, and the presumably less exposed one was in day-to-day use of radar equipment. A significant increase in leukemia in the most exposed group was diluted with a group with no increase with leukemia and the combined group had a small, but significant increase. (Robinette et al., 1980) The abstract reports "No adverse effects....could be attributed to potential microwave exposure..."

**B.** Dogs used during the Vietnam war had significant increases in testicular cancer.

**C.** A subsequent study of active duty Naval personnel showed that men with exposure to exhaust fumes had increased rates. The young man, whose father sought my advice had such an exposure as well as to radar. Active duty personnel would be unlikely to show testicular cancer increase, if it required many years of latency.

**D.** A study of testicular cancer among persons seen at mostly military hospitals in the Washington, D.C. area, showed an excess among Naval personnel but not among men from other service branches.

**E.** A study of persons exposed to Agent Orange, a defoliant used heavily in Vietnam, showed an excess of testicular cancer among Naval personnel but not among persons exposed to Agent Orange.

**F.** Testicular cancer rates were increased among traffic control officers using radar guns which they usually held in the lap and thereby exposed testicular tissue.

Using Eric's diagram, Figure 1, I had little difficulty reaching the conclusion that if a man had Naval service with heavy exposure to exhaust fumes and radar and then developed testicular cancer, the chances were substantially better than 50% that the exposure was causally related to the disease.

## **SUMMARY.**

The evidence so far indicates that hematological changes, increased spontaneous abortion, mutational changes in the circulating lymphocytes and onset of cancer, including lymphatic and testicular cancers may be occurring among persons with increased military, industrial or occupational exposure to radar or microwaves.

The military importance of such communication-relevant radiation has prevented or delayed a full and objective disclosure of the hazards and therefore adequate protection from them. Compared to the evidence concerning power line exposures and health, that for radar appears to be stronger.

## **THE ETHICAL ISSUES:**

**A.** Given that the legal profession and scientists may use probabilities in different ways

in coming to conclusions, we must be wary of agencies involved in dissemination of pollution hazards using lack of statistical significance as a substitute for lack of effect, especially when public health protection can often be based on whether an effect is more likely than not.

**B.** What are the ethical obligations of a scientist who, without intending to, comes into possession of evidence of cover-up of hazards, distortion of evidence about risk from those affected, and misuse of the reputation of scientific peers ?

## **THE END OF THE TRAIL ?**

There is already groups of studying possible consequences of radar of microwave exposures associated with the use of mobiles phones en their base stations.

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Ethical problems may arise not only from philosophic disagreement, but also from lack of data or misinterpretation of available information. In this issue Dr. Goldsmith draws attention to two causes of such a misinterpretation: deliberate distortion of data and ambiguous terminology. The author posits that an ambiguous terminology may lead to conflicting interpretations of the same evidence over causal relationships (1).

Casual relationships, ie, does cause "A" lead to consequence "B", are central in science, law and decision making in general. This is consistent with human tendency to organise events by schemes of cause-effect relations. Causal links dominate our thinking, and there is a general tendency to view causes as leading inevitably, rather than probabilistically, to their consequences (2).

More often then not however, causes lead probabilistically, rather than inevitably, to their consequences. Cause-effect relations are seldom "either or"; the relationship between causes and their consequences may range over the entire spectrum of certainty. The degree of confidence in the causal relationship that justifies a decision varies according to discipline and circumstances. What may be an adequate proof for causality in a liability law suit, may not suffice for criminal conviction. What may be ample reason for action in order to prevent a disaster, may not fulfil the scientific prerequisites for ruling out the null hypotheses. The same evidence that in a given context should be considered as sufficient for a decision, may still be viewed by scientists as statistically "non-significant", even though both judgements are correct. Only too often, a "non-significant" association between two variables, is erroneously perceived as a proof that they are not related. The consequences are frequent misunderstandings between investigators and decision makers, and even exasperation with conflicting conclusions of two experts from the same data.

To ensure an appropriate communication between investigators and decision makers we need a new vocabulary and a clear demarcation of their responsibility. While judgements are made in a deterministic "either yes or no" manner, inferences from available evidence are probabilistic, and subject to varying degrees of uncertainty. It is the task of the investigator to interpret evidence for causality in terms of probabilities. It is the duty of decision makers to rule whether these probability estimates justify a practical conclusion in the given context.

The need for such a redefinition has been alluded to in the past statistically significant but clinically unimportant, and vice versa (3). Dr. Goldsmith's main contribution is his plea for a more lucid presentation of the degree of certainty of interred causality. Hopefully, this will reduce the bewilderment of decision makers with apparently conflicting expert conclusions, and will also prevent the deliberate misrepresentation and misapplication of scientific evidence.

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I am not qualified to judge Professor Goldsmith's epidemiology ([EJAIB 5 \[1995\], 87-91](#)) and will only remark that he makes a very intriguing suggestion that the concept of "risk" may need legal definitions of probability in addition to epidemiological. I hope this suggestion will be explored in depth by other researchers.

Goldsmith's question as to the ethical obligations of a scientist who unintentionally comes upon evidence of cover-ups, distortion of data, etc., applies to many areas of bioethics. It is part of the large question of "whistle blowing", which I have often run into when teaching nursing ethics and have had to deal with questions raised by nurses who claim to have seen medical negligence and who have to weigh their ethical obligation to complain against the feat of endangering their careers and chances of livelihood.

I have no clear answers but I would like to suggest a number of principles. I am not sure they are all correct but perhaps they can be a basis for future discussion. Some are based on halacha (Jewish Law) about the obligation to rebuke a wrongdoer. Others simply seem reasonable. I hope readers will contribute their comments.

1. Your own professional security has a lot to do with your ability to blow the whistle. A tenured professor can obviously raise more of a fuss than can a beginning nurse, and intern or a lecturer.
2. But the seriousness of the offence, especially the danger to others (as in the case of microwave danger) is a big factor. I would not risk my career to report a professor whom I caught stealing paper clips, but I ought to do so if he or she is endangering people's health.
3. One can be morally stricter with oneself than with others. Although I may decide to risk my own career in certain circumstances I would not necessarily push a student to risk his or her career in the same circumstance. Each person has his or her own degree of moral courage and must make his or her own decisions.
4. I think the less seriously you take material goods, professional prestige, luxuries and

the like the more likely you may be to risk them for an ethical reason. Perhaps this is why the Rabbis in the Mishna said: "Eat bread and salt and sleep on the floor". If you keep your material needs small then you are really rich. Losing a job because you have taken a moral stand will not hurt you any more than it would hurt an independently wealthy person.

5. On the other hand losing your job is not just a matter of loss if livelihood. You also deprive the world of the services you performed. You may cause many people to lose an excellent. Whether you should take this risk may depend, once more, on the seriousness of the offence you feel obligated to report.

6. Much depends on your ability to complain diplomatically. Sometimes you can accomplish more by calling a person aside and politely explaining the seriousness of an offence rather than making a public stink.

7. One must be sure of one's facts. It is a cruel breach of ethics to ruin or even to cast a slur on an innocent person's reputation. Notice that Professor John Goldsmith let several years go by and the security situation had changed before he finally decided to "blow the whistle". Part of his reluctance was due to evidence that his colleagues had had their opinions manipulated, while they were working under a research contract.

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Este es otro artículo más y publicado ya hace tiempo por el **Profesor John Goldsmith**, epidemiologista reconocido mundialmente, esto es una prueba más de que existen realmente estudios sobre el tema que demuestran la peligrosidad de estas frecuencias, si se exceden unas ciertas potencias como por ejemplo los **0.275 Voltios/m**, toda una serie de hormonas no son secretadas mas en el cuerpo, esto hoy día es de conocimiento común, creo que esos presuntos investigadores, científicos o médicos no podrán negar estos hallazgos científicos ya establecidos y demostrados desde ya **1991**, o bien estos nos están engañando o han sido muy malos elementos en la universidad, todo el mundo dice que son inocuas estas frecuencias pero nadie lo quiere poner por escrito, saben de lo que se juegan y dentro de muy poco !

Lo que describe aquí el **Profesor John Goldsmith** es lo que ya había constatado cuando recibí la copia del informe **Lilienfeld**, si un informe semejante viniese de parte como por ejemplo del **Dr. A. Úbeda** u otros se podía comprender todavía, pero lo que más extraña es que tales conclusiones vengan de parte de uno de los más prestigiosos epidemiólogos en la época, todo indica a que se han ocultado o ordenado de ocultar serios hallazgos en el estudio, el propio **Dr. Lilienfeld** lo señala en su informe, esto ya ha sido señalado igualmente en **1998** por la **Dra. Ana G. Johnson Liakouris Ph.D.**, en el informe del **Dr. Lilienfeld** por decir no menciona de haberse efectuado análisis sanguíneos sobre el personal expuesto, de mi punto de vista veo muy mal como un epidemiólogo puede pronunciarse de manera creíble en la ausencia de tales exámenes !

Por otro lado en **Ronda** el día **15 de febrero 2002**, se ha dictado una **Decreto** como **Telefónica de España S.A.U** en un plazo de **15 días** a partir de la notificación del decreto tiene que cesar su actividad, esto es lo que se llama una acción inteligente, el **Sr. Alcalde Don. Juan Benítez Melgar** obro correctamente, pero un poco tardío, ya van declarándose nada menos que **15 patologías cancerígenas**, (tres ya han fallecido, dos profesores y una chica de 20 años) aquí no se detienen todavía los hechos, en un bloque de viviendas cercanas a las antenas de **9 embarazos**, (**5 abortaron**) esto ya se había señalado anteriormente en varios artículos, que las micro-ondas hacen también abortar espontáneamente, como los dos casos señalados en **Cullera** en el **2000**, miren a que potencias esta irradiado ese almacén donde trabajan esas señoras, **4.5 Voltios/m** cercanas a las potencias de **Ronda**, en el caso de **Valladolid**, el **Sr. Alcalde** prefiere desplazar los alumnos del colegio que parar las antenas, algún interés tendrá para optar por tal aberración como si desplazando los alumnos del colegio el problema se solucionaría, la prueba esta ahí, ya van con **17 casos confirmados**, más los que se manifestaran aun !

Aparentemente nadie aparenta dominar este tema, por tanto es simple, exposiciones de campos electromagnéticos más de **0.275 Voltios/m** las células ya son perturbadas y ciertas hormonas no se secretan más en el cuerpo, a **0.087 Voltios/m** se detectan perturbaciones neurológicas en el cerebro, o sea, en lenguaje simple, más de **0.087 Voltios/m** los problemas de salud comienzan, no hay más que referirse a las salvajadas de potencias de: **Valladolid, Ronda, Cullera** etc.... para comprender el por qué sucede lo que sucede !

Dentro de poco se publicara igualmente el contenido del **Informe Coreano de 1980** sobre el estudio de **40.000 soldados** americanos expuestos a las radiaciones de los radares militares en **Corea**, ya se ha publicado el artículo del estudio del **Profesor Stanislaw Szmigielski** de **1996** sobre las constataciones de exposiciones del personal militar polaco durante 10 años de referencia, en curso esta un pleito contra el propio Ejército alemán por **190 fallecimientos** de soldados alemanes que trabajaron durante su servicio militar con radares militares, mantenimiento o comunicaciones, se ha hablado igualmente de los casos de las muertes en un municipio de la ex-USSR en **Quabala (Norte de Azerbaiyán)** todo el mundo pretende hacernos creer de que no existen pruebas científicas sobre si sí o no las hiper-frecuencias son o no inocuas pues se publicaran artículos de publicaciones científicas como si existen numerosos informes científicos y que hoy día es más que seguro que exceden las **20.000 PAGINAS** publicadas sobre este tema !

**Reitero otra vez más, son paginas y no artículos !**

Persistir a hacer creer que este tipo de tecnología es sin peligro alguno es atentar contra la salud de la ciudadanía española, las próximas elecciones muchos van a pensárselo dos veces a la hora de votar, si votan por los que han votado anteriormente, no tienen que preocuparse por si o no llegaran a edades de pensiones, o si o no habrá dinero dentro de la urnas, cada día saldrán más y mas casos a la luz, cada día los niveles de polución electromagnética no harán más que incrementarse y cada día la población no hará más y mas que enfermarse.

Ya existe una larguísima lista de personas que fallecieron u otras que se han enfermado de patologías cancerígenas, ya científicos de la **Universidad de Alcalá de Enares** y del **Centro de Investigación de la Fe de Valencia** proclaman en voz alta que sí que existen realmente indicios y pruebas de que las micro-ondas son letales, esto es ya cosa antigua, ya se sabe de esto desde **1943**, solamente uno tiene que referirse a las potencias que en Moscú el personal americano fue irradiado a distancias y potencias inferiores y muchísimo mas lejanas, comparado con los casos de **Torre Vieja, Valladolid, Ronda, Sabadell** etc....es completamente criminal emitir a **8.683 VOLTIOS/M** y a **43 metros** de un colegio como en el caso de **Valladolid, 5.600 VOLTIOS/M** en el caso de **Ronda** cuando ya se sabe que a distancias de **263.5 metros** y a potencias aun más inferiores **5.520 VOLTIOS/M** el personal de la embajada americana en **Moscú** de **14 muertes 11 fallecieron de cáncer**, en el caso del personal de Moscú solo estaban expuestos o irradiados durante las horas de prestación en la embajada, después tenían 16 horas para que su metabolismo recuperase, en los casos de España, estaban **24/24** irradiados, las cifras hablan por ellas mismas, he encontrado otro móvil que aun ha batido el modelo de **Nokia el 8310**, esta vez es la marca **SIEMENS** el modelo **S 6 Classic, 24.4 VOLTIOS/M, QUÉ BARBARIDAD !** os extraña que los jóvenes contraigan tumores cerebrales con tales salvajadas de potencias ?

Esto es un circo, cada día se hallan más y más chanchullos secretos, por qué los fabricantes no fijan el **SAR** en los móviles de manera permanente que no se pueda borrar el nivel **SAR** ?

Por qué las autoridades sanitarias u otras no exigen que se exponga en cada móvil el nivel **SAR** ?

El **Dr. M. Repacholi** de la **OMS** tenia razón en el 2000, "**SI LOS MÓVILES FUESEN UN MEDICAMENTO, YA HACE TIEMPO QUE HUBIESEN SIDO RETIRADOS DEL MERCADO**", por otro lado este elude todavía el comunicarme él **Nº. ISBN** de la publicación **WHO** de **1981** sobre los efectos **EMNI "ELECTRO-MAGNETIC NON-IONIZING"**, Fax se le ha enviado al propio **Repacholi, (Fax Nº. 00 41 22 791 31 11)** sin que de respuesta a la demanda **?**, podéis

tratar la suerte, Qué tendrá de tan importante ese estudio para negar comunicar él **Nº.** de **ISBN ?**

No parare hasta que consiga copia de esta publicación, aunque tenga que ir a por ella yo personalmente a Alemania !

**Brussels (Belgium) Francisco Gabiola Guerra**

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