ADVERSE EFFECTS OF WIRELESS RADIATION

by

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ABSTRACT

This monograph identifies adverse effects of wireless radiation as reported in the premier biomedical literature. It shows that most of the reported laboratory experiments are not designed to elicit the more severe adverse effects reflective of the real-life operating environment in which wireless radiation is embedded. Many do not include pulsing and modulation of the carrier signal, and most do not account for synergistic effects of other toxic stimuli acting in concert with the wireless radiation. It also presents evidence that the nascent 5G mobile networking technology will affect not only the skin and eyes, as commonly believed, but will have systemic adverse effects as well. The monograph includes a substantial bibliography of papers that present these adverse effects, and shows that what has been reported is the tip of the iceberg of the full spectrum of potential adverse effects from wireless radiation.

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INTRODUCTION

Wireless communications have been expanding globally at an exponential rate. The latest imbedded version of mobile networking technology is called 4G, and the next version (5G) is in the early implementation stage. Neither 4G nor 5G have been tested for safety in any credible real-life scenarios. The present monograph assesses the medical and biological studies that have been performed, and shows why they are deficient relative to safety. However, even in the absence of the real-life missing components (which tend to enhance the adverse effects of the wireless radiation), the literature shows there is much valid reason for concern about potential adverse health effects from both 4G and 5G technology. The studies reported in the literature should be viewed as extremely conservative, underestimating the adverse impacts substantially.

WIRELESS RADIATION/ELECTROMAGNETIC SPECTRUM

This section summarizes the electromagnetic spectrum, and delineates the parts of the spectrum on which this monograph will focus. The electromagnetic spectrum encompasses the entire span of electromagnetic radiation. The spectrum includes: ionizing radiation (gamma rays, x-rays, and the extreme ultraviolet, with wavelengths below ~10^{-7} m and frequencies above ~$3x10^{15}$ Hz); non-ionizing visible radiation (wavelengths from ~$4x10^{-7}$ m to ~$7x10^{-7}$ m and frequencies between ~$4.2x10^{14}$ Hz and ~$7.7x10^{14}$ Hz); non-ionizing non-visible radiation (short wavelength radio waves and microwaves, with wavelengths between ~10^{-3} m and ~10^{5} m and frequencies between ~$3x10^{11}$ to ~$3x10^{3}$ Hz; long wavelengths, ranging between ~10^{5} m and ~10^{8} m and frequencies ranging between $3x10^{3}$ and 3 Hz).

The low frequencies (3 Hz–300 KHz) are used for electrical power line transmission (60 Hz in the U.S.) as well as maritime and submarine navigation and communications. Medium frequencies (300 KHz–900 MHz) are used for AM/FM/TV broadcasts in North America. Lower microwave frequencies (900 MHz–5 GHz) are used for telecommunications such as microwave devices/communications, radio astronomy, mobile/cell phones, and wireless LANs. Higher microwave frequencies (5 GHz– 300GHz) are used for radar and proposed for microwave WiFi. Terahertz frequencies (300 GHz–3000 GHz) are used increasingly for imaging to supplement X-rays in some medical and security scanning applications [Kostoff and Lau, 2017].

In the present study of non-ionizing EMF radiation health effects, the frequency spectrum ranging from 3 Hz to 300 GHz is covered, with particular emphasis on the high frequency communications component ranging from ~1 GHz to ~300 GHz. A previous review found that pulsed electromagnetic fields applied for relatively short periods of time could sometimes be used for therapeutic purposes, whereas chronic exposure to electromagnetic fields in the power frequency range (~60 Hz) and microwave frequency range (~1 GHz-tens GHz) tended to result in detrimental health effects [Kostoff and Lau, 2017]. Because of present concerns about the rapid expansion of new communications systems without adequate safety testing, more emphasis will be placed on the communications frequencies in this document.

MODERN NON-IONIZING EMF RADIATION EXPOSURES

In ancient times, sunlight and its lunar reflections provided the bulk of the visible spectrum for human beings (with fire a distant second and lightning a more distant third). Now, many varieties of artificial light (incandescent, fluorescent, and light emitting diode) have replaced the sun as the main supplier of visible radiation during waking hours. Additionally, EMF radiation from other parts of the non-ionizing spectrum has become ubiquitous in daily life, such as from wireless computing and telecommunications. In the last two or three decades, the explosive growth in the cellular telephone industry has placed many residences in metropolitan areas within less than a mile of a cell tower. Future implementation of the next generation of mobile networking technology, 5G, will increase the cell tower densities by an order of magnitude. Health concerns have been raised about non-ionizing EMF radiation from (1) mobile communication devices, (2) occupational exposure, (3) residential exposure, (4) wireless networks in homes, businesses, and schools, and (5) other non-ionizing EMF radiation sources such as ‘smart meters’ and ‘Internet of Things’.

DEMONSTRATED BIOLOGICAL AND HEALTH EFFECTS FROM PRIOR GENERATIONS OF WIRELESS NETWORKING TECHNOLOGY

There have been two major types of studies performed to ascertain biological and health effects of non-ionizing radiation: laboratory and epidemiology. The laboratory tests provide the best scientific understanding of the effects of wireless radiation, but do not reflect the real-life operating environment

in which wireless radiation is embedded. There are three main reasons the laboratory tests do not reflect real-life exposure conditions for human beings.

First, the laboratory tests have been performed mainly on animals, especially rats and mice. Because of physiological differences, there have been continual concerns about extrapolating small animal results to human beings. Additionally, while inhaled or ingested substances can be scaled from small animals to human beings relatively straight-forwardly, radiation may be more problematical. For non-ionizing radiation, penetration depth is a function of frequency, tissue, and other parameters, and radiation could penetrate much deeper into the animal's interior than similar wavelength radiation in humans. Different organs and tissues would be affected, with different power densities.

Second, the typical incoming EMF signal for many/most laboratory tests performed in the past consisted of the single carrier wave frequency; the lower frequency superimposed signal containing the information was not always included. This omission may be important. As Panagopoulos states: "It is important to note that except for the RF/microwave carrier frequency, Extremely Low Frequencies - ELFs (0–3000Hz) are always present in all telecommunication EMFs in the form of pulsing and modulation. There is significant evidence indicating that the effects of telecommunication EMFs on living organisms are mainly due to the included ELFs…. While ~50% of the studies employing simulated exposures do not find any effects, studies employing real-life exposures from commercially available devices display an almost 100% consistency in showing adverse effects". [Panogopoulos, 2019]. These effects may be exacerbated further with 5G: "with every new generation of telecommunication devices….the amount of information transmitted each moment…..is increased, resulting in higher variability and complexity of the signals with the living cells/ organisms even more unable to adapt [Panogopoulos, 2019]"

Third, these tests typically involved one stressor (toxic stimulus) and were performed under pristine conditions. This contradicts real-life exposures, where humans are exposed to multiple toxic stimuli, in parallel or over time. In perhaps five percent of the cases reported in the literature, a second stressor (mainly biological or chemical toxic stimuli) was added, to ascertain whether additive, synergistic, or antagonistic effects were generated by the combination [Kostoff and

Lau, 2017; Juutilainin et al, 2008; Juutilainin et al, 2006]. Combination experiments are extremely important because, when other toxic stimuli are considered in combination with non-ionizing EMF radiation, the synergies tend to enhance the adverse effects of each stimulus in isolation. In other words, combined exposure to toxic stimuli and non-ionizing EMF radiation translates into much lower levels of tolerance for each toxic stimulus in the combination relative to its exposure levels that produce adverse effects in isolation. So, the exposure limits for non-ionizing EMF radiation when examined in combination with other potentially toxic stimuli would be far lower for safety purposes than those derived from non-ionizing EMF radiation exposures in isolation.

Thus, almost all of the laboratory tests that have been performed are flawed with respect to showing the full adverse impact of the wireless radiation. Either 1) non-inclusion of signal information or 2) using single stressors only 3) tends to underestimate the seriousness of the adverse effects from non-ionizing radiation. Excluding ***both*** of these phenomena from experiments, as was done in the vast majority of cases, tends to amplify this underestimation substantially. Thus, the results reported in the biomedical literature should be viewed as extremely conservative and the very low 'floor' of the seriousness of the adverse effects, not the 'ceiling'.

The epidemiology studies typically involved human beings, who had been subjected to myriad known and unknown stressors prior to (and during) the study. The exposure levels from e.g. the cell tower studies reported in [Kostoff and Lau, 2017] associated with increased cancer incidence tended to be orders of magnitude lower than e.g. those exposure levels generated in the recent highly-funded NTP studies [Melnick, 2019] and other laboratory studies associated with increased cancer incidence. I believe the inclusion of real-world effects in the cell tower studies accounted for the orders of magnitude exposure level decreases that were associated with the increased cancer incidence.

Thus, the laboratory tests were conducted under very controlled conditions not reflective of the real-world, while the epidemiology studies were performed in the presence of many stressors, known and unknown, reflective of the real-world. The exposure levels of the epidemiology studies were, for the most part, uncontrolled.

Many thousands of papers have been published over the past sixty years showing adverse effects from wireless radiation applied in isolation or as part of a combination with other toxic stimuli. Extensive reviews of these wireless radiation biological and health effects have been published, including [Kostoff and Lau, 2017; Panagopoulos, 2019; Belpomme et al, 2018; Desai et al, 2009; Di Ciaula, 2018; Doyon and Johansson, 2017; Havas, 2017; Kaplan et al, 2016; Lerchl et al, 2015; Levitt and Lai, 2010; Miller et al, 2019; Pall, 2016, 2018; Panagopoulos, 2019; Panagopoulos et al, 2019; Russell, 2018; Sage and Burgio, 2018; Van Rongen et al, 2009; Yakymenko et al, 2016; Bioinitiative, 2019]. In aggregate, for the high frequency (radiofrequency-RF) part of the spectrum, these reviews show that RF radiation below the FCC guidelines can result in carcinogenicity (brain tumors/glioma, breast cancer, acoustic neuromas, leukemia, parotid gland tumors), genotoxicity (DNA damage, DNA repair inhibition, chromatin structure), mutagenicity, teratogenicity, neurodegenerative diseases (Alzheimer's Disease, Amyotrophic Lateral Sclerosis), neurobehavioral problems, autism, reproductive problems, pregnancy outcomes, oxidative stress, inflammation, apoptosis, blood-brain barrier disruption, pineal gland/melatonin production, sleep disturbance, headache, irritability, fatigue, concentration difficulties, depression, dizziness, tinnitus, burning and flushed skin, digestive disturbance, tremor, cardiac irregularities, and can adversely impact the neural, circulatory, immune, endocrine, and skeletal systems. From this perspective, RF is a highly pervasive cause of disease!

To obtain another perspective on the full spectrum of adverse effects from wireless radiation, a query was run on Medline to retrieve representative records associated with adverse EMF effects (mainly, but not solely, RF). Over 5400 records were retrieved, and the leading MeSH terms extracted (capitalized below). The results showed MeSH thrust areas including cancer (NEOPLASMS, BRAIN NEOPLASMS, LEUKEMIA, BREAST NEOPLASMS, GLIOMA, LYMPHOMA, SKIN NEOPLASMS, MENINGIOMA, LUNG NEOPLASMS, LIVER NEOPLASMS, NEUROMA ACOUSTIC, MENINGEAL NEOPLASMS, MELANOMA, ADENOCARCINOMA, GLIOBLASTOMA, CARCINOMA SQUAMOUS CELL, NEUROBLASTOMA, TESTICULAR NEOPLASMS, PAROTID NEOPLASMS, BONE NEOPLASMS), neural problems (COGNITION, ALZHEIMER DISEASE, CENTRAL NERVOUS SYSTEM,

AMYOTROPHIC LATERAL SCLEROSIS, DEPRESSIVE DISORDER, COGNITION DISORDERS, NEURODEGENERATIVE DISEASES, DEPRESSION, SEIZURES, MULTIPLE SCLEROSIS, NERVE DEGENERATION), reproduction problems (PREGNANCY, SPERMATOZOA, FERTILITY, SPERMATOGENESIS, TESTIS, TESTOSTERONE, INFERTILITY MALE, SPERM MOTILITY, SPERM COUNT, SEMEN), eye problems (CATARACT, LENS CRYSTALLINE, UVEAL NEOPLASMS), cardiac problems (HEART RATE, ARRHYTHMIAS CARDIAC, CARDIOVASCULAR DISEASES), pineal problems (MELATONIN, PINEAL GLAND), oxidation (OXIDATIVE STRESS, REACTIVE OXYGEN SPECIES, LIPID PEROXIDATION, SUPEROXIDE DISMUTASE, MALONDIALDEHYDE, MITOCHONDRIA), genotoxicity (DNA DAMAGE, DNA REPAIR, MICRONUCLEI CHROMOSOME DEFECTIVE, CHROMOSOME ABERRATIONS, DNA BREAKS, DNA FRAGMENTATION), apoptosis (APOPTOSIS, CELL DEATH), mutations (MUTATION, MUTAGENESIS), immune problems (IMMUNE SYSTEM, BONE MARROW CELLS, SPLEEN), inflammation (INFLAMMATION), permeability problems (BLOOD BRAIN BARRIER), symptoms (HYPERSENSITIVITY, SLEEP, HEADACHE, FATIGUE, DIZZINESS). The categories from both approaches match quite well. The full list of MeSH terms associated with this retrieval is shown in Appendix 1. The interested reader can ascertain what other diseases/symptoms were included. The 5400+ references retrieved are shown in Appendix 2.

The effects range from myriad feelings of discomfort to life-threatening diseases.

WHAT TYPES OF BIOLOGICAL AND HEALTH EFFECTS CAN BE EXPECTED FROM 5G WIRELESS NETWORKING TECHNOLOGY

The potential 5G adverse effects derive from the intrinsic nature of the radiation, and how this radiation interacts with tissue and other target structures. 4G networking technology was associated mainly with carrier frequencies in the range of ~1-2.5 GHz (cell phones, WiFi). The wavelength of 1 GHz radiation is 30 cm, and the penetration depth in human tissue is a few centimeters. 5G networking technology is mainly associated with carrier frequencies at least an order of

magnitude above the 4G frequencies, although, as stated previously, "ELFs (0–3000Hz) are always present in all telecommunication EMFs in the form of pulsing and modulation". Penetration depths for the carrier frequency component of 5G radiation will be on the order of a few millimeters. At these wavelengths, one can expect resonance phenomena with small-scale human structures [Betzalel, 2018], as well as resonances with insects/insect components.

The common 'wisdom' being presented in the literature and on the media is that, if there are adverse impacts resulting from 5G, the main impacts will be focused on near-surface phenomena, such as skin cancer, cataracts, and other skin conditions. However, there is evidence that biological responses to millimeter-wave irradiation can be initiated within the skin, and the subsequent systemic signaling in the skin can result in physiological effects on the nervous system, heart, and immune system [Russel, 2018].

Additionally, consider the following reference [Zalyubovskaya, 1977]. This is one of many translations of articles produced in the Former Soviet Union on wireless radiation (also, see reviews of Soviet research on this topic by McRee [1979, 1980]). On p. 57 of the pdf link, the article by Zalyubovskaya addresses biological effects of millimeter radiowaves. Zalyubovskaya ran experiments using power fluxes of 10,000,000 microwatts/square meter (the FCC guideline limit for the general public today), and frequencies on the order of 60 GHz. Not only was skin impacted adversely, but also heart, liver, kidney, spleen tissue as well, and blood and bone marrow properties. These results reinforce the conclusion of Russel (quoted above) that systemic results may occur from millimeter-wave radiation. And, to re-emphasize, for Zalyubovskaya's experiments, the incoming signal was unmodulated carrier frequency only, and the experiment was single stressor only. Thus, the expected real-world results (when human beings are impacted, the signals are pulsed and modulated, and there is exposure to many toxic stimuli) would be far more serious and would be initiated at lower (perhaps much lower) power fluxes.

The Zalyubovskaya paper was published in 1977. What national security concerns caused it (and the other papers in the linked pdf reference) to be classified in the first place, and then kept classified for 35 years until declassification in 2012? What other papers on this topic with similar findings

were published in the USSR (and the USA) at that time, or even earlier, and how many such papers never saw the light of day in the USSR (and the USA) at that time? It appears that we have known about the potentially damaging effects of millimeter-wave radiation on the skin (and other major systems in the body) for over forty years, yet the discourse today only revolves around the possibility of modest potential effects on the skin and perhaps cataracts from millimeter-wave radiation.

WHAT IS THE CONSENSUS ON ADVERSE EFFECTS FROM WIRELESS RADIATION

Not all studies of wireless radiation have shown adverse effects. There are many possibilities to explain this.

1) There may be 'windows' in parameter space where adverse effects occur, and operation outside these 'windows' would show a) no effects or b) hormetic effects or c) therapeutic effects. For example, if information content of the signal is a strong contributor to adverse health effects [Panagopoulus, 2019], then experiments that involve only the carrier frequencies may be outside the 'window' where adverse health effects occur. Alternatively, in this specific example, the carrier signal and the information signal could be viewed as a combination of potentially toxic stimuli, where the adverse effects of each component are enabled because of the synergistic effects of the combination.

As another example, an adverse health impact on one strain of rodent was shown for a combination of 50 Hz EMF and DMBA, while no adverse health impact was shown on another rodent strain for the same toxic stimuli combination [Fedrowitz et al, 2004]. From a higher-order combination perspective, if genetics are viewed conceptually as potentially equivalent to a toxic stimulus for combination purposes, then a synergistic three-constituent combination of 50 Hz EMF, DMBA, and genetics was required to elicit adverse health impacts in the above experiment. If these results can be extrapolated across species, then human beings could exhibit different responses to the same electromagnetic stimuli based on their genetic predispositions.

2) Research quality could be poor, and adverse effects were overlooked.

3) Or, the research team could have had a preconceived agenda, where finding no adverse effects from wireless radiation was an objective. For example, studies have shown that industry-funded research of wireless radiation adverse health effects is far more likely to show no effects than funding from non-industry sources [Huss et al, 2007; Slesin, 2006; Carpenter, 2019]. Unfortunately, given the strong dependence of the civilian and military economies on wireless radiation, incentives for identifying adverse health effects from wireless radiation are minimal and disincentives are many. These perverse incentives apply not only to the sponsors of research and development, but to the performers as well.

Even the Gold Standard for research credibility - **independent replication of research results** - is questionable in politically, commercially, and militarily sensitive areas like wireless radiation safety. Suppose there are two research groups (funded by the same government agency) who both arrive at the same conclusion that just coincidentally coincides with what the government sponsor wanted. Would this be considered independent? Or, these two research groups received funding from different agencies of the government. Would that be considered independent? Review articles tend to treat either of these cases as independent for statistical purposes, and don't make the distinction as long as the validation doesn't arise from within the performer group.

Given the broad support exhibited today by the government, military, and industry for the rapid implementation of 5G, all these organizations have to present a united front in declaring 5G (and previous generations of mobile networking technology) to be safe. If one government lab, or one highly-funded performer, were to perform a credible real-life simulation of wireless radiation effects and show the potential damage that might result, then the government's and industry's fast-track effort to implement 5G before the full extent of the damage becomes known would be derailed. Hard to imagine how government would allow this to happen.

Even reporting of conflict-of-interest on wireless radiation research papers or evaluation panels leaves much to be desired. Currently, potential conflicts of interest of the research performers are identified by listing of funding sources in the published papers, or other formal documented evidence of conflicts of interest. However, there are many potential conflicts of interest that may not be

as formal, but could be at least as influential as the formal conflicts in determining the outcome of the research or proposal. To ascertain these other less formal conflicts of interest would require vetting:

1) any elements of the researchers'/evaluators' investment portfolio that would profit from operation and expansion of the mobile telecommunications network, including impacts on related industries;

2) any elements of their present business endeavors that would profit from operation and expansion of this network, including impacts on related industries;

3) any elements of present or future pensions that would profit from operation and expansion of this network, including impacts on related industries;

4) any proposals or future employment offers in the pipeline or being considered that would profit from operation and expansion of this network, including impacts on related industries;

5) any other existing or potential conflicts of interest by which they could profit from operation and expansion of the mobile telecommunications network, including impacts on related industries.

CONCLUSIONS

Wireless radiation offers the promise of improved remote sensing, improved communications and data transfer, and improved connectivity. Unfortunately, there is a large body of data from laboratory and epidemiological studies showing that previous generations of wireless networking technology have significant adverse health impacts. Much of this data was obtained under conditions not reflective of the real-world. When real-world considerations are added, such as 1) including the information content of signals along with 2) the carrier frequencies, and 3) including other toxic stimuli in combination with the wireless radiation, the adverse effects are increased substantially. Superimposing 5G radiation on an already imbedded toxic wireless radiation environment will exacerbate the adverse health effects shown to exist. Far more research and testing of potential 5G health effects is required before further rollout can be justified.

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https://www.cia.gov/library/readingroom/docs/CIA-RDP88B01125R000300120005-6.pdf. P. 57.

APPENDIX 1 – ALL EXCEL MeSH HEADINGS FOR ADVERSE EFFECTS DATABASE

MeSH Headings	# Records
HUMANS	4246
ELECTROMAGNETIC FIELDS	4212
MALE	2043
FEMALE	1773
RADIO WAVES	1612
ANIMALS	1529
ADULT	1200
ENVIRONMENTAL EXPOSURE	923
MIDDLE AGED	855
CELL PHONE	775
OCCUPATIONAL EXPOSURE	648
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ORGANIC CHEMICALS	2
ORTHODONTIC APPLIANCES	2
ORTHOPEDIC FIXATION DEVICES	2
ORTHOPEDIC PROCEDURES	2
OSMOLAR CONCENTRATION	2

OSTEOARTHRITIS	2
OSTEOCLASTS	2
OSTEOLYSIS	2
OSTEOPOROSIS POSTMENOPAUSAL	2
OSTEOTOMY	2
OUTCOME AND PROCESS ASSESSMENT HEALTH CARE	2
OVARIAN FOLLICLE	2
OVULATION	2
OWNERSHIP	2
OXIDATIVE PHOSPHORYLATION	2
OXYHEMOGLOBINS	2
PARAMECIUM	2
PARASYMPATHETIC NERVOUS SYSTEM	2
PARITY	2
PARKINSON DISEASE SECONDARY	2
PARTICULATE MATTER	2
PATELLA	2
PATIENT POSITIONING	2
PEER REVIEW RESEARCH	2
PELVIC NEOPLASMS	2
PENTETIC ACID	2
PEPTIDE FRAGMENTS	2
PERCEPTUAL DISORDERS	2
PERICARDIUM	2
PERIODICALS AS TOPIC	2
PERIPHERAL NERVOUS SYSTEM NEOPLASMS	2
PERSONALITY INVENTORY	2
PHAGOCYTES	2
PHENYTOIN	2
PHEOCHROMOCYTOMA	2
PHILOSOPHY MEDICAL	2
PHODOPUS	2
PHOSPHATIDYLINOSITOL 3 KINASES	2
PHOTOCHEMISTRY	2

PHOTOCHEMOTHERAPY	2
PHOTOSENSITIZING AGENTS	2
PHYSICIAN PATIENT RELATIONS	2
PHYSICIANS	2
PHYTOTHERAPY	2
PLACENTA	2
PLANARIANS	2
PLANNING TECHNIQUES	2
PLANT CELLS	2
PLANT DEVELOPMENT	2
PLANT STEMS	2
PLASMA	2
PLATELET COUNT	2
PLATELET RICH PLASMA	2
PNEUMOTHORAX	2
POLYETHYLENE	2
POLYETHYLENES	2
POLYMERASE CHAIN REACTION	2
POLYSTYRENES	2
POLYVINYL CHLORIDE	2
POPULATION	2
PREALBUMIN	2
PRESBYOPIA	2
PRIMARY PREVENTION	2
PRINTING	2
PRIVACY	2
PROANTHOCYANIDINS	2
PRODUCT SURVEILLANCE POSTMARKETING	2
PROGRAM EVALUATION	2
PROLIFERATING CELL NUCLEAR ANTIGEN	2
PROMOTER REGIONS GENETIC	2
PROPOFOL	2
PROSTATITIS	2
PROSTHESIS RELATED INFECTIONS	2
PROTEASOME ENDOPEPTIDASE COMPLEX	2

PROTEIN CONFORMATION	2
PROTEIN ENERGY MALNUTRITION	2
PROTEIN TRANSPORT	2
PROTO ONCOGENE PROTEINS C ETS	2
PSEUDOMONAS AERUGINOSA	2
PSEUDOMONAS INFECTIONS	2
PSYCHOMETRICS	2
PSYCHOTIC DISORDERS	2
PSYCHOTROPIC DRUGS	2
PUBLIC HEALTH ADMINISTRATION	2
PUPA	2
PUTAMEN	2
RADIATION ONCOLOGY	2
RADICULOPATHY	2
RADIOGRAPHIC IMAGE INTERPRETATION COMPUTER ASSISTED	2
RADIOGRAPHY INTERVENTIONAL	2
RADIOGRAPHY THORACIC	2
RADIOISOTOPE TELETHERAPY	2
RADIOLOGY DEPARTMENT HOSPITAL	2
RADIONUCLIDE IMAGING	2
RADIOTHERAPY ADJUVANT	2
RADIOTHERAPY IMAGE GUIDED	2
RADIOTHERAPY PLANNING COMPUTER ASSISTED	2
RADIUS FRACTURES	2
RANA TEMPORARIA	2
RANGE OF MOTION ARTICULAR	2
RAW 264 7 CELLS	2
REAL TIME POLYMERASE CHAIN REACTION	2
RECEPTOR SEROTONIN 5 HT1B	2
RECEPTORS ADRENERGIC BETA	2
RECEPTORS GLYCINE	2
RECEPTORS INTERLEUKIN 2	2
RECEPTORS OPIOID	2

RECEPTORS OPIOID MU	2
RECOGNITION PSYCHOLOGY	2
RECOMBINANT PROTEINS	2
RECONSTRUCTIVE SURGICAL PROCEDURES	2
RECORDS	2
RECTAL NEOPLASMS	2
RECTUM	2
REINFORCEMENT PSYCHOLOGY	2
RENAL INSUFFICIENCY	2
REPRODUCTIVE HEALTH	2
RESPIRATORY MECHANICS	2
RESPIRATORY PARALYSIS	2
RESPIRATORY TRACT DISEASES	2
RETENTION PSYCHOLOGY	2
RETINAL DISEASES	2
RETRACTION OF PUBLICATION AS TOPIC	2
RETREATMENT	2
RIBS	2
RISK REDUCTION BEHAVIOR	2
RODENTIA	2
ROSETTE FORMATION	2
RUPTURE SPONTANEOUS	2
S PHASE	2
SACCADES	2
SACCHAROMYCES CEREVISIAE PROTEINS	2
SALIVARY PROTEINS AND PEPTIDES	2
SAMPLING STUDIES	2
SARCOMA EXPERIMENTAL	2
SATELLITE COMMUNICATIONS	2
SCHIZOPHRENIA	2
SCLEROTHERAPY	2
SCOTLAND	2
SEBUM	2
SEER PROGRAM	2
SELF CARE	2

SEMICONDUCTORS	2
SENSORY RECEPTOR CELLS	2
SERTOLI CELLS	2
SERUM	2
SHOCK	2
SHORT WAVE THERAPY	2
SHOULDER	2
SICK BUILDING SYNDROME	2
SICK ROLE	2
SILICON	2
SLOVENIA	2
SMALL AREA ANALYSIS	2
SMOKE	2
SOCIAL CONTROL FORMAL	2
SOCIAL ISOLATION	2
SOCIAL SUPPORT	2
SODIUM HYDROXIDE	2
SOIL	2
SOLUBILITY	2
SONGBIRDS	2
SORBIC ACID	2
SOYBEANS	2
SPACECRAFT	2
SPATIAL ANALYSIS	2
SPATIAL LEARNING	2
SPECTROMETRY MASS ELECTROSPRAY IONIZATION	2
SPECTROSCOPY NEAR INFRARED	2
SPECTRUM ANALYSIS RAMAN	2
SPERM CAPACITATION	2
SPERM INJECTIONS INTRACYTOPLASMIC	2
SPHEROIDS CELLULAR	2
SPIN LABELS	2
SPINAL CORD INJURIES	2
SPINAL CORD NEOPLASMS	2
SPINAL DISEASES	2
SPINAL FRACTURES	2

SPINAL OSTEOPHYTOSIS	2
STAPES	2
STAPHYLOCOCCUS EPIDERMIDIS	2
STATE MEDICINE	2
STATISTICAL DISTRIBUTIONS	2
STEREOTYPED BEHAVIOR	2
STIFLE	2
STILBENES	2
STOMACH	2
STRIAE DISTENSAE	2
STRUCTURE ACTIVITY RELATIONSHIP	2
SUBARACHNOID SPACE	2
SUBSTANCE RELATED DISORDERS	2
SUBSTANTIA NIGRA	2
SUBURBAN POPULATION	2
SUCCINATE DEHYDROGENASE	2
SULFATES	2
SURGICAL EQUIPMENT	2
SURGICAL WOUND INFECTION	2
SUTURE TECHNIQUES	2
T LYMPHOCYTE SUBSETS	2
T LYMPHOCYTES CYTOTOXIC	2
TAIL	2
TAU PROTEINS	2
TENDINOPATHY	2
TERAHERTZ RADIATION	2
TERATOLOGY	2
TERRITORIALITY	2
TESTICULAR DISEASES	2
TETRACYCLINE	2
THAILAND	2
THALAMUS	2
THAPSIGARGIN	2
THERAPY COMPUTER ASSISTED	2
THETA RHYTHM	2
THORACIC DISEASES	2
THROMBOCYTOPENIA	2

THROMBOXANE B2	2
THYROGLOBULIN	2
TIGHT JUNCTIONS	2
TIME AND MOTION STUDIES	2
TISSUE DONORS	2
TOLL LIKE RECEPTOR 4	2
TOLUENE	2
TOMOGRAPHY EMISSION COMPUTED	2
TOMOGRAPHY OPTICAL COHERENCE	2
TOOTHBRUSHING	2
TORSO	2
TOUCH	2
TOXICITY TESTS SUBCHRONIC	2
TRAMADOL	2
TRANSCRIPTION FACTOR AP 1	2
TRANSFECTION	2
TRANSPLANTATION HOMOLOGOUS	2
TRANSPORTATION OF PATIENTS	2
TRITIUM	2
TROPHOBLASTS	2
TRPV CATION CHANNELS	2
TRYPTOPHAN	2
TWINS	2
TYROSINE 3 MONOOXYGENASE	2
UBIQUINONE	2
UMBILICAL VEINS	2
URETER	2
URETHRA	2
URINARY BLADDER NEOPLASMS	2
URINARY INCONTINENCE STRESS	2
URINARY TRACT	2
URODYNAMICS	2
UROLOGIC DISEASES	2
USER COMPUTER INTERFACE	2
UTERINE NEOPLASMS	2
UTERUS	2

VACCINATION	2
VALSALVA MANEUVER	2
VASCULAR ENDOTHELIAL GROWTH FACTOR A	2
VASCULAR PATENCY	2
VASCULAR RESISTANCE	2
VASCULAR SURGICAL PROCEDURES	2
VASOCONSTRICTION	2
VASODILATOR AGENTS	2
VENOUS THROMBOSIS	2
VENTRICULAR DYSFUNCTION LEFT	2
VESTIBULAR DISEASES	2
VICIA FABA	2
VIDEO RECORDING	2
VIRTUAL REALITY	2
VISUAL ANALOG SCALE	2
VISUAL FIELDS	2
VISUAL PATHWAYS	2
VITAL SIGNS	2
VITAMIN A	2
VOCALIZATION ANIMAL	2
WATER POLLUTANTS CHEMICAL	2
WEAPONS	2
WEIGHT LOSS	2
WEIGHTLESSNESS SIMULATION	2
WOOD	2
WRIST INJURIES	2
XENOGRAFT MODEL ANTITUMOR ASSAYS	2
XENOPUS LAEVIS	2
XEROSTOMIA	2

APPENDIX 2 - REPRESENTATIVE DATABASE OF WIRELESS RADIATION ADVERSE EFFECTS RECORDS

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    - Alzheimer's Disease, and
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