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**Sent via Email From: Eileen O'Connor, Director UK EM Radiation Research Trust**

26<sup>th</sup> March 2025

**For the attention of:**

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Brian Stein CBE Chairman EM Radiation Research Trust

**Members of the Public Wearing Active Implantable Medical Devices (AIMDs) Need to Avoid  
Phone Masts Exclusion Zones**

The EM Radiation Research Trust calls on MPs to review a Freedom of Information Response from  
the UK Health Security Agency that said:

**" Consequently, members of the public who wear AIMDs should be protected if:**

- **the manufacturer of the AIMD used the designated standard to demonstrate compliance with UK Regulations**
- **the manufacturer of the AIMD issued no applicable warnings, and**
- **exclusion zones around mobile phone masts based on the ICNIRP public exposure guidelines are respected by the AIMD wearer."**

Permission to share the FOI response received from the addressee. (Link: [HSA FOI response on pacemakers](#) )

We would like to know how members of the public who rely on life saving active implantable medical devices (AIMD) can avoid exclusion zones to protect themselves from RF/EMF radiation when the UK government, industry, and planning officials are not supplying details of exclusion zones? We are not aware of updated guidelines that provide 'safe' protection for AIMD wearers. We therefore question the entire propagation RF/EMF network zones for AIMDs and especially the beams of maximum intensity. We draw your attention to a visual for an exclusion zone here (Link: [https://www.itu.int/en/ITU-T/Workshops-and-Seminars/20171205/Documents/S3\\_Christer\\_Tornevik.pdf](https://www.itu.int/en/ITU-T/Workshops-and-Seminars/20171205/Documents/S3_Christer_Tornevik.pdf) )

Currently phone masts are placed directly next to, in or upon rooftops of schools, churches, hospitals, public buildings and near residential areas with radiation penetrating directly into buildings 24/7 and therefore placing the public directly within exclusion zones and planning officials are granting permission. We would like to highlight the Richard Vobes interview with Steven Thomas and Karen Churchill who talk about this situation in connection with exclusion zones. (Link: [Can we stop the roll out of 5G? - YouTube](#) )

Councils and Local Planning Authorities usually authorise these masts with no consideration to effects on public health if a phone mast application includes an ICNIRP certificate, the authorities deem this as sufficient to satisfy health concerns/objections. Steven Thomas challenged Cheltenham Borough Council regarding this situation within the courts. Judge Jarman ruled, in relation to the care home, that the existence of a Declaration of Conformity was not sufficient with regard to those with metal implants, and that, *"The failure on the part of the authority to grapple with potential impacts on medical implants was, in my judgment, an error and this ground succeeds."* (Link: [Legal win for a mast objector in Cheltenham](#) )

Cheltenham Borough Council challenged the court's decision and lost their Appeal on 13<sup>th</sup> March 2025. The Judge said: **"the authorities failure to address potential impacts on medical implants was an error, as EMFs could interfere with the function of such implants."** (Link: <https://www.radiationresearch.org/news/medical-implants-5g-steven-thomas-v-cheltenham-borough-council/> )

**We therefore call on the Government and local authorities to follow their duty of care for public health and to consider the impacts of EMFs on medical implantable devices.**

The UKHSA claim that manufacturers of medical implants should comply with UK Medical Device Regulations 2002 with a presumption of conformity however the guidelines for [1998](#) and [2020](#) state that **electromagnetic compatibility for persons with such devices is outside the scope of these guidelines.**

Planning officers are possibly unaware that ICNIRP guidelines do not protect the public with implantable medical devices, e.g.:

- Implantable pacemakers
- Implantable defibrillators
- Implantable nerve stimulators
- Implantable biological pumps and stents
- Implantable infusion pumps
- Implantable stimulators for: bladder, limbs, sphincter, analgesia
- Implantable diaphragm stimulators
- Implantable active monitoring devices
- Retinal implants (e.g. cornea)

**20% of devices are adversely affected by pulsed microwave radiation from mobile telephone equipment according to research:**

<https://image1.slideserve.com/2409947/active-implantable-medical-devices6-l.jpg>

& <https://www.slideserve.com/yoko/implantable-medical-devices>

### **Concern for Children**

The UK HSA's advice for persons with implanted medical devices is to avoid exclusion zones. ICNIRPs testing protocol did not cover such persons within the 1998 or 2020 guidelines, **electromagnetic compatibility for persons with such devices is outside the scope of these guidelines**. Likewise, we are not aware of any testing protocol that includes children who are vulnerable to [penetrating depths](#) of radiofrequency-electromagnetic radiation into the brain.

Another highly relevant fact on risks for children regards effects of age-dependent changes in tissue conductivity. Christ et al. (2010a) investigated the effects of the anatomical differences on specific tissue exposures in humans. These studies concluded.

- Exposure of regions inside the brain of young children (e.g. hippocampus, hypothalamus, etc. can be higher by 1.6 – 3-fold than in Adults.
- Exposure of the bone marrow in the skull of children can exceed that in adults by a factor of about 10, which is due to the high electric conductivity of this tissue at a young age.

See International Agency for Research on Cancer (IARC) Monographs on Non-Ionizing Radiation Volume 102 (Link Page 74 [IARC Publications Website - Non-ionizing Radiation, Part 2: Radiofrequency Electromagnetic Fields](#) )

### **It is not just exclusion zones**

A paper entitled "[Limiting liability with positioning to minimize negative health effects of cellular phone towers](#)" reviewed a "large and growing body of evidence that human exposure to RFR from cellular phone base stations causes negative health effects." **The authors recommend restricting antennas near home and within 500 meters of schools and hospitals to protect companies from future liability.** <https://ehtrust.org/cell-tower-radiation-science/>

**The evidence is clear: Living close to a mobile phone mast has consequences.** Studies conducted in real urban environments, with mobile masts located close to apartments, were selected. The overall results of the review show three types of effects from mobile masts on human health: radiofrequency illness, cancer, and changes in biochemical parameters. Of all studies, 73.6% showed effects. <https://www.radiationresearch.org/news/the-evidence-is-clear-living-close-to-a-mobile-phone-mast-has-consequences/>

**How can the UK Government and UKHSA say the existing ICNIRP standards are safe for anyone and especially for children? If electrical devices can be interfered with, so can the function of the complex electrical nature of the developing brains and bodies of children.**

We call on the UK government and local authorities to seriously consider the risks for public health and especially children and those with AIMDs in schools and residential areas near masts as they may face additional risks due to the increased absorption of RF radiation and risk of malfunction of devices.

### **→ Action**

1. Exclusion zones and the beams of maximum intensity should be publicised by each council /local authority /Diocesan Advisory Committees (for churches) to protect residents, children, and visitors and the public from undue harm within areas associated with masts and radio frequency emitting antennae. Currently anyone with any implantable medical device could enter an exclusion zone at any time and be in danger of malfunction of their device.
2. Acknowledge the potential for harm to AIMD wearers from RF masts installations (outside the scope of the ICNIRP guidelines)
3. Stop the roll-out of 5G and immediately remove all masts and antenna near schools, churches, hospitals, and residential areas.

4. Call for a full review of the planning process.
  
5. Adopt biologically based guidelines with consideration to AIMD wearers, children, the general public, wildlife, and the environment.

### **In Summary**

The UK Health Security Agency is expecting AIMD wearers to respect unspecified/hidden exclusion zones around mobile masts. Until this serious situation is rectified, at the very least, councils, local authorities, the Church of England, and the media need to proactively alert the public to the risks associated with this technology and highlight exclusion zones and beams of maximum intensity relating to mobile phone RF/EMF radiation emitting masts and antennas as a matter of urgency.

Those responsible for authorising RF emitting masts/equipment have a duty of care to protect ALL members of the public and especially children and the most vulnerable including those relying on life saving devices from risks of harm from malfunction of medical devices in connection with interference from RF/EMF emissions. The EM Radiation Research Trust calls for immediate action.

We look forward to receiving your response.

Sincerely and without ill will, vexation, or frivolity,

Eileen O'Connor

Director EM Radiation Research Trust

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