

Dear Contributor,

Thank you for participating in the public consultation of the ICNIRP draft guidelines.

Please note that it is important that ICNIRP understands exactly the points that you are making. To facilitate our task and avoid misunderstandings, please:

- be concise
- be precise
- provide supporting evidence (reference to publication, etc.) if available and helpful.

How to complete the comments table:

Please use 1 row per comment. If required, please add extra rows to the table.

This response document asks you to provide your 'comment', your 'proposed change', and the 'context' to this comment and proposed change. What is meant by these is the following:

Comment : A brief statement describing the issue that you have identified (and that you would like ICNIRP to take into account in the final version of the guidelines).

Proposed Change: A brief statement describing how you would like the document changed to account for this issue.

Context: A brief statement identifying relevant documents in support of your comment and proposed change.

Please, provide your details below as per the online form and the provision of the privacy policy

Last name, first name: MOSGOELLER Wilhelm	Email address:	Affiliation (if relevant): Medical University Vienna, Inst. of Cancer Research,
If you are providing these comments officially on behalf of an organization/company, please name this here: <i>organization/company</i>		
<input checked="" type="checkbox"/> I hereby agree that, for the purpose of transparency, my identity (last and first names, affiliation and organization where relevant) will be displayed on the ICNIRP website after the consultation phase along with my comments. <input type="checkbox"/> I want my comments to be displayed anonymously.		

	Document (Guidelines, App A, App B)	Line Number #	Type of comment (General/ Technical/ Editorial)	Comment. Proposed change. Context.
1	Guidelines	14-15	General	<p>Please specify : “protection of humans ...” from what, and how (what is the method of ICNIRP) ?</p> <p>Extend the sentence:... (thereafter radiofrequency), <u>from generally acknowledged adverse effects by limiting the exposure below scientifically established and generally accepted thresholds. Without scientifically established threshold in a particular field of research (e.g. radiofrequency exposure associated cancer) no exposure limit can be set.</u></p> <p>The proposed insert increases transparency, it informs the reader already at the beginning what to expect and what NOT to expect.</p>
2	Guidelines	24	Editorial	<p>„against <u>known</u> adverse health effects” . raises the question , Known to whom ?</p> <p>Please consider: Against <u>scientifically established and generally accepted</u> adverse health effects</p> <p><u>known</u> is a subjective term, it conveys that ICNIRP is UN-scientific</p>
3	Guidelines	103-15	General	<p>„ICNIRP considers precautionary .measures unnecessary.”</p> <p>This sentence reads like ordered and delivered. It undermines INCNIRPs standing in the public.</p> <p>Omit whole sentence</p> <p>The claimed “sufficiently conservative” derivation of limits may be fine for cases with little uncertainty in knowledge.</p> <p>In other situations (with substantial uncertainties) conservative approaches and margins of 100, and 1000 fold are common practice.</p>
4	Guidelines	351	Editorial	<p>Referring to: “However, there is currently no evidence that such effects are sufficient to impair health” “no <u>evidence</u>” is used in an exceptional context. Others will see evidence, therefore the statement not comprehensible.</p> <p>Omit the sentence. Alternatively define evidence as used here</p> <p>The statement can be easily falsified, by any piece of evidence. A reduced spermfunction is not a health effect, therefore the statement is correct, but sounds “over-smart” and cynical.</p>
5	Appendix B	31-32	General	<p>Why ICNIRP ignores risk management tools other than threshold definition and limit setting? Typical risk management strategies in situations with uncertainties are strategies like “prudent avoidance”, ALARA (As Low As Reasonable Achievable), ALATA (As Low as technically Achievable)</p> <p>Please consider: This research feeds in the determination of thresholds for adverse human health effects and for organisational strategies to lower possible risks.</p> <p>ICNIRPs continuous arguing for „no evidence“, where others see plenty of evidence. This feeds rumours that ICNIRPs protects radiofrequency more than exposed humans. As result “Nocebo effects” occur as unspecific stress reaction in persons, who already lost trust in ICNIRPs judgements.</p>

6	Appendix B	64	Editorial	The sentence is incomplete, please insert at the end “exposure”. Result: ...report an association with radiofrequency EMF <u>exposure</u> . to leave as it is: it is unscientific, and meaningless
7	Appendix B	69	Editorial	If you mention studies, please cite them and give the reader a chance to comprehend the argument. cognitive domains (<u>cite the work you have in mind</u>). Be scientific

Add further rows if needed. For this copy the above row.

8	Appendix B	72-74	Editorial	A very specific publication here is cited in details without citation Please insert reference Please stay with scientific standards ,
9	Appendix B	78	Editorial	Sentence starts with „However, “It is unfair to discuss a scientific report without telling the specific report Please insert a reference after the sentence to make this discussion comprehensible.
10	Appendix B	82-85, 98, 100, 102, 105, 106, ... and many more places	Editorial	Without references any discussion is not scientific reporting but preaching, Please provide the reference as it is standard for science based reports without basic scientific standards the ICNIRP guidelines run down to the level of the business of a religious sect.
11	Appendix B	101	General	... “belief about exposure - Nocebo effect, Please acknowledge that reported effects can be real, but without knowledge on the threshold are not within the scope of ICNIRP. Discussing effects without threshold as „no evidence“ (in various places of the ICNIRP document) may be correct from ICNIRPs point of view only. It is unacceptable for persons expecting protection. Therefore the (ICNIRPs) strategy produces nocebo effects. i.e. stress with unspecific symptoms. It is scientifically naive to insinuate or expect that unspecific stress symptoms (nocebo symptoms) can be substantiated under laboratory conditions.

12	Appendix B	295	General	<p>Referring to : There is currently no evidence that such reported effects, <u>if real</u>, are relevant.</p> <p>Omit: , if real,</p> <p>it adds nothing to the argument, and provides evidence that ICNIRP is un-scientific, it is lead by believes and not by scientific evidence. How do you make the distinction to question this reports “if real” and not question all the others? .</p>
13	Appendix B	321	General	<p>Referring to : do not provide strong evidence</p> <p>???</p> <p>How does ICNIRP distinguish between 1) no evidence, and 2) not provide strong evidence? Please explain</p>
14	Appendix B	329	General	<p>I am surprized ICNIRP even cares about the Cancer Issue, which would require other than ICNIRPs protection strategies.</p> <p>Omit the complete section, it is completely out of scope of ICNIRPs “first threshold - then protection” philosophy.</p> <p>There are generally accepted strategies how to deal with Cancer issues like prudent avoidance, ALARA, ALATA. The ICNIRP philosophy “protection-when threshold is established” just creates stress for those not willing to wait for a threshold be found. Therefore with this section ICNIRP achieves nothing for the protection of exposed persons, other than trigger and enhance nocebo like reactions.</p> <p>In addition it creates stress for the ICNIRP itself, as it triggers and enforces argumentations - that can be considered obsessive - to describe as “not real” what is perceived as real possibility by a growing number of professionals and lay persons.</p>