

1 – 2 – 3, and soon we all will see, what brings us 4 and G!

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Summary

In early 80's the first mobile phone system was brought into use, the NMT system working at 450 MHz. Only managers had access to this heavy but transportable equipment and soon the annual speech time levelled off at about 3000 speech-years per year. But in early 90's the first generation of the GSM system working a 900 MHz was introduced and its more handy phones became popular also among ordinary people. The first signs of electro sensitivity were noticed and some people also got injured and sometimes blind on one eye, the mobile phone blindness.

But it wasn't until 1997 the real break-through for mobile phones became a fact. The use of the 2:nd generation of the GSM system at 1800 MHz became very popular and many people got access to the new dual-band phones which worked well also from inside a car when driving in cities. Transmitter antennas could now be placed anywhere with almost no restrictions so people could, without knowing it, be permanently sleeping in quite high fields from these antennas every night, year after year.

The antennas were activated from about Sept-Oct 1997 in some counties and in beginning of 1998 most of the Swedish counties were covered by this new system. But at the same time people started to get sick at an ever increasing rate. Figure 1 shows the sudden increase that so far has not been satisfactorily explained by the authorities. As a matter of fact, each county had its own break point, the earliest in Oct 1997 and the last ones in February 1998. A natural question was to ask if the activation of the new GSM-system correlated in time with these break-points. However, this information has been classified and was not disclosed by Telia.

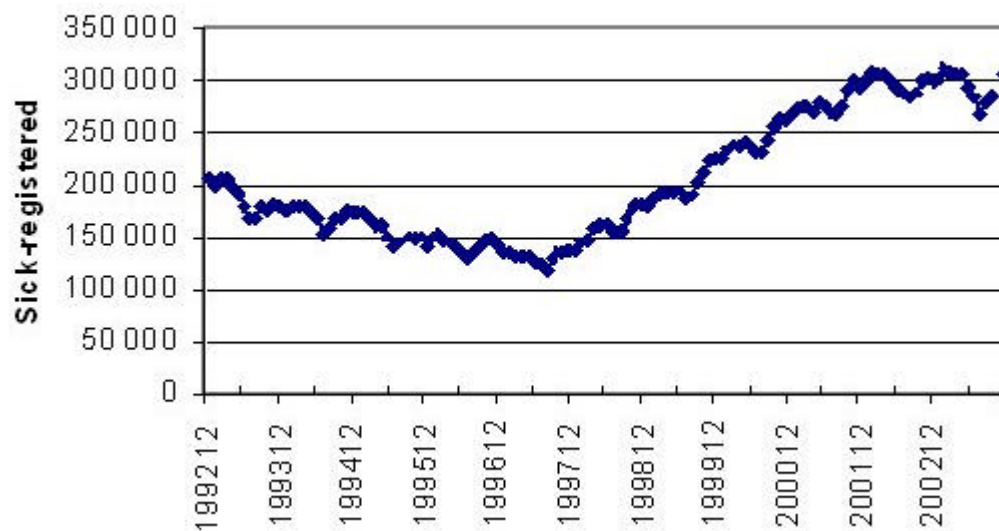


Figure 1. Every summer the number of sick registered in Sweden drops. In 1997 the general trend reversed.

Figure 2 shows a sudden increase in mortality among dementia patients right after 1997.

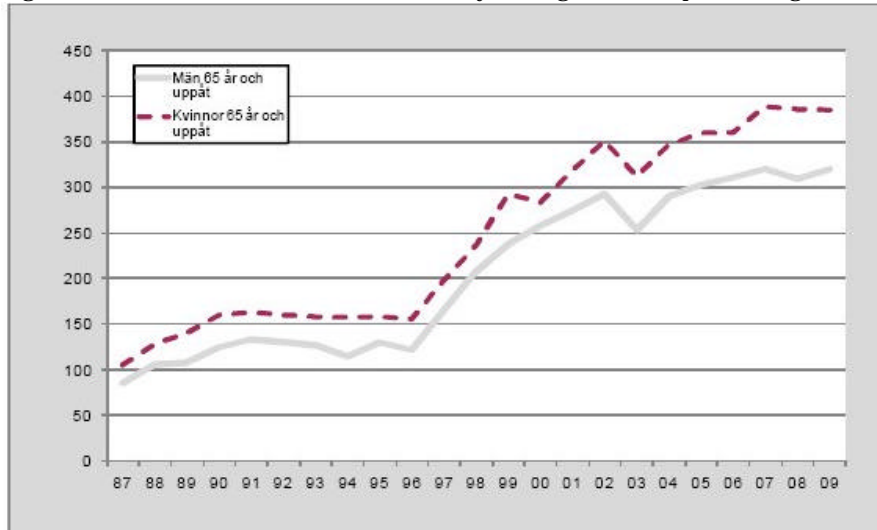


Figure 2. The number of deaths among dementia patients suddenly increased in 1997.

Another brain related disease, CNS cancer caused lots of deaths right after 1997, see Figure 3. None of these trend breaks have been commented by the authorities so far. Many other adverse health indicators started to alarm right after 1997 without any actions so far being taken by responsible authorities, see refs [1-3].

Deaths CNS 80+

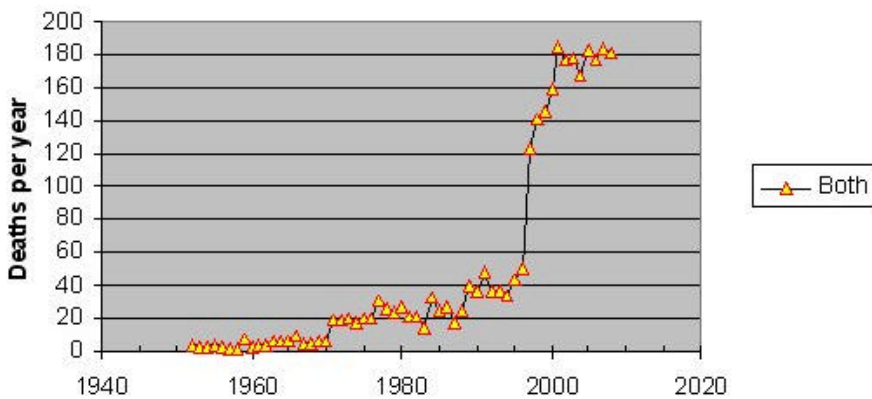


Figure 3. The number of deaths due to central nerve system cancer among elderly suddenly increased in 1997.

The use of mobile phones increased tremendously after 1997, and in 2001 yet another generation of the Global System for Mobile phones, the **3G system** working at 1,9-2,1 GHz, was introduced. So, what happened with public health after that? Figure 4 shows as an example how the melanoma incidence now accelerates again, after earlier having started to level off, just as was expected from model work, Fig 5, [4].

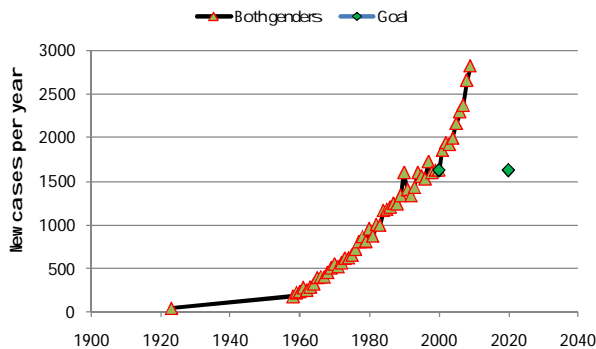


Figure 4. Increasing rates of melanoma after 2000.

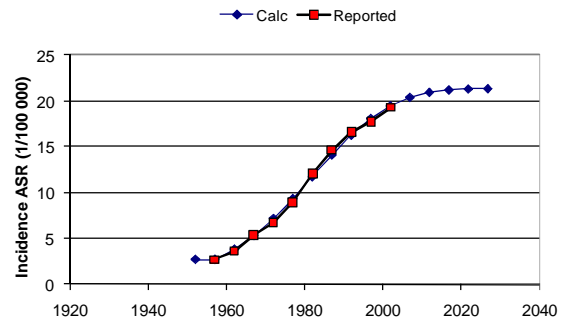


Figure 5. Calculated and reported incidence of melanoma in Sweden, [4].

The 4:th generation of GSM is now about to become fully rolled-out in Sweden. This generation works at 2.6 GHz and is likely to be even more poisonous than the earlier generations. It is interesting to note that the Post and Telecom Administration (PTS) in 2009 requested the Swedish Government to state that 3G or wireless broadband pose no threat to public health, [5]. ***“Post- och telestyrelsen vill att det ska framgå att strålning från 3G och trådlöst bredband inte utgör något miljö- eller hälsoproblem.”***

In conclusion this summary suggests is that we have all reasons to carefully follow public health indicators, and to prepare for possible extremely high health care costs in the future for the society.

References

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