



**Contact address:**

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To Sefton Council

Cc Brian Stein CBE EM Radiation Research Trust Chairman

Date: 29<sup>th</sup> May 2025

Sent via email from  
Eileen O'Connor  
Director, UK EM Radiation Research Trust

Dear Sefton Council,

**Re: Public Health Risks from EMF Radiation and the Need for Enhanced Protection for AIMD Wearers and Vulnerable Groups**

Thank you for your response dated 16th May 2025 to my [letter](#) of 26th March 2025 regarding the public health risks associated with EMF radiation from mobile phone masts, and the need for better protection for individuals with Active Implantable Medical Devices (AIMDs) and vulnerable populations, including children.

While I appreciate that Sefton Council must act in accordance with national guidelines, there are critical aspects of planning law, public health policy, and emerging scientific evidence that remain unaddressed in your reply.

I respectfully ask the Council to review and act upon the following:

**1. Unclear Exclusion Zones for AIMD Wearers Remain a Public Safety Gap**

The UKHSA acknowledges that AIMD wearers must avoid exclusion zones around RF-emitting equipment. However, these zones are not currently identified or disclosed through the planning process, leaving vulnerable individuals unable to assess or avoid potential harm in their communities.

## 2. ICNIRP Compliance Does Not Eliminate Medical Risk

Your letter notes that ICNIRP compliance “may not necessarily preclude interference” with medical implants. This places the onus entirely on manufacturers to communicate residual risks without equipping local authorities or the public with real-world, location-based information.

The recent legal case *Steven Thomas v Cheltenham Borough Council* confirms that planning authorities cannot rely solely on ICNIRP certification where interference with medical implants is a concern.

## 3. Legal Precedent: *Yasmin Skelt v First Secretary of State*

In *Yasmin Skelt v First Secretary of State and Others* (26 September 2003), the High Court ruled that ICNIRP certification must not be used to dismiss public health objections. The ruling found that the planning inspector had acted unlawfully by failing to give adequate weight to health concerns, based solely on PPG8 paragraph 30.

This case was highlighted in a [Westminster Hall debate](#) (28 January 2004), reinforcing that ICNIRP certification cannot override the duty to properly consider public health evidence.

## 4. WHO Confirms Cancer Risk from RF Radiation

The World Health Organization (WHO) and International Agency for Research on Cancer (IARC) have now confirmed that RF radiation causes cancer in animals. This new scientific systematic review requires urgent reassessment of existing safety thresholds.

**Reference:** *Effects of radiofrequency electromagnetic field exposure on cancer in laboratory animal studies – a systematic review*, Environmental Research (2025).

<https://www.sciencedirect.com/science/article/pii/S0160412025002338>

## 5. Planning Law Requires Evidence-Based and Precautionary Decisions

Planning authorities are required to:

- Base decisions on evidence and comply with applicable law;
- Respect statutory obligations under the General Permitted Development Order (GPDO);
- Apply the European Electronic Communications Code (EECC), which mandates reconciliation of public health concerns with spectrum access;
- Recognise that under government policy, all new masts require prior approval concerning siting.

Public objections especially when grounded in current science or localised concerns may provide the only source of up-to-date evidence of avoidable harm, and must be given full consideration.

### 5A. Legal Duties Under the EECC and the Precautionary Principle

Sefton Council, as a competent authority under retained EU law, must comply with the **European Electronic Communications Code (Directive 2018/1972)**. Annex I(3)(b) empowers competent authorities to attach public health conditions to general authorisations such as those issued through the planning system for telecommunications masts **taking utmost account of Recommendation 1999/519/EC**.

This means that **local authorities are not merely implementing national policy**, but are themselves acting as **delegated regulators** for the purposes of granting access to radio spectrum in specific locations. The Council is therefore directly responsible for ensuring that siting decisions account for public health risks, especially in light of new scientific evidence or unresolved exposure concerns.

The EECc affirms at **Recital 110** that:

**“The need to ensure that citizens are not exposed to electromagnetic fields at a level harmful to public health is imperative.”**

This confirms that public health protection is not optional it is a legal imperative that must actively shape local decision-making. This position was reinforced in the Court of Appeal’s decision in **Thomas v Cheltenham Borough Council** (March 2025), which clarified that:

- The EECc remains binding as retained UK law;
- Planning officers must not treat ICNIRP certification as a reason to ignore legitimate, evidence-based public health objections;
- And specific risks to medical device users and other vulnerable groups fall outside ICNIRP’s defined scope and must be assessed on their own merits.

In addition to interference risks with medical implants, local authorities must also take account of under-assessed effects such as **microwave hearing** (also known as the **auditory effect**), which can arise from pulsed RF exposure. This phenomenon is not thermal in origin and has been observed at exposure levels below current ICNIRP limits. It is explicitly referenced in **Annex II, Table 1, Point 8 of Council Recommendation 1999/519/EC**, where a **basic restriction of 2 mJ/kg** is set to prevent auditory disruption in the general population.

However, ICNIRP compliance certificates submitted as part of planning applications do not confirm whether this auditory limit is being met. Nor is the local authority given information about peak pulsed exposures or site-specific energy doses in relation to this standard. As a result, there is currently **no clear process by which local planning authorities can assess whether this limit has been breached or upheld**. In this context, we respectfully ask:

**How does Sefton Council propose to assess compliance with the 2 mJ/kg auditory exposure limit set out in Annex II of Recommendation 1999/519/EC, especially where members of the public may be exposed to pulsed RF emissions near new mast infrastructure?**

These issues underline the broader precautionary obligations confirmed in **Paragraph 19 of the Recommendation**, which requires Member States to **regularly review exposure limits in light of emerging scientific knowledge**.

While this obligation is framed as a duty on “Member States,” it is in practice the **local planning authority** that **executes this responsibility**, as it is the LPA alone that grants the **general authorisation** which enables spectrum access in each locality. The LPA therefore carries the direct and operational responsibility for ensuring that public health protection duties are upheld. Accordingly, we submit that Sefton Council is under a continuing duty to:

- Recognise objections based on localised, medical, or scientific evidence as capable of being material considerations;
- Apply a precautionary approach where risks remain unresolved;
- And ensure that all general authorisations granted through planning fully reflect your public health duties under retained EU and UK law.

## 6. Legal Distinction: Inevitable vs Avoidable Harm

A critical legal and ethical distinction exists between:

- **Inevitable** harm, injury, or nuisance (which individuals can be informed about and potentially avoid); and
- **Avoidable** harm, injury, or nuisance (which authorities have a duty to prevent).

This distinction is reinforced by the **Environmental Protection Act 1990**, which allows councils to prevent or prohibit statutory nuisances. Planning's precautionary function must be exercised in tandem with this regulatory power not after the fact.

## 7. Children's Heightened Vulnerability

Scientific research continues to show that children absorb higher levels of RF radiation, particularly in brain tissues. ICNIRP guidelines do not include child-specific protections, making it vital for local safeguards to be put in place near homes, schools, and nurseries.

## Summary of Requested Actions

We respectfully ask Sefton Council to:

1. **Seek formal guidance** from UKHSA on how exclusion zones are to be defined and made accessible for AIMD wearers.
2. **Acknowledge and assess potential interference risks** with AIMDs during all relevant planning decisions particularly near schools, hospitals, and care homes.
3. **Recognise public objections as material evidence**, especially when rooted in site-specific data or scientific research.
4. **Fulfil legal obligations** under the GPDO and EEC by incorporating public health concerns during the prior approval process.
5. **Proactively prevent avoidable harm**, applying precautionary measures in planning decisions to protect public health and medical safety.

Thank you again for your attention to these matters. We trust the Council will recognise the growing legal, ethical, and scientific imperatives for improving transparency, planning scrutiny, and public health safeguards regarding RF-emitting infrastructure.

Yours sincerely,

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