

Tumour victim says wi-fi is safe

Daniel Foggo

A MAN who admits that mobile phone usage may have caused a tumour in one of his ears is helping to introduce wifi networks emitting the same kind of radiation to hospitals and colleges.

Eight years ago Peter Lyons was left without the use of half of his face after an operation to remove an acoustic neuroma in his phone-using ear.

Now he is network development manager for the Open Learning Partnership, a charity that provides people with access to the internet.

Recent research has linked acoustic neuromas with mobile phone usage. Lyons said that, despite his concerns about being overexposed to electromagnetic radiation, the use of the wireless networks, or wifi, is justified because they are not operated close to the body like mobiles.

The ambiguous position in which Lyons finds himself comes amid concern over the potential long-term impact of wireless radiation on health. Last week the Health Protection Agency, the government watchdog, announced research into the impact of wifi on people's wellbeing. About half of primary schools and most secondaries have wifi networks.

Lyons, 63, began using an Orange mobile phone 10 years ago. Two years later he experienced deafness in his left ear and an examination revealed a tumour. In removing it, surgeons severed a vital nerve, leaving him with a lopsided face.

About four years after his operation Lyons, who had been involved in the information technology industry, began working for the Open Learning Partnership, which has the motto "anywhere, anytime".

He is now involved in putting wifi into hospitals, and his charity is dealing with five NHS trusts ranging from London to Cheshire. Although Lyons dismissed the suggestion that wireless networks are dangerous, he admitted he had some concern about the overall level of electromagnetic radiation to which people were being subjected.

He continues to use a mobile but tries to restrict calls to a minute in length. "Your body can handle a certain amount and it is the duration of the exposure that counts," he said.

Lyons said that until recently he had not considered the possibility that mobile phone usage might have led to his tumour. But, after installing wifi for a client, "I found there has been a lot of research in the past year into electromagnetic frequencies. A Swedish study linked acoustic neuromas to mobile phone usage, although the increase in incidence was very small".

That research found long-term users of mobiles were 2½ times more likely to get the tumours, although Lyons noted that it had still not established a direct link.

He remains concerned that there is not enough independent research: "You've got the mobile phone industry, which has a vested interest in downplaying the safety aspects, and a government

which makes a huge amount of money selling spectrum [of microwave frequencies]. And then you've got a research community which is funded by the government and industry."

However, he believes any risk from wifi is minimal. "People get confused between wifi and mobile phones but one gives out just a fraction of the radiation of the other if you look at how they are used. I have a wifi device in my pocket, but I don't hold it to my head. Holding it away from your body reduces by a quarter the amount of radiation you get."

He added: "Wifi gives out a far less powerful output than any mobile phone mast. The radiation is less than you would get from a microwave oven. So unless we are going to do away with mobile phones there is no logic in doing away with wifi."

Mobile phone firms and manufacturers of wifi networks say there is no proven link between the radiation and ill health.

• HAVE YOUR SAY

Five years ago I recognised an impaired hearing in one ear and an MRI revealed that I had a 2cm acoustic neuroma. An operation to remove the neuroma surgically was proposed but thanks to the web I was able to research the matter and learn of the relatively high risks and particularly of collateral damage to facial etc. nerves. I also learnt about an alternative treatment - Gamma SRS. It's a walk-in and a few hours later, walk-out exercise.

I elected for the Gamma SRS and I'm most thankful that I did. My numerous ensuing MRI's show a quite remarkable and progressive shrinking of the neuroma and with no collateral problems. I feel extremely sorry for Mr. Lyons and wonder if he was duly warned of the risks of the surgery and advised of the Gamma SRS treatment.

D, Lloyd., Toronto , Canada

I do believe there is a possibility cell phones can have a direct link to an acoustic neuroma. I did have an acoustic neuroma and was fortunate enough to find a surgeon here in the United States that performs the surgery by way of the endoscopic approach. I encourage anyone with any brain tumor to contact The Skull Base Institute in Los Angeles. Dr. Shahinian will remove the tumor through a tiny hole in your skull without damaging any nerves

Wanda Plumlee, Haskell, Ok

Unfortunately, there is no linear relationship between the strength of the signal and its biological effects. Their peak values occur within "windows" of signal strength, above and below which there is little or no effect. We cannot therefore assume that because the Wifi signal is weaker than that of a mobile phone that it must be safe. It could in fact be more dangerous. For a brief scientific explanation of why this is and its likely effects on health, please visit: - <http://tinyurl.com/28lo82>

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