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# RADIOFREQUENCY/MICROWAVE RADIATION BIOLOGICAL EFFECTS AND SAFETY STANDARDS: A REVIEW

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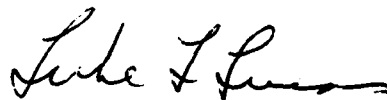
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# Radiofrequency/Microwave Radiation Biological Effects and Safety Standards: A Review

Scott M. Bolen  
June 1988

## Abstract

The study of human exposure to radiofrequency/microwave radiation has been the subject of widespread investigation and analysis. It is known that electromagnetic radiation has a biological effect on human tissue. An attempt has been made by researchers to quantify the effects of radiation on the human body and to set guidelines for safe exposure levels. A review of the pertinent findings is presented along with the American National Standards Institute (ANSI) recommended safety standard (C95.1-1982) and the United States Air Force permissible exposure limit for RF/MW radiation (AFOSH Standard 161-9, 12 February 1987). An overview of research that was conducted in the Soviet Union and Eastern Europe is also included in this report.

## I. INTRODUCTION

In 1956, the Department of Defense (DOD) directed the Armed Forces to investigate the biological effects of exposure to radiofrequency/microwave (RF/MW) radiation. The Army, Navy, and Air Force Departments commissioned a Tri-Service Program under the supervision of the Air Force to meet the DOD directive [14], [15]. The Rome Air Development Center and the Air Research and Development Headquarters were ultimately given responsibility to manage the program. On July 15-16, 1957 the first of four Tri-Service Conferences was held to discuss the effects of RF/MW radiation. These conferences were the first major effort put forth by the scientific community to explore the biological effects of exposure to RF/MW radiation [14]. Since then, researchers have discovered a number of biological dysfunctions that can occur in living organisms. Exposure of the human body to RF/MW radiation has many biological implications. The effects range from innocuous sensations of warmth to serious physiological damage to the eye [1], [2], [5], [6], [8], [15]. There is also evidence that RF/MW radiation can cause cancer [8].

The absorption of RF/MW radiated energy causes biological reactions to occur in the tissue of the human body. In order to determine safe exposure levels and to understand the effect of RF/MW radiation it is necessary to know the absorption characteristics of the human tissue. The National Institute for Occupational Safety and Health (NIOSH) [8] has reported several physical properties that account for energy absorption in biological materials. Factors which govern energy absorption include: (1) strength of the external electromagnetic (EM) field, 2) frequency of the RF/MW source, 3) the degree of hydration of the tissue, and 4) the physical dimensions, geometry, and orientation of the absorbing body with respect to the radiation EM field [8]. There is some disagreement among researchers in determining a specific measure for the dose of RF/MW radiation contracted by

biological materials. The most commonly accepted measure is the Specific Absorption Rate (SAR). The SAR is defined as the rate at which RF/MW radiated energy is imparted to the body - typically in units of watts per kilogram (W/Kg) [4]. The deposition of energy specified in terms of milliwatts per square centimeter (mW/cm<sup>2</sup>) over the irradiated surface is also widely accepted [9].

Based on the known absorption rates and the inherent biological effects of RF/MW radiated energy, researchers have put forth a number of standards regarding safe exposure levels. In some instances standards recommended by different examining authorities are in conflict. For example, the USAF Standard 161-9 (enacted 12 February 1987) allows for a permissible exposure level of 10 mW/cm<sup>2</sup> for persons working in restricted areas and 5 mW/cm<sup>2</sup> for persons working in unrestricted areas [10]. The ANSI guideline specifies a maximum safe exposure level of 5 mW/cm<sup>2</sup> over the whole-body area for anyone in contact with RF/MW radiation [9]. These differences reflect the way in which each examining authority has interpreted the available RF/MW radiation exposure data.

## II. BIOLOGICAL EFFECTS

Exposure to RF/MW radiation is known to have a biological effect on animals and humans. Damage to major organs, disruption of important biological processes, and the potential risk of cancer represent the dangers of RF/MW radiation to living organisms. Pulsed radiation appears to have the greatest impact on biological materials [8].

The response of biological materials to the absorption of thermal energy is the most perceptible effect of exposure to RF/MW radiation [7]. The energy emitted from an RF/MW source is absorbed by the human tissue primarily as heat. In this case, the radiated energy is disposed in the molecules of the tissue. Dipole molecules of water and protein are stimulated and will vibrate as energy is absorbed throughout the irradiated tissue area. Ionic conduction will also occur in the same area where the radiation is incident. It is from these two natural processes that radiant energy is converted into heat [11]. The thermal effect of continuous wave (CW) and pulsed radiation is considered to be the same [13].

Nonthermal responses can be less noticeable and are often more difficult to explain than thermal effects. These responses are related to the disturbances in the tissue not caused by heating. Electromagnetic fields can interact with the bioelectrical functions of the irradiated human tissue [8]. Research conducted in the Soviet Union and Eastern Europe suggests that the human body may be more sensitive to the nonthermal effects of RF/MW radiation [3].

There are many reported biological effects to humans and animals that are exposed to RF/MW radiation. A review of the important findings is given in the following:

### A. *Heating Effect on the Skin*

Most RF/MW radiation penetrates only to the outer surface of the body. This is especially true for RF/MW frequencies greater than 3 GHz where the likely depth of penetration is about 1-10 mm [3]. At frequencies above 10 GHz the absorption of energy will occur mostly at the outer skin surface. Since the thermal receptors of the body are contained primarily in this region, the perception of RF/MW radiation at these frequencies

may be similar to that of infrared (IR) radiation [3], [6].

In 1937, J. Hardy and T. Oppel published an investigative paper on the thermal effects of IR radiation. Their findings were used by Om Gandhi and Abbas Riazi [6] to explain the thermal effect of RF/MW radiation on the human body (the reference for Hardy and Oppel can be found in [6]). Figure 1 shows the results obtained from the 1937 report. As described by Gandhi and Riazi, the findings presented by Hardy and Oppel show that sensations of warmth begin to occur when the whole-body is irradiated at a CW power density of about  $0.67 \text{ mW/cm}^2$ . Hardy and Oppel based their work on exposure to IR radiation. From other published reports, Gandhi and Riazi noted that there is a correlation between the radiating frequency of the incident RF/MW energy and the threshold for perception. For example, on an exposed area of the forehead of  $37 \text{ cm}^2$  a perception of warmth was reported for incident power densities of  $29.9$  and  $12.5 \text{ mW/cm}^2$  from sources radiating at  $3$  and  $10 \text{ GHz}$  respectively [6].

Other observations made by Hardy and Oppel showed that when smaller body areas were irradiated, larger power densities were required to stimulate the thermal receptors in the skin. Gandhi and Riazi were able to confirm this result with reports from recent papers. They found that irradiation of an exposed body area of  $40.6 \text{ cm}^2$  to a power density of about  $21.7 \text{ mW/cm}^2$  yielded the same thermal perception as did the irradiation of a smaller body area of  $9.6 \text{ cm}^2$  to a power density of about  $55.9 \text{ mW/cm}^2$ . Hardy and Oppel reported that thermal sensations occurred within about 3 seconds after irradiation of the body tissue. More recent findings indicate a reaction time of closer to 1 second [6].

Gandhi and Riazi [6] have also reported that the depth of penetration of RF/MW radiation has an impact on the power density threshold needed to stimulate the perception of warmth. As a comparison, IR radiation will not penetrate the outer body surface as deeply as RF/MW radiation emitted at a frequency of  $2.45 \text{ GHz}$ . Clinical observations have shown that irradiation of the ventral surface of the arm by an RF/MW source radiation at  $2.45 \text{ GHz}$  will cause a sensation of warmth when the incident power density is about  $26.7 \text{ mW/cm}^2$ . For incident IR radiation a perception of warmth occurs at a power density of  $1.7 \text{ mW/cm}^2$ . They estimated that at millimeter wavelengths the perception of warmth may occur at a power density level of about  $8.7 \text{ mW/cm}^2$ .

Exposure to higher levels of radiation can cause serious biological effects. Because of the physical dimensions and geometry of the human body, RF/MW radiated energy is nonuniformly deposited over the whole-body surface. Some areas on the skin and outer body surface will absorb higher amounts of the radiated energy. These areas will be marked by "hot spots" of high temperatures [7], [11], [16]. Experiments conducted on laboratory animals have shown, that skin burns typically occur in the areas of hot spots. The penetration of RF/MW radiation also causes skin burns to be relatively deep [11]. In experiments sponsored by the Tri-Service Commission, it was reported that RF/MW radiation burns over the rib cages of dogs caused severe subcutaneous damage that did not visibly appear for weeks after the injury was sustained [20]. Burns can cause increased vascular permeability. This can lead to significant losses of body fluids and electrolytes. Serious burns can suffer fluid losses for a few days. Blood circulation can be altered in the effected area and other biological functions could be indirectly affected [12].

### **B. Whole-Body Hyperthermia**

Thermal energy absorbed by the whole-body can cause a rise in body temperature. When the human body is irradiated by an RF/MW source at an incident power density of 10 mW/cm<sup>2</sup> there will be a rise in body temperature of about 1° C. The total thermal energy absorbed at this power density is about 58 watts. Typically, at rest the human basal metabolic rate is about 80 watts and it is about 290 watts during periods of moderate activity. Exposure of the human body to low power RF/MW radiation does not appear to impose any appreciable thermal hazard. These figures were reported by The U.S. Department of Health, Education and Welfare [3].

Adverse biological effects can occur when the body is subjected to high doses of RF/MW radiation [16]. In this instance large amounts of thermal energy can be absorbed by the body. A dramatic influx of energy can overburden thermoregulatory mechanisms. If excess heat cannot be exhausted the core temperature of the body will rise to a dangerous level resulting in hyperthermia [12], [16]. The biological response to excess heat buildup is the dilation of blood vessels at the surface of the skin and the evaporation of water through sweating. These are the primary mechanisms for heat dissipation. Hyperthermia can cause severe dehydration and the loss of electrolytes such as sodium chloride. Other harmful effects include fever, heat exhaustion, and heat fatigue. Heat stress is the most serious consequence of hyperthermia. Cardiac failure and heat stroke can result from heat stress [12].

It has also been noted that hyperthermia may cause injury to blood-brain barrier (BBB) [19]. This barrier refers to the several biological materials that separate the essential elements of the central nervous system from the blood [18]. High cerebral temperatures exceeding 43°C may damage the BBB. The result can be a disruption of blood vessel continuity or integrity and degradation of the flow of blood and other body fluids in the brain [19].

### *C. Local Hyperthermia*

The nonuniform deposition of RF/MW radiated energy over the whole-body surface causes the body to be heated unevenly. Local areas where temperatures rise above 41.6°C can experience damage to the tissue [16]. In these areas it is possible that harmful toxins could be released as result of the high temperatures. Heating can cause cell membranes and blood capillaries to become more permeable. An increase in capillary permeability can lead to a loss of plasma proteins. The denaturation of proteins can also occur within cells [11], [16]. This can lead to changes in the physical properties and biological functions of proteins [18]. Denaturation of proteins can also cause polypeptide and histamine-like substances to become active [11], [16]. Histamines can stimulate gastric secretion, accelerate the heart rate, and cause the dilation of blood vessels resulting in lower blood pressure [18]. Areas of the body where blood circulation is poor or where thermal regulation is insufficient, are more susceptible to injury [11].

### *D. Carcinogenic Effects*

The carcinogenic effects of exposure to RF/MW radiation are not well known. It is difficult to clinically establish a link to cancer. The problem that researchers have in linking

RF/MW radiation to cancer is that the disease itself is prevalent and can be caused by a variety of environmental factors. In fact cancer is the second leading cause of death in the United States. There are, however, published reports that reveal some insights into the carcinogenic nature of RF/MW radiation. Nonthermal effects may provide important clues to the understanding of carcinogenic reactions in the human body [8],[32].

### *i. Pathological Reports*

In 1962, S. Prausnitz and C. Susskind reported experimental results that showed an increase in cancer among test animals exposed to RF/MW radiation. In the experiment, 100 male Swiss albino mice were irradiated by a 10 GHz RF/MW source at an incident power density of about 100 mW/cm<sup>2</sup>. The mice were exposed for 4.5 minutes/day, 5 days/week for a total of 59 weeks. It was noted that irradiation caused the whole-body temperature of the mice to rise about 3.3°C. Upon examination, it was found that 35% of the mice had developed cancer of the white blood cells. The disease was observed as monocytic or lymphatic leucosis or lymphatic or myeloid leukemia. Only 10% of a similar control group had developed cancer [21].

There have been a few allegations that RF/MW radiation has induced cancer in humans [8], [15]. The NIOSH Technical Report [8] cites charges made in the early 1970's against Philco-Ford and The Boeing Corporation that occupational exposure to RF/MW radiation caused cancer among employees. One incident was reported at each company. At Philco-Ford it was claimed that exposure caused a rare form of brain cancer to manifest in one worker that eventually resulted in death. In each case, there was no scientific proof that RF/MW radiation had induced cancer in the company employees. There was also a report that EM fields induced cancer in an individual that worked at the U.S. Embassy in Moscow. Again, there was no scientific evidence that supported the claim [8].

Recently, the Observer Dispatch, a local newspaper published in Utica, New York, reported that a major study has just been completed in Sweden. The study concluded that children who live near high power lines have a greater risk of developing leukemia than children who live farther away from the power lines. The study involved 500,000 people and provided some evidence to link the electromagnetic fields produced by low frequency power lines to cancer. The researchers, however, cautioned against drawing firm conclusions as a result of the research [33]

### *ii. Effect on Chromosomes*

It has been observed that disturbances in chromosomal activity can cause cancerous aberrations to occur in the human body. In 1974, a paper published by K. Chen, A. Samuel, and R. Hoopingarner (reference found in [8]) reported that chromosomal abnormalities can be linked to chronic myeloid leukemia. Serious genetic mutations can also result from such abnormalities that can lead to malignancies in the tissue [8].

In 1976, A. A. Kapustin, M. I. Rudnev, G. I. Leonskaia, and G.I. Knobecva (reference found in [17]) reported alterations in the chromosomes of bone marrow cells in laboratory animals that were exposed to RW/MW radiation. They exposed inbred albino rats to a 2500 MHz RF/MW source at incident power density levels of 50 and 500 uW/cm<sup>2</sup>. Irradiation lasted for 7 hours/day for 10 days. Upon examination of the animals, they



observed chromosomal anomalies that appeared in forms described as polyploidy, aneuploidy, chromatic deletion, acentric fragments and chromatic gaps [17].

The NIOSH Technical Report [8] summarizes the findings of several researchers. Chromosomal and mitotic anomalies have been observed in a variety of animal and human cells for varying exposures to RF/MW radiation. Pulsed and CW radiation ranging in frequency from 15 to 2950 MHz and power densities from 7 to 200 mW/cm<sup>2</sup> have caused abnormalities to occur in chromosomes. The reported affects include: linear shortening of the chromosomes, irregularities in the chromosomal envelope, abnormal bridges and stickiness, translocations, chromosomal breaks and gaps, chromatid breaks, acentric chromosomes, dicentric chromosomes, deletions, fragmentation, and ring chromosomes [8].

### *iii. Mutagenic Effects*

Reported evidence indicates that biological interaction with EM fields can cause the formation of mutagens in cells. In 1974, three Soviet researchers, Danilenko, Mirutenko, and Kudrenko (reference found in [8]) published results showing a mutagenic effect of RF/MW radiation. Mutagens were observed to form in cells that were irradiated by a pulsed RF/MW source operating at 37 GHz and 1 mW/cm<sup>2</sup> power intensity. They concluded that irradiation of tissue by pulsed RF/MW sources causes cell membranes to become more permeable to destructive chemical mutagens [8].

Results published in 1963 by G. H. Mickey (reference found in [8]) showed hereditary changes to occur in drosphila germ cells that were exposed to pulsed modulated RF/MW radiation for carrier frequencies between 5-40 MHz [8]. Evidence of RF/MW induced teratogenesis in animals has also been reported by researchers. The effect of exposure to CW radiation was observed by Rugh and McManaway in 1976 (reference found in [8]). They found gross congenital abnormalities in rodent fetuses that were irradiated by a 2450 MHz RF/MW source at an incident power intensity of 107.4 mW/g [8].

### *iv. Lymphoblastoid Transformations*

Lymphoblastoid Transformations refer to changes in the physical nature of lymphoblasts. Mature lymphoblast cells (i.e. lymphocytes) participate in the immune system of the body [18]. Lymphoblastoid transformations induced by RF/MW radiation appear to be similar to transformations present in disorders contributing to abnormal growth in lymphoid tissues and in certain types of leukemia. RF/MW radiation induced transformations, however, do not appear to be malignant and are not likely to spread among healthy cells [8].

W. Stodlink-Baranska reported (reference found in [8]) lymphoblastoid transformations to occur when human lymphocyte cells were exposed to a 2950 MHz pulsed RF/MW source at power density levels of 7 and 20 mW/cm<sup>2</sup>. In 1975, P. Czerski also reported (reference found in [8]) observing lymphoblastoid transformations after irradiation of purified human lymphocyte suspensions by an RF/MW source radiating at 2950 MHz for variable power density levels. In addition, Czerski reported acute transformations occurring in adult mice and rabbits that were irradiated by a pulsed RF/MW source radiating at 2950 MHz and at low power density levels of 0.5 and 5 mW/cm<sup>2</sup> respectively [8].

#### *v. Oncogenic Effects*

Oncogenic effects have been linked to imbalances in the regulatory mechanisms of the body. A 1974 report published by E. Klimkova-Deutschova (reference found in [8]) claimed that persons exposed to RF/MW radiation experience biochemical reactions. The report indicated alterations in fasting blood sugar levels, a decrease in the ability to dispose of normal metabolic waste, and depressed serum levels of pyruvate and lactate. These biochemical reactions point to the possibility of regulatory malfunctions occurring in the body. It has been suggested that certain regulatory imbalances may promote the growth of tumors. A change in hormonal levels has been observed to cause oncogenic effects in tissues that require hormonal balances to function properly. The presence of hormones in other tissue areas may effect the development of existing tumors in those areas [8].

#### *E. Cardiovascular Effects*

Most of the cardiovascular effects of RF/MW radiation have been reported by researchers in the Soviet Union and Eastern Europe. Soviet investigators claim that exposure to low levels of RF/MW radiation that are not sufficient to induce hyperthermia can cause aberrations in the cardiovascular system of the body [7].

One experiment performed on rabbits indicates that several types of cardiovascular dysfunctions could be possible. An RF/MW source radiating at 2375 MHz was used to irradiate rabbits for a test period of 60 days under varying field intensities. For field strengths ranging from 3-6 V/M researchers noted a sharp increase in the heart rate of the animals. This effect was observed to subside with time. Exposure to field strengths of 0.5-1.0 V/M caused the heart rate to become slower than normal. No effect was reported for rabbits that were exposed to EM field intensities below 0.2 V/M [17]. Other effects that have been observed by Soviet researchers, are alterations in EKG and low blood pressure [7], [17].

The NIOSH Technical Report [8] references a Soviet study published in 1974 by M. N. Sadcikoiva that suggests some connection between RF/MW radiation exposure and the potential for cardiovascular disturbances in humans. Researchers examined 100 patients suffering from radiation sickness. It was found that 71 of the patients had some type of cardiovascular problem. Most of these patients had been exposed to RF/MW radiation for periods ranging from 5-15 years. A smaller group of patients exposed for shorter time periods also experienced cardiovascular irregularities. The study concluded that there is a probable link between exposure to RF/MW radiation and cardiovascular disease [8].

#### *F. The North Karelian Project*

In response to earlier Soviet reports, the World Health Organization (WHO) decided to conduct a comprehensive study on the biological effects of exposure to RF/MW radiation. In 1976, M. Zaret published the results of the study (reference found in [8]). The WHO investigation focused on the population of North Karelia, a remote area of Finland that borders the Soviet Union. This region was selected because of its close proximity to a then Soviet early warning radar station. North Karelia is geographically located in the path of intercontinental ballistic missiles that would originate from the midwest United States. To

detect these missiles, the Soviets constructed a number of high power tropospheric scattering radar units adjacent to nearby Lake Ladoga. The operation of these units exposes the residents of North Karelia to large doses of ground and scatter radiation. The WHO investigation found evidence linking exposure of RF/MW radiation to cardiovascular disease and cancer. The North Karelian population suffered from an unusually high number of heart attacks and cases of cancer. In addition, it was found that the affliction rate of these diseases was much higher among residents living closest to the radar site [8].

### *G. Hematologic Effects*

There is evidence that RF/MW radiation can effect the blood and blood forming systems of animals and humans. Experiments conducted in the Soviet Union have indicated changes in blood cell levels and alterations in the biological activities of hematologic elements. Other investigators have reported similar effects [7], [8], [17].

The results of an experiment reported in 1979 by V. M. Shtemier showed a decrease in the biological activity of butyryl cholinesterase in rats that were exposed to pulsed RF/MW radiation (reference found in [17]). The experiment subjected 15 rats to a 3000 MHz pulsed RF/MW source with an incident power density of 10 mW/cm<sup>2</sup>. The rats were irradiated for 1 hour/day over several days. After 42 days, there was a loss of biological activity of the butyryl cholinesterase enzyme caused by a decrease in the concentration of the enzyme in the bloodstream of the rats [17]. Cholinesterase is a catalyst in the hydrolysis of acetylcholine into choline and an anion. Choline is a useful enzyme that prevents the deposition of fat in the liver [18].

In another experiment, 20 male rats were exposed to a 2376 MHz pulsed RF/MW source with an incident power density of 24.4 mW/cm<sup>2</sup>. Each rat was exposed for 4 hours/day, 5 days/week for 7 weeks. Blood samples were taken periodically and examined for anomalies. After repeated exposures, it was discovered that the number of lymphocytes and leukocytes (white blood cells) in the bloodstream of the rats was lower than normal. The biological activity of alkaline phosphatase in neutrophil leukocytes was also found to increase when the rats were irradiated [17].

The results of several other experiments are summarized in the NIOSH Technical Report [8]. RF/MW radiation has been observed to cause: an increase in the amount of exudate in bone marrow, the transient disappearance of fat cells from bone marrow, destruction and loss of essential bone marrow cells, underdeveloped marrow, a decrease in the number of red blood cells, and an imbalance in the number of lymphocytes in the bloodstream [8].

### *H. Effect to the Central Nervous System*

There is documented evidence that exposure to RF/MW radiation can cause a disturbance in the central nervous system (CNS) of living organisms [3], [8], [11], [17]. Soviet investigators claim that exposure to low-level radiation can induce serious CNS dysfunctions. Experiments conducted in the Soviet Union and Eastern Europe have exposed live subjects to radiation levels that are near or below the recommended safe levels prescribed by the ANSI Standard and the USAF AFOSH Standard [17].

### *i. Pathological Report*

Soviet investigators claim that the central nervous system (CNS) is highly sensitive to RF/MW radiation [3], [8], [11], [17]. The NIOSH Technical Report [8] summarized the results of a pathological study published by A. A. Letavet and Z. V. Gordon in 1960. The researchers reported that several CNS related disorders were discovered among 525 workers exposed to RF/MW radiation. The symptoms were listed as: hypotension, slower than normal heart rates, an increase in the histamine content of the blood, an increase in the activity of the thyroid gland, disruption of the endocrine-hormonal process, alterations in the sensitivity to smell, headaches, irritability, and increased fatigue. Other researchers have acknowledged similar biological responses [8].

### *ii. Soviet Union Experimental Results*

Several experiments have been performed in the Soviet Union and Eastern Europe that demonstrate a variety of biological effects that can occur in living organisms. observations of laboratory animals subjected to low power EM fields showed alterations in the electrical activity of the cerebral cortex and disruptions in the activity of neurons [17].

L. K. Yereshova and YU. D. Dumanski (reference found in [17]) exposed rabbits and white male rats to a continuous wave 2.50 GHz RF/MW source. The animals were irradiated for 8 hours/day over a period of 3 to 4 months at power density levels of 1, 5, and 10  $\mu\text{W}/\text{cm}^2$ . It was observed that rabbits exposed to the 5 and 10  $\mu\text{W}/\text{cm}^2$  power density levels suffered alterations in the electrical activity of the cerebra cortex and disturbances to the conditioned reflex response. They concluded that exposure to RF/MW radiation caused perturbations in the higher functioning centers of the CNS in the laboratory animals [17].

An experiment conducted by V. R. Faytel'berg-Blank and G. M. Forevalov demonstrated the biological effects of RF/MW radiation on the activity of neurons (reference found in [17]). They subjected chinchilla rabbits to a 460 MHz RF/MW source at incident power densities of 2 and 5  $\text{mW}/\text{cm}^2$ . Only the heads of the rabbits were irradiated and exposures lasted for 10 minutes. Exposure at the 2  $\text{mW}/\text{cm}^2$  power density level caused neuronal activity to increase and evoked an electroencephalogram (EEG) activation reaction. Neuronal activity was observed to decrease at the higher power density level. These results indicated that RF/MW radiation can cause neurophysiological alterations in animals. These biological responses may be dependent on the intensity of the radiation [17].

### *iii. Behavioral Effects*

Exposure to RF/MW radiation has been observed to cause a disruption in the behavior of animals. Experiments conducted on rats and nonhuman primates indicates that conditioned responses can be altered as a result of irradiation. Researchers indicate that behavior may be the most sensitive biological component to RF/MW radiation [1], [7], [9], [29].

D. R. Justesen and N. W. King (reference found in [7]) reported experimental results that demonstrated a degenerative behavioral effect in laboratory animals that were exposed to RF/MW radiation. The results were published in 1970. They exposed rats to a 2450 MHz multimodal resonating cavity system. Exposure was periodic with irradiation times lasting for 5 minutes and recurring every 5 minutes. This cycle as sustained for 60 minutes. The

experiment tested the effect of irradiation at whole-body energy absorption rates of 3.0, 6.2, and 9.2 W/Kg. It was observed that for a SAR of 6.2 W/Kg the behavioral performance of the rats degraded significantly and activity usually terminated at the end of the 60 minute exposure period [7].

In 1977, James Lin, Arthur Guy, and Lynn Caldwell [29] reported experimental results that showed alterations in the behavioral response of rats that were exposed to RF/MW radiation. White female rats were trained to execute a "head raising" movement in return for a food pellet. The total number of such movements was counted during each exposure session in order to quantify the effect of irradiation. The animals were exposed to a 918 MHz RF/MW source at power density levels of 10, 20, and 40 mW/cm<sup>2</sup>. Clinical observations showed that baseline responses remained unchanged for irradiation at the lower power density levels of 10 and 20 mW/cm<sup>2</sup>. At 40 mW/cm<sup>2</sup>, however, behavioral responses decreased rapidly after 5 minutes of continuous exposure. After about 15 minutes of exposure, behavioral activity terminated. It was determined that the peak energy absorption at 40 mW/cm<sup>2</sup> was about 32 W/Kg and the average absorption was 8.4 W/Kg over the whole-body surface [29].

#### *iv. Synergetic Effect of Drugs RF/MW Radiation*

In 1979, J. R. Thomas et al. reported that psychoactive drugs and RF/MW radiation may have a synergetic effect on living organisms (references for Thomas can be found in [1]). Experiments were conducted on laboratory animals. Male albino rats were administered dextroamphetamine and irradiated with a pulsed 2450 MHz RF/MW source at 1 W/cm<sup>2</sup> power intensity for periods of 30 minutes. It was found that the number of clinical responses observed per minute in the rats diminished more rapidly under the stimulus of both agents than in the control condition where just the drug was administered. This indicates that the effects of RF/MW radiation may be enhanced by certain drugs [1].

#### *v. Analeptic Effect in Animals*

Pulsed RF/MW radiation was reported to have an analeptic effect in laboratory animals. Experimental results presented by R. D. McAfee in 1971 showed that anesthetized animals could be awakened by irradiation from a pulsed 10 GHz RF/MW source. The energy incident on the test animals was estimated to have a power density of between 20-40 mW/cm<sup>2</sup>. Experiments conducted on rats showed that these animals were aroused from states of deep sleep by irradiation. It was observed that the blood pressure of a rat decreased simultaneously with the arousal response and that laryngeal spasms would occur when the rat was awakened. McAfee reported that the laryngeal spasms would obstruct the airway causing convulsions, asphyxiation, and eventually death. Other experiments performed on rabbits, cats, and dogs showed that these animals could also be awakened by irradiation. The larger animals, however, did not asphyxiate themselves. The blood pressure of the dogs and cats was observed to rise as they were awakened. In all cases, the arousal response was stimulated only when the head of the animal was irradiated. The body temperature of the test animals was not observed to rise as a result of irradiation. This indicates that the analeptic effect of RF/MW radiation may be nonthermal in nature [20].

## *I. Immunological Effect*

Exposure to RF/MW radiation has been observed to cause physical alterations in the essential cells of the immune system and a degradation of immunologic responses [7], [17]. Experimental results published by Soviet and Eastern European researchers indicate that irradiation can cause injury and trauma to the internal body organs that comprise the immune system. Even exposure to low levels of RF/MW radiation can impair immunologic functions [17].

As discussed earlier, lymphoblasts can undergo physical alterations as a result of irradiation. Lymphoblastoid mutagens are similar in structure to leukemia cells [8]. Lymphoblasts are the precursors to leukocyte cells that participate in the immune system [18].

In 1979, N. P. Zalyubovskaya and R. I. Kiselev (reference found in [17]) reported that exposure to RF/MW radiation caused serious damage to the immune system of laboratory animals. They exposed mice to an RF/MW source radiating at 46.1 GHz with an incident power intensity of 1 mW/cm<sup>2</sup> for 15 minutes/day for 20 days, it was observed that the number of leukocytes in the bloodstream of the mice decreased as a result of irradiation. Effective quantities of enzymatic proteins in serum that combine with antigen-antibody complex and antibacterial agents such as lysozyme were also reduced. Zalyubovskaya and Kiselev reported a decrease in the phagocytic activity of neutrophils and a diminished resistance to infections caused by tetanic toxins. Immunity to typhoid and other tetanic toxins induced by vaccination or by the administration of antitoxins was rendered ineffective. Further examination of the mice revealed injury and trauma to the internal body organs. Irradiation had caused physical alterations in the thymus, spleen, and lymph nodes. The lymphoid organs suffered a total loss of mass [17].

## *J. Effect on the Eye*

Clinical studies indicate that exposure to RF/MW radiation causes physiological damage to the eye that can result in loss of sight. It has been observed that irradiation causes the formation of cataracts in the lens of the eye. Tissue damage appears to be the result of thermal trauma induced by the heating property of RF/MW radiation. Experiments conducted on laboratory animals have demonstrated severe ocular damage as a result of exposure [30], [31].

### *i. Ocular Sensitivity*

Exposure of the eye to RF/MW radiation causes physical duress that can lead to damage of the ocular tissue. The incident power intensity and the duration of radiation exposure are factors that determine the amount of tissue damage. The lens of the eye appears to be most susceptible to RF/MW energy radiated at frequencies between 1-10 GHz. For this frequency range, it has been observed that lens fibers will suffer irreversible damage to a greater extent than other ocular elements [30]. Lens fibers are elongated, thread-like structures that form the substance of the lens [18]. In 1979, Stephen Cleary reported [30] that cataracts are formed in the lens as a result of alterations in the paracrystalline state of lens proteins. Physical, chemical or metabolic stress may be responsible for opacification of

the lens [30].

### *ii. Experiments on Rabbits*

Severe tissue damage has been observed in rabbits that have been exposed to RF/MW radiation. Stephen Cleary [30] reports that intense radiation exposure can cause "immediate tearing, injection, pupillary constriction, and anterior turbidity" in the rabbit eye. Lens opacities can occur when the eye is irradiated by a 2450 MHz RF/MW source at incident power density levels of 100-300 mW/cm<sup>2</sup>. At this exposure level, cataracts have been observed to form 24-48 hours after irradiation [30]. In 1976, Kramer, Harris, Emery, and Guy (reference found in [30]) reported observing the formation of cataracts in rabbit eyes that were exposed to 2450 MHz RF/MW radiation at an incident power density level of 180 mW/cm<sup>2</sup> for an exposure time of 140 minutes [30].

Acute ocular damage and the formation of cataracts appears to be the result of local hyperthermia of the eye. It has been observed, however, that trauma induced by heating of the ocular tissue may be unique to the exposure effects of RF/MW radiation [30]. In 1975, Kramer, Harris, Emery, and Guy (reference found in [30]) reported subjecting rabbits to hyperthermia not induced by exposure to RF/MW radiation. Heating caused the intra-ocular temperature of the eye to rise above normal. The retrolental temperature was reported to be about 42°C during the test period. Hyperthermia was sustained for approximately 30 minutes. Despite heating conditions that were similar to exposure from RF/MW radiation, lens opacities did not occur in the rabbit eyes [30]. Similar results have been reported by other researchers [30]. These results indicate that hyperthermia alone may not be sufficient to cause the formation of cataracts. Direct exposure to RF/MW radiation may be necessary to induce opacities in the lens [30].

### *iii. Cataracts in Humans*

Exposure to RF/MW radiation is known to cause cataracts in the human eye. Several cases have been documented that report RF/MW induced cataracts in humans. Typically, lens opacities have resulted from exposure levels that are greater than specified by the various safety standards. However, minimum exposure levels sufficient to cause ocular damage are not certain [30].

In 1970, Zaret, Kaplan and Kay (reference found in [30]) reported a large number of cataracts induced in humans as result of occupational exposure. This report cited 42 cases of chronic exposure to RF/MW radiation. They reported that workers suffered damage to the posterior lens capsule. In one case, exposure periods lasted about 50 hours/week for 4 years. During most of the 4 year period the incident average power density level was approximately 10 mW/cm<sup>2</sup>. For one 6 month period, however, power density levels may have reached 1 W/cm<sup>2</sup> [30].

In 1966, S. Cleary and B. Pasternack (reference found in [30]) published the results of an epidemiological study of military and industrial microwave workers. It was reported that minor alterations had occurred in the ocular lenses of the workers as a possible result of chronic RF/MW radiation exposure. Defects were found in the posterior pole of the lens. Cleary and Pasternack noted that the number of minor ocular defects was related to the specific occupational duties of the workers. The greatest number of defects was found

among persons working in research and development jobs. The results of the study were based on a comparison of the microwave workers with a similar control group. The researchers concluded that exposure to RF/MW radiation had caused the lens of the eye to age faster than normal [30].

Similar cases of RF/MW radiation induced ocular damage have been reported by other researchers. In one case, a 22 year old microwave technician was exposed 5 times over a 1 month period to a 3 GHz radiation source. The incident power density level was about 300 mW/cm<sup>2</sup> and irradiation lasted approximately 3 minutes during each exposure time. It was reported that the technician had developed bilateral cataracts as a result of irradiation [30]. In another case, M. Zaret (reference found in [30]) reported that a 50 year old woman had developed cataracts after intermittent exposure to a 2.45 GHz microwave oven. The incident power density levels were about 1 mW/cm<sup>2</sup> during operation of the oven and as high as 90 mW/cm<sup>2</sup> when the oven door was opened [30].

### *K. Auditory Effect*

Individuals exposed to pulsed RF/MW radiation have reported hearing a chirping, clicking or buzzing sound emanating from inside or behind the head. The auditory response has been observed only for pulsed modulated radiation emitted as a square-wave pulse train. The pulse width and pulse repetition rate are factors that appear to determine the type of sound perceived [1], [31].

James Lin [31] reports that the sensation of hearing in humans occurs when the head is irradiated at an average incident power density level of about 0.1 mW/cm<sup>2</sup> and a peak intensity near 300 mW/cm<sup>2</sup>. Auditory responses have been observed for a frequency range of 200-3000 MHz and for pulse widths from 1-100 us [32].

## III. RF/MW ENERGY DEPOSITION

The absorption of RF/MW radiated energy causes biological reactions to occur in living organisms. In order to understand the potential effects of RF/MW radiation, it is important to quantify the absorption characteristics of biological materials. Researchers have identified several principal factors that govern the absorption of RF/MW energy by the human body. Experimental results have indicated that clothing thickness, physical dimensions, degree of hydration, and the resonance frequency of the human body are important parameters that determine the amount of energy absorbed by the body [1], [8], [9], [16], [22].

### *A. Specific Absorption Rate (SAR)*

The specific absorption rate (SAR) is a measure of the dose of RF/MW energy absorbed by biological materials. It is intended to give a quantitative understanding to the absorption of energy. The SAR is defined as the amount of energy that is imparted to the body as a function of body mass [4]. SAR's are usually expressed in terms of watts of incident power per kilograms of irradiated body mass (W/Kg) [4], [9].



## ***B. Depth of Energy Penetration***

It is known that RF/MW radiated energy will be absorbed by the tissue of the human body. The depth of energy penetration into the tissue depends primarily on the wavelength of the incident radiation and the water content of the tissue [3], [6].

Energy emitted in the millimeter-wave band is not likely to penetrate to more than about 1 or 2 mm into the tissue [6]. Essentially, RF/MW energy radiated at wavelengths less than 3 centimeters will be captured in the outer skin surface. RF/MW wavelengths from 3 to 10 centimeters will penetrate to a depth of about 1 to 10 mm. The greatest depth of penetration into the body will occur at wavelengths between 25 to 200 centimeters. At these wavelengths RF/MW radiated energy can directly effect internal body organs and cause serious injury. The human body is reported to be "transparent" to RF/MW radiated energy emitted at wavelengths greater than 200 centimeters. Also, at frequencies above 300 MHz it has been observed that the depth of energy penetration fluctuates rapidly with changes in frequency. In general, the depth of energy penetration into the body will decline as the frequency of the incident radiation increases. At 10 GHz, the absorption of RF/MW energy will be similar to IR radiation [3]. These figures were published by the U. S. Department of Health, Education and Welfare [3].

The water content of the human tissue will also influence the depth of energy penetration into the body. Millimeter-wave radiation is reported by Ghandi and Riazi [6] to penetrate less than 2 mm into the body because of the "Debye relaxation of the water molecules" in the tissue [6]. The Debye Effect was observed by a Dutch physicist named Peter Debye [23]. He discovered that EM waves are absorbed by a dielectric because of molecular dipoles present in the dielectric material [24]. Water molecules are essentially dipoles constructed from atoms of hydrogen and oxygen. Biological materials such as skin are dielectrics that consist mostly of water. Hence, these dielectrics are rich in molecular dipoles and are able to quickly absorb millimeter-wave radiation. High frequency radiation emissions are not expected to penetrate deeply into the human body [6].

## ***C. Effect of Geometry***

The orientation of the human body with respect to the incident EM field will determine the amount of RF/MW energy that is absorbed by the tissue. Experimental results published by Om Gandhi in 1980 indicate that the condition for maximum absorption occurs when the electric field is parallel to the major axis of the body and the direction of the field propagation is from arm to arm. Figure 2 shows the amount of energy absorbed versus the radiating frequency for various EM field orientations [22].

## ***D. Effect of the Resonance Frequency***

Researchers have reported that the human body will absorb the greatest amount of RF/MW energy from sources radiating at the whole-body resonance frequency [1], [9], [22], [25], [27]. The ANSI Standard [9] reports that the human body will absorb 7 times more energy from radiation emitted at the resonance frequency than at a frequency of 2450 MHz [9]. Experiments conducted on fabricated human models have been used to determine the resonance frequency of the human body [22]. Partial-body resonances have also been

observed by researchers. Computer simulation techniques have been used to estimate the resonance frequency of the human head [26].

The free space whole-body resonance frequency is reported to be between 61.8-77 MHz for a Standard Model of Man [9], [22], [25]. The standard model depicts an average man standing 175 cm tall [9]. Experimental results tend to differ somewhat from numerical calculations. The ANSI Standard [9] reports the whole-body resonance frequency to be 70 MHz [9]. Similarly, experimental results presented by Hagman, Gandhi, and Durney [25] indicate the resonance frequency to be between 68-71 MHz. However, calculations put forth by the same researchers place the whole-body resonance at 77 MHz [25]. In 1980, Om Gandhi reported that the maximum absorption of energy will occur at frequencies where the free space wavelength ( $\lambda$ ) of the incident radiation is about 2.50-2.77 times greater than the major length (L) of the body (i.e.  $\lambda > 23.50L - 2.77L$ ). This formula puts the value of the resonant frequency between 61.8-68.5 MHz for a standard model of man. When the human body is in contact with the electrical ground, the whole-body resonance frequency is reduced to about 47 MHz [22]. Figure 3 shows the SAR versus the incident EM field frequency for conditions of free space and grounding [22].

Numerical calculations have been presented by Hagman, Gandhi, D'Andrea, and Chatterjee [26] that indicate the free space resonance frequency of the human head to be about 375 MHz [26]. In a separate report, Gandhi determined that the head resonance will occur when the free space wavelength of the incident radiation is about 4 times the diameter of the head [22]. The condition for maximum energy absorption occurs when the direction of the EM field propagation is parallel to the long axis of the body. This orientation differs from the condition determined for RF/MW energy absorption by the whole-body. Figures 4 and 5 show the absorption of energy versus frequency for different EM field orientations [26].

#### *E. Effect of Clothing*

Clothing can act as an impedance matching transformer for RF/MW radiation. In 1986, Gandhi and Riazi [6] reported that the coupling efficiency of clothing may be as high as 90-95 percent for incident radiation in the millimeter-wave band. They determined that the thickness of the clothing and frequency of the incident radiation are important factors in the coupling condition. Figure 6 shows the relationship between clothing thickness and coupling efficiency as a function of frequency. The authors note that wet or damp clothing may actually reduce the amount of energy absorbed by the body because of the Debye relaxation of the water molecules [6].

### IV. RF/MW RADIATION EXPOSURE STANDARDS

Exposure of living organisms to RF/MW radiation can have a potentially dangerous biological effect. To ensure the public safety and to safeguard the workplace against unnecessary RF/MW radiation exposure, protective guidelines have been adopted by the United States and several other nations. The maximum safe exposure levels recognized by individual examining authorities tends to vary as a result of differing interpretations of the

available RF/MW exposure data. There is a large distinction between permissible exposure levels observed in the United States and the Soviet Union. East Block countries have set more stringent standards than nations in the West [3], [8], [11], [22].

#### *A. ANSI Standard C95.1-1982*

In response to the need for a national RF/MW radiation protection guide, the American Standards Association commissioned the Department of the Navy and The Institute of Electrical and Electronics Engineers to cooperate in formulating an acceptable standard for safe radiation exposure levels. In 1960, the Radiation Hazards Standards Project was established to coordinate the efforts of researchers. Since then, work has progressed and in 1982 a modern RF/MW radiation protection guide was established. The American National Standards Institute (ANSI) designated this guide as C95.1-1982 [9]. Presently, a new ANSI guide is due for publication in May 1993. The new guide is entitled "ANSI/IEEE C95.1-1992". This guide will supersede C95.1-1982 when it is published.

##### *i. Recommendations*

The ANSI C95.1-1982 Standard specifies the maximum recommended RF/MW radiation exposure levels over a frequency range of 300 KHz to 100 GHz. Typically, the standard calls for an exposure of no more than 5 mW/cm<sup>2</sup> for frequencies between 1500 MHz to 100,000 MHz. The reader should consult with the actual ANSI publication for the detailed recommendations. In addition, the standard limits the whole-body SAR to 0.4 W/Kg and indicates that the spatial peak SAR should not exceed 8.0 W/Kg over any one gram of tissue. For both CW and pulsed EM fields the exposure time should not exceed 6 minutes at the recommended levels. These maximum safe levels are not intended to apply to the medical treatment of patients where irradiation is sometimes useful in combating diseases like cancer. The standard does pertain to the general public and to persons that work in electromagnetic environments. There are two exceptions to the recommendation: 1) at frequencies between 100 KHz and 1 GHz the maximum exposure levels may be exceeded as long as the stated SAR values are not violated and 2) at frequencies between 300 KHz and 1 GHz the exposure levels may be exceeded if the output power of the radiating device is less than 7 W [9].

##### *ii. Philosophy*

An explanation of the recommended maximum exposure levels is given as part of the protection guide. The ANSI Standard is intended to afford the best possible protection of human life against RF/MW radiation exposure. The biological effect on the human body for all RF/MW frequencies and modulation schemes is not known, therefore, investigators sought to interpret the available data in a way that would allow for the construction of the best possible RF/MW radiation protection guide. Investigators emphasized studies that reported harmful or potentially serious biological effects. Unlike past standards, researchers agreed that the modern protection guide would also account for the nonthermal effects of RF/MW radiation [9].

The safe exposure levels expressed by the ANSI guideline were determined for far field exposures. The plane wave model used to specify the maximum exposure levels may not be accurate to describe conditions in the near field. However, the power density levels expressed in the protection guide are not considered great enough to induce EM fields with sufficient energy intensities capable of exceeding the recommend SAR's [9].

In selecting a measure for the dose of RF/MW radiation, it was recognized that the SAR does not encompass all of the important factors necessary to determine safe exposure levels. The modulation frequency and peak power of the incident EM field should also be considered. Some of the investigators warned that extra care should be taken by persons that are subjected to pulsed EM fields or by fields that are modulated near the whole-body resonance frequency [9]

In assessing the biological effects, it was found that behavior was the most sensitive biological component to RF/MW irradiation. It was observed that behavioral effects were reversible for exposure to carrier frequencies between 600 MHz and 2450 MHz when whole-body SAR's were limited to between 4 and 8 W/Kg. For these SAR's, power densities were calculated or measured to range from 10 mW/cm<sup>2</sup> to 50 mW/cm<sup>2</sup>. Behavioral effects were considered to be among the most serious consequences of exposure to RF/MW radiation [9].

It was established that in order to ensure an acceptable margin of safety the whole-body average SAR should not exceed 0.4 W/Kg. Most of the researchers concluded that this was a necessary and reasonable standard. The exceptions cited in the recommendations were justified on the basis of the total rate of energy absorption by the human body. The Standard reports that small radio transceivers are able to emit EM fields that exceed the prescribed power density levels. Such devices, however, are not expected to compromise the prescribed maximum SAR levels. In general, compliance with the ANSI RF/MW protection guide is the best safeguard against harmful biological effects [9].

#### ***B. USAF PEL (AFOSH Standard 161-9, 12 February 1987)***

Since the early investigations of the Tri-Service Commission, the United States Air Force has recognized the need to establish an RF/MW protection standard. The USAF permissible exposure level (PEL) is specified in AFOSH Standard 161-9 enacted 12 February 1987. This standard stipulates maximum safe RF/MW radiation exposure levels over a frequency range of 10 KHz to 300 GHz. The PELs are shown in Figures 7 and 8 [10].

In general, the USAF protection guideline agrees with the ANSI Standard except that a distinction is made between exposure to persons in restricted and unrestricted areas. No explanation for this policy is given in the USAF Standard. The PEL for restricted areas shows only a slight alteration from the ANSI recommendation. For a frequency range of 1500-300,000 MHz the USAF PEL is given as 10 mW/cm<sup>2</sup>. The PEL put forth by the USAF is intended to protect personnel from harm by limiting the whole-body SAR to 0.4 W/Kg. Exposure periods at the maximum safe levels should be limited to 6 minutes. It is also recommended that exposure in the near zone to RF/MW sources radiating at less than 30 MHz may require a separate evaluation to determine safe exposure levels of irradiation [10].

#### ***C. Canada Western Europe***

Concern over safe RF/MW radiation exposure levels has sparked controversy and sharp debate in many countries around the world. The ANSI Standard is currently recognized by most countries of the Free World including Canada, the United Kingdom, Sweden, France, and West Germany [8], [22].

#### *D. Soviet Union & Eastern European Standards*

The RF/MW radiation exposure standards prescribed in the Soviet Union and Eastern Europe are more conservative than standards adopted by countries in the West [3], [8], [11]. In the Soviet Union, permissible exposure levels for whole-body irradiation are specified for various time intervals. RF/MW radiation exposures may not exceed  $0.01 \text{ mW/cm}^2$  for 3 hours/day,  $0.1 \text{ mW/cm}^2$  for 2 hours/day, and  $1.0 \text{ mW/cm}^2$  for 15-20 minutes provided that safety goggles be worn [3]. Czechoslovakia has recommended a maximum exposure level of  $0.025 \text{ mW/cm}^2$  for an average working day [8].

Investigators in the Soviet Union and Eastern Europe have placed a great emphasis on the nonthermal effects of biological exposure to RF/MW radiation. They contend that electromagnetic interactions with the bioelectrical and biochemical functions of the body constitute a more serious health risk than effects from thermal heating. Nonthermal disruptions have been observed to occur at power density levels that are much lower than are necessary to induce thermal effects. Soviet researchers have attributed alterations in the central nervous system and the cardiovascular system to the nonthermal effect of low level RF/MW radiation exposure [3], [8].

The U. S. Department of Health, Education and Welfare [3] reports that the differing standards put forth by the East and West may be attributed to philosophical differences in basic research. Soviet investigators were intent on examining the effect of RF/MW radiation on the conditioned reflex response of living organisms whereas their counterparts in the West do not view this effect as an appropriate endpoint to research [3]. Recently, however, researchers in the West have sought to account for nonthermal effects in modern permissible RF/MW radiation exposure standards [9].

## V. CONCLUSION

Exposure to RF/MW radiation is known to have a biological effect on living organisms. Research conducted over the past 30 years has provided a basis for understanding the effect of irradiation of biological materials. Experimental evidence has shown that exposure to low intensity radiation can have a profound effect on biological processes. The nonthermal effects of RF/MW radiation exposure are becoming important measures of biological interaction with EM fields. Modern RF/MW radiation protection guides have sought to account for the effects of low level radiation exposure. Adherence to the ANSI Standard [9] should provide protection against harmful thermal effects and help to minimize the interaction of EM fields with the biological processes of the human body [9].

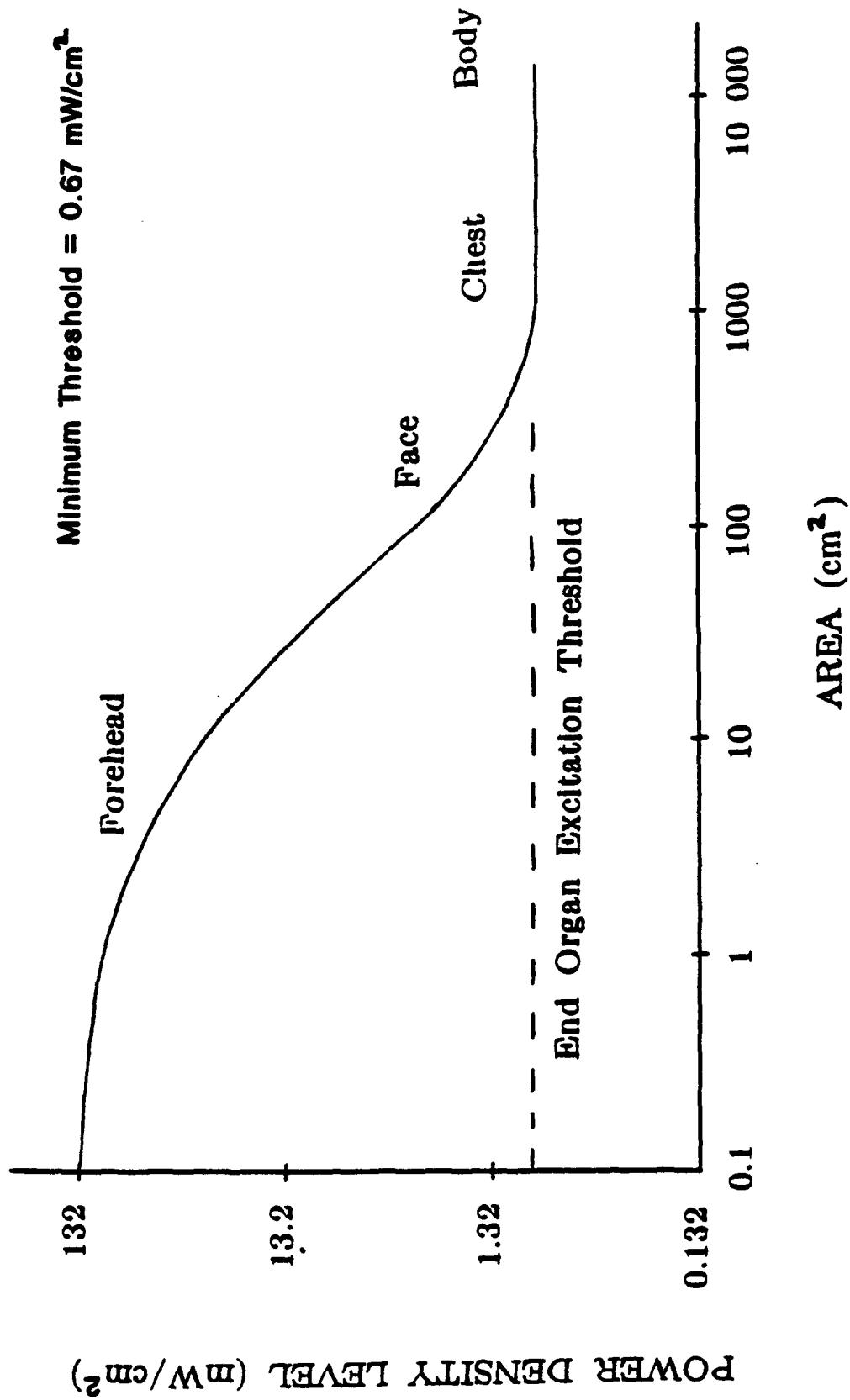
It is essentially the absorption of RF/MW energy that causes stress and trauma to biological systems. The greatest amount of energy will be absorbed when the incident radiation is emitted at the resonance frequency of biological material [9], [22]. In this regard, RF/MW radiation emitted at nonresonant frequencies should be absorbed to the

greatest extent when the radiating mode is a pulsed signal. The generation of such signals creates transient responses that will match the resonant frequencies of biological materials. Nonresonant pulsed RF/MW radiation may be more harmful to living organisms than CW radiation emitted at nonresonant frequencies.

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**Figure 1: Observed threshold of infrared perception.  
Absorbed continuous wave intensity versus exposed body area.**

(ref: J. Hardy & T. Oppel, results reported by Om Gandhi and Abbas Riaz, IEEE MTT-34, pp. 228-235, Feb 1986)



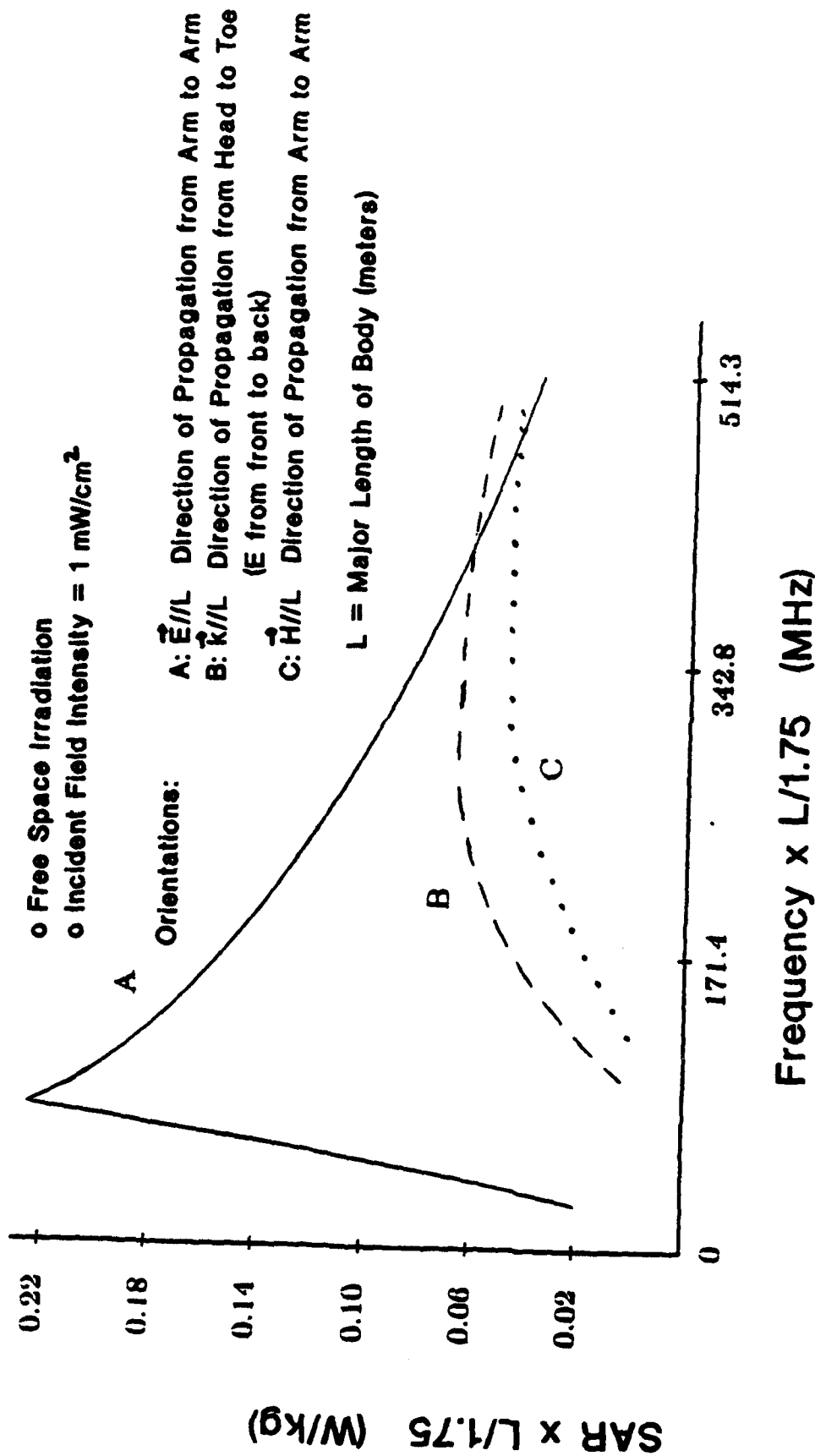


Figure 2: Comparison of field orientations for whole-body exposure of humans. Normalized SAR versus normalized radiated wave frequency.

(ref: Om Gandhi, Proceedings IEEE, Vol. 68, pp. 24-32, Jan 1980)

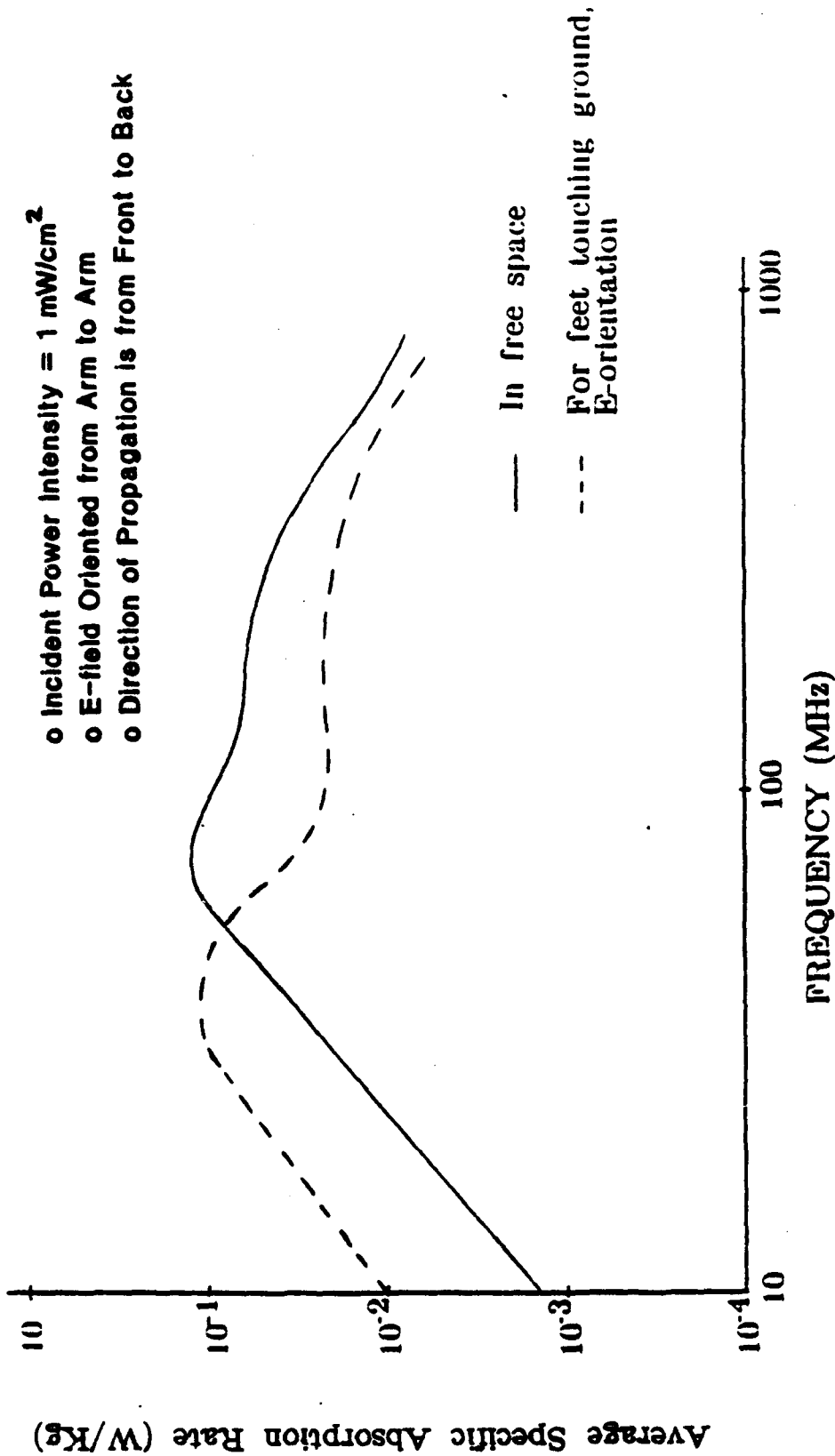


Figure 3: SAR versus frequency of incident radiation for a homogenous model of man.

(ref: OM Gandhi, Proceedings IEEE, Vol. 68, pp. 24-32, Jan 1980)

- o Incident Power Intensity = 10 mW/cm<sup>2</sup>
- o E-field Oriented from Front to Back
- o Direction of Propagation is from Head to Toe

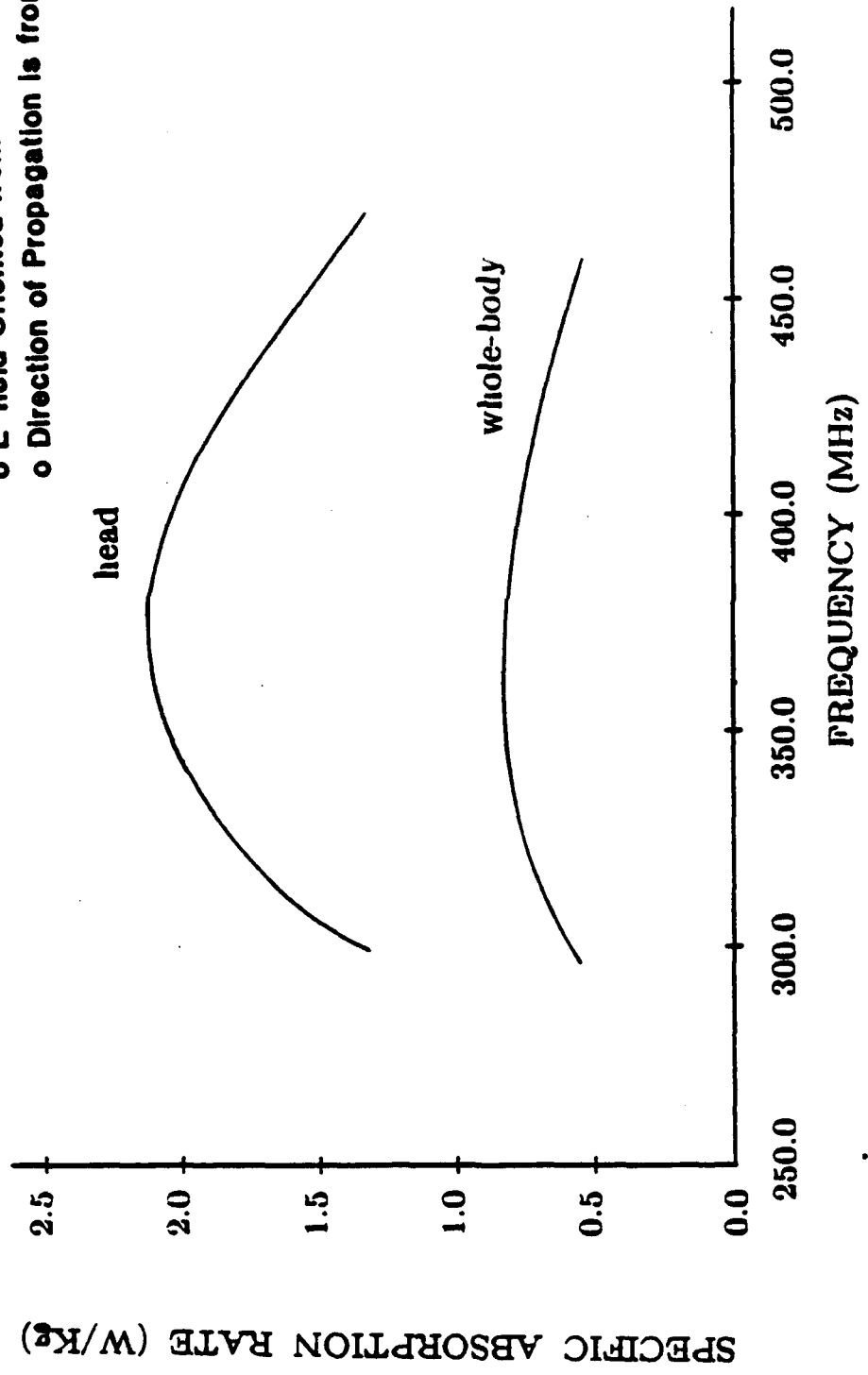


Figure 4: Head and whole-body energy absorption. SAR versus frequency of incident radiation.

(ref: Hagmann, Gandhi, D'Andera, and Chatterjee, IEEE MTT-27, pp. 809-813, Sep 1979))

- o Incident Power Intensity = 10 mW/cm<sup>2</sup>
- o E-field Oriented Parallel to Major Length of Body (L)
- o Direction of Propagation is from Front to Back

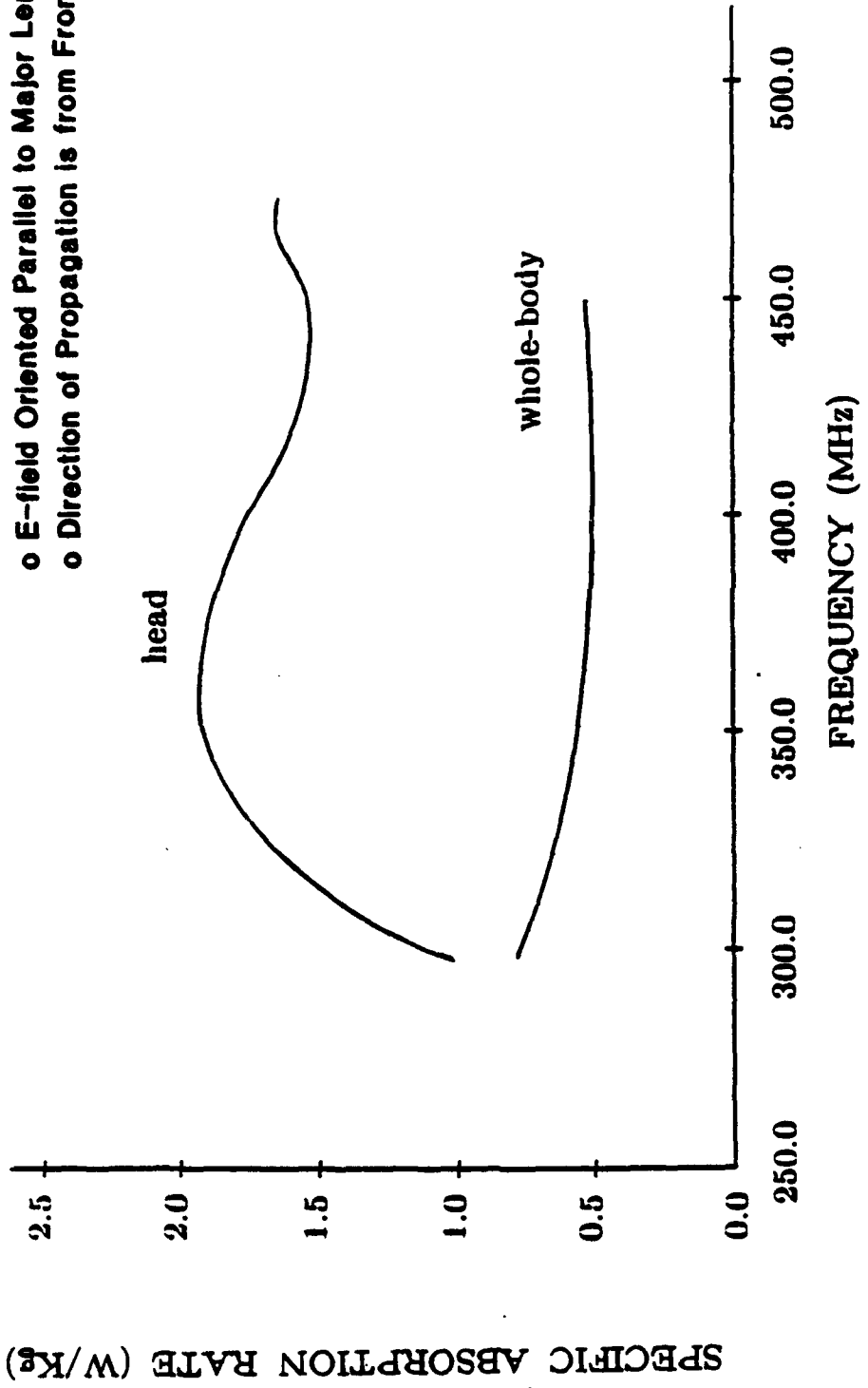


Figure 5: Head and whole-body energy absorption for  $\vec{E} // L$ . SAR versus frequency of incident radiation.

(ref: Haggmann, Gandhi, D'Andera, and Chatterjee, IEEE MTT-27, pp. 809-813, Sep 1979)

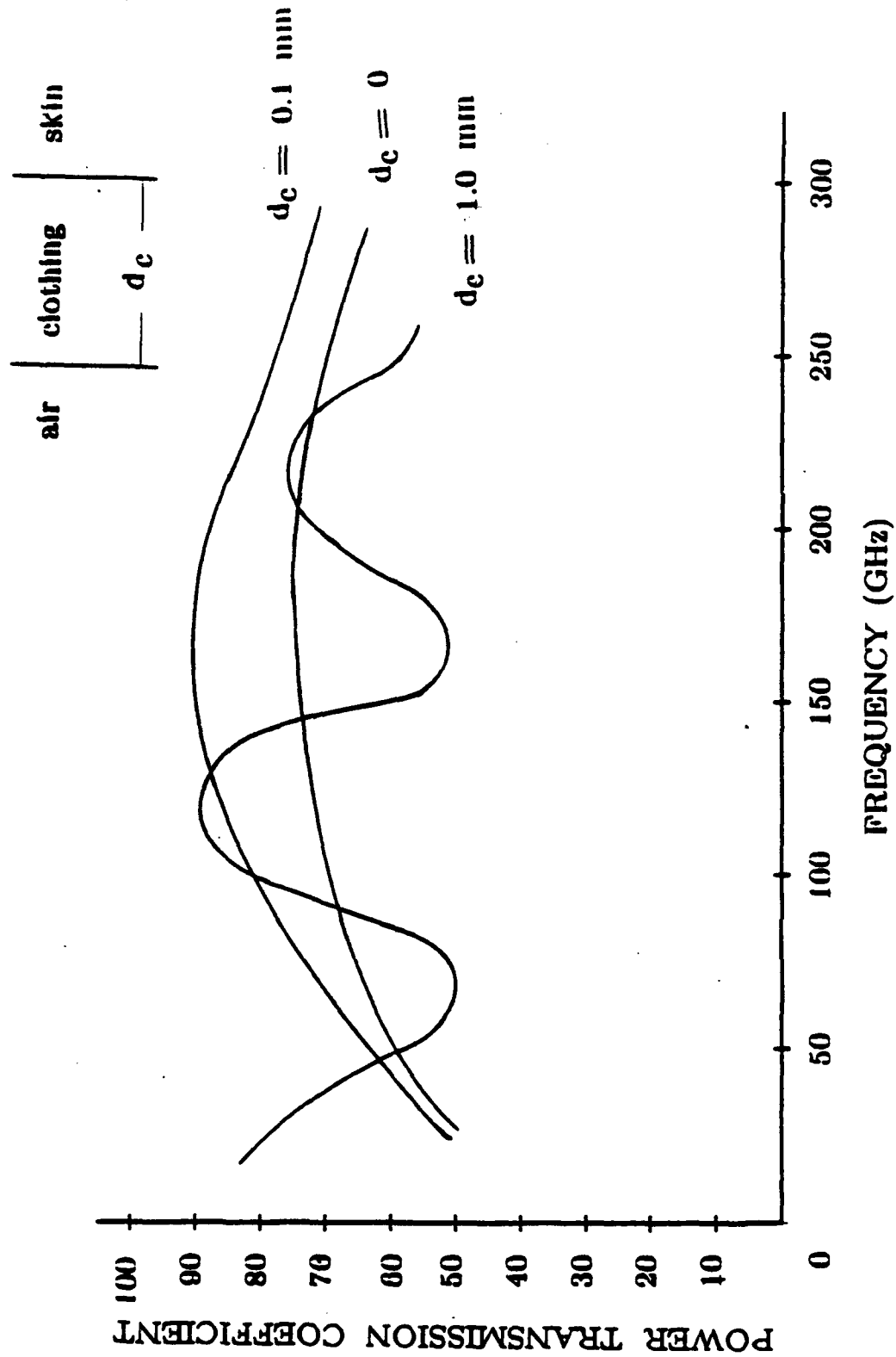


Figure 6: Comparison of transmission coefficient with and without clothing; no air gap between skin and exterior clothing.

(ref: Om Gandhi and Abbas Riaz, IEEE MTT-34, pp. 228-235, Feb 1986)

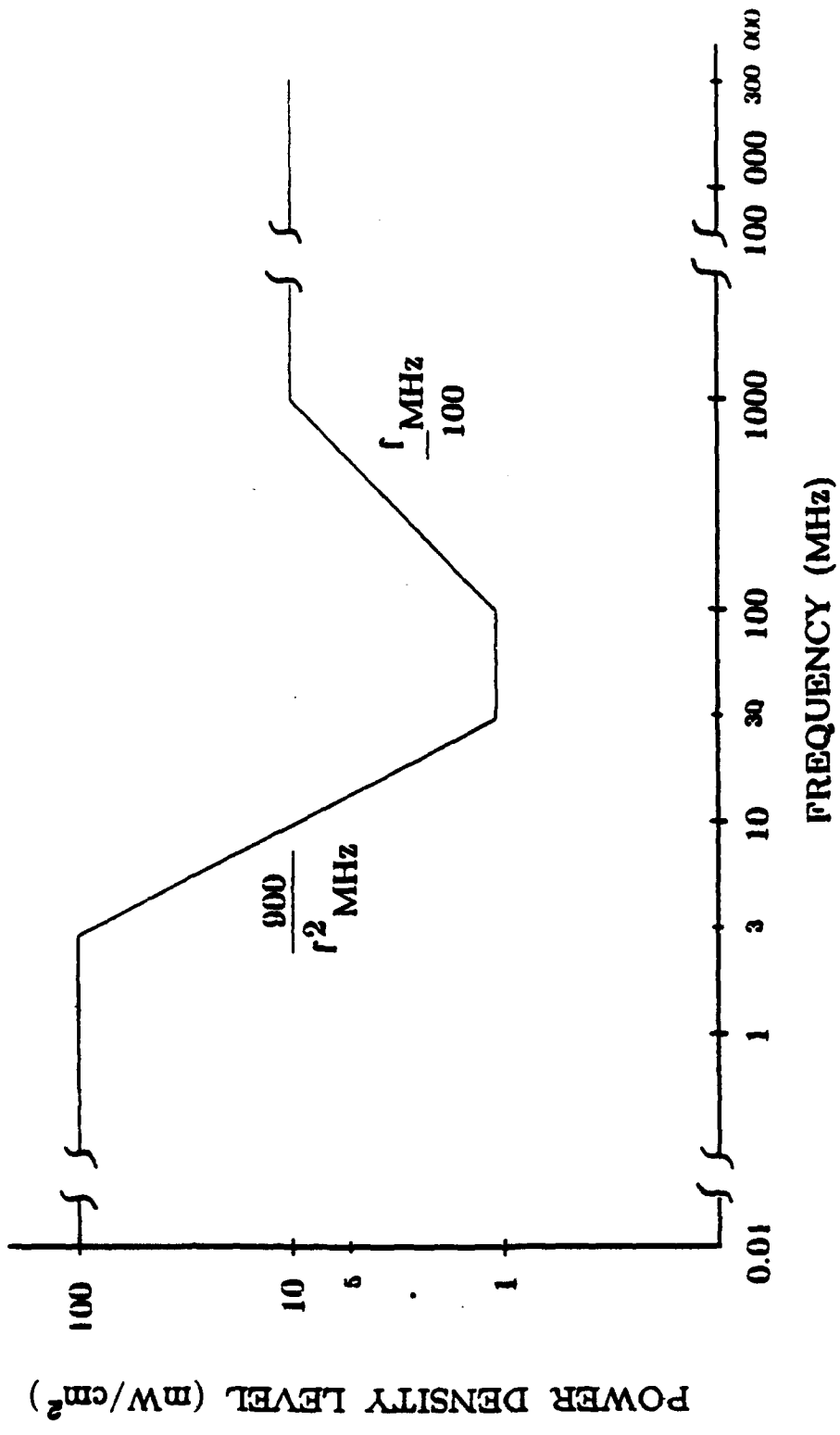


Figure 7: USAF RF/MW radiation permissible exposure limit (PEL) for humans working in restricted areas.

(ref: AFOSH Standard 161-9, 12 Feb 1987)

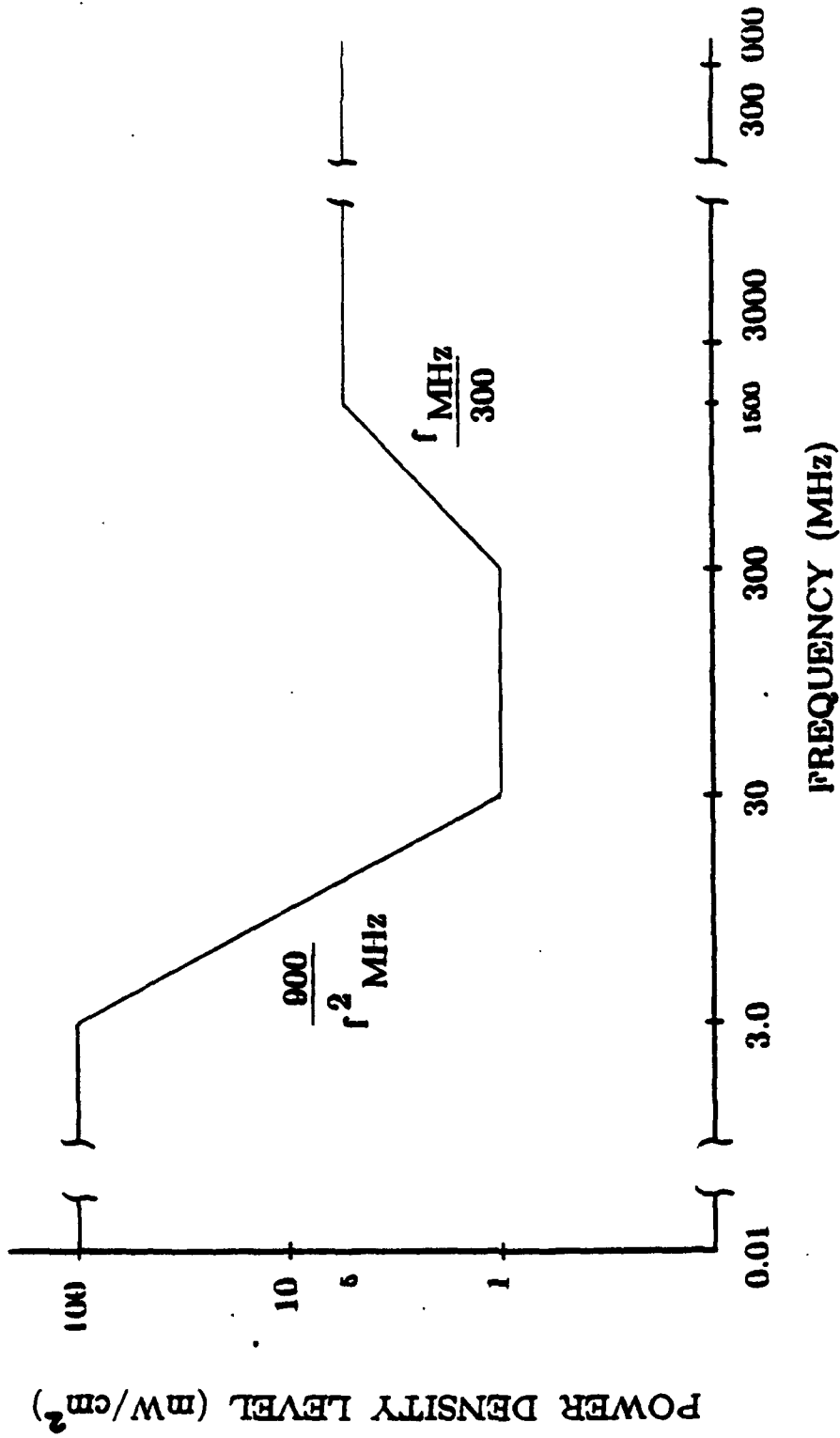


Figure 8: USAF RF/MW radiation permissible exposure limit (PEL) for humans working in unrestricted areas.

(ref: AFOSH Standard 161-9, 12 Feb 1987)

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