

**Objection to Planning Application 2020/1732/P: Installation of telecommunications equipment at roof top level to include 12 antennae, dish antenna, cabinets etc. at Highstone Mansions, 84 Camden Road, NW1 9DG**

To: Mr Joshua Ogunleye, Camden Planning Services Dept

Dear Mr Ogunleye,

I wish to object to this Planning Application request.

This is an application for a completely new base station site in an area where Telefonica/O2 and Vodafone already have some 3 - 4 other base station sites within a 250m-300m radius, and as a result it must be closely scrutinised by Council Officers and local affected residents, and a number of questions must be answered by the agents/Cornerstone before a decision can be made.

My objections are as follows:

1. In previous applications, Cornerstone has mentioned the Stewart Report which first recommended that the ICNIRP guidelines be followed. Cornerstone is aware of the full guidance of the Stewart Report in relation to its advice to our government. It may be helpful to set out some of the guidance of the Stewart Report in relation to its advice to the UK government.
2. You can see the summary and recommendations below:

<https://webarchive.nationalarchives.gov.uk/20100910162959/http://www.iegmp.org.uk/report/text.htm>

3. Do see the extract below (bold is my emphasis):

Advice to Government

Planning issues

1.30 The siting of base stations in residential areas can cause considerable concern and distress.

At all our open meetings and in written evidence we heard concerns about the location of base stations in sensitive sites. These include schools, residential areas and hospitals. This concern relates, in part, to the fact that base stations up to 15 m (48 ft) in height can be installed in residential areas without the need for a full planning application. We consider this to be unacceptable.

1.31 We are concerned at the indirect adverse impact which current planning procedures are having on those who have been, or are, subjected to the often insensitive siting of base stations.

Adverse impacts on the local environment may adversely impact on the public's well-being as much as any direct health effects.

1.32 We recognise that exposures of people in the vicinity of base stations are expected to be well within guidelines yet there is no independent audit to ensure that this is the case (paragraphs 4.30–4.35).

1.33 We conclude that the balance of evidence indicates that there is no general risk to the health of people living near to base stations on the basis that exposures are expected to be small fractions of guidelines. However, there can be indirect adverse effects on their well-being in some cases (paragraphs 5.264, 6.44 and 6.45).

1.34 We perceive a lack of clear protocols to be followed in the public interest prior to base stations being built and operated and note that there is significant variability in the extent to which mobile phone operators consult the public on the siting of base stations. We have heard little specific criticism of most of the network operators, apart from Orange. The Department of the Environment, Transport and the Regions and the National Assembly for Wales (DETR, 1998) produced a Code of Best Practice: Telecommunications prior approval procedures as applied to mast/tower development. We understand that consideration is being given to extending this to include health concerns (paragraphs 6.104–6.109). We support this development.

1.35 Overall we consider that public concerns about the siting of base stations demand changes in the planning process. Thus:

1.36 We recommend that for all base stations, including those with masts under 15m, permitted development rights for their erection be revoked and that the siting of all new base stations should be subject to the normal planning process (paragraphs 6.43–6.46 and 6.55–6.62).

1.37 We recommend that, at national Government level, a template of protocols be developed, in concert with industry and consumers, which can be used to inform the planning process and which must be assiduously and openly followed before permission is given for the siting of a new base station

(paragraphs 6.58–6.62). We consider the protocol should cover the following issues.

- All telecommunications network operators must notify the local authority of the proposed installation of base stations. This should cover installations for macrocells, microcells and picocells.
- The local authority should maintain an up-to-date list of all such notifications, which should be readily available for public consultation.
- **The operator should provide to the local authority a statement for each site indicating its location, the height of the antenna, the frequency and modulation characteristics, and details of power output.**
- Any change to an existing base station which increases its size, or the overall power radiated, should be subject to the normal planning process as if it were a new development.

1.38 We recommend that a robust planning template be set in place within 12 months of the publication of this report. It should incorporate a requirement for public involvement, an input by health authorities/health boards and a clear and open system of documentation which can be readily inspected by the general public (paragraphs 6.55–6.62).

1.39 We recommend that a national database be set up by Government giving details of all base stations and their emissions. This should include the characteristics of the base stations as described in paragraphs 6.47 and 6.48 and should be an essential part of the licence application for the site.

1.40 We recommend that an independent random, ongoing, audit of all base stations be carried out to ensure that exposure guidelines are not exceeded outside the marked exclusion zone and that the base stations comply with their agreed specifications. If base station emissions are found to exceed guideline levels, or if there is significant departure from the stated characteristics, then the base station should be decommissioned until compliance is demonstrated (paragraphs 6.53 and 6.54).

...

1.42 We recommend, in relation to macrocell base stations sited within school grounds, that the beam of greatest intensity (paragraphs 4.32–4.35 and 6.63–6.68) should not fall on any part of the school grounds or buildings without agreement from the school and parents. Similar considerations should apply to macrocell base stations sited near to school grounds.

1.43 We recommend that in making decisions about the siting of base stations, planning authorities should have the power to ensure that the RF fields to which

the public will be exposed will be kept to the lowest practical levels that will be commensurate with the telecommunications system operating effectively (paragraphs 6.55–6.62).

#### Exclusion zones

**1.44 We recommend the establishment of clearly defined physical exclusion zones around base station antennas, which delineate areas within which exposure guidelines may be exceeded (paragraphs 6.49–6.52). The incorporation of exclusion zones should be part of the template of planning protocols that we advocate.**

**1.45 Each exclusion zone should be defined by a physical barrier and a readily identifiable nationally agreed sign with a logo. This should inform the public and workers that inside the exclusion zone there might be RF emissions which exceed national guidelines. We recommend that the design of the logo should be taken forward by the British Standards Institute and implemented within 12 months (paragraphs 6.49–6.52).**

1.46 We recommend that warning signs should be incorporated into microcell and picocell transmitters to indicate they should not be opened when in use (paragraph 6.52).

4. There is no information about the exclusion zone which will apply to these antennae. The propagation of waves of 5G masts are different to 2G – 4G masts and have a wider exclusion zone. It is important to see the diagram with the propagation of waves from these antennae.
5. These antennae are above the roof. It will be important to know whether the exclusion zones for these antennae impact the roofs of these buildings because it means that workmen on these roofs will be subject to excessive levels of radiation if they are within the exclusion zones for these antennae. There is no information in the application about this potential health hazard.
6. Apart from the Code, there is no proper guidance to a local council about how to consider applications for masts. At present, the information which is being presented by all operators is inadequate to permit a proper consultation with the public through the planning permission structure. The lack of information is systemic and pervasive.
7. There is no information in the planning application about the RF fields to which the public will be exposed. Plans with the exclusion zones should be made available to Camden so that the public can understand the radiofrequency fields of these antennae and be able to understand the true impact of them in the public space.

8. There should also be available to the public the following:
  - a statement for each site indicating its location, the height of the antenna, the frequency and modulation characteristics, and details of power output
9. The council is entitled to know the frequency, modulation characteristics and details of power output. The public is entitled to know this too so that we can make appropriate recommendations about the application. The application does not give much information on which to make appropriate representations.
10. This is as recommended by the Stewart Report. Camden has the power to ask for this information.
11. Therefore, from the bulk, height and prominent siting, it is submitted that these proposals will result in a proliferation of harmful visual clutter which would be unattractive and over-dominant in the area and would cause harm to the character and appearance of the adjoining conservation areas and wider townscape.
12. On the basis of the above, we invite the Council to refuse this application on the grounds of inappropriate siting and design.
13. I will come onto health information shortly but even without that issue, no information of any merit has been provided with this application to enable the public adequately to respond to it.

**Ofcom's extraordinary statements that the public is not currently protected from electromagnetic frequencies (which are used in 5G)**

14. Finally, Ofcom's decision document on its Feb 2020 consultation (dated 5 October 2020) makes a number of important statements which it is important for the Council to be aware of:

[https://www.ofcom.org.uk/data/assets/pdf\\_file/0014/204053/emf-statement.pdf](https://www.ofcom.org.uk/data/assets/pdf_file/0014/204053/emf-statement.pdf)

15. At para 1.5 of the document it is stated that not all mobile operators follow ICNIRP guidance and if they break the law, there is no one who can enforce action against them – not even Ofcom.

1.5 We noted that **current regulatory regimes on EMF exposure do not require spectrum users to comply with the ICNIRP general public limits and do not put Ofcom in a position where we could take appropriate enforcement action in the event the limits are breached.** For example, there is already specific legislation – mainly enforced by the Health and Safety Executive (HSE) – which requires employers to protect workers from EMF but **it does not cover the protection of the general public from EMF.** Compliance with the ICNIRP general public limits is also already built into the mobile network operators' Code of Best Practice on Mobile Network Development but **this is a voluntary commitment.**

16. At para 1.9 is this:

1.9 There is a gap in the current regulation which means breaches of relevant EMF safety limits can clearly be enforced with respect to the protection of workers, **but not more generally to protect the general public. We continue to believe the general public should be protected from the specific risk of harm from EMF exposure.**

17. This is surprising. And it is particularly of concern as Ofcom is now in the process of auctioning off frequencies between 100GHz and 200GHz for use in the public realm. Your microwave oven is only 2.5GHz.

18. There is also this:

4.144 In our view, **the current regulatory regimes do not therefore provide sufficient protection from EMF exposure for the general public and they do not put Ofcom in a position where we could take appropriate enforcement action in the event the ICNIRP general public limits are breached.**

19. These are extraordinary statements which now brings me on to the health impacts of this technology.

## Health matters

20. Camden Council considers that it has no remit to consider the health impacts of 5G because the NPPF states that they cannot set levels different to the ICNIRP guidelines. This is a mis-interpretation of the NPPF and is not true for the reasons set out below.

21. A Court of Appeal decision confirmed that it is a human right under Article 6 of the Human Rights Convention for a resident to make representations about health to its council – *Nunn, R (on the application of) v First Secretary of State and Ors England and Wales Court of Appeal (Civil Division) (8 Feb, 2005)*.

<https://www.casemine.com/judgement/uk/5a8ff71360d03e7f57ea72fd>

22. This decision refused the right of appeal to the Supreme Court so stands as the law of the UK. Councils in the UK have been interpreting the NPPF incorrectly by considering that they cannot consider issues of health when considering planning appeals.
23. The case of Nunn is clear that, regardless of the national planning policy framework (NPPF) it is a human right under Article 6 to make representations about health and the value of one's home and the homes in the local area.
24. In this case the judges confirmed that it "was right to make representations to the LPA on effects on health and on the appearance of masts as it affected them and the value of their homes".
- 25. The council must interpret the law so as to be compatible with human rights. Those in Articles 2, 6 and 8 are relevant here.**
26. So, while the council may not "set health safeguards different from" the International Commission guidelines, **it can take health into account in relation to considering** whether these proposals are permitted by the council.
27. I now turn to the issues of health.
28. The NPPF states the following:

116. Local planning authorities must determine applications on planning grounds only. They should not seek to prevent competition between different operators, question the need for an electronic communications system, or set health safeguards different from the International Commission guidelines for public exposure.

29. This states that local planning authorities should not "set health safeguards different from the International Commission guidelines for public exposure".

30. But, the council must apply the NPPF in accordance with human rights. It also has an obligation to safeguard the health of its constituents by virtue of s. 2B of the National Health Service Act 2006 (bold is my emphasis):

*2B Functions of local authorities and Secretary of State as to improvement of public health*

- (1) Each local authority must take such steps as it considers appropriate **for improving the health of the people in its area.**
- (2) The Secretary of State may take such steps as the Secretary of State considers appropriate for improving the health of the people of England.
- (3) The steps that may be taken under subsection (1) or (2) include—
  - (a) providing information and advice;
  - (b) providing services or facilities designed to promote healthy living (whether by helping individuals to address behaviour that is detrimental to health or in any other way);
  - (c) providing services or facilities for the prevention, diagnosis or treatment of illness;
  - (d) providing financial incentives to encourage individuals to adopt healthier lifestyles;
  - (e) providing assistance (including financial assistance) to help individuals to minimise any risks to health arising from their accommodation or environment;
  - (f) providing or participating in the provision of training for persons working or seeking to work in the field of health improvement;
  - (g) making available the services of any person or any facilities.
- (4) The steps that may be taken under subsection (1) also include providing grants or loans (on such terms as the local authority considers appropriate).
- (5) In this section, “local authority” means—
  - (a) a county council in England;
  - (b) a district council in England, other than a council for a district in a county for which there is a county council;
  - (c) a London borough council;
  - (d) the Council of the Isles of Scilly;
  - (e) the Common Council of the City of London.]

31. The council also has obligations to safeguard the health and safety of its residents under the following (bold is my emphasis):

Health and Safety at Work Act 1974



3 *General duties of employers and self-employed to persons other than their employees.*

- (1) It shall be the duty of every employer to conduct his undertaking in such a way as to ensure, so far as is reasonably practicable, **that persons not in his employment who may be affected thereby are not thereby exposed to risks to their health or safety.**

32. It must also promote the wellbeing of its residents under (again bold is my emphasis):

(a) Care Act 2014

**Promoting individual well-being**

- (1) The general duty of a local authority, in exercising a function under this Part in the case of an individual, **is to promote that individual's well-being.**
- (2) "Well-being", in relation to an individual, means that individual's well-being so far as relating to any of the following—
- (a) personal dignity (including treatment of the individual with respect);
- (b) **physical and mental health and emotional well-being;**

33. These are positive duties on the council. If this was in conflict with the NPPF, which we suggest that it is, then the health considerations take precedence.

34. The government is not indemnifying Councils and its councillors against action taken against them for failure to safeguard the health and safety of their constituents, a duty which all councils have under the legislation set out above.

35. Please see in the document below concerns about 5G and the health impacts.

<https://www.scribd.com/document/473893147/5G-health-impact-briefing-final-as-sent-20-8-20-docx>

36. Schedules to the note are below:

<https://www.scribd.com/document/473893296/5G-health-impact-briefings-schedules-final-as-sent-20-8-20-docx>

37. The first is a report on the health impacts and the second are schedules to support the statements made in the first report.
38. It is important that Camden Council consider the health impacts now. This is not simply about 5G but about pulsed manmade radiofrequency radiation (RFR) in general.
39. The current ICNIRP electromagnetic frequency radiation (EMR) also known as radiofrequency radiation (RFR) guidelines are not fit for purpose in that they only address EMF heating (thermal) effects and not the many other potential effects at cellular or physiological level.
40. The ICNIRP certificate attached to the application for this mast is laying the groundwork for a massive expansion of man-made radiation. The government and the telcoms industry are presenting 5G roll out as just more of the same as with 2G-4G with no further radiation risk. For comparison purposes a microwave oven uses 2.5 GHz as do Apple airpods.
41. Based on the information in the links above, it is clear that there are substantial adverse health impacts from electromagnetic radiation ("EMR") which includes 5G.
42. One of the recent articles (Mar 2020) setting out the adverse health effects of 5G is below:  
  
<https://www.scribd.com/document/463599697/Adverse-Health-Effects-of-5G-Mobile-Networking-Technology-Under-Real-life-Conditions>
43. EMR is particularly dangerous for children and the route immediately next to this proposed site is used by thousands of children going to and from college and the Lamda school every day. Professor Anthony Miller has written:  
  
"Of particular concern are the effects of RFR exposure on the developing brain in children. Compared with an adult male, a cell phone held against the head of a child exposes deeper brain structures to greater radiation doses per unit volume, and the young, thin skull's bone marrow absorbs a roughly 10-fold higher local dose."
44. There are a lot of children who visit this area and who live there.
45. See also this article on the Clear Evidence of Harm to Children from radiofrequency radiation which is produced by the type of antennae to be erected in this application:  
  
[https://www.gr3c.com/wp-content/uploads/2019/02/On-the-Clear-Evidence-of-the-Risks-to-Children-from-Smartphone-and-WiFi-Radio-Frequency-Radiation\\_Final.pdf](https://www.gr3c.com/wp-content/uploads/2019/02/On-the-Clear-Evidence-of-the-Risks-to-Children-from-Smartphone-and-WiFi-Radio-Frequency-Radiation_Final.pdf)
46. On the basis of the above and the wholesale failure of the Applicant to comply with the Code of Best Practice, this application must be refused and we call on the council to refuse this application.

15.10.20