

## **Why we are sponsoring this debate**

### **Statement by Peter Erskine, CEO O2 Plc**

O2 wishes to be judged by what it does, and not simply what it says. This is why we make it a priority to ensure our approach to corporate responsibility is consistent and properly understood at every level within O2.

Corporate responsibility challenges conventional commercial thinking. It pushes companies to assess their impact beyond financial performance and to run themselves in a way that benefits society.

Our commercial success depends on how we behave as a company. Companies that win trust by being open and direct in all aspects of their business can build important links with the very people they depend on: their customers, employees, shareholders, suppliers, interest groups, local and national governments, regulators and investors.

We are fully conscious of our health and safety responsibilities to members of the public, our employees and our customers. We closely review and manage each of our risk areas and undertake proactive work around the issues.

We are sponsoring this online debate to stimulate views around the number of issues that surround health. Identify what the facts are, who is responsible and for what. Perhaps more importantly we want to understand better (and share that understanding) people's attitudes towards mobiles and health. We are keen to stimulate debate around why people think what they think around the issues in an uncertain world. We recognise that this is a debate that is taking place in a number of forums. Attitudes towards risk, child protection, the precautionary principle, the standing of science, and the way in which research is reported, are all different facets to the debate.

Mobile telephony is subject to rigorous ongoing research. And we are helping to fund and/or provide support to several significant programmes:

- The four-year £7.36 million Mobile Telecommunications and Health Research ([MTHR](#)) programme, equally funded by the UK Government and the mobile industry.
- A £10 million Home Office study into Terrestrial Trunked Radio ([TETRA](#)), the technology used by Airwave - our secure network for emergency services.
- The German government and joint industry research project, to which O2 contributes 11% of total costs over four years, or 1.9 million Euros.
- The [World Health Organisation International EMF](#) project to set priorities and a research database.
- We have also agreed to help fund a second phase of the UK [MTHR](#) programme.

Scientists from the [Institute of Cancer Research](#) have recently published results from the largest investigation to date into the relationship between mobile phone use and the risk of acoustic neuroma, a benign tumour that occurs close to where mobile phones are held to the head. The study suggests there is no substantial risk of this tumour in the first 10 years after starting mobile phone use. However, an increased risk after longer term use could not be ruled out. The full report can be found at: [www.bjcancer.com](http://www.bjcancer.com)

O2 has welcomed the publication of this research, which will help to inform public debate about health effects of mobile phones and will be studying the findings closely.

We take precautions to ensure that the equipment we use and supply does not exceed safety limits and is well within international exposure guidelines.

We also take care to provide clear information about [how our mobile technology works](#) and to talk openly with all our stakeholders about our policies and plans.

O2 has an education and awareness campaign, which provides advice such as: 'What you can do to minimise possible health risks'; 'What advice is there for children and mobile phones?'. You can find an advice leaflet providing more detail at; [http://www.o2.com/cr/mobile\\_phones\\_health.asp](http://www.o2.com/cr/mobile_phones_health.asp). The advice leaflet can also be found in O2 stores.

**Our policy is to:**

- Ensure our products and services comply to all international safety guidelines set by independent agencies and regulatory bodies;
- Employ a consistent internal approach to managing health and safety across the Group;
- Make sure that hazards associated with our operations are identified, assessed, eliminated, reduced, or subject to controls;
- Sustain a policy of zero tolerance to injury or ill health in our work activity;
- Operate a culture of openness and dialogue with all interested parties and to sustain a commitment to keeping you informed;
- Encourage, help to fund and support further independent research programmes into any alleged health risks in mobile communication.

**Network safety guidelines:**

Our mobile phones and base stations are designed to operate within international exposure guidelines on radio wave emissions. These guidelines include a substantial safety margin to assure the protection of everyone, regardless of age and health.

The independent agencies that devise our network's safety guidelines include: the UK's [Radiation Protection Division of the Health Protection Agency](#) (formerly the National Radiological Protection Board), the [International Commission on Non-Ionizing Radiation Protection](#) (ICNIRP), the [European Commission](#) and the [World Health Organisation \(WHO\)](#).

Measurements by regulators in the UK and Germany show that our masts and base stations operate well below these guidelines, often by hundreds or thousands of times. We regularly review practices to ensure we comply with all existing and new advice as well as the UK industry's self-regulatory [Ten Commitments on mast siting](#).

### **What the experts say:**

'The balance of evidence to date suggests that exposures to RF radiation below [NRPB](#) and [ICNIRP](#) guidelines do not cause adverse health effects to the general population.' **The Independent Expert Group on Mobile Phones: May 2000**

'... in the UK there is a lack of hard information showing that the mobile systems in use are damaging to health. It is important to emphasise this crucial point. The main conclusions reached in the Stewart Report in 2000 still apply today ... a precautionary approach should continue to be adopted.' **UK National Radiological Protection Board: January 2005**

### **The Healthcare Industry:**

We all know that healthcare and mobile phones are usually only mentioned in the same sentence during debates about the safety of handsets. This needs to change.

The use of mobile technology in healthcare is starting to bring positive examples, such as: In Hereford and Worcester, if you were to call an ambulance, you will be in a unique position, thanks to a mobile communications system designed specially for the emergency services. Paramedics are able to transmit patient vital signs from an ambulance to a hospital, enabling hospital staff to be involved in making the decision to give life-saving drugs, which dramatically improve the chances of survival and recovery. Without this system, the patient had to be transferred to hospital before being assessed and then given treatment – adding vital minutes to treatment time. According to Hereford and Worcester Ambulance Service NHS Trust, over 150 patients' lives have already been saved as a result of employing this technology.

Also in the Hereford and Worcester area, ambulances are fitted with an Automatic Vehicle Location System, enabling the command and control team to monitor the whereabouts and availability of the ambulance fleet. This system is designed to provide the fastest and most efficient response to a patient in need.

On a different note: Fire Chiefs are predicting that latest mobile phone technology will help save the lives of more road accident casualties. Some fire crews are alerting hospitals with picture messaging.

So, it is about how we can mobilise people and encourage the thinking around 'mobile can be a force for good'. Mobile operators currently play a valuable part in the development of healthcare by investing in such trials.

In the past two years, O2 has partnered with a tele-medicine company called e-San and we have sponsored two health trials: the monitoring of the conditions - cystic fibrosis and asthma. e-San develops software making it possible for self-monitoring data from the patient to be transmitted immediately via GPRS. Real-time feedback is returned to the patient within a few seconds.

With the asthma trial, we recruited asthma patients from surgeries who were asked to use a peak flow meter attached to an O2 Xda device twice a day to record both their symptoms and their peak flow. The aim was to reduce the number of asthma attacks through increased self-monitoring.

The benefits were extensive. It alerted GPs when an adverse reading was recorded, allowing appropriate advice to the patient at the time, rather than when the patient visited the GP. It only alerted GPs for adverse results, potentially saving GP time. It has the ability to feed personalised results back to patients, so they can self-treat once they understand their symptoms and what affects them. It provides regular reminders to the patient to take their readings via text messages, and gives feedback.

A similar trial is currently underway looking at the condition of cystic fibrosis.

These trials are about 'enhancing quality of life through innovative self-management systems'.

This is the second debate we have sponsored. The ongoing programme is committed to stimulating debate on our responsibilities as a mobile phone operator, which in turn helps inform our business decision making.

Join the debate at: [www.spiked-online.com/mobilehealth](http://www.spiked-online.com/mobilehealth)