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Written statement prepared for Congressional hearing on cell phone risk

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My husband, Alan Randy Marks, was born February 26, 1952 in Chicago, Illinois. He is one of three children. His father died at age 69 from an aortic aneurysm and his mother is alive at age 84. Alan never had any major health issues. He has had high cholesterol levels for many years and has been taking Lipitor for that. Alan attended medical school and has been involved in the real estate industry for many years. We moved from our hometown of Chicago to northern California in 1984. We have 3 children ages 26, 24, and 22. Alan was asked to testify at the hearing on cell phone risks as he was recently diagnosed with a malignant brain tumor which we and many experts feel is associated with his long term excessive cell phone usage. He could not attend the hearing because of his health issues and I was invited to testify on his behalf. I am happy to do so in an effort to help others escape our fate.

On May 6, 2008 Alan suffered a grand mal seizure while asleep. I called 911 and the paramedics transported him to John Muir hospital in Walnut Creek, California. After a CT scan they informed us that Alan had a mass in his right frontal lobe. Alan spent the next few days in the hospital having MRI's and neurological testing. John Muir's brain tumor board met and then told Alan they felt the malignant tumor was inoperable as it could leave him paralyzed, cause further brain damage, and impair his speech. They suggested he go home and enjoy the few years he has left.

For many years prior to the seizure Alan's behavior had changed dramatically. He had been seeing therapists and psychiatrists for years and taking many medications including bipolar medications and anti-depressants. His behavior alienated and damaged our children and destroyed

our marriage. His negative personality changes were due entirely to this slow growing brain tumor and will continue because of permanent brain damage. Alan and I have been married 28 years but have known each other since we were 15 (41 years). He is no longer the man I knew and married. Our children, Alan and I not only have to deal with a death sentence but this tumor and surgery has made living well impossible. It has also taken away his livelihood and our finances are being depleted. He has to remain on anti-seizure medication (Keppra) for the remainder of his life as after an craniotomy there is an increased risk of seizure. He attempts to work but finds it impossible. One of the most common effects of frontal damage can be a dramatic change in social behavior. A person's personality can undergo significant changes after an injury to the frontal lobes. There are some differences in the left versus right frontal lobes in this area. Left frontal damage usually manifests as pseudodepression and right frontal damage as pseudopsychopathic (Blumer and Benson, 1975).

After his seizure and diagnosis at our local hospital we immediately consulted with Dr. Mitchel Berger at UCSF. He saw Alan's MRI's and told us he felt he could remove most of the malignant oligodendroglioma in Alan's frontal lobe. Dr. Berger could not operate for six weeks, but we waited as we heard he is an excellent surgeon with the necessary mapping equipment for this precarious surgery. On June 16, 2008 Alan underwent a six hour craniotomy and resection of the tumor. He survived the surgery but the following days were a living nightmare. His behavior worsened post surgery and he was also on steroids to lessen the swelling of the brain. In his case, the steroids added to his already horrific behavior and made being near him unbearable. The day prior to his discharge we were told that his tumor was a grade 3 meaning he probably had a year to live. They said they would start chemotherapy and radiation two weeks later. The following night the oncologist called with the "good" news that they made a mistake and it is a grade 2 tumor. "Fringe" cells remain which will grow back and he will be monitored with MRI's every eight weeks. When, not if, the tumor begins to grow aggressively he will be treated with chemotherapy and possibly have to endure another surgery. We were told the statistics of his prognosis- 70% of those with this type of glioma live ten years but that is for a 20 year old. At the age of 56 with this type of glioma the estimate was closer to five years. Alan never held that cell phone to his head after this diagnosis. His MRI on August 26 was encouraging as there has been little post surgery growth.

Alan used a cell (or car) phone for over twenty years. He originally had an analog and then a digital. He has had Blackberrys and Nokias. He averaged over 30 hours monthly for many years. He held the phone to the side of the head where the tumor is located. Alan has never been exposed to any other form of radiation nor does he have cancer in any other part of his body.

My son and I researched this possible connection between his cell phone risk and his glioma extensively the past few months. I have corresponded with and spoken with many experts in this field who agree that his glioma was more likely than not caused by his excessive cell phone usage. Dr. Elihu Richter has written a detailed letter confirming this link (which I am attaching as part of my written statement). Dr. Hardell recently used my husband's case as an example concerning this topic at a conference in London. Dr. Carpenter is testifying today that he feels there is an association between my husband's brain tumor and his cell phone use. I have attached my husband's medical records, cell phone records, and a website created by my son with links to many fine articles and studies concerning this risk.

Per Lloyd Morgan, scientist and expert in this field:

'Bottom line: Industry is using their Interphone "study" to suppress the data showing there is a risk, and to cause public confusion (some studies show a risk but most do not show a risk, its all too confusing, more studies are needed).

The Interphone Study is a fraud perpetrated on the public. The full 13-country Interphone Study was completed in 2004. In June 2003, the head of the Interphone Study stated the full pooled results would be published in 2005. The pooled results have yet to be published and many of us believe that, even given the protective skew resulting from the design flaws, that they are afraid to publish the full 13-country results. There have been 10 single country Interphone brain tumor studies published to date. My analysis is based on these published results.

There is other series of studies on the risk of brain tumors from cell phone and cordless phone use by Lennart Hardell and team. This series of study has shown for

many years that there is a dire risk of brain tumors. When each Interphone Study is published there is a media blitz reporting there is no risk of brain tumors from cell hone risk (even when a risk is reported). When each of the Hardell studies are published almost nothing is reported in the media.

Yet the Hardell findings are consistent to what would be expected if cell phones are a risk for brain tumors.

- The higher the cumulative hours of use, the higher the risk;
- The higher the cumulative numbers of calls, the higher the risk
- The higher the radiated power, the higher the risk
- The higher the number of years since first use, the higher the risk
- The higher the exposure (tumor on side of head phone was held, the higher the risk
- The younger the user, the higher the risk.

We are shocked that in light of studies and information suggesting risks that our government has allowed the cell phone industry to conduct business as usual. Cell phones need not be abandoned. The cell phone industry has the capability to make safer devices. In the very least the citizens of our nation should be told the truth concerning this risk so they can protect themselves and their families. I beg of you to take action immediately so that others can be spared the devastation that my family has endured.

Thank you.