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Larry King Live

Do Cell Phones Cause Cancer?

Aired August 9, 2000 - 9:00 p.m. ET

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LARRY KING, HOST: Tonight, do cell phones cause cancer? Some experts say yes; some say no. And that leaves about a hundred million American cell phone users confused and worried, and we'll get perspective from both sides. Plus, the latest on Gerald Ford's health. The form president is out of the hospital. It's all next on LARRY KING LIVE.

Our complete show tonight letter devoted to the controversy over the safety of cell phones, but we're going to begin by talking with our friend Calvin McDowell. He's on the phone from Philadelphia, and he's the spokesperson -- are you in Philadelphia, Calvin?

CALVIN MCDOWELL, SPOKESMAN FOR GERALD FORD: Actually, Larry, I'm in Tarpin Springs, Florida.

KING: Calvin McDowell is a spokesperson for Gerald Ford. The Fords left the hospital in Philadelphia today. The president as admitted August 2 after suffering a stroke. That was OK, and then abscess on the tongue. What was that all about, the abscess?

MCDOWELL: Well, Larry, it was something that had never been diagnosed in the state of Pennsylvania prior to the president's diagnosis, and it ended up being, quite frankly, just, you know, an infection on his tongue. They had to go in and open it up and relieve the pressure that was there, but fortunately, it was something that could be treated with the antibiotics. I think the president and everyone else was very concerned that it could have been something else, but fortunately, it was not.

KING: The fear was cancer. Now in looking at him, there appears to be no aftereffects of a stroke.

MCDOWELL: This morning, I was at the hospital early in Philadelphia, and the president was actually dressed and ready to go early this morning, and his speech was excellent. I didn't notice anything. I had been with him for roughly 28 years, working around him, and I didn't notice anything with his speech. He was in excellent spirits. So no, I don't think we have any concerns relative to that.

KING: And he is home now in Palm Springs?

MCDOWELL: He is home. As you said earlier, he left the hospital at 10:30,

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and he and Mrs. Ford and Susan flew directly to the desert, and he is home now. I spoke with Mrs. Ford a couple of hours ago.

KING: And he'll have to cut back on swimming only, right, we understand, because of the antibiotics and the blood thinner?

MCDOWELL: Correct.

KING: Hey, thanks very much, Calvin. You've been great through all this, and we'll stay in close touch and give our best.

MCDOWELL: Well, thanks, Larry. And I want to tell you, the president was very grateful for your interest in him, constantly checking on him. So thanks very much.

KING: Thank you. Calvin McDowell, spokesperson for the Ford family and the former president much better tonight, 95 percent better, and home in Palm Springs.

We now welcome, to begin things on this major discussion on cell phones, Dr. Chris Newman. He's in our studios in New York. He has brain cancer and is suing a cell phone maker and a telecommunications company, claiming they caused the cancer. Joanne Suder, his attorney, is also with him. We'll spend the opening portions of the program with them and then a major panel discussion on all this.

Dr. Newman, how do you know they caused it?

DR. CHRIS NEWMAN, FILED CELL PHONE CANCER SUIT: I believe they caused it. I'd like to defer on that question to my attorney, Joanne Suder.

KING: Joanne, how do you know that Dr. Newman's use of the cell phone caused the cancer?

JOANNE SUDER, ATTORNEY FOR DR. NEWMAN: Larry, in this case, there really is no question about it. After Dr. Newman was diagnosed and began treatment, his own physicians made the correlation between his longtime cell phone use and his cancer. He also has documented, unfortunately, nine years of a vast amount of cell phone use, and his terminal tumor is located in the exact anatomical location where the radiation from the cell phone emitted into his skull. So in this case, it's really not a question at all.

KING: Dr. Newman, first, for all of our knowledge, what is the prognosis?

NEWMAN: Unknown at this point.

KING: Are they going to do the surgery?

NEWMAN: I've undergone five surgeries the first year after I was diagnosed.

KING: Five already?

NEWMAN: Five in the first year after I was diagnosed, five what we call craniotomies, or brain surgeries, followed by bacterial meningitis due to wound healing related to the radiation treatment, and it required them to treat the tumor, and we got to see where we go from here. And I'm still in therapy, chemotherapy.

KING: Is the prognosis good or bad, or what do the doctors say about the future?

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NEWMAN: Well, I think, to be definitive, we have to wait and see. I'm due to finish another round of chemotherapy later this month and there's a scheduled follow-up MRI in September, so we'll have to say.

KING: Joanne, do you think you're up against it here, since other -- like cases -- we are going to have a gentleman on later who had a failed lawsuit -- he appeared on this show I think about eight or nine years ago, you're up against it because of the lack of concrete evidence?

SUDER: Larry, when you say the lack of concrete evidence, that to me is really outrageous, because, number one, the field of brain tumors is not telecommunications, it's medical oncology. Number two, whenever you're dealing with scientists, they're always going to tell you something is possible. You know, they want a mathematical certainty, and we are dealing with a law case, and under the law it's -- it is a preponderance of the evidence, and clearly in this case, all of the evidence excludes any other cause of cancer and points only to the radiation, and the industries own self studies that they funded also prove that there is a correlation, a high degree of correlation between brain tumors and excessive cellular use.

KING: So there's no doubt that there is radiation in the cell phone?

SUDER: That is conceded by every potential person who can be considered on one side or the other. And what also is conceded by the industry is that yes, this could cause brain tumors, and it's also not a point of debate that in times when you may be talking on your cell phone and you feel yourself losing power, and they're trying to get the power back to you, that's one of the most dangerous times, because at that particular time, the power station is working 10 times as hard to get you power.

KING: We're going to take a break and come back and spend some more moments with Dr. Chris Newman and Joanne Suder.

We invited Motorola Inc. to appear on tonight's show. They declined. They did send us a statement. It says, in part, "No one should have to endure the misfortune that has befallen Dr. Newman and his family. While their desire to identify a cause of his condition is understandable, there is no accepted scientific basis to equate it with the use of wireless telephones. Over the years, scientific expert panels, standard-setting organizations and other authoritative bodies around the world have not wavered from the longstanding conclusion that the low-power radio signals from wireless phones pose no known health risk. The claim in this case, as in previous ones, is at odds with the views of the scientists who review this research on an ongoing basis. In this case, as in previous ones, we will pursue a vigorous defense of our good name and of the facts that provide a sound, scientific basis for public confidence in the safety of our products."

The other company that Dr. Newman is suing is Verizon. Also they declined to appear, but we have this statement from Nancy Stark, a spokesperson for Verizon Wireless: "We can't comment on matters in litigation. On the general subject, I would refer you to the FDA's recent Consumer Update on Mobile Phones, which concludes that the available scientific evidence does not demonstrate any adverse health effects."

Just so you know, we'll be hearing, by the way, from the FDA -- the Food and Drug Administration -- later in this hour.

We'll be right back.

(COMMERCIAL BREAK)

KING: This lawsuit, by the way, has been filed in Baltimore City's circuit court against Motorola and Verizon, seeking \$100 million in compensatory damages, \$700 million in punitive damages.

Dr. Newman, before you contacted your attorney, what made you think it was a cell phone?

NEWMAN: Well, after being diagnosed and embarking on therapy and treatment, doctors in consultation with me alerted me to the thought that the tumor was likely related to the cell phone use.

KING: How often were you using a phone?

NEWMAN: It varied. I was a sole practitioner. So anytime I was out of the office, if I -- whether it be to go on a picnic with my kids, and my wife or to go to a ball game, our out on the golf course, it was the only way I could cover my practice and get away from the office.

KING: So a lot would be safe to say, a lot?

NEWMAN: Yes, frequently for 20 to 30 minutes at a time, until the phone got hot, and my ear got hot, and my ear turned red. It hurt.

KING: Joanne, were you a user of those phones?

SUDER: Larry, I have never owned a cell phone, and I don't own one today either. I look forward the day when I can safely use a cell phone when a cellular guard is available to protect me from radiation, and the industry has not provided that yet. I wish the United States would be as responsible as Europe or the United Kingdom. The United Kingdom has introduced legislation to disallow use for those under 18 because of the dangers published everywhere, that the human brain is still maturing and the skull is still growing, and it's actually our children who are at the highest risk, and these tumors can take 10 years gestation until they're presented.

KING: You did not use one because of fear?

SUDER: I initially the didn't use one because I wanted my privacy. But later in life, in the last -- since 1993, I haven't used one, because I believe in all of the things I've read, that constantly pounding radiation into your skull is not how God intended us to live.

KING: Dr. Newman, do you know if the industry is working on the safeguards that Joanne mentioned?

NEWMAN: I'm not aware of whether they are or not.

KING: Are you very bitter toward these companies? Do you think they knew this? Or do you they can this is just -- even if you're right, innocent on their part, they were making a product, they had no idea of this result?

NEWMAN: I think on two counts. One count would be, if they weren't aware of it, I wish that they would at least become aware of it and then take safeguards, because the reason I'm speaking out on this is for my kids, and other kids around the world, and other fathers and mothers, because I don't want them to go through, if you'll pardon the expression, the hell that I had to go through .

KING: We'll thank you both very much. We'll be talking to you lots more in the months of ahead, as this trial proceeds. Dr. Chris Newman and Joanne Suder.

When we come back, a major panel discussion with both sides. I'll be the referee. We'll come back to that right after this.

(COMMERCIAL BREAK)

KING: Let's meet our panel. Later, we'll meet the director of the FDA. They are in Seattle, Dr. Sam Milham. Dr. Milham is a chronic disease epidemiologist. He believes that cell phones do cause brain cancer. In Milwaukee is Dr. John Moulder, cancer and radiation researcher, medical college of Wisconsin, says they do not pose a cancer risk. In New York, Linda Erdreich. Dr. Erdreich is a managing scientists at Exponent, an independent consulting firm specializing in health risk assessments, and does not believe cell phones pose a risk. In Miami is David Reynard. He brought the cell phone cancer question to spotlight on this program seven years ago when he sued a cell phone company in connection with brain cancer that killed his wife. And he naturally believes that they do pose health risks, even though that suit failed. And as kind of our arbiter here in New York is Dr. Ian Smith, medical columnist "Time."

Dr. Smith the magazine -- or your position is this is still wide open for study?

DR. IAN SMITH, "TIME" MAGAZINE: Absolutely. I feel as though at this point there is absolutely no conclusive evidence that cell phones do cause cancer, but that does not mean that we still shouldn't study it.

KING: So from a perspective of reporting, you're still in the heat?

SMITH: Absolutely. I mean, I've reviewed a lot of literature, and so far, it's still open to question as to whether or not it does, but the evidence so far does not reflect that it causes cancer.

KING: Dr. Moulder in Milwaukee, why do you believe it does?

DR. JOHN MOULDER, MEDICAL COLLEGE OF WISCONSIN: Well, I think my position is very similar to Ian's, that the evidence that's out there now -- and there's a lot of it -- does not suggest any link, neither do the epidemiology or the animal studies suggest a cancer connection, and the cellular and biophysical data doesn't indicate any reason why we'd expect there to be. Probably, if they don't cause cancer, we'll never be able to prove that, because there's no way to prove that something doesn't cause cancer.

KING: You can't prove a negative.

MOULDER: That's right.

KING: I could say hair spray causes it, and you can't prove it doesn't.

MOULDER: Well, I've actually heard that claim on the Internet.

KING: Really? All right.

MOULDER: Well, on the Internet, I've heard that everything either cures or causes cancer or both, so.

KING: Dr. Milham in Seattle, why do you believe it does?

DR. SAM MILHAM, EPIDEMIOLOGIST: Well, I think there's a ton of data out there for other parts of the electromagnetic spectrum and power frequencies, and there isn't much data on cell phones, per se, at this point in time, but there are studies that show that the RF from cell phones causes changes in EEG. That's your brainwave tracing. They change the level of your neurotransmitters in the brain. They can affect your memory. And there

are animal studies to show that it breaks the DNA in your brain. I think that's plenty of reason for concern.

KING: Are you saying, therefore, Dr. Milham, you would not use one?

MILHAM: I don't use one.

KING: Don't use one.

MILHAM: I've got one in my car for emergencies.

KING: Dr. Erdreich, what do you think of what Dr. Milham just said?

LINDA ERDREICH, MANAGING SCIENTIST, EXPONENT: I think it's more important to look at all of the studies together and see what kind of a picture is painted by all of the studies together. There's a wide variety of studies and quite a large number of studies, and they don't really provide evidence that cell phones cause cancer, that radio frequency energy causes cancer, or that cell phones cause cancer. Unfortunately, it would be really nice if we knew what case caused brain cancer. That would help it. But we don't know that.

KING: So you're saying you don't know, or you're saying it's not cell phones?

ERDREICH: It is not cell phones based on the evidence so far, and I think we have a good clip of evidence.

KING: David Reynard, you lost the case over your wife's death, but your feelings haven't changed. You are a layman, though. So your basis is what?

DAVID REYNARD, BROUGHT CELL PHONE CANCER LAWSUIT: I've been following a lot of what's been going on here, and all the studies that have come out in the last years since I appeared on this program last have shown that there are biological effects. Now the industry has stated for a long time that there's no biological effect, yet even their own studies report biological effect.

And let me also dispel this rumor about low power. First of all, it's a small miracle that they're able to make 600 milliwatts communicate as well as they do, but as a ham radio operator, I'm in the communications business, I have had probably over a hundred thousand dollars worth of radio test equipment, and I have measured the cellular telephone at one volt of microwave. Now if you compare that to standing in front of your microwave oven, that is only one-thousandth of one volt of microwave, and all of the original microwaves up until 1987 operated at 906 megahertz, which is the same frequency, I think, as channel 132 on your cellular phone, at least on the ones that you get from the phone company.

Even though some of the studies show there were positive biological affects, every single study showed biological effect. And it's been their contention all along that there are no biological effects, and I'd be happy to argue any one of those studies.

KING: We're going to get into a lot of it, because you're going to be with us for some time, this entire panel.

Dr. Smith, it is true, is it not, that the cigarette industry, it is all statistical, we still can't prove that the nicotine caused the cancer, except the statistics are so overwhelming. If we find statistics between the use of these phones and brain cancer, would that sway the tide?

SMITH: Well, you know, Larry, the operative word here is "proof," and that

is there are studies about everything and anyone can make a study. But one of the problems I see, especially as it deals with journalism, is that we often report this study shows this and this study shows is that, but what are the essence of the studies? Without getting into the esoteric details of the details of these studies, the problem is that anyone can do a study, but it doesn't make it a good study. And a lot of these studies are animal studies, and there's a big difference between an animal study and a human study. And so saying that someone in a laboratory found some biological activity in a cell does not mean that that would also then transfer into a human.

KING: Let me get a break. And we'll come back, go with more of our panel.

We asked the wireless industry's top major trade group to join us tonight, but the Cellular Telecommunications Industry Association said no. CTIA did sent a statement that says in part, "While our sympathy goes out to Dr. Newman and his family, it should be noted that after years of substantial research, scientists and governments around the world continue to reaffirm that there is no public health threat from the use of wireless phones. CTIA and the wireless industry are dedicated to the safety of our customers and to open and independent research regarding our products. This was demonstrated in 1993 with a commitment of \$25 million for a five-year independent research program. Our commitment continues today through a recently signed collaborative agreement with the U.S. Food and Drug Administration for follow-up research. We actively encourage independent scientists and government agencies to review the science and we continue to invest substantial in adding to the body of work that is available to the public."

We'll be right back.

(COMMERCIAL BREAK)

KING: Dr. Moulder, the British government recommends discouraging kids from using cell phones, and Dr. Carlo, who headed a cell phone industry's six-year cell phone study, says evidence indicates kids could be a special risk. Should we refrain from kids using them?

MOULDER: Well, from a biological health standpoint, there's no particular reason why kids should be at any greater hazard than adults. The point of view I don't think kids need to use cell phones, but the British government did recommend that children, I believe, under the age of 16 not use cell phones, except in emergencies, didn't claim there was any evidence of hazard. They voted what they call in the Europe Union the "cautionary principle," says if you aren't absolutely certain, you should take precautions.

KING: And Dr. Milham, you say it should go beyond that, right?

MILHAM: Absolutely. I think to wait for the bodies to pile up, we're going to have to wait many, many years, and if there's smoke there's usually fire. I think there's a lot of smoke in this field right now, certainly from the power frequency, and there's no doubt at all in my mind that exposure to magnetic fields cause human cancer, and we're putting magnetic and electrical fields into our head in the form of RF every time we use a cell phone, and it exposes right there, right at your head. KING: Dr. Erdreich, doesn't that sound -- what he just said, doesn't that sound, I mean, to the layman, logical? You're putting something with soundwaves next to your head. That can't be a hundred percent OK?

ERDREICH: It's radio frequency energy at a very, very low level. We've had radio frequency energy in our society for a very long time.

But the important thing is, there is a large number of studies and a large

number of diverse studies that taken together indicate that it does not cause cancer. And Dr. Milham is mixing in a physical entity, the low frequency of electromagnetic fields, that are not the same thing as the radio frequency energy. And in fact review bodies have not concluded that they cause cancer either. But the evidence, all of the studies together -- and it's a huge variety of studies, which is a good way to solve the problem -- these studies do not indicate that radio frequency energy causes cancer, and many review bodies, in Canada, in England and the Netherlands, have come to the same conclusion.

KING: David, that leaves us confused.

REYNARD: Well, it leaves me confused, because I don't know what news they're paying attention to.

KING: Who do you believe?

REYNARD: Well, all of the studies -- Li Sing (ph), Kirchsbank (ph), Hardell (ph), Holt -- they're all leading to the direction, not conclusive, but there all leading to the direction that there is a danger here and that we need to be very careful.

KING: Would you agree, Dr. Smith, with that statement -- it's not conclusive, but there is some danger?

SMITH: I will agree that it is not conclusive. However, saying that there is some danger is also difficult, because you're taking several different studies, which are constructed in different manners and trying to compare them. You're comparing apples and oranges, and when you compare apples to oranges, how can you make any sound conclusions?

I will say that because there is at times a hint that there could be some activity that it deserves further study. However, I do believe the body of evidence that we currently have in no way suggests at all for sure that there is some type of link between cell phone usage and cancer.

KING: Dr. Smith, would you use a cell phone, say, for hours a day?

SMITH: Well, Larry, much to the chagrin of my friends and loved ones, I use two cell phones, and they probably would say I use it too much, but I don't think anyone would use it eight hours a day, but I do use a cell phone quite often, and I'm very confident and feel comfortable using it. However, there are things of course that you can do if you are afraid or you want to take cautionary measures not to use cell phones, which I try to use sometimes also.

KING: We'll get to that, too, and we're going to hear on the phone from Richard Branson, the chairman of Virgin Group of companies. He uses a headset with his cell phone, doesn't permit any employees to use them as well.

We'll find out why. We'll take your calls, too. Don't go away.

(COMMERCIAL BREAK)

KING: We are back with our panel.

We wanted to get the thoughts of Richard Branson, the chairman of the Virgin Group of Companies that includes Virgin Air. He uses a headset with a cell phones and encourages all employees to do the same. And all of Virgin's telecommunication devices come with headsets. And he's on the phone with us from the British Virgin Islands.

Are you on a cell phone, Richard?

RICHARD BRANSON, CHAIRMAN, VIRGIN GROUP OF COMPANIES: I am. And I haven't done what I told my staff to do. I'm standing here with it glued firmly to my ear.

KING: All right. You're doing this for a couple minutes, but what is your fear?

BRANSON: My attitude -- I had a friend of mine who was dying of a brain tumor a number of years ago. He said that he thought that his brain tumor might have been connected with a cell phone. And he said: Look, try to get out into the open the possibility. All the research indicates that he didn't die from a cell phone. But just as a precautionary measure, we have told our staff that they should have hands-free phones. And we've just launched into the mobile phone industry. And we only also only sell phones which are hands-free phones.

KING: And what does that do?

BRANSON: Well, it just basically keeps the frequency away from the ear, so you've got it, you know, you have got the phone sitting beside you, and you've got an earpiece in your ear. And it's just a precautionary measure, which we think makes sense.

KING: So you feel safer, much safer, by having the headset?

BRANSON: I mean, there's nothing to prove yet one way or the other. I mean, some people have even said that using a headset can be more dangerous. The research that -- all the research that we've seen indicates that it's best to have a headset and if there's any danger at all, that lessens the dangers. KING: To be logical, Richard, we are never going to stop the headsets -- the cell phones -- are we, unless there comes one day definitive proof by surgeon generals that outlaw them, right?

BRANSON: Well, I mean, even if definitive proof comes out -- of course, you know, definitive proof against cigarettes has come out, and millions and millions of people continue to use cigarettes -- I mean, I suspect that there are thousands of people who are saved by the fact that they have got a mobile phone in their car, or they have got a mobile phone in an emergency.

And I suspect, all in all, you know, even if there is a slight danger, that mobile phones will be something that most people will still want to hold -- have.

KING: So, when I go up to people at Virgin Air and they're on the phones, they have a headset?

BRANSON: Yes, we have given all our staff headsets and, you know, most of them use them. Some of them don't bother. And a lot of our staff also use cigarettes and don't bother not to despite the fact that they know the dangers.

KING: Richard, thanks so much.

BRANSON: Thanks, Larry.

KING: Richard Branson, the chairman of Virgin Groups.

Dr. Smith, is that what you were talking about as one of the precautions?

SMITH: Well, it is interesting. When I was listening to him, I was thinking that one of the real reasons to actually to use headsets is to not be driving and

cause accidents. I mean, there have been studies that have shown that cell phones can be dangerous as far as one's distractions. But also, if you follow the argument that cell phones do cause brain cancer, then why not the argument if you're wearing a headset, and the cell phone then antenna is at your waist, then you also may not be getting intestinal cancers, abdominal cancers, why not follow that logic?

Another -- one more point I want to make is that it's interesting, everyone has an opinion about it. And Mr. Branson, with all due respect, is a great businessman from what I read in the papers, but he has absolutely no scientific training. And what happens here is that we take people who really have no scientific training, allow them to express their opinions, and they're revered for their other success, and we confuse science from what someone's opinion is.

So in this case, you know, I think it's great to use these headsets because then you won't be driving and using cell phones.

KING: Dr. Milham, what -- and we will take some calls in a minute -- what convinced you to the contrary? What convinced you that this is a danger?

MILHAM: Well, I did a study of amateur radio operators about 15 years ago. And they are exposed to RF, radio frequency, as well as to power frequency, and they showed an interesting excess of the same cancers that electrical workers show. I did that work initially. I have know -- I've been involved the science and I know the people who have done this work, and I'll tell you, the consensus in the scientific community is that there is a present and real danger from RF as well as from the power frequencies.

KING: Let me get a phone -- Reston, Virginia, hello.

CALLER: Hello, Larry?

KING: Yes.

CALLER: This question is for your panel.

KING: Sure.

CALLER: What is the difference between a portable phone and a cellular phone?

KING: Who wants to take that -- Dr. Moulder.

MOULDER: I guess I'll take that.

KING: OK.

MOULDER: I assume by a portable phone, she means a cordless phone.

KING: Right.

MOULDER: They are both two-way radios. The cordless phone is usually a lot less powerful. But I have seen ads for long-range cordless phones that are just as powerful as some cell phones. But cordless phones, cell phones, PCS phones, the old walkie-talkie, these are all two-way radios. If they're portable, you're holding them next to your head, you are exposing your head to some radio frequency radiation.

KING: David Reynard, what's going to be the answer here: more safety built in by the companies? We are never going to do away with the product, obviously.

REYNARD: Well, I think last year there were some obvious indications that using a hands-free handset -- by the way, I brought mine this evening -- can significantly reduce that. And my own tests with my own equipment have shown that the amount of radiation being received when using a handset is very low. And you don't have to wear it on your hip. I can put it on a table. I can put it two feet, three feet away from my head while I'm using it.

And I'd like to point out that there's two things. Even if you don't believe that cell phones cause cancer, the Department of Transportation will certainly tell you that using one will probably keep you from getting killed in traffic. But I also have found that I get cut off less often when I use my cell phone. And I think a lot of that has to do with the fact that I'm not absorbing a lot of this energy. It's actually being used for the purpose of communicating.

KING: Yes. Is the...

REYNARD: Also...

KING: I'm sorry, go ahead.

REYNARD: Also, I've found that my battery tends to last longer.

KING: Dr. Erdreich, one of the complaints has been that most of the studies are funded by the industry. Should the government be more involved?

ERDREICH: The government right now is involved. Actually, if you look at the precautionary principle in Europe -- something I'm not terribly fond of -- one of the things they like to do is have the burden of proof be on the industry. But the interesting thing is here, the government has the choice of funding this and the government seems who have made decisions to fund other types of research. There's lots of research going on cancer and brain cancer.

And the industry-funded studies are valuable. They are usually published there in peer-review journals, and so they can be evaluated just like any other type of science. So when they exist, they are very valuable to us.

KING: We are going to spend some more moments with our panel, and then the remainder of the show with Dr. David Feigal (ph), who is director for the FDA Center for Devices and Radiological Health. Back with some more moments with our panel -- a few more phone calls maybe -- right after this.

(COMMERCIAL BREAK)

KING: Let's get a few more calls. Davison, Michigan, hello.

CALLER: Hi, Larry.

KING: Hi.

CALLER: Hi. I lost my 38-year-old brother in January from a very malignant brain tumor, glial blastoma. I'm kind of curious if any of the studies have shown a correlation between the site of the brain the tumors are found on being the same side which the phone is being held against. And I'm kind of curious what David Reynard has to say about that and also Dr. Newman.

KING: OK. We'll start -- Dr. Newman's gone. David, is there a correlation between where the cancer is and where the cell phone was held?

REYNARD: Oh, definitely. A couple of months after Suzy (ph) went through the surgery, I was able to get ahold of the MRI and I was actually able to put the cellular telephone right up to the MRI, and the tumor actually appeared to

be a glow from the antenna. And I think also Dr. Hardell's (ph) studies in Europe also support the fact that tumors occur on the side of the head where the person uses the cell phone.

KING: Dr. Moulder, would you agree with that?

MOULDER: I wouldn't agree, but actually I defer to Linda Erdreich on that one. I think she knows that work better even better than I do.

KING: OK. Linda.

ERDREICH: Thank you. There's two issues here. One is there's a contention by Dr. Hardell that his data indicates something that I don't see in the study, that it occurs on the same side. But more important is this problem of trying to make decisions from individual cases.

The whole science of epidemiology is designed to ask the question, do more people -- do people with brain cancer use cell phones more often than people who don't?

KING: Correct.

ERDREICH: Brain cancer has been with us for years, it has occurred in that part of the brain for years, and these things are, I must say, coincidence unless epidemiological studies indicate otherwise.

KING: Dublin, Ohio, hello.

CALLER: Hi, Larry. A question for your panel.

KING: Sure.

CALLER: My position at work, I wear a headset eight hours a day, six -- you know, I worked for a company for six years. There are hundreds of thousands of us that work at jobs that require headsets connected to a regular telephone. Am I in any danger?

KING: Connected to a regular phone. Dr. Milham, is she in any danger?

MILHAM: No.

KING: No danger from regular phones.

MILHAM: No.

KING: Dr. Smith, are we, in your opinion, going to have an answer in some reasonable time in the future, a definitive statement of some kind?

SMITH: Well, I think that "definitive" is a big word, but I do know that there is a study ongoing or that's soon to be published, but I've been told by the researchers -- and I can't name them for the sake of privacy until it gets published -- but I've been told by the researchers that it will be somewhat conclusive that cell phones are not linked to brain cancer.

But I still think the initial statement, Larry, you made in the beginning of the show, which is, "How do you actually prove a negative?" I have patients coming to me all the time reading things off the Internet or hearing something from their neighbors saying that I heard this causes that. Well, how do I show you a study, because no one has studied the link between those two things, how do I prove the negative?

KING: Do you think one...

SMITH: So I don't know if...

KING: I'm sorry.

SMITH: Go ahead.

KING: Do you think one of the problems with that, Dr. Smith, is that that's what tobacco was saying in 1961?

SMITH: Well, it's interesting. Now that this big tobacco case has been settled, this has a lot of similarities between the two. I think that the cell phone industry should not get off the hook in the sense that they should have been making larger studies much earlier, spending more money to make sure that there was a large study to show there was some kind of safety.

I think that now that the tobacco has had its problem, that the cell phone industry a little bit late but not too late is saying, let's get into the game.

But I still think that at the end of the day, looking at the physical principles of cell phones and radiation, that we're not going to find much.

KING: Dr. Milham, do you think we're going to come to some definitive conclusion?

MILHAM: It's going to take a while. The best evidence for cancer latency -- that's the interval between your exposure and whether you get the tumor -- from Hiroshima and Nagasaki, and from kids who were treated in Israel for (UNINTELLIGIBLE) with x-rays of the head show latencies for solid tumors, like of the brain, minimum 20 years. So if you don't take precautionary steps now, I think you're just asking for a hell of an epidemic.

KING: And you're saying, Dr. Moulder, to the viewers with regard to their cell phones, what?

MOULDER: I'm afraid that if you want a definitive answer and definitive means, absolute assurance of absolute safety, I'm afraid you're never going to get it because we just can't do it. But the current evidence does not indicate there's any problem and there's a lot of research out there.

KING: Thank you all very much. In a moment, we'll meet Dr. Feigal and get the views of the FDA.

Tomorrow night, we're going to talk about religion and politics, and the guests will include Rudy Giuliani, the mayor of New York, the noted historian Michael Beschloss, Bob Jones of Bob Jones University, and Kathleen Kennedy Townsend, the lieutenant governor of Maryland. And next week, all week, two shows nightly from the Democratic National Convention here at the Staples Center in Los Angeles. We'll also do a live show from the Staples Center this Saturday night.

We'll be right back with Dr. David Feigal right after this.

(COMMERCIAL BREAK)

KING: And now the government's side of things. Joining us, Dr. David Feigal. He's director of the FDA Center for Devices and Radiological Health, based in Washington.

As of this day, Dr. Feigal, what's the FDA's position on the cell phone?

DR. DAVID FEIGAL, FDA: We've reviewed the studies that have been discussed by your panelists in the previous segment, and it's our conclusion

that at this time there is no reason to conclude that there are health risks posed by cell phones to consumers.

KING: At this time.0

FEIGAL: At this time. If a consumer is concerned and wishes to reduce their risk of exposure, then they can do the kind of things that were discussed: limit the duration of calls, use a headset, try and do things that minimize the amount of time that an antenna is close to the head.

But this again is a precautionary thing by someone who's concerned while waiting for the answers to come in.

KING: Some critics have said that the FDA, the government has not acted aggressively enough, that this happened with tobacco as well, that you're sort of letting the companies do the studies, you're not spending enough, you're not as involved in the hunt. How do you respond?

FEIGAL: Well, the tobacco is an interesting comparison. One of the things that was discussed in the last couple of segments is what are the biological effects of radiation from cell phones.

There has been no problem demonstrating biological effects of tar. That was actually one of the first human cancers ever observed in chimney sweeps, and any number of animal models you can easily produce tumors and other carcinogenic effects that have been very difficult to demonstrate for this kind of product.

So here we're still at the level of trying to figure out what exactly the biological effects even are, and we agree with some of the comments that some of the findings are interesting enough that they need follow up.

There has been research not only by industry but also by the National Cancer Institute, which is doing epidemiologic studies of their own to see if they can find some of the issues: some of the findings that were discussed earlier from smaller studies that weren't even statistically significant but suggested perhaps you get tumors more often on the side of the head, perhaps there are some types of tumors that occur more often.

So there is research beyond what the companies are doing.

KING: Are we spending enough?

FEIGAL: I think the types of research that's being -- that's being done, this is -- it's a difficult answer to say what's enough. I think if you were to compare it to the kind of evaluation that you would have for a new drug exposure and a chemical exposure, with studies of cell systems and animal systems and human studies, all of those pieces are in place. And one of the things that often is necessary is that you need to have some preliminary findings to direct the research and take you to the next step. and I think that's where we are.

KING: Now we understand the industry is going to start disclosing, as I told, SAR on phones, meaning specific absorption rate, the measure of radio frequency radiation. Is that a good idea?

FEIGAL: It's something that the consumer will see that the phones that they purchased are below the SAR levels that have been set as safe levels. And then again, if they're concerned, one of the things that they can take into the equation as they decide to make a purchase is what's the SAR on the particular phone that they're looking at and can they reduce the risk further.

One of the things that makes this difficult is that position can affect this and

the...

KING: Position meaning...

FEIGAL: The way that you hold the phone.

KING: The way you hold the phone.

FEIGAL: The way that you hold the phone: if you hold it flat up against your head or if you move it. It largely depends on how close you get the antenna to your head in terms of how much -- how much energy is going to be transmitted to the head.

KING: Do you use it a lot?

FEIGAL: I have a cell phone. I use it about 20 minutes a day.

KING: We'll be back with some more moments with Dr. David Feigal, director of the FDA Center for Devices and Radiological Health.

I'm Larry King. Don't go away.

(COMMERCIAL BREAK)

KING: And by the way, Dr. Feigal, how does this come under food and drugs?

FEIGAL: It comes under the radiation protection laws, consumer protection laws. That's a responsibility that is shared between the FDA, the Federal Communications Commission, the Nuclear Regulatory Commission, the Environmental Protection Agency. It's actually a complex relationship. But because of our expertise in health and risk assessment for health, it falls to us.

KING: Now, I understand you and the telecommunications industry are going to go into a partnership here for a study. How far along is that?

FEIGAL: We have recently signed an agreement. It's a fairly common mechanism of setting up the government as an independent party. And we will function in this role to help review these studies, to be an independent party, to help select third parties to do research for industry. And this should, I think, address some of the concerns about the independence of the research done by the industry itself.

KING: How about children and usage? We discussed that earlier and Britain suggests not. What do you think?

FEIGAL: I think the answer given by your previous panel is the current assessment, that it's a precaution that they have -- that they have taken, not because there have been new studies on children but by extrapolating from potential concerns. They have identified use by children as an area to be particularly careful, because they potentially can have the longest exposures.

KING: Would you be concerned about people who use them a lot? And by I mean a lot, a lot. You know, we know people that are always on a cell phone.

FEIGAL: Yes.

KING: Is that a worry?

FEIGAL: It's been one of the -- well, it's been one of the questions, it's been

one of the tools to try and look for risks, is to see if the amount of use correlates with the risk of a brain tumor. And some of the studies have actually shown the opposite in small numbers, that they -- there's even a paradoxical relationship.

So I think that -- again, I think we're at a stage of knowledge that a consumer often finds themselves in, where issues have been identified, but there's going to be a period of time before we have the answers. And if it's a concern to them, the precautions that have been outlined before are ones that are reasonable to take.

KING: And is the industry to your knowledge working on, even if it's not deemed as unsafe, making it safer?

FEIGAL: I think they respond -- industries in general respond to consumer interests and consumer pressures, whether they are things related to safety or other types of preferences. And I think as these issues develop, they will respond to those market forces.

KING: And so you are, the FDA is saying to the public what?

FEIGAL: They're saying...

KING: The viewer now -- the viewer now has a cell phone. You are saying to him what?

FEIGAL: We're saying two things. One is that we have reviewed independently the currently available data and we do not see a health risk from the current data. However, if someone wishes to take precautions, they should limit the duration of their calls. They should do -- take the measures that moves the antenna away from their head, including hands-free sets and other types of precautions, as a precaution while they wait for the answer to come in.

KING: Do you expect to see in a relative amount of time conclusive evidence here in that we can -- obviously, you can't prove a negative and someone will always say it does -- where we'll say, yes, this is the story?

FEIGAL: I think what we'll be able to do in the near term is to be able to repeat the studies that have suggested biological effects such as on attention, effects on cells, DNA. I think we'll be able to work through the methodology and decide if those effects are real or not. It will be much longer before we get an answer to whether or not these have long-term consequences, because this is a relatively new technology and we can only get so far by extrapolating from exaggerated dosing in animals or other types of cell models.

KING: And you would use yours again for 20 minutes tomorrow?

FEIGAL: I certainly -- I need to do that, yes.

KING: Thanks, doctor. Dr. David Feigal, director of the FDA's Center for Devices and Radiological Health.

Tomorrow, religion and politics, a lot of talk about that the last couple of days, and our guests will be the mayor of New York, Rudy Giuliani, the famed historian Michael Beschloss, Bob Jones of Bob Jones University, and Kathleen Kennedy Townsend, the lieutenant governor of the state of Maryland.

Thanks very much for joining us. I'm Larry King in Los Angeles. There will be a big story here next week and we'll be there for all of it. Good night.

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