

Before the
Federal Communications Commission
Washington DC

In the Matter of) FCC-23-83
Safeguarding and Securing the Open Internet) WC Docket No. 23-320

REPLY TO COMMENTS ON NOTICE OF PROPOSED RULEMAKING

January 17, 2024

FILING PARTIES

The parties listed below collectively constitute the “Filing Parties,” have granted permission to submit these Comments on their behalf, and join together to submit these Comments:

Wired Broadband, Inc., Odette Wilkens, President & General Counsel, Forest Hills, NY; Kent Chamberlin, PhD, Professor & Chair Emeritus, Dept. of Electrical & Computer Engineering, University of New Hampshire, Former member of the New Hampshire Commission on Wireless Radiation, Durham, NH; Virginians for Safe Technology, LLC: Jenny DeMarco, Communications Director, and Mary Bauer, Retired RF Engineer, Fredericksburg, VA; Safe Tech Westchester, Ruth Moss and Chet Moss, White Plains, NY; Stand for Health Freedom, Leah Wilson, J.D., Executive Director, U.S.; Ingrid Iverson, **EMS Disabled**, La Plata for Safe Technology, CO; Deborah Shisler, **EMS Disabled**, La Plata for Safe Technology, CO; Coloradans for Safe Technology, Andrea Mercier (**mother of a severely disabled child who is adversely impacted by various forms of non-ionizing radiation**), Colorado Springs, CO; Coloradans for Safe Technology, Nancy Van Dover, DVM OMD Dipl Acup, CO; Coloradans for Safe Technology, Martin J. Feffer, **EMS Disabled**, Boulder, CO; Brenda Schafer, **EMS/MCS Disabled**, Frazier Park, CA; Sharon Behn, **EMS Disabled**, National Council for Independent Living Transportation Subcommittee, Member, Arden, NC; Virginia Farver, Fort Collins, CO; Susan Molloy, Snowflake, AZ; NY4Whales & NY4Wildlife, Taffee Williams, President, Tuckahoe, NY; Sara Aminoff, Union City, CA; New Yorkers 4 Wired Tech, New York, NY; Amy Harlib, New York, NY; Pittsfield Injured & Concerned Citizens, Courtney Gilardi, Pittsfield MA; Safe Cell 01240, Diane Sheldon, Lenox, MA; National Health Federation, Scott C. Tips, JD, President, Mossyrock, WA; Alliance for Microwave Radiation Accountability, Inc. (AMRA), Michael Muadin, President, East Chatham, NY; Ithacans for Responsible Technology, Marie and Andrew Molnar, Directors, **EMS Disabled**, Ithaca, NY; Port Richmond North Shore Alliance, Mary L. Bullock, President, 128 Port Richmond Avenue Suite 2G, Staten Island, NY; Frederick P Sinclair Jr., Alfred, NY; Lora Mitchell, **EMS Disabled**, Englewood, NJ; NAACP - Staten Island Branch, Jasmine Robinson, Vice-President, Staten Island, NY; Cecelia Doucette, Director, Massachusetts for Safe Technology, Ashland, MA; Robert Morningstar, New York, NY; Jill Benzer (Urban Naturalist), **at risk re EMS**, New York, NY; Christopher Macor, Wholeness Geeks, Boulder, CO; Grace Hilbert, **EMS Disabled**, Annandale, VA; EMF Safety Network, Sidnee Cox, Director, Windsor, CA; Liz Barris, The Peoples Initiative Foundation, **EMS Disabled**, Topanga, CA; Charlene Hopey, Topanga, CA; Gene Wagenbreth, Topanga, CA; Floris R. Freshman, Artist, **EMS Disabled**, Scottsdale AZ; EM Radiation Research Trust, Eileen O'Connor, Charity Director, Merseyside, UK; Frances Reed, Ashland, OR; Connie Sampognaro, EMF Sensitive, Calhoun, LA; Alison McDonough, **EMS Disabled**, Cambridge, MA; Mr and Mrs John Decristofaro, **EMS Disabled**, L Compton, RI; 5G Free RI, Sheila Resseger, M.A., Co-Founder, Cranston, RI; Tiffany Fletcher, San Diego, CA; Safe Technology Minnesota, Leo Cashman, Administrator, Minneapolis, MN; 5G Free

California, Julie Levine, Executive Director, **EMF Disabled**, California Hot Springs, CA; Glenda Ploeger, Fletcher, NC; Southwest Ohio for Responsible Technology (SWORT), Cristina Shonk, **EMS Disabled**, Cincinnati, OH; Southwest Ohio for Responsible Technology (SWORT), Monique Maisenhalter, Greenhills, OH; Consumers for Safe Cell Phones, Cynthia Franklin, Director, Bellingham, WA; Susie Molloy, M.A., **EMS Disabled**, Snowflake, AZ; Janet Fitzgerald, Speech/Language Pathologist, member of Massachusetts for Safe Technology, **EMS Disabled**, Rowley MA; Safe Tech Tucson, Tucson, AZ; EMF Wellness Tucson, Lisa Smith, PhD, EMRS, Tucson, AZ; Nikki Florio, Founder/Director: Bee Heroic, Wheat Ridge, CO; EMF Safety Network: Marin County education/outreach, Vicki Sievers, San Rafael, CA; Southwest Pennsylvania for Safe Technology, Susan Jennings, MPA BA, Founder, Mount Pleasant, PA; Oregon for Safer Technology, Kelly Marcotulli, **EMS Disabled**, Ashland OR; Center for Safer Wireless, Desiree Jaworski, Executive Director, Haymarket, VA; Keep Cell Antennas Away, Mark Graham, Founder, Elk Grove, CA; STOP 5G JAX, Lisa Lovelady, Raymur Rachels, Searcy Danneheim, Lisa Baker, Jacksonville, FL; Antonella DiSaverio, Astoria, Queens, NY; Ghislaine Sosa, **EMS Disabled**, New York, NY; Ilene Wolff, Woodacre, CA; and David Eifler, Woodacre, CA.

Comments were filed in this docket during the initial comment round.¹ We reiterate those comments and add the following reply to comments.

Reply to CTIA

FCC should avoid any action or regulation that expands preemption of state and local zoning authority over the placement of wireless facilities, including co-mingled services.

1. In its December 14 comments, CTIA weighed in on the NPRM's impact on preemption with respect to deployments that co-mingle telecommunications services and Broadband Internet Access Service (BIAS), and essentially states that it is satisfied with the status quo. CTIA stated there is no need to increase federal preemption under section 253(d) or 332(c)(7) and that "reimposing a Title II regime would not advance the Commission's infrastructure goals² – in other words, the wireless industry is satisfied with its existing level of preemption.
2. In our initial comments, we argued against any expansion of preemption for data-only mobile services and for fixed wireless services.³
3. We express our concern that the NPRM, as proposed, may expand preemption of local zoning authority over the placement of wireless facilities for the provision of personal wireless services providing co-mingled voice and data by expanding the definition of commercial radio service to include data – an expansion we oppose. Assuming the FCC moves forward with net neutrality, we urge the commission to do so in a way that expressly avoids any expanded preemption of local zoning for wireless facilities. With respect to co-mingled data and voice, the Commission could do so by:
 - a. Exercising Title III authority over wireless BIAS, using the "data roaming" approach we outlined in our initial comments.⁴
 - b. If the Commission proceeds with Title II reclassification of mobile wireless BIAS, it should exercise forbearance with respect to mobile wireless BIAS, whether provided as data only or co-mingled data and voice, and forbear from applying sections 224, 253(a)-(d), and 332(c)(7)(B).⁵

¹ <https://www.fcc.gov/ecfs/search/search-filings/filing/121521996449>

² CTIA, Page 42, <https://www.fcc.gov/ecfs/document/1214144547233/1>

³ Fn 1

⁴ Fn 1 ¶13

⁵ Fn 1 ¶16

4. With respect to mobile BIAS, FCC has statutory authority under 332(c)(1)(A) to exercise tailored forbearance from the application of §224 and 253; §160(a) confers statutory authority to exercise tailored forbearance from the application of §224, 253, and 332(c)(7)(B).^{6,7}
5. Regarding pole attachments, CTIA states, “the vast majority of broadband subscribers are served by providers that offer commingled cable or telecommunications services over their facilities and those providers are already eligible for pole attachment rights pursuant to Section 224.”⁸ CTIA’s conclusion from this (quoted above in ¶11) is that the impact on deployment, as a result of increased preemption from classifying BIAS under Title II, would be de minimis. Our position – that the Commission should not take any action that increases federal preemption of state and local authority over the placement, construction, modification, or number of wireless facilities – is therefore, according to CTIA, compatible with “the Commission’s infrastructure goals.”⁹

Reply to National League of Cities

We support and agree with NLC’s position to repeal the 2018 “small cell” order and avoid any expansion of preemption of state and local authority over the placement of wireless facilities.

6. NLC wrote:

“NLC urges the Commission to revisit and overturn the 2018 preemption order and, until that time, forbear application of Sections 253 and 332(c) to reclassified BIAS services.”

7. We oppose rules– past, present, or future – that preempt or expand preemption of state and local authority over the placement of wireless facilities.
8. In this context, we recall Chair Rosenworcel’s dissent in response to the 2018 order’s fee limits, promulgated under section 253 preemption:¹⁰ [emphasis added]

*So it comes down to this: three unelected officials on this dais are **telling state and local leaders all across the country what they can and cannot do in their own backyards.** This is extraordinary federal overreach.*

I do not believe the law permits Washington to run roughshod over state and local authority like this and I worry the litigation that follows will only slow our 5G future. For starters, the Tenth Amendment reserves powers to the states that are not expressly granted to the federal government. In other words, the constitution sets up a system of dual sovereignty that informs all of our laws. To this end, Section 253 balances the interests of state and local authorities with this agency’s responsibility to expand the reach of communications service.

⁶ Regardless of FCC’s interpretation of 332(c)(1)(A), §160(a) expressly controls over §332, stating “**Notwithstanding section 332(c)(1)(A) of this title**, the Commission shall forbear.” [Emphasis added] In addition, the scope of applicability of §160(a) includes “**any** regulation or any provision of this chapter”, and in such context, “regulation” includes past, present, or future regulation and “chapter” refers to 47 USC § 151-646, inclusive.

⁷ To the extent FCC believes that wireless facility preemption arises from prior rulemaking (rather than directly from statute), it can modify, circumscribe, and/or limit the applicability of prior rules to wireless BIAS facilities covered under its net neutrality rules.

⁸ CTIA, Page 41

⁹ We take no position on reclassification of wired BIAS.

¹⁰ Statement issued September 27, 2018, *Re: Accelerating Wireless Broadband Deployment by Removing Barriers to Infrastructure Investment, WT Docket No. 17-79; Accelerating Wireline Broadband Deployment by Removing Barriers to Infrastructure Investment, WC Docket No. 17-84*
<https://docs.fcc.gov/public/attachments/FCC-18-133A5.pdf>

Reply to Nokia

The net neutrality rulemaking is a major federal action and the FCC must prepare an environmental impact statement of its effects.

9. Nokia states, without evidence, “Sustainability: Network slicing contributes to lowering the environmental footprint of communications networks and services.” This alleged sustainability is part of Nokia’s rationale for saying that if the FCC “proceeds with reaffirming Title II regulation over BIAS, Nokia urges the Commission to adopt a policy framework and regulatory environment that promotes network slicing technology.”
10. We disagree. The FCC should require clear and convincing evidence and properly assess Nokia’s specific claim.
11. In addition, the FCC must consider the environmental impacts of its proposed rules. The proposed net neutrality rulemaking is a major federal action as defined in 40 CFR § 1508.1(q)(3).¹¹ As a result, FCC must prepare an environmental impact statement to assess the environmental impacts of the proposed rules.¹² Council on Environmental Quality (CEQ) rules require agencies consider not only direct effects of their actions, but also indirect, cumulative, and a range of other effects set out in 40 CFR 1508.1(g), including (without limitation) the implications and results of FCC preemption of state and local authority across the country.¹³

Reply to National Association of Regulatory Utility Commissioners (NARUC)

FCC’s exercise of forbearance under §224, 253, 332(c)(7) would be a preservation of states’ authority

12. NARUC filed comments in favor of preserving state authority.¹⁴ They assert that FCC cannot forbear from preservation of state and local authority; i.e., FCC cannot remove Congress’s preservation of state and local authority in section 253. However, their comments do not sufficiently address the differences among subsections of §253. Assuming *arguendo*, that the Commission agrees with NARUC that it cannot forbear from preserving state authority: states’ rights are set out only under 253(b) and (c). These subsections are savings clauses that preserve states’ rights in the face of the preemption under 253(a) and (d). If the FCC, as we have urged, forebears from preemption under 253(a) and (d), the provisions of subsections (b) and (c) become moot.¹⁵
13. NARUC does not address the converse of its concern, which is forbearance from preemption of state and local authority, as set out in 253(a) and (d). NARUC cites 47 USC 160(a), stating that FCC can only forbear from statutory provisions that confer rights upon private carriers (“appl[ies] to a telecommunications carrier or a class of telecommunications carriers.”)¹⁶ Preemption of local authority does confer a right of significant value upon a carrier or provider. Therefore, (i) forbearance from preemption is a forbearance

¹¹ [https://www.ecfr.gov/current/title-40/part-1508/section-1508.1#p-1508.1\(q\)\(3\)](https://www.ecfr.gov/current/title-40/part-1508/section-1508.1#p-1508.1(q)(3))

¹² <https://www.ecfr.gov/current/title-40/section-1502.3>

¹³ [https://www.ecfr.gov/current/title-40/part-1508/section-1508.1#p-1508.1\(g\)](https://www.ecfr.gov/current/title-40/part-1508/section-1508.1#p-1508.1(g))

Also see *National Environmental Policy Act Implementing Regulations Revisions* (87 FR 23453)

<https://www.federalregister.gov/documents/2022/04/20/2022-08288/national-environmental-policy-act-implementing-regulations-revisions>

¹⁴ NARUC, comments filed December 15, 2023, Page 20

<https://www.fcc.gov/ecfs/search/search-filings/filing/12150248224134>

¹⁵ For completeness, we have also urged for forbearance from §224 and §332(c)(7)(B), para 3b supra.

¹⁶ Id

from conferring a right upon private carriers or providers; and (ii) our proposal to forbear from preemption is compatible with and survives under NARUC's argument for preservation of state and local authority.

14. In addition, the NARUC omits the full text of that sentence in §160(a), which reads:

“Notwithstanding section 332(c)(1)(A) of this title, the Commission shall forbear from applying any regulation or any provision of this chapter to a telecommunications carrier or telecommunications service, or class of telecommunications carriers or telecommunications services, in any or some of its or their geographic markets.” [emphasis added]

The statute provides FCC the ability to forbear, not only from conferring rights upon a carrier, but also the ability to forbear from the application of any regulation to any **telecommunications service**, including BIAS if it were reclassified as such — a forbearance for which we advocated in the initial comment round¹⁷ and in earlier sections of this document.

Reply to New America Open Technology Institute

Mobile wireless BIAS, whether data-only or co-mingled, should not be categorized as a commercial radio service.

15. New America incorrectly alleges that “it would be clearly erroneous to classify mobile BIAS as a ‘private’ radio service (akin to a private taxi... network).”¹⁸ They narrowly rely only on a plain reading of the word “private.” However, the Act expressly defines what it means to be a private mobile service, which is the definition that controls. §332(d) specifies that availability to the public is only one requirement for a commercial mobile service. Crucially, commercial mobile service must also be an interconnected service, connected to the public switched telephone network, as described in our initial round of comments.¹⁹
16. CTIA concurred with our analysis of interconnected service, writing “The Internet and the PSTN are Distinct Platforms...The two approaches could not be more different.”²⁰ CTIA continued, “The view that mobile voice and data networks have converged is simply not correct.”²¹
17. New America also alleges that “Congress could (and presumably would) have used the more limited—and more precise—term ‘public switched telephone network.’”²² However, precisely because it was commonly understood that PSN and PSTN were identical, the terms were used interchangeably, and therefore do not signal Congressional intent to include IP addresses.

Reply to Public Knowledge

The NPRM must take into account and accommodate the needs of the EMS disabled.

18. Public Knowledge states that “Title II Classification Supports Accessibility for Persons with Disabilities.”²³ However, it does not take into account the impacts of wireless facility proliferation on persons with electromagnetic sensitivity disability.

¹⁷ Fn 1 ¶16

¹⁸ <https://www.fcc.gov/ecfs/search/search-filings/filing/1215760807084>

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¹⁹ Fn 1 ¶7-9

²⁰ ¶41, Declaration of Peter Rysavy, Rysavy Research

<https://www.fcc.gov/ecfs/document/1214144547233/3>

²¹ Id ¶46

²² New America Page 20

²³ <https://www.fcc.gov/ecfs/search/search-filings/filing/12141254615295>

19. Individuals suffering symptoms and/or medical conditions from exposure to electromagnetic radiation are known as having electromagnetic sensitivity (EMS), also referred to as microwave sickness.²⁴ Some parties use the term “electromagnetic hypersensitivity” (EHS) synonymously with EMS, although we reject the term EHS, as it implies that those with EMS are outliers, rather than the reality, which is that they comprise one third (or more) of the population, as described below (§126).
20. The Americans with Disabilities Act (ADA) defines a disability as “a physical or mental impairment that substantially limits one or more major life activities.”²⁵ The ADA further states:²⁶

“**major life activities** include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working...

a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.” [emphasis added]

Individuals for whom electromagnetic exposure causes or exacerbates a disability are referred to as “EMS disabled.”

21. EMS disabilities encompass a constellation of symptoms which can include: sleep disturbances, chronic fatigue, chronic pain, short-term memory impairment, difficulty concentrating (e.g., “brain fog”), skin problems, dizziness, loss of appetite, heart palpitations, tremors, vision problems, tinnitus, nose bleeds, asthma, reproductive problems, and headaches, to name a few.²⁷
22. The proposed rules make no provisions or accommodations to prevent increased and/or involuntary exposure by EMS disabled persons to wireless facilities.
23. Seven papers published in 2023 alone document new onset of EMS disability from exposure to 5G towers. Previously healthy individuals developed typical “microwave syndrome” symptoms shortly after the towers were installed: headaches, abnormal fatigue, heart arrhythmia, burning skin, trouble concentrating.²⁸
24. The attached Appendix B is a compendium of testimonials from individuals adversely impacted by EMS disability and proliferation of wireless facilities.
25. The U.S. Access Board (which advises the Justice Department and other state and federal agencies under the Americans with Disabilities Act) recognized EMS disability in 2002.
26. A 2019 paper by Bevington,²⁹ reviewed the literature estimating prevalence of EMS in the general population. Bevington’s estimate of EMS disability was:

²⁴ Electromagnetic Sensitivity, also known as “microwave sickness,” <https://ehtrust.org/science/electromagnetic-sensitivity/>.

²⁵ 42 USC § 12102(1)

[https://www.govinfo.gov/content/pkg/USCODE-2009-title42/html/USCODE-2009-title42-chap126.htm#:~:text=\(1\)%20Disability,of%20such%20an%20impairment%3B%20or](https://www.govinfo.gov/content/pkg/USCODE-2009-title42/html/USCODE-2009-title42-chap126.htm#:~:text=(1)%20Disability,of%20such%20an%20impairment%3B%20or)

²⁶ 42 USC § 12102(2)

²⁷ “Electrohypersensitivity as a Newly Identified and Characterized Neurologic Pathological Disorder” Int’l Journal of Molecular Sciences, <https://www.mdpi.com/1422-0067/21/6/1915>.

Electrohypersensitivity (EHS) Is An Environmentally-Induced Disorder That Requires Immediate Attention, Dr. Magda Havas, J. Sci Discov (2019), <http://www.e-discoverypublication.com/wp-content/uploads/2019/03/JSD18020-final.pdf>

²⁸ See Appendix A attached for a list of these papers

²⁹ “The Prevalence of People with Restricted Access to Work in Manmade Electromagnetic Environments,” Journal of Environment and Health Science, <https://mdsafetech.files.wordpress.com/2019/10/2018-prevalence-of-electromagnetic-sensitivity.pdf>.

- 0.65% Can't work
- 1.5% Severe symptoms
- 5% Moderate symptoms
- 30% Mild symptoms

Based on a population of 332.4 million people in the U.S., the number of Americans affected is quite high:

Percentages	Number of U.S. EMF Sensitive/Disabled
Can't work – 0.65%	2.16 million
Severe symptom – 1.5%	4.99 million
Moderate symptoms – 5%	16.6 million
Mild symptoms – 30%	99.7 million

27. As early as 2000, a Social Security Administration administrative law judge made a determination that a claimant with EMS disability suffered “severe impairment” which “significantly limit the ability to perform basic work activities”.³⁰
28. The National Institute of Building Sciences (NIBS) was contracted by the U.S. Access Board to examine how to accommodate the needs of the electro-sensitive in federally funded buildings; in 2005, they produced a report, the Indoor Environmental Quality (IEQ) Report.³¹ The IEQ recommended the following:

Cell Phones Turned Off: Protect those with electromagnetic sensitivities and others who may be adversely affected by electrical equipment.

Ability to turn off or unplug computers and other electrical equipment by occupant or staff: Protect those with electromagnetic sensitivities.

People with electromagnetic sensitivities can experience debilitating reactions... from electromagnetic fields emitted by computers, cell phones, and other electrical equipment. The severity of sensitivities varies among people with electromagnetic sensitivities...According to the Americans with Disabilities Act (ADA) and other disability laws, public and commercial buildings are required to provide reasonable accommodations for those disabled by electromagnetic sensitivities. These accommodations are best achieved on a case-by-case basis.³²

29. The National Council on Disabilities (NCD) issued a Framework for health equity, recognizing EMS:³³

Provide mandatory industry guidance, including recommended policies, training and best practices, to address the needs of people disabled by exposure to low level chemical, electromagnetic, and other environmental exposures **that preclude access to care and**

³⁰ <https://ehtrust.org/wp-content/uploads/Electromagnetic-Sensitivity-Found-to-be-a-Severe-Impairment-by-the-Social-Security-Administration-2003-and-2020-.pdf>.

³¹ <https://www.access-board.gov/research/building/indoor-environmental-quality/>.

³² Id at 51-52.

³³ <https://ncd.gov/sites/default/files/NCD-Framework-to-End-Health-Disparities-of-People-with-Disabilities.pdf> at Page 10, Sub-Component 6.

treatment at medical, dental and at other providers' offices, hospitals, surgical centers, and other healthcare and healthcare-related facilities, as a result of their use of chemical, fragranced and other scented products, and also as a result of the usage of wireless communications and electrical technologies and other sources of non-ionizing radiation, which may trigger disabling and life-threatening cardiac, respiratory, neurological, and other adverse physical reactions. (Requires administrative action through HHS Office of Civil Rights, and further research concerning this matter should be conducted by the FDA, NIH, HHS, and HUD.) [emphasis added]

30. The Job Accommodations Network (JAN) funded by the U.S. Department of Labor's Office of Disability Employment Policy (DOL/DEP) has issued a list of guidelines that recognize EMS and requires accommodation (see listing for "Electrical Sensitivity & Hypersensitivity," and "Electromagnetic Fields and Public Health").³⁴
31. The Center for Disease Control (CDC), in its International Classification of Diseases, recognizes a medical diagnosis for EMF /RF injuries:³⁵
 - ICD-10-CM "diagnosis code" for radiation sickness is T66.
 - ICD-10-CM "injury" code for "Exposure to radio frequency" and "Exposure to other non-ionizing radiation" is W90.0.
32. EMS impairments have been legally recognized in other countries. Sweden was the first country to recognize EMS as a functional impairment in 2002.³⁶ The Canadian Human Rights Commission recognized EMS in 2007.³⁷ The European Parliament did so in 2009.³⁸ Courts have awarded disability claims to people with electromagnetic sensitivity in Australia,³⁹ France,⁴⁰ Spain,⁴¹ and United States.⁴²

We urge the Commission to avoid any action that expands preemption of state or local authority over wireless facilities.

³⁴ <https://askjan.org/disabilities/Electrical-Sensitivity.cfm#otherinfo>.

³⁵ <https://icd10cmtool.cdc.gov/?fy=FY2023&query=radiation>.

³⁶ Johansson O. Electrohypersensitivity: state-of-the-art of a functional impairment. *Electromagn Biol Med*. 2006;25(4):245-58. doi: 10.1080/15368370601044150. PMID: 17178584. <https://pubmed.ncbi.nlm.nih.gov/17178584/>

³⁷ Policy on Environmental Sensitivities, Canadian Human Rights Commission, 2007, Policy Reviewed 2014. https://web.archive.org/web/20230515143602/http://www.chrc-ccdp.gc.ca/sites/default/files/publication-pdfs/envsensitivity_en_1.pdf

³⁸ Full recognition of electromagnetic hypersensitivity (EHS) in Europe, European Parliament, 2009. https://www.europarl.europa.eu/doceo/document/TA-6-2009-0216_EN.html

³⁹ 'Wi-fi allergies' issue flares up in Australia, iNews, <https://www.itnews.com.au/news/wi-fi-allergies-issue-flares-up-in-australia-356354>.

⁴⁰ Gadget 'allergy': French woman wins disability grant, August 27, 2015, BBC News, <https://www.bbc.com/news/technology-34075146>.

⁴¹ Spain: High Court of Madrid Ruling Recognizes "Electrosensitivity" as Grounds for Total Permanent Disability, August 4, 2016, Maris, <https://www.elettrosensibili.it/2016/09/14/spain-high-court-of-madrid-ruling-recognizes-electrosensitivity-as-grounds-for-total-permanent-disability/>.

⁴² JML Law Wins Appeal in 'Unprecedented' Disability Case Against LAUSD For Failure to Accommodate Teacher With Electromagnetic Hypersensitivity, March 26, 2021, Accesswire <https://www.accesswire.com/637661/JML-Law-Wins-Appeal-in-Unprecedented-Disability-Case-Against-LAUSD-For-Failure-to-Accommodate-Teacher-With-Electromagnetic-Hypersensitivity>

Respectfully Submitted,
On behalf of the Filing Parties

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Attachments:

APPENDIX A

Papers by Dr. Hardell, et al documenting onset of EMS disability resulting from exposure to electromagnetic radiation

APPENDIX B:

The EMS disabled – in their own words

APPENDIX A

Papers by Dr. Hardell, et al documenting onset of EMS disability resulting from exposure to electromagnetic radiation

Hardell L, Nilsson M. Case Report: The microwave syndrome after installation of 5G emphasizes the need for protection from radiofrequency radiation. Ann Case Report 2023;8:1112. DOI: 10.29011/2574-7754.101112 <https://www.gavinpublishers.com/article/view/case-report-the-microwave-syndrome-after-installation-of-5g-emphasizes-the-need-for-protection-from-radiofrequency-radiation>

Nilsson M, Hardell L. Development of the microwave syndrome in two men shortly after installation of 5G on the roof above their office. Ann Clin Case Rep. 2023; 8. 2023;2378. <https://www.anncaserep.com/open-access/development-of-the-microwave-syndrome-in-two-men-shortly-after-9589.pdf>

Hardell L, Nilsson M. Case Report: A 52-year healthy woman developed severe microwave syndrome shortly after installation of a 5G base station close to her apartment. Ann Clin Med Case Rep. 2023;10(16):1-10. <https://acmcasereports.org/pdf/ACMCR-v10-1926.pdf>

Nilsson M, Hardell L. 5G Radiofrequency radiation caused the microwave syndrome in a family living close to the base stations. J Cancer Sci Clin Ther. 2023;7: 127-134. DOI:10.26502/jcsct.5079203 <https://www.fortunejournals.com/articles/5g-radiofrequency-radiation-caused-the-microwave-syndrome-in-a-family-living-close-to-the-base-stations.html>

Nilsson M, Hardell L. A 49-year-old man developed severe microwave syndrome after activation of 5G base station 20 meters from his apartment. J Community Med Public Health 2023; 7: 382. DOI: <https://doi.org/10.29011/2577-2228.100382>

Nilsson M, Hardell L. Case Report: Both parents and their three children developed symptoms of the microwave syndrome while on holiday near a 5G tower. Ann Clin Med Case Rep. 2023; V12(1): 1-7. <https://acmcasereport.org/wp-content/uploads/2023/12/ACMCR-v12-2046-1.pdf>

Hardell L, Nilsson M. A woman aged 82 years with electromagnetic hypersensitivity since almost four decades developed the microwave syndrome after installation of 5G base stations in her living vicinity – ethical principles in medicine are violated. J Environ Science Public Health 2023; 7 <https://www.fortunejournals.com/articles/a-woman-aged-82-years-with-electromagnetic.pdf>

APPENDIX B:
THE EMS DISABLED – IN THEIR OWN WORDS

Note: Some names have been truncated, changed or anonymized to protect individuals' privacy.

October 3, 2023

To Whom It May Concern,

In 2009 my husband bought me an iPad for Christmas. I loved it and was on it a few hours every day. Within a few weeks, however, I noticed that I would be nauseous after using it. I set it aside and have not picked it up since.

Soon afterward, I became aware that I was sensitive when texting on my Blackberry which gave me the feeling of sharp metal shards in my fingertips. It was affecting my manual dexterity. I now use a corded landline phone and mail for most all my communication. I cannot use wireless devices without adverse health effects. Myself, and others like me, need to have alternate ways to communicate (landlines, hardwired devices, mail) because wireless negatively impacts our health.

D.S.

EMS Disabled, Colorado

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Department of Justice, Civil Rights Division

28 CFR Part 35, CRT Docket No. 144, AG Order No. 5729-2023, RIN 1190-AA79

Nondiscrimination on the Basis of Disability; Accessibility of Web Information and Services of State and Local Government Entities

Notice of Proposed Rulemaking

October 1, 2023

Department of Justice:

Thank you for this opportunity to share my response to the NPRM with you.

I have been disabled by environmental exposures since 1981. For the first years the electromagnetic hypersensitivities were especially painful and disorienting, but I learned to adapt to the dystonic symptoms (falling, clenched muscles, losing my ability to speak) by taking certain measures. For example:

- a.) I avoided sidewalks with overhead power distribution lines;
- b.) never crossed Market or Mission Streets over the Bay Area Rapid Transit train lines;
- c.) never approached S.F. General Hospital from the front, to avoid power generators under the street;
- d.) I avoided being anywhere that was line-of-sight from Sutro tower;
- e.) walked/rolled along the outer edge of the sidewalk, as far as possible from neon signs in shop windows;
- f.) other measures, many others.

It took several years but I learned to use my wheelchair, attendant, driver, and oxygen to go out. My neurology was severely damaged but sometimes I just risked the hit.

These and numerous other adaptations I learned by experiment. I'd never heard of anyone whose disability was "triggered" like mine was. For years, in no way could I explain the invisible barriers and constraints that held me back, except that they coincided with electromagnetic and radiofrequency exposures.

Eventually I found a support group for people with environmental illnesses, and began answering the "warm line" I&R calls from dozens of other people who'd been traumatized and isolated by environmental factors. I was learning some valuable principles from the S.F. Bay Area disabled community, too.

In more recent years, friends helped me move to the remote high desert in Arizona. I have a small, safe enough house, with a landline-wired phone and computer, and a long driveway where numerous electrically and chemically sensitive guests have camped or parked after they've become hypersensitive, unhoused, and without work or family for the first time.

There's a lot to get used to, primarily the estrangement from everything we loved and thought we knew. Despite the numerous promises of the A.D.A., people with environmental illnesses have no access to "public" programs and facilities like hotels, housing, homeless shelters, vocational and occupational rehab, hospital and medical care, the bank, taking classes, most shopping or chores, the sidewalks.

I can get around a lot of the time now, and think relatively well enough to take care of the daily needs. I have a hard-wired lap-top computer, shielded in metals, and can now do Word, e-mail, and print.

The old-fashioned electronics that first disabled me posed terrifying barriers but in retrospect they seem simpler, once I learned that they were "only" extremely painful, debilitating, and alienating. I could lessen their damage, to some degree, by isolating myself.

But now?

Now there doesn't seem to be a way to defend myself from the new communications technologies like cell phones, and I expect this will be made worse by 5-G. It took hard work to opt out of having a "smart" meter installed on my own house. There is hardly a single place to go, certainly none in public, to get far enough away to avoid aggravating the neurological problems. I don't know where else to live.

People who are ignorant about our situation invariably suggest that we "just" (like it is simple) get cell phones, use computers to work from home, for medical or legal appointments, and to order our food and other necessities. It is suggested that we could expand our social interaction through Facebook or similar.

This assumption that we can "hop on" computers or cell phones for daily tasks is dead wrong. It reflects extreme naivete to assume that we can be in a room with a computer for more than a few minutes if at all, or use cell phones, for example, to call for help when there is a fire, injury, assault, or a vehicle wreck. Only phones with real wiring are safe and don't hurt to use, same with computers.

Activities that are inaccessible now, due to wifi, include going to parks, campgrounds, and the library. I can't enter Lowe's, Home Depot, Ace, or most other stores without being overcome by their wifi.

I used to use an outdoor ATM machine, but now it hurts, and the flashing pictures and movement on the screen make it all but unusable. Managing inside the bank, by myself, is out of the question.

There is one public pay phone where a person can call out with coins in my town. It is in front of Circle K, surrounded by fluorescent lights and gas fumes, and a person should never go there after dark.

I get terribly disoriented using the computer to send for things, so my landline phone is the only option. I'm very concerned that the phone company where I live might switch to cellular only. That would mean no phone, no computer. Some of us are increasingly isolated by this true and actual "digital divide".

A lot of the roads out where I live are slick mud when the washes run, during monsoon. Last time I called Triple AAA Premier, they wouldn't help me because there was no cell phone I could use.

Same when I needed to reset my computer after it got hacked. The Communications Company wouldn't help because I didn't have a cell phone they could call.

The NPRM says it aims to improve the lives of people with the four relevant disabilities, but thousands of the rest of us have disabilities that we actually do find extremely relevant. It is wrong to allow the technology that means life or death to us (wired phones for example) to be made even less available than it already is.

Susan Molloy

Snowflake, Arizona 85937

Department of Justice, Civil Rights Division

28 CFR Part 35

CRT Docket No. 144, AG Order No. 5729-2023

RIN 1190-AA79

Nondiscrimination on the Basis of Disability; Accessibility of Web Information and Services of State and Local Government Entities

Notice of Proposed Rulemaking

September 29, 2023

Dear Department of Justice,

I am a disabled individual writing to express the devastation that I currently suffer due to wireless technology and electronics. It will become even more life-threatening, just impossible to endure, with any and all expansion of wireless technology.

I am elderly and frail, and have severe mobility impairments which are made much worse with exposure to electronics, any electrical devices that are “smart” – those marketed (falsely) as “saving energy”.

The energy-saving features are advertised to promote sales but the reality is that they create electromagnetic fields and radio frequencies that travel on every wire inside a dwelling.

There is a growing body of evidence showing harm to humans. The sources of harm, among many others, include appliances, new “energy saving” light bulbs, heart monitors and certain other medical devices, and the so-called “information technologies” like routers and modems

I fall easily. I have severe osteoporosis. A conventional “Life Alert”-type personal wireless necklace would pose an enormous medical threat to me.

I am concerned about losing my copper landline phone. It is the only form of communications that I can tolerate in my house due to my disability.

Without my copper landline phone connection, which is known as “POTS” (short for “plain old telephone service”), ***I will have no way to access emergency services such as the ambulance, my doctor, EMTs, or personal care workers.***

***My landline is my lifeline.***

***It is my only connection to the outside world. It is medically necessary that I am able to keep it.***

I reside in an older home that my parents built. My inheritance is a life estate here. I have been fighting for nine years to keep my old analog electric meter. I am not able to tolerate “smart” meters. This home is my one and only refuge.

No elder-care facility or nursing home is safely accessible to me.

Accessibility for people with disabilities does not include only mobility, sight, hearing, cognitive, and manual dexterity impairments. It includes access for all disabled individuals.

We need accessibility not just publicly but within our own private residences. We should not have our lives snuffed out by 5-G antennas beaming into our private residences.

We need electricity and appliances that are safe, not monitored with “smart” meters. We desperately need our copper landlines so we have communications without RF Radio Frequency and harmful harmonics injuring our brains.

My physician has written over and over that if my sensitivities/disabilities are not accommodated, I cannot survive.

Please step out and help me have accessibility accommodations so I can have a chance to survive.

***I urge you to consider this letter a plea for my very life.***

Thank you for your assistance in this life and death situation.

Sincerely,

D.D. - Pennsylvania



## Personal Statement

Oct 3, 2023

Nancy Van Dover, DVM, OMD, Dipl Acup

As a person with EMS (electromagnetically sensitive) disability, I would like you to understand how critically important safe communications are for our large, and very “relevant”, disabled class. We need to be able to communicate through the mail, corded landline phones and for those who physically can – internet on wired computers. Public access has not been possible for me for four years due to ubiquitous wireless radiation. For me, this RF radiation exposure is life threatening. So, I cannot go to offices to do business or get information. I do not even have safe in-person medical care although I pay for Medicare.

Telemedicine on my wired computer, and Home Health--- with accommodations to have no wireless brought into my EMS-safe home---are my only options.

*QUESTION: I need to know if your proposed rule will reduce or eliminate my ability to receive safe Home Health or Paramedic accommodations where paper records are used instead of a laptop, tablet or cell phone by the third party coming to my house?*

My life was threatened, when my previously safe home was put in the path of new cellular emissions. It is in direct line of sight to my home. On January 23, 2020, presumably the date on which cellular antennas were altered or activated, I started to feel many of the symptoms I would get when I had tried to go into areas with wireless technologies. I was experiencing brain (cognitive) and heart symptoms, in particular. Although already suffering from EMS disability to a degree, I had never experienced symptoms of the magnitude I experienced beginning on January 23, 2020.

I got my radiofrequency (RF) meter out to check the levels in my house. It was too high for me and steadily increased over a two-week period forcing me to purchase RF shielding for my house. That two-week overexposure made me sicker than I had ever been with EMS, so I tried to reach out for some type of medical assistance. None could be found to come to my house, there was no safe place for me to be taken so Paramedics were called to check on me. I told them by phone, I would only permit them if they followed my EMS-safe protocol; as few people and vehicles as possible, no wireless devices allowed.

Three Paramedics and five deputies (including the one I had given detailed instructions to) came but did not follow my protocol, were totally ignorant of this condition and injured me even more with radiation they had on their belts. I had a hard time even getting them to back away. When the Paramedics tried “airplane mode” for their

phones, they still emitted 200x's more radiation than what was safe for me. After their "visit" the EMS heart arrhythmia worsened and

my BP remained very high for weeks, insomnia became severe, chronic migraine developed again, my immune system was depressed. I did not think I would make it through the night.

It is apparent that First Responders, medical practitioners, and others, need to become aware of this disability and taught about EMS-safe protocol---to understand what a medical alert bracelet related to this disability means. My own medical instructions include not to put me in an ambulance or to take me to a medical facility that is not EMS-safe.

*QUESTION: Will this proposed Rulemaking make it even more difficult for people with EMS disability to get EMS-safe medical care? Will this force medical professionals to only use wireless in record keeping and communications, for instance? Will it make it impossible for law enforcement to remove their wireless devices when coming onto the property of an EMS disabled person?*

The medical "Standard of Care" cannot be based on wireless equipment and record keeping. Law enforcement and First Responders also need to be free to make accommodations by removing wireless devices.

Accommodations for people with EMS disability must be encouraged and enabled by the DOJ. Title I, II and III entities need to be instructed to do this with EMS-safe protocol and adequate Building Guidelines to wire record keeping, as well as security and internet systems so at least part of the building can be safe for this portion of the population.

Just as you are trying to assist four disabled classes in this rulemaking, the EMS disabled class must be considered "relevant" for communications that are safe and efficient, especially considering there is usually no option to go in person. Many people, including myself, when exposed to EMF's (electromagnetic fields) develop blurry vision, severe tinnitus, cognitive impairment, and some complain of manual dexterity problems, like numbness and prickling sensations in their fingers.

More access barriers to services need to be removed, not erected, so an EMS disabled person can have their legally protected access. Improving, not reducing, phone and mail communications is needed by more and more people disabled by EMS.

Thank you for reconsidering during your rulemaking, making this disabled class relevant and our communication requirements as important as all other citizens.

## Anonymous

I have cognitive and manual dexterity disabilities. I have a brain injury that causes cognitive and neurological problems. When I'm close to wireless devices, or near wireless devices for a length of time, I have intolerable pain in my head, I become incoherent in my conversation, my voice becomes slurred, I cannot walk straight, my limbs curl inward, it becomes difficult to use my arms and legs, and I experience excruciating pain. These symptoms occur, or get worse, when I'm near wireless internet and apps, and when I move away from these the symptoms either go away or significantly diminish.

I had a mental health crisis and called my county's crisis management line. I told them I could not be near wireless devices, and I needed ADA accommodation. Though they concluded that I needed crisis help, they said they would not meet me without their staff using their wireless internet and apps. I was prevented from getting services in a crisis because of wireless apps and internet.

A couple years previous to this, I asked to meet with my county representative, and as a reasonable accommodation, I asked to meet in a room where there wasn't wireless technology because of my symptoms in which I can't function. They said they could put me in a room without wireless technology; however they couldn't control the rooms adjacent, which had wireless internet. When I met with him, my symptoms that flared, as mentioned previously, were on the edge of getting intolerable, and I mustered through the meeting. At the meeting, the representative said a few times that he could not get me information as he would need to get on wireless communications in order to get me the information. After the meeting, I was so ill that I was incapacitated for a few weeks with symptoms including: pain in my head that so severe that I couldn't function, my head swelled, I couldn't communicate my thoughts, I was dizzy and couldn't take showers, I stumbled when I walked, my memory and concentration were diminished. Though I wanted to follow up with my representative, I couldn't follow up, as it required me to get on emf emitting technologies to get back in touch with the representative. My representative asked that I follow up with him with information; however I was unable to even call him because I could no longer get near any emf emitting device.

For a couple years when I could not use touch pads at grocery stores, as getting near them would create severe pain, and the debilitating symptoms I mentioned above. They would make me feel dizzy, nauseous, my thoughts began to feel extremely confused, and I had to get away from them as fast as I could, as these symptoms were debilitating. I also couldn't go in and out of many grocery stores,(as well as other stores,) as being near the wireless internet and apps that the grocery store uses made my disability worse with the symptoms I've described. The excruciating pain, the dizziness, and cognitive and dexterity impairments became severe. Many times, I stopped going to many grocery stores altogether as the symptoms were too severe to tolerate. I had to get someone else to get me groceries. I have a friend who had the same problem, however she would faint, and also had to stop going into the grocery store, as well as other stores.

I made an appointment with an orthopedist's office as I fractured my foot. The doctor's office, though a very large business, would not accommodate me because they said they would not use any protections for me on any of their wired apps and web-based services. I was prevented from having medical help to get my foot properly x-rayed and treated, and never saw an orthopedist. Instead I had to heal my foot at home without any foot doctor.

I have this same issue with a dentists' using wireless apps and internet, and would not offer me any ADA accommodation, and I have not been able to see a dentist in 3 years.

S.B. – North Carolina

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**Anonymous**

February 2, 2021

To Whom It May Concern,

I'm a 66 year old single woman who became EMS (electromagnetically sensitive) from exposure to EMF's at several of my jobs.

The job where I had the most long-term exposure was when I was a professional Optician in a medical center in Boulder, CO. I operated a large machine that cut eyeglass lenses. Over time I got too ill to work. I lost my livelihood, my condo, my retirement savings, my partner, my well-being.....

I don't have much of a life because avoiding EMF's is very time consuming and limiting. The EMF's adversely affect my brain and my sleep making me EMS Disabled.

I got ill 18 years ago and it has left me in poverty, isolation, and I have a big loss of freedom, feeling safe, and feeling well. I have no family that can help me. I need help and protection from EMF's as I find it impossible to feel better living in housing that isn't EMF safe.

In my subsidized apartment I get bombarded from high levels of RF's coming from my neighbor's wireless devices; It's like being forced to breathe second-hand smoke. And, I also have high levels of magnetic EMF's surging randomly from my circuit breaker in a 14 foot radius. Then much of my apartment is not usable, the kitchen, living room, and bathroom. I need to live in a low-income house where I can avoid neighbor's EMF's and where I can have more control over reducing EMF's.

I want to move back to Colorado, and desperately need an EMF safe place to live, walk, and hopefully a road that doesn't have strong cell tower signals on my way to the grocery store.

Thank you.

"Helen", Colorado

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Lauren, Upper West Side, Manhattan

My name is Lauren and I live on the West side of midtown Manhattan where I have lived for many years.

On Feb. 21, 2020, nine "5G" cell towers began operating across the street from my apartment on the roof of 325 W. 37th St., approximately 40-90 feet from my apartment windows. I had a safe place to live before cell towers were installed, changing my life overnight.

During the two weeks following the start of their operation, I experienced severe symptoms, which my doctor confirmed:

- Constant tinnitus
- Shortness of breath
- Increased pain in eyes, limiting visual function
- Insomnia
- Severe migraines
- Burning skin
- Palpitations
- Vertical disturbances through cranium and occipital region simultaneous with horizontal intercranial disturbances extending through the ear canal and sharp stabbing pains extending into all 4 extremities

When I entered my apartment, within minutes my symptoms would increase, with severe damage and pain to my central nervous system. My apartment was no longer safe. I would awaken in the night, gasping for breath.

On March 11, 2020, within a month of the initial occurrence, I secured temporary housing.

Since I've left that apartment, my sleep has been restored. Unfortunately, the injuries I sustained have remained. I'm physically weaker, collapsing every day, a sensation of being neurologically sliced and burned. Migraines are more easily triggered, with nausea and heightened sensitivity to light.

Passing by a set of rooftop cell towers is painful. My ear canal intensifies with the sharp energy moving through my head. My heart races, and feels pushed in, creating a sense of suffocation. It feels like a brush of thin metal bristles pressing into my skin.

I am not alone in being injured.

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### **THE GILARDI FAMILY, PITTSFIELD MASSACHUSETTS**

The children of the Gilardi family experienced severe symptoms when exposed to RF radiation from a cell tower that had been installed in their neighborhood, Amelia then 13 years old and her younger sister. This story shows just how vulnerable children are to radiation. Courtney Gilardi, the mother, describes the situation:

“My little one had headaches, dizziness, and felt like her head was ‘buzzy.’ She also suffered from the sensation that her skin was crawling and was itchy when she was in her room, which was on the side of the house closest to the cell tower. She complained of stomach aches and a once voracious eater and a like-clockwork sleeper could do neither. Since the tower was activated, she has lost her appetite

for food and complained she couldn't fall asleep. Those were never issues in the past. She also suffered with horrible nightmares. She would toss and turn and scream out. I only realized how often she did this

after we moved to the cottage [in a different town away from the cottage] and she slept peacefully through the night.”

The cottage Courtney is referring to is the unheated cottage they have rented so they can escape their home which they hope and pray they can return to, but much of that depends on a federal judge's decision. The cottage does not have hot water so Courtney and her family return to their “tower home” for a hot shower, but it is a place they can sleep through the night.

“When we would spend too much time at home, my little one would ask to leave and go to the cottage,”

explains Courtney, describing how they would return to the house to get clothes, take a hot shower, and be with their toys and amenities they enjoyed and never contemplated leaving until Verizon became their

unwelcome neighbor. “She would say, ‘I'm ready now’ and we knew despite mentally wanting to stay in her own room with her toys, ‘lovies’, fort, books and the only home she had ever known, that physically she knew her body felt better spending time in a rundown cottage where the only thing she had was a mattress on the floor and many mice for company.”

At our home by the tower, she would lay down on the kitchen bench with her legs curled up to her stomach with red, puffy eyes, looking miserable, sleep deprived and not feeling herself. She would be so nauseous that she missed school, which led to her losing confidence as she felt she was falling behind in her studies,” describes the mom of two. “Despite being one of the top students in the class, she felt like she had missed so much and felt ill so often and felt that reflected in her work, that she chose to not take the 5th grade MCAS testing.”

“One day, within 10 minutes of going to school, she vomited into her face mask. It wasn't the first time it would happen. She would sleep with a bucket besides her bed and both her dad and I would take turns holding her hair back.”

Amelia testified at a town meeting with her mother showing the various medications Amelia now takes, and the pan she would keep at the side of her bed when the waves of nausea were intense and sudden.

"Amelia would get dizzy. She is my ice skater and gymnast with great balance, and I would watch her walk into walls," describes Courtney. "Sometimes she would vomit in the middle of the night and I'd hear her little voice besides me in the dark by my bedside saying, "Mama, I'm sick. I just threw up in the sink."

"Sometimes she would get headaches. She would be dizzy."

It was Earth Day, 2021. Based on the children's classic *Alexander and the Terrible, Horrible, No Good, Very Bad Day*, Amelia Gilardi rewrote and retitled, for purposes of Earth Day, the story based on a challenge faced by her family and her community in which the environment plays a central role. "5G Earth Day Countdown: Children — Amelia's Terrible, Horrible, No Good, Very Bad Cell Tower Days" was an ode to her community and in so many ways, it spoke to a much broader audience.

*My name is Amelia and I am 13 years old.*

*A Verizon cell tower blindsided my Pittsfield, Massachusetts neighborhood and made us sick. This is my story ...*

***The really bad, worst, no good bad part –***

*We learned that we were not the only ones harmed by cell towers. We were put in touch with Noah Davidson's family in Sacramento California. Both their girls, like us, got sick when a 5G tower was placed outside their bedroom window. No one listened to them either.*

*Mom learned about a boy, my age in Canada, also harmed by wireless radiation since he was 5 years old. They made a movie about him and others who were harmed, called Prisoners without Walls. We talked and I learned he liked the same book series. He loved playing video games. He spoke French and liked making videos.*

*We started meeting families from all over with everyday kids, like us, who had been harmed from wireless radiation either from cell towers or mobile devices. Why, if so many people were being hurt from this, was no one helping them?*

*So the truly bad, no good part is that the science is here but our legislators simply are not responding fast enough. Dr. Paul Heroux, Dr. Martha Herbert, Dr. Magda Havas, Dr. Cindy Russell, Dr. Sharon Goldberg, Theodora Scarato, Cecelia Doucette and many others have tried to educate Pittsfield about these issues. They have been silenced at meetings, and any letters from them or offers to present information or assist with an investigation have fallen on deaf ears.*

*My mom would ground me if I was told not to do something and I kept doing it over and over. I've heard my grandma say, "When we know better, we do better."*

*Big people, we know better. Please, do something. We never thought this could happen to us so please, don't wait until it happens to you.*

*I'm asking everyone who is reading this to **advocate for cell tower setbacks away from schools and homes**. I'm asking everyone to require the FCC standards that fail to protect us from biological harm to be updated. I'm asking you restore my neighborhood to the safe, residential place it was before the tower, and I am asking for each and every person to care about the wireless safety issue.*

*Our people, our pollinators and our planet depend on you.*

*Amelia*

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Department of Justice, Civil Rights Division

28 CFR Part 35

CRT Docket No. 144, AG Order No. 5729-2023

RIN 1190-AA79

Notice of Proposed Rulemaking: Nondiscrimination on the Basis of Disability; Accessibility of Web Information and Services of State and Local Government Entities

September 29, 2023

To the Department of Justice:

In 2006, I was diagnosed and treated for the Environmental Illnesses of chemical and electromagnetic hypersensitivities. I was declared 100% disabled at that time. Until then, I had worked full-time for six years as a medical social worker, in Bowdle, South Dakota.

In 2016 my husband and I purchased the rural acreage where we now reside, in the High Desert.

My health improved the longer we lived here.

Then Arizona Public Service, our electricity provider, installed a smart meter on our property on May, 14, 2018.

My health did a 180 downward spiral.

I now live with excruciating pain 24/7, rapid blood pressure drop, weakness, and tremors to name a few symptoms that occur daily. I am unable to live a normal life. My disability worsens as the neighbors all receive smart meters, and more cell towers, antennas, and smart phones enter our living space.

Arizona Public Services' policy is that anything that is not a residence is a "business" and will have a smart meter installed on it as part of APS' equipment enhancement/improvement program.

Due to my reactions to the electromagnetic and chemical exposures, I am unable to enter businesses, the doctor's or dentist's offices, the hospital, stores, or my church and cannot visit friends or my family.

For brief periods, I can use a modified lap-top computer, wrapped in a fabric that somewhat lessens emissions. My husband may be able to build a metal container to keep the modem in.

Going to the bank, for example, is no longer possible because I get sick from the wifi and computers. Passing by the ATM machine in the lobby, or going into the drive-through, lowers my heart rate then I feel what my doctor describes as "ice pick" pain all over my body. In addition I lose track of what I'm doing.

I haven't been able to drive since 2018 when the smart meter was installed. Until last week, once a month my husband drove me into town so I could go to the grocery store, and that was the only time I'd ever get out of the house.

There are two grocery stores in our town. One is a huge chain store I never even tried to go into.

The other one, however, I could manage and I enjoyed it enormously. Once in a while I'd run into someone I knew at the store and if they would turn off their cell phone, we could visit.

Last week I felt terribly sick immediately walking toward them into the store. Something felt very different there.

I did what I could to shop, but by the time I reached the check-out line I was sick. I asked the check-out clerk if she was wearing a smart watch. She said no. I asked if she had a smart phone and she said yes, in her drawer. I asked her to shut it off please, which she did. I asked her what was different in the store, because I was in so much pain, becoming seriously symptomatic, and lost my balance.

She said that management had just upgraded all their computer equipment throughout the store. The self-checkout computer equipment is upgraded too, and so is the customer service desk. This monthly excursion has come to an end.

What I miss the most is that since 2018 I've been unable to go outside my house into the pasture (51 acres) for weeks at a time to brush my horse, due to the smart meters on the neighbors' houses. Now I visit her through the window.

Our smart meter was disabled when lightning struck the power pole. We strongly asked again for an analog meter to replace the smart meter but we were denied.

What was called a "non-emitting meter" was then put in place, and it caused me the same symptoms as the smart meter. It was placed on our well house, 3 football fields from our residence. Our residence, according to APS, has an "analog" meter. We do not believe this to be true as I have the same symptoms.

We had to put specialized filters on our home wiring that extends to the electric box on the pole outside. This is the only measure that has allowed me to remain in our home at present.

Chemical and Electromagnetic illness are both very disabling. Usual outcomes for recovery are very slim. It can be deadly.

My worst nightmare is yet to come, as 5-G will soon be in our area. My symptoms are worsening over time.

Sharon Casjens

Snowflake, AZ