Before the
U.S. Department of Energy
Washington DC 20585

In the Matter of:	)	
Rescinding Regulations Related to Nondiscrimination in Federally Assisted Programs or Activities (General Provisions)	)	DOE-HQ-2025-0015
Rescinding New Construction Requirements Related to Nondiscrimination in Federally Assisted Programs or Activities	)	DOE-HQ-2025-0024

COMMENTS OF WIRED BROADBAND, INC.

ON BEHALF OF AMERICANS INJURED AND DISABLED

FROM ELECTROMAGNETIC RADIATION

(ELECTROMAGNETIC RADIATION SYNDROME – EMR-S)

June 16, 2025

Submitted by:
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FILING PARTIES:

Wired Broadband, Inc., on behalf of Americans injured or disabled by electromagnetic radiation, and the Filing Parties set forth in Appendix A, respectfully submit these Comments. The parties listed in Appendix A (attached hereto and incorporated herein by this reference) collectively constitute the "Filing Parties," have granted permission to submit these Comments on their behalf, and join together to submit these Comments.

We advocate for the safe deployment of communications infrastructure and for safe accessibility for individuals with Electromagnetic Radiation Syndrome (EMR-Syndrome).

Introduction

This is a **significant adverse comment** opposing the proposed Direct Final Rules (DFRs) at Docket Numbers DOE-HQ-2025-0015 and DOE-HQ-2025-0024 that would rescind the following rules setting forth the requirements for recipients of federal funding, respectively:10 C.F.R. § 1040.73 to make new construction and alterations fully accessible to people with disabilities, and 10 C.F.R. § 1040.72(c) & (d) to make a transition plan to eliminate access barriers in existing facilities.

We agree with the comments of the Disability Rights Education and Defense Fund (DREDF) submitted to DOE on June 10, 2025,[1] the National Council on Disability (NCD) submitted to DOE on June 11, 2025,[2] and the American Council for the Blind submitted to DOE on June 16, 2025,[3] each opposing the rescission of these rules, As a procedural issue, all comments submitted to date in these dockets have not been made publicly available and accessible; therefore, there may be other organizations with whom we agree in opposing the rescission of these rules.

The "Direct Final Rules" (DFRs) are Procedurally Deficient

For the reasons enumerated in DREDF's comments, we agree that the proposed rescissions purporting to be "direct final rules" are procedurally deficient and **must be withdrawn**. This expedited approach which circumvents normal rule-making procedures

[1] Accessible above the fold at https://dredf.org/action-alert-doe-civil-rights-and-section-504/.
[2] https://www.ncd.gov/letters/2025-06-11-ncd-letter-to-doe-regarding-dfr-on-construction-requirements/.
[3] https://www.dropbox.com/scl/fi/0s0sdqyc561xmbjeh6y3w/DOE-American-Council-of-the-Blind-Comments-6-16-25.docx?rlkey=uag9s6jgy771j9yk6gtte5x3c&st=wv1hckym&dl=0.

(e.g., under the Administrative Procedures Act) requires that the rule changes "are needed immediately or are routine or noncontroversial" and where for "good cause" found, the agency determines that "notice and public procedure … are impracticable, unnecessary, or contrary to the public interest."[4] The U.S. Dept of Energy (DOE) has not demonstrated any of the foregoing in its notices published in the Federal Register.[5]

The DFRs as a Matter of Substantive Rulemaking Must Be Withdrawn

We disagree with DOE's claims that these rules are a "one-size-fits-all" or that they are "unduly burdensome;" therefore, substantively, as a matter of ordinary rulemaking, the DFRs must be withdrawn.

1. First, the existing rules **strike the right balance** of providing access for people with disabilities while also benefitting regulated entities, a win-win.
    a. The rules are set forth in general terms, allowing any regulated entity flexibility and discretion to decide how to make their construction and alteration plans in a manner that provides accessibility, without mandating exactly how they will do that.
    b. As a matter of due process, the rules provide regulated entities with sufficient notice to know what is expected of them to comply, with consistency, and without ambiguity or guesswork. There is the added advantage for regulated entities to include these rules in their architectural designs from their inception. Wouldn't the DOE want regulated entities to have all of the parameters that they need to have their construction or alterations comply with Section 504?
2. Second, the rules prevent inefficiencies in the execution of construction or alteration projects; the rescissions would add uncertainty and economic inefficiencies, e.g., in having to retrofit accommodation after construction or alteration, with regulated entities incurring unnecessary costs.
    a. As stated by NCD in their June 11, 2025 letter to DOE with respect to 10 C.F.R. § 1040.73:

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[4] Administrative Conference of the United States, Procedures for Noncontroversial and Expedited Rulemaking (adopted June 15, 1995); cf. 5 U.S.C. § 553(b)(4)(B); *Mack Trucks, Inc. v. EPA*, 682 F.3d 87, 94 (2012).

[5] https://www.federalregister.gov/documents/2025/05/16/2025-08593/rescinding-regulations-related-to-nondiscrimination-in-federally-assisted-programs-or-activities; https://www.federalregister.gov/documents/2025/05/16/2025-08535/rescinding-new-construction-requirements-related-to-nondiscrimination-in-federally-assisted-programs.

> "These requirements have been helpful for decades and are not overly burdensome. Furthermore, private industry frequently lacks the expertise to determine how to construct or alter buildings for accessibility and relies on easily accessed, widely accepted and utilized standards to achieve it. As such, specific regulatory provisions, such as section 1040.73, are not just helpful, they are necessary to those involved in the design and construction of buildings because of their clear and unambiguous language. In addition, the existing requirements help to foreclose the risk of additional costs and delays incurred post-construction to retrofit initial construction that is not accessible."[6]

   b. Moreover, the Uniform Federal Accessibility Standards (UFAS) set forth in 104.73(c) provide uniform standards for the design, construction and alteration of buildings to make them readily accessible to disabled persons under the Architectural Barriers Act, 42 U.S.C. 4151-4157.[7] "To ensure compliance with the standards, Congress established the Architectural and Transportation Barriers Compliance Board (ATBCB) in Section 502 of the Rehabilitation Act of 1973 (the Rehabilitation Act), 29 U.S.C. 792."[8]
   c. Therefore, from a practical view, the DFRs would cancel out opportunities in efficiencies to comply with Section 504.

3. Third, rescinding the rules would remove a safe harbor for regulated entities, as DREDF describes:

> " . . . the proposed rescissions would create the conflicting enforcement standards that the 1990[9] rulemaking sought to avoid. Recipients of federal financial assistance from the DOE include many entities that receive funding from other federal departments and agencies, and/or that are subject to the requirements of the ADA, which similarly requires that new construction and alteration comply with UFAS or the subsequently developed ADA Accessibility Guidelines (ADAAG), see 28 C.F.R. § 35.151; 42 U.S.C. § 12183; 28 C.F.R. § 36.401-.406. Were DOE to rescind its new construction regulation,

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[6] https://www.ncd.gov/letters/2025-06-11-ncd-letter-to-doe-regarding-dfr-on-construction-requirements/.
[7] https://www.access-board.gov/aba/ufas.html#introduction
[8] Ibid.
[9] "In 1990, the Department of Energy and 14 other departments and agencies . . . adopt[ed] UFAS as a means of measuring compliance with the regulatory standard. 55 Fed.Reg. 52136 (Dec. 19, 1990). The agencies reasoned that "governmentwide reference to UFAS will diminish the possibility that recipients of Federal financial assistance would face conflicting enforcement standards." Id. at 52137."

such covered entities would be required to follow access standards to comply with Section 504 and/or the ADA but would remain open to liability under the general nondiscrimination language at section 1040.71. They would essentially lose the safe harbor typically granted new construction and alteration that is done in compliance with access standards."[10]

Unlawful Shifting of Burden of Proof onto Individuals with Disabilities

Rescinding these rules would make a mockery of Section 504, **shifting the burden** of proof on to the disabled to prove that they lack accessibility, and to incur unnecessary legal costs for representation, of which the disabled may lack, and therefore never obtain the accommodation that they are otherwise entitled to as a matter of law.

1. The disabled would have to **overcome the hurdle of a claim of undue hardship** by a regulated entity which would relieve it from providing reasonable accommodation and otherwise complying with Section 504. "Undue hardship means that an accommodation would be unduly costly, extensive, substantial or disruptive, or would fundamentally alter the nature or operation of the business."[11] When requests for accommodation are made after the fact (i.e., after construction or alteration without clear guidelines for accommodation), the DFRs could be expected to increase the instances of claims of undue hardship leading to an increase in the instances of failure to accommodate, thereby creating a lose-lose situation for both the disabled and the regulated entities.
2. Given the "undue hardship" caveat to providing accessibility, rescinding the rules would be **"stacking the deck"** against the disabled by adding an additional hurdle to providing them access to which they are otherwise entitled to as a matter of law. Once alteration or construction is completed, it is more difficult and costly to

[10] "See, e.g., *Colorado Cross Disability Coal. v. Abercrombie & Fitch Co.*, 765 F.3d 1205, 1220 (10th Cir. 2014) ("[T]he Design Standards provide the necessary guidance required to build an 'accessible' structure. … [New construction claims] must be evaluated through the lens of the Design Standards; were it otherwise, an entity's decision to follow the standards and build an 'accessible' facility would have little meaning."); *United States v. Nat'l Amusements, Inc.*, 180 F.Supp.2d 251, 258 (D.Mass. 2001) (To hold that compliance with the standards is not sufficient to satisfy the new construction and alterations provisions of the ADA "would render compliance with these regulations meaningless, because a fully compliant structure would always be subject to a claim under" the general nondiscrimination provisions)."

[11] See, e.g., https://www.eeoc.gov/publications/ada-your-responsibilities-employer#:~:text=When%20Does%20a%20Reasonable%20Accommodation,that%20constitutes%20an%20undue%20hardship.

> retrofit changes to make structures accessible. Therefore, "[E]limination of architectural barriers was one of the central aims of the [Rehabilitation] Act." *Alexander v. Choate*, 469 U.S. 287, 297 (1985). The requirement that newly constructed and altered facilities be fully accessible to people with disabilities, as measured by applicable access standards, is central to this purpose. As important is the requirement that recipients of federal funds undertake careful accessibility planning to remove barriers in existing buildings.

Accessibility is a right. The DFRs fail to justify the costs to people with disabilities and would eliminate enforceable accessibility standards.

Rescinding the Regulations Allows Regulated Entities Wide Berth for Non-Compliance

The DFRs would encourage new construction that is inaccessible to people with disabilities. The DFRs would facilitate the argument that any changes for accessibility would be an undue hardship, thereby letting regulated entities bypass the letter and spirit of Sec 504. We agree with the National Council for the Blind:

> If an entity covered by a law can determine what is the most efficient way to do so, efficiency may cut out variables such as safety and usability. Additionally, [it] lets the business "deem" what is efficient. If the decision is made by the entity itself without a neutral third party, many corners may be cut, again leading to unsafe and unusable construction.[12]

We also agree with DREDF's analysis:

> "Compliance with access standards is key to ensuring that new construction and alterations are fully accessible to people with disabilities:
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> > "These standards state requirements 'as precise as they are thorough, and the difference between compliance and noncompliance with the standard of full and equal enjoyment established by the ADA is often a matter of inches.' '[O]bedience to the spirit of the ADA does not excuse noncompliance with [] ADAAG's requirements.' ...
> >
> > "[W]hen the content involves many precise dimensions such as inches of knee clearance underneath a sink, see ADAAG § 4.24.3,

[12] Letter to DOE, June 16, 2025, https://www.dropbox.com/scl/fi/0s0sdqyc561xmbjeh6y3w/DOE-American-Council-of-the-Blind-Comments-6-16-25.docx?rlkey=uag9s6jgy771j9yk6gtte5x3c&st=wv1hckym&dl=0.

> courts do not have the institutional competence to put together a coherent body of regulation. By contrast, a federal administrative agency can hire personnel with the specific skills needed to devise and implement the regulatory scheme. And as for the regulated entities, an architect putting thousands of measurements into his or her blueprint needs a holistic collection of design rules, not the incremental product of courts deciding cases and controversies one at a time. ...
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> "[While] focusing on overall accessibility is acceptable when evaluating existing facilities, avoiding "minor variations" is exactly what ADAAG requires of new or altered facilities.[13]
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> "The proposed rescission of 10 C.F.R. § 1040.73, including its reference to the UFAS as a measure of compliance, would undermine enforcement of Section 504 by encouraging new construction and alterations which are not accessible to people with disabilities. It would create uncertainty for recipients and people with disabilities by abandoning 40 years of consistent accessibility standards. DOE should not proceed."[14]

The Proposed Rules Would Destroy Balanced Rulemaking Approved by Congress

The rules at issue date back to the coordination regulations adopted by the Department of Health, Education, and Welfare (HEW) in 1978. These rules were intended to establish minimum standards for implementing Section 504 across the federal government and were based on HEW's Final Rule for its own recipients finalized in 1977.

In adopting the 1977 and 1978 rules, HEW consulted extensively with Congress and engaged in multiple rounds of notice and public comment. The final rules carefully balanced the challenge of addressing barriers to people with disabilities in existing buildings with the opportunity for new construction and alterations to achieve greater accessibility going forward.

The compromise reached – which has been adopted by more than 80 federal agencies – was and still is to allow some flexibility with respect to existing buildings, while requiring new facilities to be fully accessible as measured by access standards. Over time, this

[13] *Kirola v. City & Cty. of S.F.*, 860 F.3d 1164, 1178, 1180-81 (9th Cir. 2017) (citations omitted).
[14] Accessible above the fold at https://dredf.org/action-alert-doe-civil-rights-and-section-504/.

approach advances Section 504's goal of reaching a more accessible society for people with disabilities.

Congress has repeatedly reviewed and approved the regulatory standards that DOE now seeks to delete, giving them the force of law.[15] Federal courts have enforced the rules for decades. DOE may not lawfully eliminate foundational rules for the implementation of Section 504.

The Proposed Rules Would Undermine Access Standards and Create Conflicts

The DFRs would upend decades of reliance on established accessibility standards, creating conflicts with other statutory and regulatory standards.

Compliance with access standards in new construction and alterations is critical to advancing the goals of Section 504. The deletion of the regulatory reference to the UFAS as a measure of compliance would directly undermine the goals of Section 504. Access standards are key to making new construction and alterations accessible. Architects and contractors need a comprehensive set of design rules to ensure that new construction and alterations are built to be fully accessible to people with disabilities. Without access standards, we will never reach the fully inclusive society intended by Congress in enacting and reenacting Section 504.

The rules would also create conflicting enforcement standards: recipients of federal financial assistance from the DOE include many entities that receive funding from other federal departments and agencies, and/or that are subject to the requirements of the ADA. These recipients would be required to comply with access standards due to their other funding or under the ADA, but would remain open to liability under the general nondiscrimination language at section 1040.71.

Individuals Disabled from Electromagnetic Radiation Syndrome (EMR-Syndrome) and the Effect of Electromagnetic Radiation on Medical Implants

That the existing rules remain intact is important for those individuals disabled with EMR-Syndrome from exposure to radio frequency (RF) radiation, also referred to as radiation poisoning or microwave sickness.[16] We make special mention of this particular disability because it is becoming increasingly prevalent in our society with the proliferation of

[15] *Rail Corp. v. Darrone,* 465 U.S. 624, 635 nn.15 & 16 (1984).
[16] https://ehtrust.org/science/electromagnetic-sensitivity/.

wireless devices and facilities, found increasingly in buildings and built into the structure of buildings. Therefore, there is an urgency for existing rules to remain intact to ensure that new construction / alterations and existing facilities comply with accessibility for this disabled group.

There are also those disabled by other conditions for which they have medical implants that may be adversely affected by RF radiation: e.g., defibrillators, pacemakers, apnea monitors, glucose monitors, insulin pumps, infusion pumps, cochlear hearing implants and neurostimulators.[17] About 10% of Americans have implanted devices, approximately 32 million Americans.[18]

As to the number of individuals with EMR-Syndrome, it has been estimated that .65% to 1.5% are severely disabled (about 7 million), 5% with moderate symptoms (16.6 million) and 30% with milder symptoms (99.7 million).[19]

EMR-Syndrome is agnostic, cutting across age and socio-economic strata, ranging from professionals and social workers to children.[20] Their disabilities give rise to "impairment[s] that substantially limit[] one or more major life activities" under the ADA.[21] Those with EMR-Syndrome require equal access to buildings in a manner that does not injure them and that does not otherwise put them in harm's way. They cannot be exposed to a technology that is injuring them. Although this condition is not generally known, it is well established, scientifically and by the government, that RF radiation produces biological effects.[22]

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[17] See, e.g., UK Medicines and Healthcare products Regulatory Agency. Guidance. Medical devices: sources of electromagnetic interference. Updated 17 January 2020. https://www.gov.uk/government/publications/electromagnetic-interference-sources/electromagnetic-interference-sources#overview.

[18] https://www.theregreview.org/2021/10/27/salazar-addressing-medical-device-safety-crisis/.

[19] 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. Based on a population of 332.4 million people in the U.S.

[20] Children absorb more RF radiation than adults and children's "brain tissues are more absorbent, their skulls are thinner and their relative size is smaller," with fetuses at greater risk (Why children absorb more microwave radiation than adults: The consequences, Morgan, Kesar and Davis, Journal of Microscopy and Ultrastructure, Vol. 2, Issue 4, December 2014, 197-204, https://www.sciencedirect.com/science/article/pii/S2213879X14000583; Exposure limits: the underestimation of absorbed cell phone radiation, especially in children, Gandhi, Morgan, Augusto de Salles, Han, Heberman, Davis, October 14, 2011, https://pubmed.ncbi.nlm.nih.gov/21999884/.)

[21] 42 U.S.C. §12102(1)(A).

[22] See, e.g., U.S. National Toxicology Program's 2018 report concluded clear evidence of cancer in lab rats from wireless radiation; FCC's failure to review 11,000 pages of scientific, peer-reviewed, studies showing harm within its RF radiation limits for human exposure resulted in the D.C. Circuit Court of Appeals in 2021

What is emitted from wireless devices and facilities is commonly referred to as radio frequency (RF) radiation, electro-magnetic radiation (EMR), electro-magnetic fields (EMF), microwave radiation or wireless radiation. It is the persistent pulsations of RF radiation that cause adverse health outcomes and ensuing disabilities.[23] It is the pulsed high peak power emissions that, for example, increase the potential for traumatic brain injury and consequent cognitive impairments.[24]

EMR-Syndrome encompasses a constellation of symptoms which can include: sleep disturbances, chronic fatigue, chronic pain, poor short-term memory, 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.[25] The symptoms arise from injuries that individuals have sustained from exposure to wireless devices and facilities.[26]

Therefore, exposure to RF radiation, whether for individuals with EMR-Syndrome or individuals with medical implants, without an alternative means of accessing a building, will just make matters worse for them, worsening their condition and denying them equal access to buildings otherwise accessible to the general public.

As defined under the UFAS guidelines,[27]

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ruling against the FCC and remanded its limits back to the FCC for further study on long-term effects especially for children (*Envt'l Health Trust v FCC*); 1990s peer-reviewed research funded by industry at $28.5 million found biological effects (with scientific oversight by both an independent Peer Review Board at the Harvard School of Public Health and a U.S. Gov't Interagency Working Group, chaired by FDA, including EPA, OSHA, NIOSH, CDC, FCC, and NIH) (Wireless Phones and Health II: State of the Science 2002 Edition, edited by George L. Carlo); U.S. Naval Medical Academy Research report from 1971 linked 23 chronic diseases to RF radiation based on over 2300 studies (https://www.magdahavas.com/wp-content/uploads/2010/06/Navy_Radiowave_Brief.pdf); World Health Organization 2025 report finding higher risk of cancer (https://www.sciencedirect.com/science/article/pii/S0160412025002338).

[23] Dr. Magda Havas: WiFi in Schools is Safe. True or False? at 7:15, https://www.youtube.com/watch?v=6v75sKAUFdc; see also, Brief of Children's Health Defense, and Building Biology Institute, et al as Amici Curiae in Support of Appellees/Cross-Appellants "Customers," Sept 14, 2021, https://childrenshealthdefense.org/wp-content/uploads/Brief-and-Addendum-Submitted-9-14.pdf.

[24] Computational modeling investigation of pulsed high peak power microwaves and the potential for traumatic brain injury. Sci Adv. 2021 Oct; 7(44). https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8555891/.

[25] "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.

[26] Letter by Dr. Beatrice Golomb, Professor of Medicine, UC San Diego School of Medicine, Aug. 22, 2017, https://mdsafetech.org/wp-content/uploads/2017/09/golomb-sb649-5g-letter-8-22-20171.pdf.

[27] https://www.access-board.gov/aba/ufas.html.

> ***Accessible*** means "[a] site, building, facility, or portion thereof that complies with [UFAS] standards and that can be approached, entered, and used by physically disabled people."[28]
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> ***Accessible route*** means "[a] continuous unobstructed path connecting all accessible elements and spaces in a building or facility. Interior accessible routes may include corridors, floors, ramps, elevators, lifts, and clear floor space at fixtures. Exterior accessible routes may include parking access aisles, curb ramps, walks, ramps, and lifts."[29]

For example, a accessibility would require hard-wiring essential services, such as security systems, and if there is a wireless component, the ability to switch it off.

Therefore, an individual with EMR-Syndrome or with a medical implant would need safe ingress and a continuous unobstructed path from the entrance of a building to their destination in the building. This needs to be taken into account by architects in designing a **technology-safe** building. The National Institute for Science, Law and Public Policy published a report of hard-wiring which would provide superior benefits to all concerned, while also providing accommodation for those with EMR-Syndrome and with medical implants.[30]

Conclusion

The purported "Direct Final Rules" (DFRs) rescinding DOE's regulations associated with Section 504 of the Rehabilitation Act must be rejected as procedurally deficient and substantively in conflict with current statutory and case law. The DFRs seeking to expunge important regulatory standards must be withdrawn as Congress and the courts have repeatedly endorsed and upheld those regulatory standards.

Respectfully submitted
on behalf of individuals with EMR-Syndrome,

[28] Ibid.
[29] Ibid.
[30] "Reinventing Wires: The Future of Landlines and Networks," at 73, National Institute for Science, Law and Public Policy, authored by Timothy Schoechle, PhD; https://electromagnetichealth.org/wp-content/uploads/2018/02/ReInventing-Wires-1-25-18.pdf.

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APPENDIX A

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

The National Call for Safe Technology, Odette Wilkens, Chair & General Counsel; Charles Frohman, M.Ed, HIA, lobbyist, National Health Federation; Fred P. Sinclair, Jr., Alfred, NY; New Yorkers 4 Wired Tech, New York, NY; New York City Alliance for Safe Technology, New York, NY; 5G Free Rhode Island, Sheila Resseger, M.A., Co-Founder, Cranston, RI; Susan Molloy, M.A., Snowflake, AZ; Coloradoans for Safe Technology, Andrea Mercier (Mother of a severely disabled child who is adversely impacted various forms of non-ionizing radiation), Colorado Springs, CO; Coloradans for Safe Technology, Nancy VanDover, DVM, OMD, Dipl Acup, disabled by EMR; Deborah Shisler, with EMR-S, CO; La Plata for Safe Technology, Ingrid Iverson, with EMR-S, CO; Virginians for Safe Technology, Jenny DeMarco, Communications Director, and Mary Bauer, retired RF engineer, Fredericksburg, VA; NY4Whales & NY4Wildlife Taffee Wiliams, President, Tuckahoe, NY; Safe Tech International, Sara Aminoff, Union City, CA; Safe Tech International, Kate Kheel, Taneytown, MD; Safe Tech International, Patricia Burke, Millis, MA; Safe Tech Westchester, Ruth F. Moss, Westchester, NY; The Soft Lights Foundation, Mark Baker, President, Beaverton, OR; Amy Harlib, Concerned Citizen, New York, NY; Floris R. Freshman, Scottsdale, AZ, with EMR-S; Virginia Farver, Fort Collins, CO; Gabriela Munoz, disabled with EMR-S, Carmel, NY; EMF Safety Network, Sidnee Cox, Co-director, Windsor, CA; Rosemarie Russell, member of The Women's State Legislative Council of Utah, Hurricane, UT; Erin McDowell, RN, Rocky River, OH, SWORT (Southwestern Ohio for Responsible Technology), with EMR-S; Craig McDowell, veteran, Rocky River, OH; Southern EMF Radiation Solutions, Shari Champagne, with EMR-S, Houme, LA; Southwest Pennsylvania for Safe Technology, Mount Pleasant, PA, Susan Jennings, MPA, BA, Founder (son has EMR-S); Pennsylvania for Safe Techology, Mount Pleasant, PA; Jen Goddard, Board Certified Doctor of Natural Health, Thriving Proof Holistic Health Practice, and 2025 United States of America Mrs. Maine Pageant, Brewer, ME; Loraine Uebele, FACHE, Kansas City, MO; Sean Polacik, Automation Control Systems Technician, OH; Linda M. Cifelli, retired RN, Williamsburg, VA; Safer Cell Phone and Wi-Fi Project, Marne Glaser, Chicago, IL; Amy Harlib, concerned citizen, New York, NY; Katherine Katzin, Takoma Park, MD; Jan Kiefer, Scottdale, PA; Fiber First LA, Charlene Hopey, Topanga, CA; Gene Wagenbreth, Topanga, CA; Alison McDonough, Canton, MA, with EMR-S; Longmont for Safe Technology, Doe

Kelly, Co-Founder, with EMR-S, Longmont, CO; Sharon Behn, Arden, NC; Consumers for Safe Cell Phones, Bellingham, WA; Tammylee Fatino, Lincoln, NE, with EMR-S; Lora Mitchell, Harrington Park, NJ; Sustainable Upton, Laurie Wodin Upton, MA with EMR-S; Janet Drew, retired Registered Nurse, York, ME; Margaret Holt Baird, Esq., San Diego, CA with EMR-S; EMF Wellness Tucson, Lisa Smith, PhD, EMRS, Tucson, AZ; Safe Tech Tucson, Tucson, AZ; Linda Becker, Lincoln, NE; Floris Freshman, Scottsdale, AZ, EMR-S; and Eva Christina Andersson, Nässjö, Sweden.

Abbreviations:

EMR means electromagnetic radiation.

EMR-S means Electromagnetic Radiation Syndrome.