

**Before the Federal Communications Commission
Washington, D.C. 20554**

In the Matter of

Reassessment of Federal Communications
Commission Radiofrequency Exposure
Limits and Policies

ET Docket No. 13-84

COMMENTS OF Virginie, FRANCE

This filing provides my observations in the above-referenced proceeding. I am a french personn concerned by electrosensibility

SUMMARY

How electromagnetic waves affect me,
my daily life,
what ANSES says,
the Inserm study

ARGUMENT

In France, we are being particularly hard-pressed by the government, which has launched a program called the "Mobile New Deal" aimed at eliminating all mobile dead zones / areas with no coverage. Currently, about 99% of habitable areas are covered, yet the installation of antennas continues at a frantic pace—even in locations where network coverage already exists.

Many of us are effectively driven from our homes by the pain this causes, forced to wander in search of "dead zones"—places we usually find at the bottom of valleys, where neither signals nor sunlight can reach. Even there, we are often told to move on by forest rangers or "vigilant neighbors." But where are we supposed to go?

As for me—having moved several times in a rush to find a place suited to this environmental disability, and having settled two years ago in a house surrounded by nature in the Cévennes (in the Gard department)—I now face the prospect of having to flee at a moment's notice because of an antenna that no one asked for, yet which is set to be installed just 900 meters from my home.

As for my personal journey: after ten years of wandering through the medical system trying to understand the root cause of recurring health issues, I finally learned—thanks to a doctor who had closely studied the problem—that I suffer from EHS (electro-hypersensitivity) to artificial electromagnetic fields (EMFs).

In the summer of 2024, completely drained of strength, I fell seriously ill and was diagnosed with colon cancer.

We eventually realized the cause: a cell tower had been installed just 500 meters from our home, turning my life into a constant nightmare—severe insomnia, chronic fatigue, allergies, major digestive issues that made a normal diet impossible, recurring infections, and more. And I am far from being an isolated case.

EHS is a condition that is not recognized in France; people with EHS here are not listened to at all, and their suffering goes unaddressed.

There is no possibility of treatment in hyper-connected hospitals, where few doctors are even aware of the issue.

There is no suitable housing, as electromagnetic waves are absolutely everywhere in our country. We lack credibility when up against the immense financial interests of mobile network operators, who install cell towers everywhere with the authorities' complicity.

Yet, there are numerous studies from around the world that are never taken into consideration in France.

What we are experiencing across the country amounts to a slow death, as we are left with no way out—a situation that drives some of us to suicide.

As early as 2018, the French Agency for Food, Environmental and Occupational Health & Safety (ANSES) estimated that at least 5 million people in France were affected—a fact that the digital industry and its media allies go to great lengths to deny.

EHS is no minor syndrome. It affects the entire body—joints, muscles, and the cardiovascular, hepatic, and intestinal systems—while disrupting sleep, causing mental and emotional "brain fog," and inflicting unbearable sensations of electric shock. It also leads to social isolation, as electromagnetic waves are ubiquitous and those affected try by every means possible to escape them.

This is my life: I am confined to my home, leaving only occasionally and rarely—for instance, to take my daughter to school once a month when there is no other option, or to make a quick trip to a local shop. This is followed by a fortnight of insomnia, exhaustion, and pain.

I can no longer work, go to the cinema, or visit restaurants or friends—let alone drive the 300 km to see my parents.

I cannot care for my daughter the way I would like.

This syndrome is serious and is spreading at an alarming rate across France.

I am fortunate enough to own my own home, and yet I am being forced into a nomadic existence—through no fault of my own, without any legal proceedings, warnings, or offers of alternative shelter. After all, in this drive to completely eradicate "white zones" [areas free of electromagnetic radiation], where is left for us to take refuge? In small spaces—often barely larger than 20 square meters—that I have spent far too much time in dealing with one issue after another: a neighbor installing a smart solar panel; the power boost given a few months ago to the antenna facing our home; or the time I fled the hospital prematurely after surgery—sporting a fresh 20-centimeter gash across my abdomen—while others stayed warm and cozy in their beds.

France is currently pursuing a completely reckless policy regarding cell towers, without any public consultation and while willfully ignoring the health risks posed to the entire population.

Insurance companies still refuse to cover these risks, and operators are not insured against health risks associated with the towers.

A major public health scandal is unfolding in our country.

I have been officially recognized as disabled since 2024: I can no longer move about because the ubiquitous electromagnetic waves immediately trigger physical distress. Yet, before the widespread rollout of these antennas, I enjoyed robust health. Now, my body is no longer able to tolerate high- and low-frequency EMFs.

It is worth noting that the thresholds currently in force in France—set at 61 V/m—were adopted in April 2002, in the interim between the two rounds of the presidential election; this stands in stark contrast to the European recommendation not to exceed 0.6 V/m—a guideline observed by several European countries. These limits were determined by a private body controlled by mobile phone operators (ICNIRP). Yet, a detailed reading of their recommendations reveals that the organization itself acknowledges that these standards do not protect against long-term effects.

I should point out that, like many other EHS individuals, I tolerate 0.01 V/m without pain.

We are only just beginning to see the consequences, as cases of electrohypersensitivity skyrocket alongside certain cancers—such as highly aggressive glioblastomas, which have risen by 227% among young people under 23 over the past 20 years (according to figures from Santé Publique France).

If I go into town, I suffer from dizziness, nosebleeds, tremors, a burning sensation, terrible headaches, loss of concentration, agitation...

In France, several associations are working towards recognition of this syndrome: PRIARTEM, ROBIN DES TOITS, COEUR D'EHS, and others.

Professor Dominique Belpomme (ARTAC) has conducted clinical examinations and blood and imaging tests (brain scans) on several thousand patients who identify as EHS or suffer from multiple chemical sensitivity (MCS). He authored **Le livre noir des ondes** (The Black Book of Electromagnetic Waves). His clinical work suggests that EHS is an environmental neurological disorder measurable through specific markers of inflammation or blood-brain barrier permeability.

A study conducted by physicist and radiobiologist Nicolas Foray—of INSERM's "Radiation: Defense, Health, Environment" team at the Léon Bérard Center in Lyon—was published in the **International Journal of Molecular Sciences**.

This study marks a turning point, as it provides the first evidence of a biological and molecular basis for electrosensitivity (EHS). The study identified a common biological trait among individuals with EHS: a delay in the trafficking of a key protein called ATM.

The study is still in its early stages, and the scientific team aims to continue this research on a larger scale to clinically validate the findings.

You can find articles on this topic at the following sites:

<https://lagedefaire-lejournal.fr/electrosensibilite-une-realite-biologique-enfin-demontree/>

<https://www.priartem.fr/site/ondes-et-sante-une-avancee>

The main biological impacts of mobile phone radiation officially confirmed, or deemed probable or possible, in reports by ANSES (the French Agency for Food, Environmental and Occupational Health & Safety) are:

Impacts on children

- Children are even more vulnerable than adults to electromagnetic waves.

- The radiation dose absorbed by a child is 40% higher than that of an adult (see excerpt ANSES-2016-1-A);

- An effect on children's cognitive functions (see excerpts ANSES-2016-1-A and ANSES-2016-2);
- Impacts on the brain already identified with 2G and 3G (see excerpt ANSES-2016-2).

Electromagnetic Hypersensitivity

- 5% of the population is electromagnetically hypersensitive (see excerpt ANSES-2018-1).

Officially proven biological impacts, even at levels below regulatory limits (non-thermal effects)

Including, but not limited to :

- Oxidative stress and cell death in the brain, eye, testes, and sciatic nerve (see excerpt ANSES-2021-2022-9-A);
- Reproductive system affected by prenatal exposure (see excerpt ANSES-2021-2022-9-B);
- Reduced testosterone levels (see excerpt ANSES-2021-2022-9-B);
- Cellular metabolic stress (see excerpts ANSES-2021-2022-10, ANSES-2021-2022-11);
- Eye damage (corneal lesions, retinal degeneration) (see excerpt ANSES-2021-2022-12);
- Impact on neuronal function (see excerpts ANSES-2021-2022-13, ANSES-2021-2022-18);
- Damage to cell membranes: alteration of membrane structure and function, changes in cell permeability regarding the microbiota. These are serious impacts on cell function. (see excerpts ANSES-2021-2022-16-C, ANSES-2021-2022-17, ANSES-2021-2022-18, ANSES-2021-2022-19, ANSES-2021-2022-20)
- This effect is particularly concerning. It can potentially trigger any type of disease, without exception, because the cell is the most fundamental unit of life;

A probable impact on the brain's electrical activity

(see excerpt ANSES-2021-2022-31). It is difficult to determine all the impacts, given the extent of the brain's functions.

Many impacts considered possible, even at 3G and 4G frequencies

- Cancer (see excerpt ANSES-2021-2022-32)
- Fertility (see excerpt ANSES-2021-2022-33)
- Behavior (see excerpt ANSES-2021-2022-34)
- Sleep (see excerpt ANSES-2021-2022-35)
- Cerebral neurotransmission (see excerpt ANSES-2021-2022-36)

- Blood-brain barrier (see excerpt ANSES-2021-2022-37)
- Neurodegeneration (see excerpt ANSES-2021-2022-38)
- Gene expression in the brain (see excerpt ANSES-2021-2022-39)
- Blood (see excerpt ANSES-2021-2022-40)
- Oxidative stress (see excerpt ANSES-2021-2022-41)

You can consult the full reports from Anses.

CONCLUSION

Accordingly, I strongly urge the Commission to, under the weight of the scientific evidence, find that the current RF exposure limits are insufficient to protect public health and the environment. They should be lowered to reflect the science previously disregarded by the Commission.

Thank you for reading.

Please feel free to contact me.

Sincerely,

Virginie, 49 ans
vgxs.sant@monemail.com