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Response to the U.S. Department of Health and Human Services ['Request for Information'](#) on September 17, 2026 calling on Americans, scientists, physicians, industry, and public health experts to submit evidence and information on the potential health effects of electromagnetic fields (EMFs), radiofrequency (RF) radiation, and wireless radiation exposure.

October 7, 2026

My name is Camilla R. G. Rees. I have been significantly injured in five different settings from exposures to wireless radiation (RFR), three times in residential settings and twice in office environments, and mildly impacted in other situations, such as at hotels near cell towers.

It is because of these experiences that I have come to be a researcher, educator and consultant on the biological and health risks of wireless technologies, and an advocate for safer, technologically superior, hard-wired Internet access via fiber or cable. These experiences are also the reason why today I live in a low-density, non-urban, non-commercial environment to avoid the acute, chronic and cumulative effects of 24/7 Radio Frequency Radiation (RFR).

I conduct my work through the National Institute for Science, Law and Public Policy (NISLAPP) in Washington, D.C., where as a Senior Policy Advisor I have led its [EMF Education and Advocacy Project](#) since 2007. I am also co-leading Children's Health Defense's [704 No More](#)[®] legal, legislative and grass roots advocacy effort to restore state and local control over cell towers and antennas, as well as individual Constitutional rights to legal recourse when people are injured by wireless technologies and infrastructure.

In collaboration with many other pioneers in this field of education and advocacy, I have sought to raise awareness of the risks and alternatives to wireless technology. At NISLAPP, we have initiated, directed and overseen policy papers on electromagnetic fields, the smart grid and telecommunications, including the landmark papers, "[Getting Smarter About the Smart Grid](#)" and "[Re-Inventing Wires: The Future of Landlines and Networks](#)". "[Re-Inventing Wires](#)" explains, from technological and other non-health perspectives, why hard-wired, fiber optics to the premises (FTTP) is superior to wireless Internet access networks, and "antenna densification", and the safer alternative to 5G.

NISLAPP has organized dozens of programs on this subject around the country, including pioneering early programs on wireless risks to children, fiber alternatives to wireless, on the benefits of hard-wired utility meters over wireless, and on tech overuse and addiction, as well as presenting five programs featuring international experts on RFR risk at the largest public affairs forum in the U.S., the Commonwealth Club of California. Also, I co-authored, with Dr. Magda Havas of Trent University, Canada, "[Public Health SOS: The Shadow Side of the Wireless Revolution](#)" (2009); authored "[The Wireless Elephant in the Room](#)" (2017) and most recently, co-authored a paper with Richard Lear, "[Safety of Wireless Technologies--The Scientific View](#)"

(2025) which documents today's chronic illness problem was actually predicted by [U.S. Navy research](#) in 1971, with 23 of the fastest growing chronic illnesses since 1990 forewarned about in that report.

"Safety of Wireless Technology--The Scientific View" also identified the heretofore missing overarching 'mechanism of action' that can explain the wide variety of biological and health effects occurring from electromagnetic field exposures. The paper has had over 10,300 reads on Research Gate, vastly more than other scientific papers on this topic.

For twenty years, I have conducted in-depth interviews with leading international scientists on the biological and health risks of electromagnetic fields; was co-author of a published [paper on wireless radiation's impact on the heart](#); and have created websites for the public, [ElectromagneticHealth.org](#) and [Manhattan Neighbors for Safer Telecommunications](#), as well as a Facebook group, [Campaign for Radiation Free Schools](#), aimed at parents, teachers and school administrators, focused on RFR and tech overuse and addiction risks to children.

We have also produced hundreds of videos featuring EMF experts, now circulating in 163 countries, including the video for the [International EMF Scientist Appeal to the United Nations](#) (2015). I have been a long-time source for the media, and a source of support for new activist groups, physicians, major online consumer health newsletters, government officials, schools, employers, lawyers, and for scientists themselves, since 2008. I also serve on the Advisory Board of the Building Biology Institute, a leading educator of architects, builders and environmental consultants on environmental risks, with a specialization in electromagnetic fields.

At the core of all of my work has been explaining:

- 1) the inadequacy of the FCC's RFR thermal-only exposure guidelines to protect public health;
- 2) that there has been no pre-market safety testing, or post-market surveillance, of the acute, chronic and cumulative health effects of wireless technologies and infrastructure; and
- 3) that our government, including the FCC and FDA, has turned a blind eye to well-established RFR risks, enabling harmful, RFR-emitting technologies to become pervasive throughout our lives, fueling growth of a trillion-dollar industry that is making people sick.



In 2018, I was awarded the American Academy of Environmental Medicine's most prestigious award for outstanding contribution to Environmental Medicine, the [Jonathan Forman Award](#), as well as the "2018 Public Health Award" from the Global Foundation for Integrative Medicines.

In collaboration with the New York 501(c)(3), Wired Broadband, Inc., and other groups, NISLAPP and Manhattan Neighbors for Safer Telecommunications have opposed the 'Jumbo 5G Antennas' proposed for and now rolling out in several neighborhoods in New York City. Massive radiating antennas are being placed on residential city streets (see photo to the left), concentrated initially in disadvantaged neighborhoods, and have been justified with the misleading claim that these antennas will close the 'digital divide' (which they will not).

Each Jumbo Antenna will contain not one, but many radiating antennas on multiple tiers (see drawing to the right), and each antenna within the structure would, alone, pose a serious health risk to those nearby. There is no provision we know of for monitoring the RF emissions of these Jumbo 5G Antenna arrays (or emissions from other cell towers and antennas, for that matter) or for determining whether the *aggregate* exposures of the many thousand antenna arrays planned in the city would even be in compliance with the FCC's (inadequate) exposure guidelines. *The proposed antennas present enormous health and environmental risks to residents, and to citizens all across our country.*



As we often find, it appears City officials had been misled into believing FCC exposure guidelines are protective, and also been told that the FCC exposure guidelines have the support of the FDA, despite the fact that the FDA does not formally evaluate RF-emitting telecom devices and infrastructure, like they do medical devices. Repeatedly, government officials across the country, as well as employers, schools, churches and property owners, *are believing these false claims*, and thus ignorantly jeopardizing people's health from small cell and macro towers (and other RFR-emitting equipment) on their premises when safer Internet access options exist and could have been chosen over the wireless options.

Local officials are routinely told new 5G antennas are 'faster' than older wireless antennas, but not told about the safer, higher performance, faster and far superior, hard-wired technology option, Fiber to the Premises (FTTP). And, not told the exposures are additive, not replacements for earlier cellular generations, such as 4G. Fiber to the premises will always be faster than any generation of wireless, as wireless communications is a shared medium used by many on-line users at once. This critical fact is not mentioned by champions of wireless, in the interest of selling communities on an inferior technology that will rapidly become obsolete and that has ulterior uses for surveillance. Wireless is not enduring technology, like fiber, which is paid for once and that former FCC Chairman, Tom Wheeler has called '[future-proof](#)'.

Local officials have likely also not been told about the full range of advantages fiber offers over wireless, beyond speed, *each one of which is a compelling reason on its own to choose fiber over wireless*. See chart below about the advantages of fiber over wireless. (For further background, please read, "[Re-Inventing Wires: The Future of Landlines and Networks](#)")

'Fiber To The Premises' - Advantages Over Wireless

- | | |
|---|--|
| <ul style="list-style-type: none"> • faster transmission speed • reliability of Internet access • neighborhood aesthetics • national cybersecurity • preserves human health from ambient radiation • neutrality of internet access • digital equity • personal privacy • protects the biological ecosystem • safety & fire prevention • resiliency in extreme weather events • reduces climate impacts from this sector | <ul style="list-style-type: none"> • supports equality in high-speed internet access • lowers energy usage and improves energy efficiency • supports health in patients with chronic illnesses • preserves hard-earned equity in peoples' homes • quality of voice communications • supports physical and cognitive health in the elderly • supports children's health • makes enduring tech choices not prone to rapid and costly obsolescence • preserves the sanctity of neighborhoods with revered churches, temples, mosques, and landmark and historic buildings • protects parks as a place of biological peace and refuge • value for the money for all users |
|---|--|

Without sharing the truth about the full range of Internet access options, the misleading presentation of wireless as the only or superior option for meeting growing needs, together with concerns about the adequacy of regulatory oversight, American communities, businesses and individuals have been duped into believing an inferior technology is superior, and that wireless radiation does not present health risks, when nothing could be further than the truth.

In the strategic push in the U.S. for more and more wireless, it is important to examine why the U.S. lags far behind other developed countries in installation of Fiber to the Home. Global Fiber to the Home Council data in 2024 showed U.S. penetration is at approximately 23-25%, compared with UAE (99.5%), South Korean (96.6%), China (93.6%), Hong King (89.9%), Portugal (81.9%), Iceland (80-90%+), United Kingdom (77%), and most other European countries (60-80%). FCC data shows the [U.S. ranks 22nd among 27 OECD countries](#) in fiber availability to households, despite fiber being the far safer, faster, more secure and more energy-efficient means of accessing the Internet.

It is telling to look back to the early U.S. government funded meta-study on RFR effects published by the U.S. Naval Medical Research Institute in 1971, by Zorach Glaser, PhD, "[Biological Phenomena \(Effects\) and Clinical Manifestations Attributed to Microwave and Radio-Frequency Radiation](#)". **In this review of global scientific studies on the effects of RFR--over a half a century ago--Dr. Glaser found 2,308 studies that linked RFR and other forms of EMF with 132 different biological effects, symptoms and diseases, including:**

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|------------------------------------|--|
| • Central Nervous System Effects | • Blood Disorders |
| • Autonomic Nervous System Effects | • Enzyme and other Biochemical Changes |
| • Genetic and Chromosomal Changes | • Metabolic Disorders |
| • Psychological Disorders | • Endocrine Gland Changes |
| • Vascular Disorders | • Changes in Physiological Function |

Thirty-six years later, a 1,540-page meta-study, published in 2007 (updated in 2012, 2014 and 2017), co-authored by a group of 29 international scientists, the [BioInitiative Report](#), cited more than 1,800 scientific studies that associate low-intensity, non-thermal radiation exposures from wireless technologies and other sources of electromagnetic radiation (EMR) with dozens of diseases and biological effects in humans, including:

- | | | | |
|------------------------------|--|------------------------------------|--------------------------------|
| • Neurological Effects | • Stress Response | • Breast Cancer Promotion | • Childhood Cancers (leukemia) |
| • Oxidative Damage | • Brain Cancer | • Biochemical Imbalances | • Genotoxic Effects |
| • Effects on Immune Function | • Acoustic Neuromas & Other Brain Tumors | • Fertility & Reproductive Effects | • Fetal & Neonatal Effects |
| | • Blood Brain Barrier Damage | | |

These are just two examples of meta reviews of the scientific literature, but there are many additional reviews and decades of published studies showing risks from RFR, including rigorous studies documenting RFR effects conducted by the U.S. Government.

A compelling monograph, "[THE LARGEST UNETHICAL MEDICAL EXPERIMENT IN HUMAN HISTORY](#)" (2020) by Ronald N. Kostoff, Research Affiliate, School of Public Policy, Georgia Institute of Technology, identifies a wide spectrum of adverse effects of wireless radiation as reported in the premier biomedical literature over seven decades.

The truth about the advantages and disadvantages of technological options is not being transparently presented to local and federal government officials or the public. Very dangerous wireless densification is instead being carried out, and further planned, under the banner of 'closing the digital divide'. But note, in remarks to the American Enterprise Institute July 15, 2026, entitled "[Leading the Next Wireless Frontier: Why America Must Lead the 6G Era](#)", FCC Commissioner Olivia Trusty explained that the coming 6G will use significantly enhanced surveillance capabilities and data integration with AI for military and defense purposes.

This begs the question: Are the millions of chronic illnesses, cognitive impairments, environmental degradation and enormous health care costs and economic burdens to society resulting from wireless exposures viewed simply as necessary 'collateral damage' by the U.S. Department of Defense in pursuit of its war objectives?

Over time, many individuals and groups have attempted to encourage government officials to focus on wireless risks, but a blind eye has consistently been turned to the topic by politicians, many of whom accept contributions from the telecommunications industry and defense contractors and support bills aiming to further strip state and local governments of authority over antenna infrastructure.

This has been going on for far too long. There were Senate Commerce, Science, and Transportation Committee [hearings](#) on the risks of Radiofrequency Radiation as far back as 1977, investigating the broader, growing environmental and occupational risks of non-ionizing radiation, long before there was a consumer cell phone industry. But precautionary steps were never taken, and we are now blanketed in this biologically disregulating radiation.

Since 1990, millions of U.S. citizens having been harmed, and are increasingly being harmed, with more and more radiating devices and infrastructure all around, using increasingly more dangerous frequencies, pulsations and modulation.

Overall health in the U.S. has substantially declined since 1990, and there has been a dramatic, and until recently underrecognized, rise in chronic illnesses.

Acute symptoms from wireless exposures, like sleep issues, mood swings, irritability, joint pain, brain fog, memory issues and poor learning capacity are plaguing our nation, as well as impacting the quality of relationships between people.

The fastest-growing chronic diseases today, which represent the vast majority of all health care costs, have long been associated with biological changes known to be caused by wireless radiation, as Richard Lear and I document in "[Safety of Wireless Technologies--The Scientific View](#)" (2025). Twenty-three of the 32 fastest growing chronic diseases since 1990 were identified as linked with electromagnetic field exposure well over 50 years ago in the [U.S. Navy review study](#) in 1971. Yet these early warnings were not heeded.

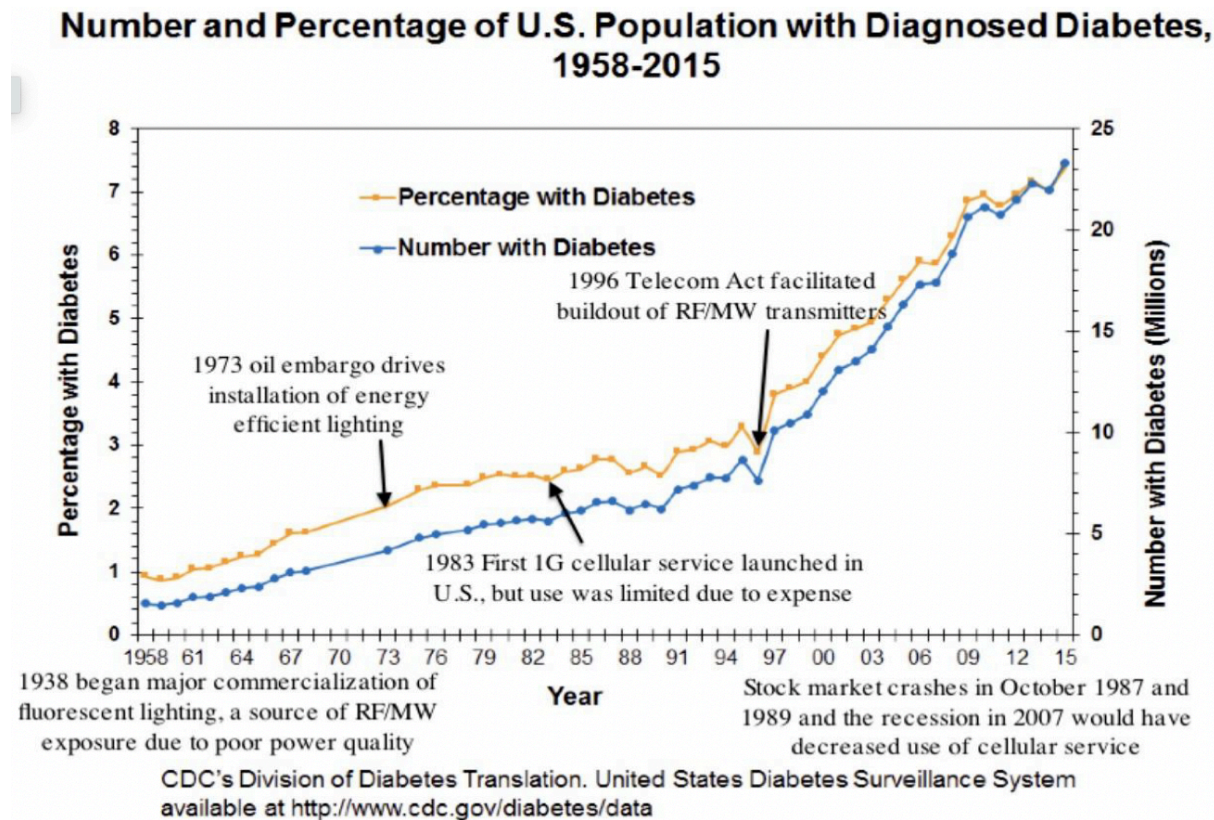
In ignoring the scientific evidence for risk from RFR, the U.S. government facilitated explosive growth in the wireless industry, leading to explosive growth in the incidence of chronic illnesses, at tremendous human and economic cost. The chart below, from "[Safety of Wireless Technologies--The Scientific View](#)" (2025), estimates there were over 500 million increased incidences of these diseases from 1990-2015.

U.S. Navy Study Predicted Today's 23 Fast-Growing Chronic Diseases – in 1971			
Fast-Growing Conditions	Growth Rate 1990-2015	Reported Cases 1990-2015	Similar Biological Effects Cited in Navy Study in 1971
ADHD	139%	5,312,000	Lack of concentration
Anxiety	104%	40,000,000	Anxiety, Increased irritability
Asthma	142%	28,500,000	Increased blood histamine content
Autism	2,094%	4,664,280	Altered fetal development, Alteration in bio currents of the cerebral cortex, Structural changes in cerebral cortex
Cataracts	480%	20,500,000	Cataracts
Chronic Fatigue	11,027%	8,077,200	Fatigue, Memory loss, Lack of concentration, Headaches, Sleeplessness, Depression
Depression	280%	20,304,560	Depression
Diabetes	305%	29,100,000	Blood glucose concentration
Erectile Dysfunction	150%	18,000,000	Impotence, Hypogonadism
Fibromyalgia	7,727%	6,346	Fatigue, Memory loss, Concentration, Headaches, Sleep disorders, Depression
Hypertension	223%	92,799,900	Hypertension
Hypothyroidism	702%	¹⁵	Thyroid enlargement
Insomnia	123%	48,396,250	Insomnia
Leukemia	588%	327,520	Leukopenia, Chromosome aberrations, mutations, Neoplastic diseases, tumors
Lupus	787%	563,542	Fatigue, Memory loss, Lack of Concentration, Headaches, Sleeplessness, Depression
Melanoma	145%	996,587	Chromosome aberrations, mutations, Neoplastic diseases, tumors
Sleep insufficiency	165%	100,825,520	Sleeplessness, Insomnia, Circadian Rhythms
Squamous Cell Cancer	177%	322,762	Chromosome aberrations, mutations, Neoplastic diseases, tumors
Stroke	262%	6,800,000	Thrombosis (blood clots)
Thyroid Dysfunction	233%	20,000,000	Thyroid enlargement
Heart Disease	--	125,100,000	Myocardial necrosis, Cholesterol and lipid changes; EKG changes; Vagomimetic action of the heart; Alteration of the heart rhythm
Autoimmune Disease *	221%	24,114,643	Changes in Oxidative processes
Celiac Disease	1,111%	60,000,000	Gastrointestinal disorders
Total Incidence of 23 chronic diseases (2015). Each was predicted by the U.S. Navy study in 1971.		549,314,860	

A few examples.

Diabetes/pre-diabetes is the most expensive chronic illness in the United States today, costing \$400+ billion annually. While the evidence showing risk for glucose abnormalities dates back over 85 years in U.S. government research, and should have been heeded, the direct connection between electromagnetic field exposures and the metabolic and mitochondrial impacts known to occur in diabetic patients was recently explained by Professor Paul Heroux, PhD of McGill University in "[Power Systems, Telecommunications and Diabetes](#)". Importantly, Dr. Heroux explained the mechanisms of action involved in great detail. See a Zoom interview with Dr. Heroux from February 2026, "Diabetes and Wireless Exposures--Interview with Dr. Paul Heroux", [here](#).

In the graph below, based on CDC data, note there was a spike in Diabetes when fluorescent lighting was introduced in the 70s, rising further with the introduction of 1G cellular (voice) in the 80s, and then tremendously increased after Congress passed the Telecommunications Act of 1996, which preempted state and local governments from regulating cell towers and antennas on health or environmental grounds, enabling the rapid roll out of cell towers and antennas across the country from there on out.

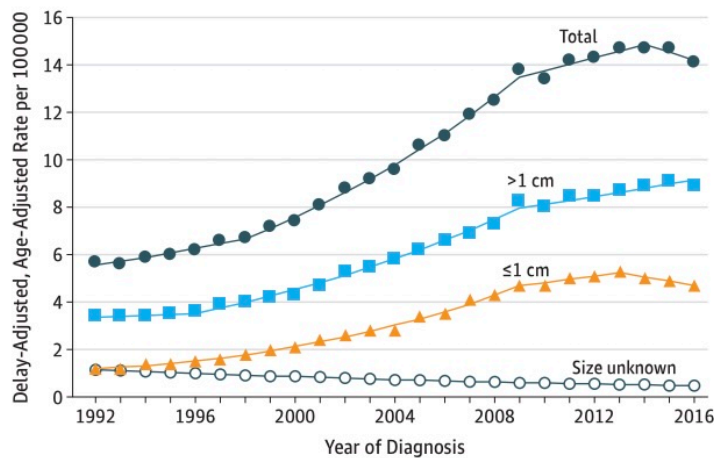


An estimated 40 million people, or 1 in 8 Americans, have Diabetes today, according to the CDC. More than 2 in 5 adults, or 115 million U.S. adults, have Pre-Diabetes; and, 8.4 million adolescents, or 32.7% of U.S. adolescents ages 12-17, have Pre-Diabetes.

Many other conditions has also risen since 1996 as cell towers and antennas proliferated.

A study by Zhang et al (2020) of Yale School of Public Health, published in *Environmental Research* (see graph, below), shows a steep increase in thyroid cancers starting in 1996, noting associations between higher risks of thyroid cancer and a number of different measures of cell phone use, such as the number of calls per day, hours of use and years of use. When certain genetic variants were present, cell phone use was significantly associated with thyroid cancer, and the association increased as duration and frequency of use increased.

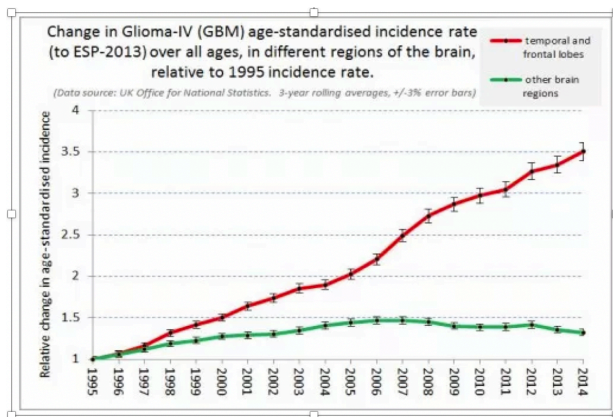
Figure. Trends in Thyroid Cancer Incidence Rates, Stratified by Tumor Size, 1992-2016



Age-adjusted incidence per 100 000, adjusted for reporting delay, of thyroid cancer in the US Surveillance, Epidemiology, and End Results 13 registry from 1992 to 2016. The data markers indicate the observed incidence at each year. The lines represent trends based on segmented regression (Table). In the most recent periods, the annual percentage change in incidence rates for all thyroid cancers was -2.4%; for cancers greater than 1 cm, +2.0%; for subcentimeter cancers, -3.7%.

Double to quadrupled brain tumor risk was reported in the heaviest cellphone users in the early Interphone study (>1640 hours per month--a fraction of today's usage). Total Brain & Central Nervous System Tumor incidence in U.S. official databases show statistically significant increase, especially in adolescents, young adults and the elderly. Children have 5x the risk of brain tumors compared to adults. And, importantly, brain tumor incidence in locations of the head where cell phones are placed, the frontal and temporal lobes, have risen very significantly.

The graph below shows deadly Glioblastoma Multiforme (GBM) tumors in the temporal and frontal lobes of the brain have skyrocketed since 1995.



Beyond brain and central nervous system tumors, cognitive impacts have been rising in people of all ages, including children in formative years, and in the growing number of people experiencing [EMR Syndrome](#).

The number of people diagnosed with Alzheimer's and other dementias globally has more than doubled since 1990. A paper by Martin Pall, PhD, "[Low Intensity Electromagnetic Fields Act via Voltage-Gated Calcium Channel \(VGCC\) Activation to Cause Very Early Onset Alzheimer's Disease: 18 Distinct Types of Evidence](#)", presents the evidence for risk from electromagnetic field exposures impacting the Voltage Gated Calcium Channels, leading to increased intracellular calcium, believed by Dr. Pall to be the central cause of Alzheimer's.

Societal costs for Alzheimer's from traditional medical, hospital, and nursing/memory care costs amount to roughly \$222 billion to \$409 billion annually (and far more when considering unpaid costs of family care). Costs of Alzheimer's are projected to reach \$1 trillion by 2050. *And yet this obvious factor driving Alzheimer's is in clear site.*

A [major review](#) of over 1,200 studies in Reviews on Environmental Health (2022) concludes that increasing levels of wireless radiation and human-made electromagnetic fields (EMFs) in our environment also poses serious risks to biodiversity and the health of Earth's ecosystems. A wide range of adverse effects to wildlife were found, including impacts to orientation and migration, reproduction, mating, nest, den building and survivorship. Bees and other pollinators were found to be especially vulnerable. ***Effects were found in fauna and flora in all species studied.***

The U.S. government appears to have been 'captured' by the telecom industry, either believing its false claims about the safety of wireless radiation, without looking to the global body of scientific literature on the subject, or to the evidence for risk documented in U.S. government studies. (See Harvard University's Edmond J. Safra report, "[How the Federal Communications Commission is Dominated by the Industries it Presumably Regulates](#)"). Or, potentially, the U.S. government has been knowingly complicit in a scheme harming humans and the environment for questionable national defense objectives, considering the health risk to humans and the environment as simply necessary 'collateral damage'.

Overlooking the vast body of science, including U.S. government studies, has been an enormous regulatory failure. After all, departments and agencies of the federal government have documented RFR risks going back many decades (approaching 100 years), including the U.S. Naval Medical Research Institute (1971), EPA (1990), U.S. Air Force (1994), U.S. Department of the Army (2006), NIH (2011), NIH 2018, NASA 1972, NASA 1981, Department of Interior and the Defense Intelligence Agency. In 1993, an FDA internal memo obtained by Microwave News through the Freedom of Information Act (FOIA) admitted microwaves can accelerate cancer.

Despite the longstanding evidence for risk, in 2018, in a [news release issued by the FDA](#), the FDA's director of the Center for Devices and Radiological Health, Jeffrey Shuren, MD, JD, stated, "Based on our ongoing evaluation of this issue, the totality of the available scientific evidence continues to not support adverse health effects in humans caused by exposures at or under the current radiofrequency energy exposure limits. We believe the existing safety limits for cell phones remain acceptable for protecting the public health".

The crux of the issue causing so much suffering and driving health costs is that FCC exposure guidelines for RFR are wholly inadequate. The FCC's non-protective exposure guidelines do not reflect the scientific evidence and are being used across the country, with [FDA complicity](#), to mislead about cell tower and antenna safety. RFR exposure guidelines aim only to protect against thermal/heating/power effects of the radiation. They do not address (or even acknowledge) the well-established 'non-thermal' effects, including biologically disruptive frequencies, the peaks and pulsing, or the increasingly complex signaling characteristics. (And they certainly won't protect against the much higher pulsation millimeter wave (mmWave), and potentially terahertz (THz) frequencies, to come, in 6G.

Importantly, the FCC guidelines have misled manufacturers of wireless devices and equipment, infrastructure installers, service providers, retailers, real estate owners, building managers and the public into believing RFR radiation is safe if exposures are in compliance with the FCC's thermal guidelines. Businesses and property owners have been able to take cover from liability in relying on these government sanctioned FCC guidelines. The public naively believes antennas outside their windows (as in the case of the photo to the left



from New York City) must be safe if they have been permitted or otherwise approved. I certainly made that assumption--and most others, unfortunately, do, too.

Citizens have placed faith in the permitting processes and government oversight, only to learn proper procedures have not been followed to protect public health. Even people suffering terrible illnesses, who are aware there are antennas outside their window, often do not think to connect the antennas with their health challenges, making the incorrect assumption that our government would not have permitted the antennas were there actually science showing RFR radiation is not safe.

The truth about the FCC's inadequate exposure guidelines, and the FDA's hollow endorsement of the guidelines must become known.

Here is one example of how people are being misled by the FCC's exposure guidelines and by the FDA's endorsement of those guidelines. In a Manhattan co-op, where antennas were proposed to be placed on a water tower on the building's roof, I advised the Co-Op's Board of Directors not to allow the antennas. I read, and formally rebutted, Pinnacle Telecom Group's report to the Board of Directors and attended the Board meeting, along with representatives of Pinnacle and Verizon. I heard Pinnacle's misleading presentation that the FCC and FDA had 'certified' there was no RFR risk from the antennas.

Pinnacle's [report to the Board of Directors](#) stated the following:

"Note that both the FCC and the Food and Drug Administration (FDA) have certified that continuous human exposure at RF levels up to and including the FCC MPE [Maximum Permitted] limit is considered to present no RF health risk. Moreover, the FCC MPE limit has been designed to provide appropriate protection for humans of either sex, all ages, all sizes, and under all conditions."

This is false. Were it not for my quickly commandeering the meeting, telling the Board Members that what they were hearing was false, and then delivering a scientific presentation on the matter, the proposed antennas would have been approved, and impacted the health of people on the higher floors of this building, as well as those living in many neighboring buildings.

Mainstream media also regularly misleads about RFR risk, and they, too, must be called out.

Reference to the FDA deeming the radiation 'harmless' is found in the *Wall Street Journal* article, dated November 13, 2021, ["Are AirPodsOut? Why Cool Kids Are Wearing Wired Headphones"](#). The misleading message that the FDA currently deems the radiation "to be harmless to humans" presumably reached the Wall Street Journal's 3.4 million circulation.

"...Biz Sherbert, a cultural specialist at youth culture-focused creative agency the Digital Fairy, narrated a TikTok video on corded headphones. "It seems that people are very concerned about the potential Bluetooth radiation that comes from AirPods," she concluded based on the video's comments. (While Bluetooth headphones do emit non-ionizing radiation, the Food and Drug Administration currently [deems](#) it to be harmless to humans.)"

It is time for the FCC and FDA to admit they have been promoting the commercial interests of the telecommunication industry, and military interests, at the expense of public health.

Authority over wireless infrastructure and RFR exposure guidelines should immediately be transferred to a U.S. government agency without conflicts of interest. This agency must have biology and health, and technical, expertise, as well as, importantly, be able to evaluate risks from non-terrestrial RFR-emitting technologies (satellites). This new frontier

of atmospheric risks, with serious potential consequences for planetary water cycles critical to supporting ecosystems and agriculture, needs very careful evaluation.

It is essential that the U.S. government:

- 1) Set protective, biologically-based exposure guidelines for RFR;**
- 2) Help to clarify the pros and cons of different telecommunications technologies (fiber, wireless, cable, advanced copper, etc.) so that the public, government officials and businesses can make fully informed choices;**
- 3) Conduct pre-market safety testing of wireless devices and wireless infrastructure prior to release onto the market;**
- 4) Conduct post-market monitoring of RFR exposures from each antenna, and the aggregate antennas in a neighborhood, to assure compliance with exposure guidelines;**
- 5) Conduct short- and long-term post-market health monitoring of individuals living in dense wireless environments;**
- 6) Conduct short- and long-term post-market health monitoring of natural environments exposed to RFR;**
- 7) Study closely the potential cumulative impacts of satellite RFR emissions on critical planetary water cycles and living systems.**
- 8) Educate the public, employers, and institutions responsible for the lives of others about health risks associated with RFR exposures, and how they can be minimized.**

The American public must be assured that regulators' top priority is public health and safety.

Much gratitude to the Department of Health and Human Services for welcoming feedback from scientists, physicians and the public on this critically important public health matter.

Respectfully submitted,



Camilla R. G. Rees

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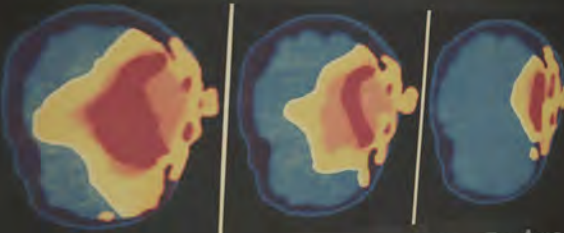
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