

Before the Health and Human Services Department

Washington, D.C. 20554

In the Matter of :

Request for Information on

Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and

Wireless Radiation Exposure

[2026-19252](#)

EVIDENCE OF

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I am a retired British doctor and have taken additional training in the US to advise on EMR safety. My background is in public policy and I hold qualifications both in Medicine and in Law. I have run as a parliamentary candidate in my own country (UK) and taken an active interest in Secretary Kennedy's campaigns.

My Personal Experiences

Unfortunately, I am also one of the approximately 1 in 20 citizens whose lives have been turned upside down by this technology through adverse health effects. This proportion is rising and does not take into account the increases in indirectly resulting health conditions which I detail below.

My own disabilities began following i) exposure to campus-wide WiMax (I used to teach medical students and on various health-related courses); and ii) the rollout of 4G in the location where then I lived (Scotland). Since 2014, my main 'occupation' has been trying to avoid neighbours' wifi and smartphones and wifi, as these cause me severe pain and neurological disruption such as difficulty thinking clearly, at times difficulty speaking, fatigue, insomnia, dizziness and nausea.

If able to escape EMR, such as by visiting a remote location or by entering a Faraday cage, these symptoms all disappear within a few minutes. It is therefore a 'functional impairment' albeit a severe and disruptive one.

However I cannot even enter, let alone work all day in, any National Health Service premises; any colleges or universities in the UK; any premises of central or local government; I cannot appear in court and I cannot even attend court. This means the professional and employment opportunities open to me are severely curtailed. All I can really do is a small amount of home-based consulting, having insulated my home against EMR.

Day to day life is also restricted and difficult as I cannot spend more than twenty minutes in a grocery store, it is hard and unpleasant to use public transport (although I am too sick to drive), I cannot visit the public library, attend any places of worship or meet friends in a cafe. I basically cannot go anywhere where people have smartphones on without experiencing severe pain and becoming unable to function.

I currently sleep in an outbuilding in the garden which has a green roof and protective walls, to be further from the neighbours' wifi and cellphones. I grow and produce as much of my own food as I can partly because it is hard for me to buy anything in a shop due to wifi, LED lights, electronic tills and having to queue to pay behind smartphone users.

My Experiences as an Adviser

It took over a year to identify why I had become so unwell, and eventually I observed that I felt much less bad when away from home and then arranged the help of a retired civil engineer who specialised in 'sick building syndrome', and it was he who suggested EMR as a causation. It then became clear to me that I was feeling better in areas free of mobile phone signal eg coast, forest, out of town.

I then undertook extensive research to try to understand this condition better and to try to help others affected by it, culminating in taking a course with an Arizona-based electrical engineer, Chris Young PE, who until his retirement ran an organisation called 'EMF Experts'. I wrote a number of articles for its newsletter, the most popular of which is attached.

I work alongside a Scottish architect who has taken a course with Guy Hudson, a British physicist who set up a British company offering EMR advice and protective products, Beneficial Environments in Sussex. We are contacted by very sick and often very desperate people, who have the symptoms many other commentators have described. It is often difficult or impossible to work; they may have had to move out of their home to temporary accommodation or even sleeping in their car or a camper van and / or relocate away from cities to remote less populated locations.

I have read the evidence submitted by another EMR adviser from California and by a Building Biologist from Australia. My experiences are very much along the same lines as theirs. I also attach a report from Belgium describing social exclusion due to EMR in Europe.

In my view, the level of exclusion faced by electrosensitive persons breaches the United Nations Charter on the Rights of Persons with Disabilities. In a rights-based analysis, it is further troubling that electro-hypersensitives may well be a genetically distinct group.

In my view, i) **the EMR syndrome is significantly underdiagnosed; and ii) the adverse health effects of EMR are not confined to EMR-S.**

The symptoms of the EMR syndrome could quite easily be misdiagnosed variously as: fibromyalgia; migraine; chronic fatigue; trigeminal neuralgia; effects of menopause; effects of stress, if the triggering causation were not identified.

Further, some of the most prominent effects of EMR on human functioning are extremely widely experienced in the population, again without most linking to EMR causations: I) insomnia (affects approx 57% of adults); ii) 'sluggishness', difficulty getting going in the morning, brain fog (all frequently reported or observed); iii) difficulty concentrating and focusing – hence diagnosis of ADHD has risen considerably. From this perspective, **perhaps a quarter to a third of the population are adversely affected by EMR, rather than 5 – 10% identified as suffering EMR-S.**

Other contributors have already discussed the pathophysiology of what is now termed the **EMR syndrome**. In particular I would adopt by reference the BioInitiative Report by Cindy Sage, whose evidence I have read and agree with. I would also draw attention to the work of I) Professor Martin Pall of Washington State University, who has linked EMR harm to action via voltage-gated calcium channels in the cardiovascular system; and ii) Professor Dominique Belpomme (France) who has shown that EMR induces reversible vasospasm of one or both middle cerebral arteries. Hence the pain and neurological dysfunction are due to reduced blood flow to the brain. Prof Belpomme gave evidence to the Belgian government, and this is reported in the document from Belgium which I attach.

Following on from these findings as to mechanisms of pathophysiology, Dr Russell Cooper (Australia) – who has appeared as an expert witness in numerous EMR cases – has been able to develop treatment to alleviate effects of EMR-S by repurposing a safe and inexpensive medication used to promote recovery from stroke (also a cerebrovascular disorder) - nimodipine, a cerebro-selective calcium channel blocker. I understand from personal communications (of results not yet published) this is helpful for 75 – 80% of patients and is used in doses of around 20% of that for stroke survivors. Our thinking is that EMR-S is in part due to genetic polymorphism of calcium channels in certain individuals.

I have the Ehlers-Danlos syndrome, as does another contributor from the UK (both of us became EHS whilst in Scotland). This is a condition where the soft tissues of the body are softer than usual and this appears to make our sensitivity to EMR closer to that of a child than of any able-bodied adult. I used to participate in a group for 'EDS Elders', of those of us aged 50+, one quarter ere either EHS, had MCS (Multiple Chemical Sensitivity), or both. This may mean that those with EDS are a sub-population with increased susceptibility to EMR harm, and should be the subject of further research. Other possible co-morbidities would include: migraine, Raynaud's syndrome, hyperemesis gravidarum, myalgic encephalitis (ME) as well as MCS.

It appears that the sharp pain is from mobile phones and is not alleviated by this prescription; the sluggishness and fatigue are produced by wifi exposure and can respond well to nimodipine or other calcium channels blockers. It therefore appears there must also be at least one mechanism affected, candidates could be other ion channelopathies in the cell membrane and/or disorders of detoxification pathways.

Dr Cooper works collaboratively with a genetic specialist in Boston USA, Bob Miller, whom I have heard speak at a conference organised by EMF Experts (qv). I have urged Dr Cooper and Dr Miller

to give their own evidence to this enquiry.

It would be helpful to extend this research and make more medical help available more easily for those living with the EMR-syndrome and I include recommendations on this later.

I have also participated in proceedings of the BroadBand International Legal Action Network (BBILAN) in which harm from EMR in general and 5G in particular were discussed. One of the medical experts who presented in this forum was a young people's psychiatrist, Dr Natalie Sadler MD of North Carolina, who described how no fewer than 50% of new patients consulting her practice needed no other interventions if they avoided smartphone use and wifi. She expressed concern as to the potential for 5G in particular to induce sudden acute major biological depression and suicidal thoughts or actions; as well as a marked increase in patients presenting with anxiety, stress and addictions. Dr Sadler has also appeared on Children's Health Defence TV. I have read and agree with the evidence to this enquiry of Mary Holland Esq Chief Counsel of Children's Health Defence.

General Epidemiological Perspective

Research, including a large study at the USA's own National Institute of Toxicology, has shown EMR to be carcinogenic. **This alone should be reason to question its safety.** Further, the doses studied were lower and the range of frequencies smaller than the present population exposure. The findings of the American research were confirmed in Italy at the Ramazzini Institute.

The findings of this laboratory research have been borne out by epidemiological evidence of an increased incidence of particular cancers, most especially tumours of the brain, which have increased fourfold in the last 20 years - except in under 16s, where they have increased no less than *tenfold*. In my own country (UK), brain cancer is now the top cause of death in those aged under 40.

The incidence of several other cancers at a younger age than previously usual (under 50) has also increased.

During the same twenty year period there has also been a marked increase in i) dementia (now the top cause of death for seniors); and ii) mental health problems, especially for young adults. Recently published research (attached) has now shown an increased risk of dementia from long term wifi exposure, and explained mechanisms of action for this effect.

This pattern of disease is suggestive of increased exposure of the population to neurological toxin(s). These changes have taken place over the period when EMR exposure has vastly increased, and correlate with the harm which it could be predicted to cause from scientific knowledge of its biological effects.

It would appear likely that EMR exposure contributes to the top causes of death for both the under 40 age group and the over 70 one; and to overall increase in malignant diseases. If significant proportions of those with i) mental health conditions; ii) dementia and iii) malignant disease have EMR exposure as a significant causative factor, as well as those diagnosed or undiagnosed living with the EMR syndrome, **then EMR exposure is causing a great deal of morbidity and mortality in the population as a whole, with consequent costs and economic loss too.**

In a hearing before a US Congressional committee, industry representatives admitted there were no studies showing 5G to be safe.

In advice given to the UK government, filed in its submissions responding to litigation challenging the safety of 5G, the advice explicitly stated that it did not cover the safety of children or of specialist sub-groups within the adult population, such as those with metal implants (which would

include dental fillings), or those with pacemakers. **Therefore there is no evidence 5G exposure is safe for children.**

In my view therefore evidence of safety is inadequate and evidence of harm is strong for EMR exposure.

Recommendations

In my view this technology is not safe enough to be used; it results in significant harm for humans and other living things and **it should be withdrawn as quickly as possible.**

If this is not considered possible (yet), the following measures would be extremely helpful:

- Reduce total permitted dose of EMR (several countries allow 100x less than USA);
- Do not allow commercial or military broadcasting in the bandwidth 600 – 900mHz (as this waveband is used by the mammalian neurological system and is disrupted by external activity on the same frequencies);
- Establish low-EMR locations ('white zones') where those severely affected can reside and other can take respite breaks or 'digital detox';
- Recognise EMR-S as a disability for all relevant purposes;
- provide accommodations for those with this disability, in accordance with domestic legislation on disability and the United Nations Charter on the Rights of Persons with Disabilities;
- Allow nimodipine or other calcium channel blockers to be prescribed by doctors for persons with EMR-S either as a licensed indication or at least on a named patient basis; if they are helpful to that individual;
- Fund medical research to understand any additional mechanisms of EMR-S and how best to alleviate to treat them; or if this research has already been done but is classified or published

in other countries, make it available to doctors and scientists treating those with EMR-S;

- **A windfall tax on tech companies and telecoms providers to fund the above, and to compensate those whose health has been damaged by their products.**
- Ban wifi in schools children's daycare centres and in assisted living facilities and day centres for seniors;
- Use wired internet connections not wifi in all government premises, Federal, State and local levels.

As an absolute minimum, a **moratorium on extending this technology further**, pending this and any relevant further safety evaluation.

I am grateful that this enquiry is being conducted and for the opportunity to contribute. If I can be of any further assistance, please do not hesitate to contact me.

Juliet Williams

11th October 2026