

Dear US Health and Human Services Department,

I am submitting this comment in response to HHS's Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure.

I am responding as an eyewitness with a medical record of physical harm by these non-natural environmental toxins. Suffering significant secondary loss, I have become an activist and advocate for myself and others similarly situated. If unaddressed by the HHS and FCC, regulatory agencies tasked with protecting the people, we are a class action waiting to happen – supported by the overwhelming eyewitness evidence, non-industry-funded science, national and international medical and legal professionals. Criminal harm is occurring from this unauthorized, unconsented experimental use that has not been proven safe in the updated, non-industry-conflicted science. See attachments.

EMFs, RF and wireless microwave radiation have severely adversely affected myself, my late mother, grandchildren, their pets and others in several disability groups I have been a part of since 1994 at my SSDI-documented disability onset.

THE SUFFERING

For thirty years I have suffered from this electronic version of an environmental plague. The original source of my exposure was with the installation of a cellular microwave tower at the NC church we pastored, near our parsonage. Exposure continued when in proximity to devices such as DECT wireless phones, routers, high tension power towers, and a cell phone after I moved. I suffered much secondary loss from an environmentally-caused illness foisted upon me by others who knew the risks. In 2015, upon relocation to San Diego across the street from multiple high tension power towers, and a wifi router on the other side of the wall from the room I rented, my symptoms drastically increased from an already disabling level to almost unbearable torture. At the next condominium unit I had to relocate to 6 months later because of this, there were multiple aesthetically hidden towers across the road. Symptoms worsened unbearably, and I moved a year later to an apartment complex in a lower EMF area, not knowing there were wifi routers in neighboring apartments, and an airport related tower that would penetrate the bedroom window each morning waking me up 30 minutes before the planes would take off. Purchasing an EMF meter confirmed objectively my symptoms and their direct correlation to EMF microwave radiation sources in the electronic landscape.

HEALTH EFFECTS DOCUMENTED

My health effects tracked, in real time, the exposures. From the beginning, as a young active happy pastor's wife and mother of middle and high school teens, a non-exhaustive list of symptoms documented in my medical record included a 40+ drop in my IQ in the area of new

information processing deficits including auditory delay measured by independent Social Security Disability experts as compared to the previous 140 MENSA in my high school transcript – “brain fog” is putting it mildly. Tinnitus, increased heart rate to 150, NMH low blood pressure, spatial disorientation, blurring of vision in my one good eye, chronic optical migraines, later onset of cataract in the back of my legally blind right eye all developed. Sudden onset of “fatigue” felt like walking through concrete cement with every step. Coma-type of narcolepsy sleep for up to 20 hours a day, muscle cramping and fasculations, sudden elevation of my formerly normal cholesterol to 270 happened at acute onset. Sensitivities to previously tolerated chemicals, including most medications, along with a new sensitivity to cold, caused a code during surgery and recommendation to avoid elective surgery. Cramping of my leg muscles, fasculations and abnormal gait necessitated use of a cane many days, immune system dysregulation with a profile including low natural killer cells, abnormal T-lymphocytes, and a CD4 reverse pattern from AIDS. This is only a partial list of symptoms that occurred many years “mysteriously” after wireless installation near my residence ended life as normal, culminating in a 2020 adenocarcinoma Stage IIIB cancer diagnosis and being told by my radiation oncologist consult that EMF radiation caused the cancer, and I was not a good candidate for radiation or I could hemorrhage at those doses. After the surgery, I was in extreme pain when exposed to levels over .100 mHz for more than a brief time. My MD attended the 2019 EMF Medical Conference in Costa Mesa, CA, and diagnosed me with what is now known as EMR Syndrome (Diagnosis Code: W90.0) that tracked my symptom onset/exposures and is also associated with cancer, heart, neurological and reproductive disorders. (www.emrsyndrome.org)

Reducing EMFR exposure post-cancer diagnosis and surgery with six months to live made so much difference. My protocol for healing is shared at www.warnandcomfortthepeople.org. This protocol I strictly followed as I was told I was not a good candidate for chemo or immunotherapy either, was also helpful symptoms I had had since 1994 onset - for the first time in my life. As long as I stay in within this protective low-EMF environmental bubble that has included two faraday canopies and going back to wired, grounded technology, I have regained a limited measure of functionality back because of the current gross environmental proliferation and a lifetime accumulated damage. Canary in the coal mine is an apt analogy, though with the proliferation of wireless on land, home, air and sea, there are many, many more of us now, as predicted at the EMF Medical Conference. My physician told me after attending, that where approximately 10% of the population were affected in 2019, once they rolled out 5G, there would be 50% suffering, with presentation of various maladies that people would not know the cause of. That has proved accurate. These are known in our own military literature as the non-thermal effects of microwave radiation. See 1971 US Naval Research Institute, by Zory Glaser; 1994 US Air Force study at Rome Labs, NASA and other effects of electromagnetic frequencies, including RF – all cross-referenced with worldwide studies.

EVALUATION & SERVICES SOUGHT

Medical evaluation and services were sought and provided since the date of onset before SSDI. Diagnoses of this medical mystery that is an environmentally-caused emerging illness included CFIDS/ME, MCS/ES, Secondary Tertiary Neuroborreliosis, NMH, FMS, cancer, culminating in the accurate name that encompasses all aspects - EMR Syndrome.

PERSONAL DOCUMENTATION

Includes an extensive medical record, including Dr. Charles Lapp, MD (Duke Family Practice/Hunter Hopkins Center/CFIDS), Dr. Joseph Jemsek, MD (Lyme), Dr. Edward Buckley, MD (Pediatric neuro-opthalmology), Dr. Robert Taylor, MD (allergist) and others. ADA Reasonable Accommodations Requests were made for me by: 1) Robert L. Fried, MD – former electrical engineer, Head of Emergency Medicine at NC's Wesley Long Hospital (Letter) 2) James Novak, MD (Script with necessity for low wireless radiation environment). See the attached script.

OBSERVED EFFECTS IN OTHERS

To say these experiences have affected my and my family's daily life would be putting this avoidable tragedy mildly. My mother was 87 years old; our family had no history of cancer on either side. She developed an acoustic neuroma following work use of a DECT wireless phone. Then we unknowingly installed the wifi wireless router under her computer desk radiating 24/7 near the foot of her bed in our shared home. She mentioned not feeling right when it was installed, was diagnosed with uterine cancer and died two years later.

I observed my son-in-law's dogs, in spite of being well-loved and taken care of, become sick in a similar pattern before I knew of the cause. Ranger, his golden retriever got cancer on the paw next to the wifi router laid at while he was working, and died. Their next Bernese mountain dog, Noah, would avoid the areas where EMFs were highest, lay under the deck in the rocks and dirt, finally developing corneal ulcers and constant matting under his eyes when in areas affected by the router. These were unrelieved by veterinary treatments, medications or eye drops before his death. Their next Bernese mountain dog, Samson, now has the same matting problem under his eyes when around the high EMFR areas, resolved only when in the meter-measured low-EMF garage or outside. Veterinarians have had no answers in resolving this. The only resolution practically resulting in remission of symptoms is prevention by lowering the EMF level in the dog's environment.

Because of these lived experiences, that are supported by the science, I believe that we are being subjected to mass criminal battery, assault and murder of humanity and animals on a

worldwide scale, by people who know the technology is harmful and have gone to great lengths to stop public awareness – much like Big Tobacco 2.0. Unless it is stopped by lowering the and enforcing the permitted levels, reining in Big Tech from usurping our rights on local and state levels to determine cell siting, and a moratorium on further deployment including satellites until this unauthorized experiment that has not been proven safe is stopped until proven so. Because we care about relieving the suffering – we have been called to use our voices to tell the story, speak and raise awareness for those who do not know, or cannot, for those who are dead and those who are suffering from this preventable tragedy. See www.emrsyndrome.org, www.thenationalcall.org, www.emfanalysis, www.childrenshealthdefense.org, www.ehtrust.org. The existential nature of this grossly pervasive often hidden, environmental toxin makes it a desperate matter that the HHS should immediately address. It is a national health emergency, and national security risk as many are being disabled and dying from it.

FOLLOW THE EVIDENCE: HELP AND HONEST INQUIRY NEEDED

I support HHS taking an active role in a) placing a moratorium on new cellular and wireless deployment UNTIL proven safe. b) an advisory and PSAs to the people of America to alert them to the risk of these devices, and safer alternatives until they can be proven safe. c) making the science, and the eyewitness testimonies of those affected available to the public d) examining the potential health and environmental effects of wireless radiation through the lens of unconflicted science. e) Questions about human health should be addressed by federal agencies with appropriate expertise in medicine, biology, epidemiology, and public health such as the HHS with findings binding on the FCC. The voices and experiences of victims, ie. individuals and families should have a voice at the decision table, considered alongside the scientific evidence, as emerging illnesses often predate the science by, for example 20-30 years as with multiple sclerosis.

In the meantime, society is experiencing an unsustainable disability burden on the medical, financial, family and social services that are integral parts of its strength and defense. The increase in disability and mortality also documented from the initial cellular rollout in 1988 in Dr. Goldberg's book, "You Wouldn't Stick Your Head in a Microwave Oven, Would You? It has only worsened to a point now of tracking public health worsening with the timelines of gross non-natural deployment including satellites, invading the homes and other sacred spaces with their toxic-microwave ray-emitting devices.

PROTECT VULNERABLE POPULATIONS

I urge HHS to carefully evaluate these experiences and the scientific evidence, identify gaps in current research, give particular attention to children, the elderly, those with co-morbidities, and other potentially vulnerable populations, as well as animals, use the previously-done military studies showing this same pattern of injury, and establish appropriate federal research

priorities regarding wireless radiation and public health. Requiring use of the .100 mHz ceiling protective standard approved by Russian investigators, and others reflected in the USAF, USNRI, NASA studies would be a helpful, immediate first step.

CUMULATIVE IMPACT

Please also address the cumulative impact as well, of all manners of exposures, including EMFs (ElectroMagnetic Frequencies); Radiation, including but not limited to Microwave Radiation; Millimeter Waves; Radiofrequencies; 5G; 6G+; Local Communications Infrastructure including Cell towers, Antenna Panels from Cell Towers and other Directed Antennas; Cell Towers that are microchipped inside with the Ericsson Microchip that weaponizes Cell Tower signals which are especially directed to particular homes; Beamforming that is fashioned from Cell Tower Signals to produce Microwave Directed Energies that are conducted through directed antennas towards particular homes and their occupants; Radar being used in the exercise of 24/7 Surveillance of Individuals with weapons systems and technologies which cause damage to the Health of many individuals and their families, including children, and which affect the bodies, brains, and neurological systems of these individuals and their families; Radiation Burns to the Skin including Skin Biopsies of these Radiation Burns; and more. The reports of Havana Syndrome Brain Lesions resulting from Pulsed Directed Energy Microwaves that enter the neurological system and brain in Non-consensual Human Experimentation, is also included, due to the Brain Lesions that they have caused, and which have been found in properly diagnosed individuals, following months of medical testing that certifies this fact.

SYNERGY WITH OTHER ENVIRONMENTAL TOXINS

Since microwave biological effects slow the body's detoxification pathways, and amplify the effects of dental and other metals, the synergy of these insults needs to be considered. My dentist, Michelle Yamada, DDS, also former member of the Ocean Beach, CA Planning Board stated to me that she began her interest when studying increased impacts of the microwaves interacting with increased metals in the environment, and her multiple patients suffering from this interaction with dental metals and implants also. Contributing to metals exposure levels and synergy with EMF microwaves (like in the oven), please consider my personal eyewitness testimony of the regular metal-emitting Chemtrails (not vapor trails that dissipate) morphing into "clouds" following the cross-hatched spraying from aircraft flying above my residence negatively affecting health with Heavy Metal Toxicity and other Carcinogenic Dust falling from the overflying aircraft, research showing on the record as part of dangerous experiments with Climate Modification. I have seen these, and their non-natural pattern as I walked almost daily in the neighboring park since 2021. See documentation of government and private sector programs at www.geoengineeringwatch.org.

CALL TO ACTION

According to Physicians for Safe Technology, Radiation Sickness (EMR Syndrome) describes a constellation of mainly neurological symptoms that manifest as a result of RF/EMF exposure. It is a “spectrum condition.” Some experience discomfort while others are entirely debilitated.⁹⁶ The testimonies and the scientific literature recite a host of symptoms, including headaches, memory and cognitive problems, sleep problems, heart palpitations and/or increased heart rate, ringing in the ears, fatigue, skin rashes, tingling, nose bleeds, unremitting flu-like symptoms, dizziness, and burning sensations.

Changes in my symptoms have only occurred in low-EMF microwave radiation environments. I have found that my symptoms and objective meter readings confirm the Russian studies safety level of .100 mHz or below in RF signals, and .1 in electricity readings. These should be adopted in the US as standard, instead of the industry-influenced current regulatory framework. The 50 federal bills allowing the FCC to go rogue for industry unchecked with no local or state government input should be stopped, and protective legislation of our rights enacted instead.

Based on the scientific literature, personal experiences and meter readings correlated with them, FCC regulation based on the Russian safety studies and limits they use should be mandatory to protect the public, as well as local input based on health and environmental harms instead of industry-captured agency exploitation of the people. “Nothing about us without us” would be a great disability-community slogan to use here, and have persons with EMR Syndrome, and their advocates in the fields of science and medicine on any decision-making boards, including the FCC, HHS, CDC, NIH, NAIAD and EPA. Industry-funded studies should be excluded based on bias and a history of undue influence.

EVIDENTIARY RESOURCES

Overwhelming scientific non-industry-funded evidence exists about potential adverse health effects caused by current exposure limits. Sources include the 7000+ sources appended to the CHD, EHT, Et al vs. FCC Brief. Websites include <https://mdsafetech.org/science>; <https://mdsafetech.org/links> from Physicians for Safe Technology; www.ehtrust.org Environmental Health Trust; www.emfanalysis.com. Journal Articles include: Evidence for a connection between coronavirus disease-19 and exposure to radiofrequency radiation from wireless communications including 5G Researchers Robert Brown, MD and Beverly Rubik, PhD <https://pmc.ncbi.nlm.nih.gov/articles/PMC8580522/?s=08>

Beatrice Golomb, MD, PhD, Professor of Medicine, UCSD
https://today.ucsd.edu/story/researcher_links_diplomats_mystery_illness_to_radiofrequency

[microwave radiation](https://microwave_radiation); <https://emfconference2021.com/speaker/beatrice-alexandra-golomb-md-phd/>

Books include “Unplugged” by Robert Brown, MD, radiologist on health effects of wireless radiation. Military research includes (USNI, USAF, NASA), scientific and human evidence: <https://scientists4wiredtech.com/ehf-chd-v-fcc/>

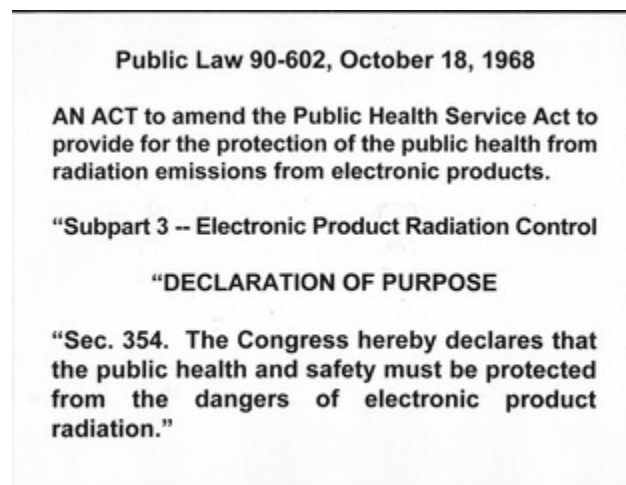
I have also attached several recent journal studies on the issue. Scientific methods currently available for accurately characterizing individual and population-level RF radiation exposure include use of EMF Meters by individuals, businesses and governmental offices enabling provision of an objective measure in real time. I measure most carefully the places I spend a lot of time, like home, work, church, school, entertainment. Short trips to stores are more easily tolerated if the longer times are well-controlled.

Improvements in exposure assessment methodologies are needed to better evaluate real-world exposure conditions. Cumulative effects from all exposures in those places most of time is spent should be added together for total impact, and a true picture.

IMMEDIATE RELIEF FOR LEGAL VIOLATIONS

Under the ADA, safer EMF spaces should be located in every city for persons disabled with these conditions, as well as Safer EMF Space signs in each facility open to the public, and alternatives to wireless access, ie. Wired only, phone-free or airplane mode only zones in the same areas covered by the ADA, Rehabilitation Act, Fair Housing Act, and other federal and state disability rights legislation.

See also:



47 U.S. Code § 324: “In all circumstances . . . all radio stations . . . shall use the minimum amount of power necessary to carry out the communication desired.” (June 19, 1934, ch. 652, title III, § 324, 48 Stat. 1091.)

Technical and exposure-related information should be disclosed to consumers, residents, workers, schools, healthcare providers, and local governments by Tech and power companies with literature and accurate PSA advertising and a campaign (like the Big Tobacco accountability) requirement to inform potential consumers of the risks, educate the population, address societal harms, and comply with the ADA, etc. to provide safer alternative options including copper analog landlines, wired ethernet, low power level wireless, ie. JPS Eco Router.

NO data sources or surveillance systems currently exist to monitor potential adverse health effects associated with RF radiation exposure? NONE. Industry and technocracy has ruled without informed consent. Additional data sources or surveillance systems must be developed for accountability including: ATSDR, CDC, NIH, NIAID disease registries, OSHA occupational monitoring, FCC and EPA-enforced environmental monitoring, HHS longitudinal cohort studies, adverse event reporting, disease or illness clusters, and a voice for the injured on every committee making decisions regarding these issues.

Exposure assessment or risk evaluation should be heightened for sensitive populations such as children (thinner skulls; brain development), pregnant women (fetal protection), older adults, individuals with implanted medical devices (particularly pacemakers), workers with elevated occupational exposure (measure cumulative exposure in all daily environments), individuals with preexisting medical conditions, other populations that may uniquely experience potential adverse health effects in response to RF radiation such as those with EMR Syndrome, diabetes, asthma, cancer survivors, those with neurological, cardiological or existing visual problems.

According to scientific evidence, these technologies affect cumulative exposure patterns as follows: 5G, 6G, Wi-Fi, Satellite-based communications, Internet of Things (IoT), Wearable technologies, Smart homes/appliances, Smart cities, Autonomous vehicles, Electric vehicles, High-tech vehicles, Wireless medical devices, Communication enabled smart meters.

The scientific evidence, including patient reporting as ground zero, should be considered when evaluating RF exposure associated with wireless infrastructure. It is key to observe the electronic landscape, and where cells proliferate, for example, on the www.antennasearch.com map. Proximity to homes, schools, childcare facilities, healthcare facilities, and/or workplaces, cumulative neighborhood exposure, antenna density, small-cell deployment, livestock (they

have a CNS also).

Thank you for providing individuals and families with an opportunity to be heard.

Thank you, Secretary Kennedy, for carrying on this important inquiry to protect the health of the American people, including the children, as your uncle Senator Edward Kennedy did through his work with the Senate's HELP Committee, and the disability work of your relative Eunice Kennedy Shriver. Thank you for giving we the people a voice, and the protections our Constitution envisioned.

Rev. Margaret Holt Baird, Esq.
(Not currently practicing)