

SUPPLEMENTARY DECLARATION TO MY PERSONAL SUBMISSION TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Re: Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure

Name: *Corina Curteanu*

Date: *15 October 2026*

Country of residence: *New Zealand (currently as an environmental refugee, in a caravan)*

Original submission date: *24 September 2026*

1. Purpose of This Supplementary Declaration

I submit this supplementary declaration to provide additional details concerning my residential history in Adelaide, South Australia, my observations of the wireless environment in which I lived, and the chronology of my health deterioration.

This declaration supplements my original submission dated 24 September 2026 and should be read together with that submission and its annex.

2. Residential History and Circumstances of Exposure

Suburb or area in Adelaide where I lived:
Hillcrest, SA.

Approximate dates of residence:
May 2016 – April 2025.

During this period, I experienced intermittent periods of relocation to rural areas and, at times, slept in my car in an effort to distance myself from the urban smart-city infrastructure, nearby telecommunications towers, and Wi-Fi sources in and around my residence. I took these measures out of a desperate need to find relief from the symptoms I associated with these environments and to give myself an opportunity to recuperate.

Description of my living environment, including Wi-Fi and other wireless sources that I was aware of:

Initially, I did not recognise a possible connection between my symptoms and my surrounding wireless environment. However, while living at my residence, I repeatedly experienced severe dizziness and headaches in particular areas of the house. I later engaged a building biologist to measure the electromagnetic environment and learned that the areas where I had experienced these symptoms faced directly towards nearby telecommunications towers and were also close to a Wi-Fi router.

I also experienced episodes of vertigo-like symptoms while driving to school, particularly when stopped at certain traffic lights. I subsequently became aware of reports of radar systems and small-cell telecommunications infrastructure, including 5G installations, in some of these locations. I would like these locations and the relevant infrastructure to be independently verified.

Similar symptoms occurred in particular areas of the schools where I worked. I later identified Wi-Fi routers in or near some of these locations.

I also experienced difficulties in certain public spaces, including shopping centres and libraries. Subsequent observations and environmental measurements identified Wi-Fi routers in these environments, as well as nearby telecommunications infrastructure. I became particularly concerned about the possible presence of pulsed or modulated RF signals associated with 5G networks, although the specific signal characteristics and exposure levels would need to be established through appropriate technical records and measurements.

Looking back, I recognise a recurring pattern in which I experienced symptoms in particular locations and only later became aware of wireless infrastructure in or near those areas. These observations contributed to my concern that my living, working, and daily travel environments might have been relevant to my declining health. I provide this account as a record of my personal experience and the circumstances that I believe warrant further investigation.

3. Historical Development of Adelaide's Smart-City Infrastructure and My Working Environment

During the period when I lived and worked in Adelaide, South Australia, the city was promoting initiatives involving smart-city technologies, the Internet of Things (IoT), public Wi-Fi, smart sensors, and connected urban infrastructure. Historical articles and reports describing these early initiatives are listed in the footnotes below.[1–3]

My residence was located in or near:

Hillcrest, SA.

During this period, I was working at schools located at considerable distances from my home. My journeys between home and work involved travelling through urban areas where I observed increasing numbers of street poles, sensors, and other connected infrastructure.

Approximate dates of this commuting:

May 2016 – November 2019.

Schools or general areas where I spent time:

Modbury, SA; Glenunga, SA; Campbelltown, SA; Prospect, SA; and Mawson Lakes, SA.

Approximate commuting distances and routes, where known:

Around 50 km each day.

I became increasingly concerned about the combined wireless environment to which I was exposed during my daily activities, including at home, while commuting through the city, and at work. I understood that the urban infrastructure was being developed to support connected technologies, including IoT applications and wireless communications.

I was also aware of telecommunications towers in my neighbourhood that I understood to be involved in, or associated with, the introduction or testing of 5G technology.

During my time living and working in Adelaide, South Australia, I observed telecommunications towers in the vicinity of several locations I regularly visited, including medical centres in Hillcrest; shopping centres in Modbury, Campbelltown, and Glenunga; and public libraries in Glenunga, Modbury, and Campbelltown.

These locations formed part of my regular daily environment, and I became concerned about the proximity of telecommunications infrastructure to places where I spent time receiving medical care, working, shopping, and accessing public services.

I can provide photographs of the relevant locations and nearby telecommunications infrastructure upon request. Where possible, I would also welcome verification of the towers' precise locations, operators, installation dates, and technologies, including whether and when any were equipped for 5G communications.

At present, the information I can provide is based on my personal observations and the locations I frequented. Further technical documentation would be required to establish the operating characteristics of individual towers and the RF exposure levels at the locations concerned.

During this period, my health deteriorated significantly. In my personal experience, this deterioration occurred against the background of increasing exposure to wireless environments at home, during my journeys, and in the schools where I worked.

I provide this account as a description of my lived experience and the environmental circumstances in which my health declined. I ask that these circumstances be considered as part of a broader investigation into reported electromagnetic hypersensitivity, real-world patterns of wireless exposure, cumulative exposure assessment, and the experiences of individuals who report significant symptoms in wireless environments.

I recognise that historical evidence of smart-city infrastructure does not, by itself, establish the presence, technical characteristics, or exposure levels of particular RF sources at every location I visited. Nor does the sequence of my experiences alone establish medical causation. I would therefore welcome further examination of the relevant infrastructure, exposure measurements, and health chronology.

4. Nearby Telecommunications Infrastructure and Reported 5G Testing

Following training from a professional building biologist, I learned to consult the Radio Frequency National Site Archive (RFNSA) website (<https://www.rfnsa.com.au/>) to identify telecommunications towers and review the available information about individual sites. I used this resource to inform my travel planning and to try to avoid locations where I believed my exposure might aggravate my symptoms.

The information available through the RFNSA website was useful in identifying registered telecommunications sites and reviewing technical information provided for those sites. However, I understood that this information did not necessarily represent the complete wireless environment at every location I visited.

In particular, the website did not provide me with a comprehensive means of identifying every small-cell installation, wireless device, sensor, or other potential RF source that I encountered in public spaces, including infrastructure associated with traffic lights and equipment installed in shopping centres and other public buildings. I therefore had to identify such sources through local observation and, where possible, environmental assessment. I subsequently attempted to avoid locations where I believed the environment was aggravating my symptoms.

Source of my information concerning 5G testing, including any newspaper articles, council announcements, or other records:

My information concerning telecommunications infrastructure came from a combination of personal observations, guidance from a professional building biologist, and information available through the RFNSA website.

I also became aware of Adelaide's early smart-city and Internet of Things (IoT) initiatives, which involved the development and use of connected urban technologies. Historical articles describing these initiatives provide context for the development of Adelaide's connected infrastructure, although they do not independently establish that individual sites near my residence were operating 5G equipment at a particular time.

I would like the relevant telecommunications sites, their installation and activation dates, and their operating technologies to be verified against historical records wherever possible.

Approximate dates of the reported trials or deployment:

My concerns about telecommunications infrastructure and wireless exposure developed during my residence in Adelaide from approximately May 2016 onwards. I used the RFNSA website to inform my assessment of telecommunications sites during this period. The precise dates on which individual nearby sites commenced 5G operation would require further verification.

Additional Account: Security Scanning, Travel Restrictions, and Consequences for Family Life

Another significant difficulty arose from the use of security scanning equipment at airports and, increasingly, scanning gates in shops and other public environments. I became concerned about these devices because I associated encounters with certain scanning equipment with subsequent deterioration in my symptoms.

At airports, I had a medical exemption letter and requested an alternative screening method, such as a manual pat-down. On occasions when my request was not accommodated and I was required to

undergo the screening procedure, I subsequently experienced symptoms that I associated with the exposure, including severe inflammatory pain, visual disturbances, and headaches. Over time, I also experienced chronic fatigue and multiple chemical sensitivity (MCS), as well as respiratory difficulties in enclosed spaces.

Further details concerning the medical exemption letter, the dates of airport incidents, and any available supporting medical records:

These experiences made air travel increasingly difficult for me. Because I was concerned about the effects on my health and experienced difficulties obtaining the alternative screening arrangements I had requested, I largely stopped travelling for holidays and restricted travel to situations I considered necessary, such as visiting my parents when health circumstances required it.

This restriction had serious consequences for my family life. My former husband and children enjoyed overseas holidays, but from approximately 2018, I was increasingly unable to participate in these trips. I became excluded from many family holidays and progressively withdrew from social activities. My isolation deepened, and my marriage subsequently ended.

I include this account to document the broader consequences of my health difficulties and the accommodation challenges I experienced. The difficulties were not limited to symptoms in my home or workplace; they also affected my ability to travel, participate in family activities, and maintain ordinary social relationships.

I can provide my medical exemption letter and any additional supporting records available to me. I would also welcome examination of the relevant screening procedures and the circumstances in which alternative screening arrangements were requested or declined.

5. Chronology of Symptoms and Health Deterioration

My symptoms developed progressively after I arrived in Australia in 2011. Initially, I experienced headaches, blurred vision, nausea, and dizziness in certain environments, particularly when I was near computers or in specific areas where electronic equipment and other technologies were present. At the time, I did not recognise a possible relationship between these symptoms and environmental exposures.

I was working in learning support teaching roles in schools in Perth, Western Australia, before relocating to Queensland. While working at Frenchville School in Queensland, my symptoms became more severe. I experienced a collapse that raised concerns about a possible concussion, and I attended an emergency department, where I underwent a CT scan. These events prompted me to

begin investigating the causes of my deteriorating health with medical practitioners, although I had not yet identified any possible environmental factors.

After relocating to Adelaide, South Australia, my health deteriorated further and more rapidly. I developed serious digestive problems, severe balance difficulties, and significant weight loss, alongside a marked decline in my overall health and functioning. During this period, I became increasingly concerned that aspects of my living and working environments might be contributing to my symptoms.

In 2019, a doctor began considering and investigating possible environmental factors. Although she was initially hesitant to attribute my symptoms to radiofrequency (RF) exposure, she referred me to a specialist with relevant expertise. In 2022, this specialist diagnosed and treated me for electromagnetic hypersensitivity (EHS) and assisted me in implementing measures intended to reduce potential environmental exposures and stabilise my condition.

By this stage, the consequences of my declining health had become profound. My family life, social relationships, and ability to work had been severely affected. I was also unable to secure suitable accommodation that would allow me to manage my health and living circumstances adequately.

Over approximately five years of severe illness in Australia, I submitted four applications for the Disability Support Pension, all of which were rejected. My health difficulties, loss of income, and inability to secure appropriate accommodation compounded my vulnerability. My marriage ended in divorce, and I became increasingly isolated and financially distressed.

Eventually, I left Australia and sought temporary assistance from family friends in New Zealand, where I hoped to find a more suitable environment in which to recuperate. I am a New Zealand citizen and am currently living in a remote area in a caravan while continuing to work on my health. With assistance from a local organisation, I was able to transition to disability support through the New Zealand Government.

I describe this chronology to document the progression of my symptoms, the medical investigations I underwent, the eventual assessment by a specialist, and the profound effects of my illness on my family life, employment, housing, and financial security. Although I became increasingly concerned about a possible relationship between my symptoms and environmental RF exposure, I acknowledge that the chronology alone cannot establish causation. I ask that these circumstances be considered alongside my medical records, environmental assessments, and other supporting documentation.

6. Environmental Measurements, Exposure-Reduction Measures, and Their Impact on My Life

My first assessment of the electromagnetic environment in my home followed an information session conducted by a professional building biologist, whose name I unfortunately no longer remember. She subsequently assessed my home using what I recall to have been a CORNET RF meter, although I cannot confirm the precise model.

The assessment helped me identify areas of my home where the measured RF levels appeared higher than in other areas. At the time, I could not afford to purchase the full written measurement report, which was an additional expense. However, I considered the practical information I received sufficiently important to begin modifying my living environment in an attempt to reduce my exposure.

The measures I implemented included:

- *Switching off the Wi-Fi modem at night.*
- *Moving my bed away from the side of the room facing the nearby telecommunications towers and relocating it to an area where the measurements indicated lower exposure.*
- *Installing a copper-fabric curtain over the window and mesh behind the headboard in an attempt to reduce RF penetration.*
- *Placing electronic devices in flight mode at night, although doing so consistently across the household was difficult and sometimes a source of tension within my family.*

I later purchased my own RF meter to investigate my environment further. I do not currently have all the technical records needed to specify the meter model, measurement frequencies, units, or numerical results for every assessment. I would therefore distinguish my recollection of the initial assessment and the measures I took from any findings that could be independently verified through a formal report.

Equipment and measurement details, where available:

- **Initial instrument:** CORNET RF meter; model unconfirmed.
- **Name of building biologist:** Not presently remembered.
- **Date of initial assessment:** December 2019.
- **Subsequent measurements using my own meter:** 2020–2025.
- **Model and specifications of my own meter:** ENV RD-10 Tri-Mode EMF Meter.
- **Written report:** I did not purchase the original written report at the time because of the cost. I cannot presently provide the original numerical results.

6.1. Changes in My Living Circumstances and Attempts to Recuperate

The changes I made to my home environment became a significant part of my daily life. The need to switch off the modem, manage electronic devices, and modify sleeping arrangements created tensions within my family, particularly when others found these measures difficult to understand or accommodate. I increasingly felt that I could not rely on the emotional support I needed while trying to manage my declining health.

By late 2019, I was increasingly seeking opportunities to relocate temporarily to rural areas in the hope of recuperating away from the environments I believed were aggravating my symptoms. I undertook these relocations several times, sometimes relying on temporary assistance from people living in remote areas. On occasions when I could not secure suitable accommodation, I slept in my car.

Unfortunately, even these rural arrangements did not always provide the stability I needed. I became concerned about telecommunications infrastructure being upgraded in areas I had previously regarded as more remote. My limited financial resources and fragile health made it increasingly difficult to find and maintain suitable accommodation.

6.2. Additional Difficulties Caused by the COVID-19 Pandemic

The COVID-19 pandemic further complicated my circumstances. During periods when people were working from home, I became concerned about the continuous operation of Wi-Fi and other wireless devices in my living environment.

During this period, the copper landline infrastructure serving my residence was removed or replaced as part of the transition to the National Broadband Network (NBN). I understood this change to affect my ability to retain access to the traditional landline telephone service on which I had relied. This added to my sense of insecurity and isolation.

Travel restrictions also prevented me from seeking relief through relocation as I had done previously. I felt trapped in an environment in which I was struggling to manage my symptoms.

The consequences extended well beyond my physical health. My father passed away, and I was unable to travel to attend his funeral. When my mother became ill, I was also unable to travel to assist her. These circumstances caused profound grief and distress at a time when I was already struggling with severe health problems and social isolation.

My marriage was also breaking down, and in 2020, my then husband asked for a divorce. I was facing the loss of family support, the loss of my previous working life, and increasing uncertainty about my future.

6.3. Financial Hardship, Disability Support, and Housing Insecurity

As my health deteriorated and my ability to work diminished, I became increasingly financially vulnerable. I had no reliable income or adequate financial support and had to seek assistance from government services.

My applications for the Australian Disability Support Pension were unsuccessful, leaving me without the financial security I needed to obtain suitable long-term accommodation. I found myself dependent on temporary help from people in remote rural areas and, at times, had no alternative but to sleep in my car.

I also brought my circumstances to the attention of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. Despite my efforts to explain my situation and seek recognition of my functional limitations, I did not obtain the practical assistance I had hoped for.

I experienced the responses to my reported environmental sensitivities as frequently dismissive. I understood that some people interpreted my symptoms through a psychological or nocebo framework. Having studied psychology myself, I tried to explain my experiences carefully and logically and to distinguish my symptoms from conclusions about their cause. Nevertheless, I felt deeply distressed when I believed my account was being dismissed without sufficient consideration of the environmental circumstances I was describing.

The cumulative effect of illness, financial insecurity, loss of family relationships, housing instability, and the absence of adequate support eventually led me to leave Australia.

6.4. My Current Circumstances in New Zealand

I am now living in New Zealand, where I have sought assistance to recuperate and rebuild some stability in my life. I regard my circumstances as those of a person displaced from her former home and livelihood by a combination of severe health difficulties, environmental concerns, and the absence of suitable accommodation and support. I have described myself as an environmental refugee to convey the extent of this displacement.

Although I have received some assistance, my housing remains temporary, and I have not secured long-term accommodation. I continue to be concerned about the expansion of 5G infrastructure and

other wireless technologies in New Zealand, while trying to manage my health and maintain as much dignity and independence as possible.

6.5. Why I Am Providing This Account to HHS

I provide this account to explain the practical steps I took following an environmental assessment, the limitations of the measurement records currently available to me, and the profound personal consequences of attempting to manage my health in circumstances where I could not consistently control my living environment.

I recognise that my recollections and personal observations do not independently establish that RF exposure caused my medical conditions. I also recognise that the effectiveness of individual exposure-reduction measures would require appropriate technical assessment. Nevertheless, these experiences form an important part of my health history and explain why I have continued to seek investigation, recognition, and suitable living arrangements.

I respectfully ask HHS to consider the interaction between reported environmental sensitivities, functional impairment, access to suitable accommodation, and the difficulties experienced by individuals whose symptoms are poorly understood or contested. I also ask that the challenges of documenting past exposure be recognised, particularly where people have been unable to afford professional reports or comprehensive measurements at the time of the events concerned.

7. Observations Following Changes in My Living Environment

7.1. Periods of Relocation and Reduced Exposure

Between late 2019 and April 2025, I undertook several temporary relocations to rural areas in an effort to find relief from the symptoms I associated with my usual living environment.

During different periods of the year, I arranged pet-sitting and house-sitting in exchange for accommodation in rural locations. On other occasions, I was able to stay in the homes of medical practitioners, doctors, and counsellors who understood my concerns about environmental sensitivities. Some of these homes had shielding measures in place, and supporting letters concerning these arrangements and my circumstances are available in the accompanying documentation.

These temporary arrangements were not simply holidays or lifestyle choices. They were attempts to find a more tolerable living environment, obtain some respite from my symptoms, and regain sufficient stability to manage my daily life.

Approximate dates and locations of these stays, where available:

December 2020 – April 2025 (on and off), in various remote locations: Mount Compass, SA; Halbury, SA; and North Haven, SA.

7.2. Changes I Observed in My Symptoms and Functioning

During periods when I was able to live in more remote environments or in homes where exposure-reduction measures had been implemented, I noticed changes in my symptoms and a degree of improvement in my overall functioning.

I experienced what I perceived as a calming of my nervous system and some reduction in the severity of symptoms that had made ordinary daily activities difficult. These changes contributed to my belief that my living environment warranted further investigation.

Nevertheless, my recovery remained incomplete. I continued to experience significant digestive problems and persistent food intolerances, including lactose and gluten intolerance, as well as difficulties tolerating certain medications. I also continued to experience episodes of inflammatory pain and dizziness that I associated with particular environmental exposures.

Even during periods of relative improvement, I remained deeply concerned about my future. The temporary nature of my accommodation, financial insecurity, and uncertainty about where I could safely live prevented me from achieving lasting stability.

Although I cannot establish causation from these observations alone, the changes I experienced during periods of relocation were sufficiently significant to reinforce my conviction that the relationship between environmental conditions and reported symptoms deserves careful investigation.

7.3. What I Observed When Returning to Previous Environments

When I returned to my previous living environments, I experienced renewed aggravation and flare-ups of symptoms. On these occasions, I felt that my health deteriorated again, sometimes leaving me in a severely debilitated state.

These experiences contributed to my concern that the conditions in my living environment might be relevant to my health. I would welcome further investigation of these observations alongside my

medical history, any available environmental measurements, and the circumstances of each relocation.

7.4. Other Circumstances Affecting My Health and Wellbeing

My health difficulties cannot be separated from the profound social, emotional, and financial consequences that developed over the same period.

As my ability to work and participate in ordinary activities declined, I experienced increasing isolation, sadness, anxiety, panic attacks, and episodes of heart palpitations and reported arrhythmia.

The breakdown of my marriage, the loss of my former family life, financial insecurity, and the ongoing struggle to secure appropriate accommodation contributed to feelings of desperation, guilt, and helplessness.

I often felt trapped in circumstances that I could not resolve and deeply hurt when my experiences were dismissed or not adequately understood. The uncertainty surrounding my health and future placed an enormous emotional burden on me.

Throughout these years, my faith in God remained a central source of strength and hope. I am also profoundly grateful to the small number of people who offered practical assistance, understanding, and compassion when I was most vulnerable. Letters documenting some of this support are included among the supporting materials.

I would also like to acknowledge the Mayor of the City of Port Adelaide Enfield, who listened openly to my concerns and provided me with the opportunity to present my case through a deputation to the Council. An excerpt from that presentation was included with my original submission. I remain grateful for the willingness shown to hear my concerns and consider possible assistance within the limits of the Mayor's position.

I mention these experiences not to suggest that every aspect of my suffering had a single cause, but to convey the cumulative impact of chronic illness, uncertainty, social exclusion, and housing insecurity.

They are an important part of understanding my overall circumstances and the need for compassionate, evidence-informed responses to people experiencing complex and poorly understood health problems.

8. Further Details Concerning Reported Exposure

8.1. Information Concerning Signal Characteristics and Relevant Expertise

I am deeply grateful to my treating doctor, Maureen Busuttil, and to the individuals and organisations that have helped me investigate my condition and understand the technical and scientific questions surrounding electromagnetic exposure.

In particular, I wish to acknowledge:

- *My treating doctor, Maureen Busuttil, who investigated my condition and assisted me in managing my health.*
- *The Australian National Register of Environmental Sensitivities (ANRES), for its work and support concerning people experiencing environmental sensitivities.*
- *EMR Australia, for its information and advocacy concerning electromagnetic radiation and related health concerns.*
- *Sue Grey in New Zealand, for her assistance and advocacy.*
- *Dr Mary Redmayne in Australia and New Zealand, for her research and contributions to discussions concerning RF exposure and health.*

I have accumulated scientific publications, technical information, supporting correspondence, and other materials relevant to the issues raised in this submission. Some of these materials were also used in support of my Disability Support Pension applications and my communications with the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability.

I am willing to provide these materials upon request, including any relevant documentation concerning RF signal characteristics, modulation or pulsing, exposure assessment, reported health effects, and areas requiring further research.

I recognise that the technical characteristics of individual signals and the exposure levels experienced at particular locations must be established through appropriate evidence. I therefore offer these materials as resources for further examination rather than as a substitute for independent technical assessment.

I would also like to note that, while living in Adelaide, I helped initiate SEEN.org with a group of volunteers who, like me, were experiencing environmental sensitivities. The organisation was established by volunteers who had personal experience of these difficulties and aimed to provide information, resources and peer support to others experiencing similar challenges. It operated

primarily online, with some meetings, and made a range of supportive information and resources available to people seeking to understand and manage their circumstances.

However, during the COVID-19 pandemic, financial difficulties made it impossible to maintain the website, and the organisation was unable to continue operating in its previous form. I have retained some of the resources developed or shared through this initiative and will provide them in an attached PDF for your consideration.

I include this information to demonstrate the community-led efforts made to support people experiencing similar difficulties and to preserve access to resources that may be relevant to the matters addressed in this submission.

8.2. Additional Observations Concerning Wireless Sources and My Current Circumstances

My concerns about wireless environments have continued since moving to New Zealand.

I now take considerable care when choosing where to shop and spend time. On some occasions, I have experienced symptoms or significant flare-ups in particular grocery stores and subsequently become aware of a large telecommunications installation behind or near the premises.

These experiences have reinforced my concern, although I recognise that the presence of a nearby tower does not, by itself, establish the level of exposure inside a building or prove that the tower caused my symptoms.

As a result, I rely increasingly on online shopping and limit travel through densely populated areas where I anticipate that managing my symptoms may be difficult. My daily life has consequently become relatively restricted, and I try to maintain a simple routine while continuing to seek a more stable living situation.

Despite these difficulties, I remain committed to sharing my experiences constructively. I am working on books in which I hope to describe my personal journey, the practical approaches I have explored, the challenges I encountered, and the lessons I have learned.

My intention is not to provide medical advice or suggest that my experience necessarily applies to everyone. Rather, I hope to offer peer support to others facing similar difficulties by sharing what I personally found helpful and what did not work for me, while encouraging people to seek appropriate professional care.

I continue to pray for more responsible technological development, greater openness to emerging research questions, and a medical profession that can respond compassionately and critically to patients reporting complex environmental sensitivities.

I hope that future research and clinical practice will provide clearer answers, improve the quality of care available to affected individuals, and help prevent others from experiencing the same degree of isolation and loss.

9. Supporting Evidence Available Upon Request

I am ready to provide supporting evidence relevant to the matters described in this declaration. Depending on availability and relevance, this may include the following documents and records.

9.1. Medical and Clinical Documentation

- Medical records and correspondence from my treating doctor and relevant specialists.
- Clinical assessments, diagnostic information, and records concerning my reported symptoms and functional limitations.
- Letters from medical practitioners who assisted me or provided accommodation and support.
- Records concerning my treatment, symptom management, and attempts to reduce potential environmental exposures.

9.2. Personal History and Records of Functional Impact

- A chronology, diary, or other records documenting my symptoms and the circumstances in which they occurred.
- Records of changes in my symptoms or functioning following relocation or changes in my living environment, where available.
- Documents concerning my employment, disability support applications, accommodation difficulties, and attempts to obtain assistance.
- Correspondence relating to my presentation to the City of Port Adelaide Enfield Council and my efforts to obtain suitable accommodation.
- Letters from individuals who provided practical assistance, temporary accommodation, or other support during periods of severe illness and housing insecurity.

9.3. Scientific Publications and Supporting Materials

- Relevant scientific publications, technical information, and other supporting documents concerning RF exposure, reported electromagnetic hypersensitivity, and research questions identified in this submission.
- Correspondence and other materials from relevant organisations, researchers, and practitioners, where available.
- Documentation previously assembled in connection with my Disability Support Pension applications and my communications with the Royal Commission into Disability.

10. Purpose of providing this additional information

I provide these additional details to assist HHS in considering my personal experience, the environmental circumstances in which it occurred, and the questions that may warrant further investigation.

I respectfully ask that this supplementary declaration be considered alongside my original submission and any supporting evidence provided.

Declaration

I declare under penalty of perjury as follows:

I did not consent, nor do I consent today, to the continuous, involuntary exposure to biologically active RF radiation.

I confirm that the information in this declaration is true and accurate to the best of my knowledge and belief.

Signature: *CCurteanu*

Date: *15 October 2026*

Place: *CA, New Zealand*

Footnotes: Historical Context, Scientific and Medical Resources, Legal References, and Supporting Evidence

A. Historical context: Adelaide's smart-city infrastructure

[1] BBC StoryWorks / Cisco, Progressive Adelaide — Changing the Future of Urban Living. This feature describes Adelaide's early smart-city initiatives and its role as a test bed for connected technologies.

<https://www.bbc.com/storyworks/future/today-is-the-future/progressive-adelaide>

[2] Computerworld, Adelaide Pilots Smart City Technology, 2 February 2018. This article discusses a smart-city technology trial in Adelaide.

<https://www.computerworld.com/article/1660149/adelaide-pilots-smart-city-technology.html>

[3] Adelaide City Deal Implementation Plan, November 2019. This document provides additional historical context on the city's digital infrastructure and development initiatives.

<https://www.readkong.com/page/adelaide-implementation-plan-7301071>

B. Australian medical and scientific resources concerning EHS and wireless radiation

[4] Dr Russell Cooper, presentation on electromagnetic hypersensitivity (EHS), reported biomarkers, clinical assessment and potential biological mechanisms. This presentation discusses what clinicians might investigate in patients reporting EHS, including oxidative stress, peroxynitrite production and questions concerning possible health effects. The presentation is provided as a resource for consideration; the diagnostic significance of the proposed biomarkers and the causal interpretations require assessment against the wider scientific literature.

<https://www.youtube.com/watch?v=AEjnMPpVj4o>

[5] Dr Julie McCredden / Oceania Radiofrequency Scientific Advisory Association (ORSAA), 10 Things You Need to Know About Wireless Radiation. This document summarises concerns and research relating to wireless radiation, biological processes, exposure and reported health effects. It may be useful as a starting point for reviewing the references and scientific questions discussed in the document.

https://www.orsaa.org/uploads/6/7/7/9/67791943/10_things_you_need_to_know_about_wireless_radiation.pdf

[6] Belpomme, D. and Irigaray, P., Electrohypersensitivity as a Newly Identified and Characterized Neurologic Pathological Disorder: How to Diagnose, Treat, and Prevent It, International Journal of Molecular Sciences, 11 March 2020, 21(6), 1915. This review discusses the authors' proposed clinical and biological characterisation of EHS, including oxidative-stress biomarkers and neurological findings. Its interpretations should be considered in the context of the broader scientific literature and the continuing debate about EHS diagnosis and causation.

<https://pubmed.ncbi.nlm.nih.gov/32168876/>

[7] Austrian Medical Association, Guideline of the Austrian Medical Association for the Diagnosis and Treatment of EMF-Related Health Problems and Illnesses (EMF Syndrome), consensus paper of the Association's EMF Working Group, adopted 3 March 2012. This document describes a proposed clinical approach to patients reporting health problems associated with electromagnetic fields, including exposure history, symptom documentation and medical assessment.

<https://www.emfanalysis.com/wp-content/uploads/2014/09/Austrian-Medical-Association-EMF-Guidelines.pdf>

[8] Hardell, L. and Sage, C., Biological Effects from Electromagnetic Field Exposure and Public Exposure Standards, Biomedicine & Pharmacotherapy, 2008. This review examines research concerning biological effects attributed to electromagnetic-field exposure and discusses differences in approaches to public exposure standards.

<https://doi.org/10.1016/j.biopha.2007.12.004>

C. International medical presentations and reports by Dr Erica Mallery-Blythe

[9] Mallery-Blythe, E., Government Technical Consultation: Changes to Permitted Development Rights for Electronic Communications Infrastructure, PHIRE response, 2021. This submission addresses proposed changes to planning arrangements for electronic communications infrastructure in the United Kingdom and presents concerns relating to public exposure to electromagnetic radiation.

<https://phiremedical.org/>

[10] Mallery-Blythe, E., 2020 Consensus Statement of UK and International Medical and Scientific Experts and Practitioners on Health Effects of Non-Ionising Radiation (NIR), 10 November 2020. This statement presents the position of its signatories and endorsing organisations concerning potential health effects of non-ionising radiation. The document identifies the groups represented by the signatories and is provided as a statement of their views rather than as a universally accepted medical consensus.

<https://phiremedical.org/wp-content/uploads/2020/11/2020-Non-Ionising-Radiation-Consensus-Statement.pdf>

[11] Mallery-Blythe, E., Prevention, Diagnosis and Management of Electromagnetic Hypersensitivity, EMF Medical Conference 2021, 28–31 January 2021. This presentation concerns approaches to the prevention, diagnosis and management of symptoms reported in association with electromagnetic exposure.

<https://emfconference2021.com/>

[12] Mallery-Blythe, E., The Potential Dangers of 5G and Radiofrequency Radiation, British Society for Ecological Medicine, 2019. This conference resource addresses concerns raised by the author and other participants regarding 5G and radiofrequency radiation.

<https://bsem.org.uk/>

[13] Radiation Research Trust, September 28th Conference Presentations, 2019. This page provides access to presentations associated with a conference on radiation research and health, including discussion of radiofrequency exposure.

<https://www.radiationresearch.org/articles/september-28th-conference-presentations/>

[14] Mallery-Blythe, E., Impacts of Exposure to Electromagnetic Radiation and 5G, presentation concerning the fifth generation of wireless technology and health-related concerns, 2019.

https://www.youtube.com/results?search_query=Dr+Erica+Mallery-Blythe+Impacts+of+exposure+to+electromagnetic+radiation+5G

[15] Mallery-Blythe, E., Minimizing RF (Wireless) Radiation to Children, presentation associated with the Children with Cancer International Conference, London, 12–14 September 2018. This presentation addresses concerns about children's exposure to radiofrequency radiation.

https://www.youtube.com/results?search_query=Dr+Erica+Mallery-Blythe+Minimizing+RF+Wireless+Radiation+to+Children

[16] PHIRE, Biological Effects from Electromagnetic Field Exposure and Public Exposure Standards. This resource relates to research and discussion concerning electromagnetic-field exposure and public exposure standards. The associated literature should be considered alongside current evidence reviews and applicable exposure guidelines.

<https://phiremedical.org/>

D. Research concerning microwave exposure and reported health effects

[17] Hardell, L. and Nilsson, M., Case Report: A 52-Year-Healthy Woman Developed Severe Microwave Syndrome Shortly After Installation of a 5G Base Station Close to Her Apartment, Annals of Clinical and Medical Case Reports, Volume 10, 2023. This case report describes symptoms reported by an individual

following the installation of a nearby 5G base station. It is a case report and does not, on its own, establish general causation or the effects of 5G exposure in the wider population.

<https://acmcasereports.org/pdf/ACMCR-v10-1926.pdf>

[18] Hardell, L. and Nilsson, M., Summary of Seven Swedish Case Reports on the Microwave Syndrome Associated with 5G Radiofrequency Radiation, 2024. This publication reviews seven case reports involving symptoms reported in connection with nearby 5G base stations and discusses the authors' interpretation of those observations.

<https://pubmed.ncbi.nlm.nih.gov/38889394/>

[19] Tan, S. et al., Acute Effects of 2.856 GHz and 1.5 GHz Microwaves on Spatial Memory Abilities and CREB-Related Pathways. This experimental animal study investigates short-term microwave exposure and reported changes in spatial memory, electroencephalography and associated molecular pathways. The findings concern an animal model and should not be directly extrapolated to human health outcomes without further evidence.

Access: Search by the exact article title using the following link:

<https://scholar.google.com/scholar?q=%22Acute+effects+of+2.856+GHz+and+1.5+GHz+microwaves+on+spatial+memory+abilities+and+CREB-related+pathways%22>

[20] Defense Intelligence Agency / US Army Medical Intelligence and Information Agency, Office of the Surgeon General, Biological Effects of Electromagnetic Radiation (Radiowaves and Microwaves): Eurasian Communist Countries, report DST-1810S-04-76, March 1976. This historical report reviews research conducted principally between 1968 and 1975 concerning the biological effects of radio waves and microwaves, including studies involving humans and animals and discussions of exposure standards. It also records historical disagreements about the interpretation of non-thermal effects.

<https://www.dia.mil/FOIA/FOIA-Electronic-Reading-Room/FOIA-Reading-Room-Nuclear-Biological-and-Chemical/FileId/39946/>

An accessible transcription and discussion of the report is also available here:

<https://mgr.org/refs/BioeffectsMicroRadiowaveBloc.html>

E. Australian National Register of Environmental Sensitivities (ANRES)

[21] Martin, S., A Snapshot of Living with Environmental Sensitivities in Australia in 2019, Australian National Register of Environmental Sensitivities (ANRES). This report presents information collected from people who registered environmental sensitivities and describes reported effects on daily functioning, employment, housing and social participation.

<https://anres.org/2019-anres-data-update/>

[22] Martin, S., ANRES Report 2026: Environmental Sensitivities as a Public Health and Disability Issue — ANRES Data Analysis 2015–2025. This more recent report analyses ANRES registration data collected between 2015 and 2025. It discusses reported co-occurring conditions, functional difficulties, barriers to healthcare and housing, and the experiences of people seeking recognition and accommodation for environmental sensitivities. The findings describe the ANRES registrant population and should not be interpreted as prevalence estimates for the entire Australian population.

<https://anres.org/anres-report-2026/>

I have been a dedicated member and participant in ANRES and provide these reports as relevant background concerning the experiences reported by people living with environmental sensitivities.

F. Australian disability law and the electromagnetic hypersensitivity compensation decision

[23] McDonald and Comcare [2013] AATA 105, Administrative Appeals Tribunal, 2013. This decision concerned former CSIRO scientist Dr Alexander McDonald and a claim involving electromagnetic hypersensitivity. The Tribunal considered medical advice and the applicant's belief that he suffered from the condition in determining whether the claimed condition fell within the statutory definition of an ailment under the Safety, Rehabilitation and Compensation Act 1988. The decision is relevant to the consideration of an individual compensation claim; it should not be described as establishing a general legal precedent requiring all EHS-related claims to be accepted.

<https://www8.austlii.edu.au/cgi-bin/viewdoc/au/cases/cth/AATA/2013/105.html>

[24] Video concerning Dr Alexander McDonald and his compensation case. This video provides additional background to the case and the issues raised concerning electromagnetic hypersensitivity and compensation.

<https://www.youtube.com/watch?v=sLO25nyauDg>

[25] Australian Government, Disability Discrimination Act 1992 (Commonwealth legislation). This Act addresses discrimination on the ground of disability in areas including employment, accommodation, education, access to premises, and the provision of goods, facilities and services. Its application to any particular condition or circumstance requires consideration of the statutory definitions and relevant facts.

<https://www.legislation.gov.au/C2004A04426/latest/downloads>

[26] United Nations General Assembly, Standard Rules on the Equalization of Opportunities for Persons with Disabilities, Resolution 48/96, adopted 20 December 1993. These rules address equal participation, medical care, support services, accessibility, employment and social security. They are an international

policy framework rather than a legally binding instrument, and they do not specifically require governments to recognise EHS or grant disability support on that basis.

<https://www.un.org/development/desa/disabilities/standard%20rules-on-the-equalization-of-opportunities-for-persons-with-disabilities.html>

[27] Human Rights and Equal Opportunity Commission, correspondence from the Disability Discrimination Commissioner to the President of the Australian Society for Environmental Health and Awareness (ASEHA), May 2004. This correspondence, which I intend to provide as an attachment, is relevant to the historical discussion of disability discrimination and environmental sensitivities. The letter itself should be consulted to establish its precise wording and scope.

Access: Copy of the letter to be included in the accompanying supporting documents.

[28] United Nations, Universal Declaration of Human Rights, Article 7; and International Covenant on Civil and Political Rights, including relevant equality and freedom-of-movement provisions. These instruments provide broader human rights context for considerations of equality, dignity and participation.

Universal Declaration of Human Rights:

<https://www.un.org/en/about-us/universal-declaration-of-human-rights>

International Covenant on Civil and Political Rights:

<https://www.ohchr.org/en/instruments-mechanisms/instruments/international-covenant-civil-and-political-rights>

[29] Council of Europe, Protocol No. 4 to the Convention for the Protection of Human Rights and Fundamental Freedoms, including Article 2 concerning freedom of movement. This instrument may provide comparative international human rights context, although its direct legal application depends on the relevant jurisdiction.

https://www.echr.coe.int/documents/d/echr/convention_eng

G. Medical evidence and clinical documentation relevant to my Disability Support Pension applications

[30] Verification of Medical Condition, Services Australia form SU684, Parts A and B, together with previous medical reports and specialist documentation. These records are intended to document my diagnosed and treated conditions, functional limitations, medical history and current circumstances. I request that they be considered alongside my earlier Disability Support Pension applications from 2020–2022 and the subsequent medical evidence.

Access: To be provided as attachments to the submission.

[31] Belpomme, D. and Irigaray, P., Electrohypersensitivity as a Newly Identified and Characterized Neurologic Pathological Disorder: How to Diagnose, Treat, and Prevent It, 2020. This review discusses the authors' proposed clinical approach to EHS, including assessment, treatment and prevention. It is relevant to the clinical framework I have referred to in describing my own treatment and management.

<https://pubmed.ncbi.nlm.nih.gov/32168876/>

[32] Austrian Medical Association, Guideline for the Diagnosis and Treatment of EMF-Related Health Problems and Illnesses (EMF Syndrome), 2012. This document describes the Association's proposed clinical approach to patients reporting health problems associated with electromagnetic fields.

<https://www.emfanalysis.com/wp-content/uploads/2014/09/Austrian-Medical-Association-EMF-Guidelines.pdf>

These resources are submitted as background to my medical history and the approaches I have explored. My individual diagnoses, permanent functional impairment and eligibility for disability support should be assessed primarily against my treating practitioners' reports, the applicable statutory criteria and the evidence concerning my capacity to function.

H. Housing accommodation, telecommunications policy and alternative connectivity

[33] Safe EMR Technology, Letter to Michelle Rowland MP, 14 June 2022. This correspondence raises concerns about electromagnetic exposure and requests consideration of the circumstances of people reporting environmental sensitivities. It is relevant to my request for appropriate accommodation and access to communication options that would allow me to manage my disability and maintain independence.

<https://saferemrtechnology.org.nz/wp-content/uploads/2022/06/Letter-to-Michelle-Rowland-MP-Jun-14-2022.pdf>

[34] Safe Technology New Zealand, Letter and Attachment to the Communications Minister, June 2022. This correspondence provides further background on requests for consideration of people reporting environmental sensitivities and concerns relating to telecommunications infrastructure and access to suitable living environments.

<https://www.safertechnology.co.nz/wp-content/uploads/2022/06/Letter-attachment-to-Comms-Minister-Jun-14-2022.pdf>

These documents were provided in support of my request for suitable, stable accommodation as part of my DSP application.

I. Personal testimony and supporting material

[35] Similar to my own experience, this video testimony provides a first-person account of the challenges faced, including disability support applications, environmental concerns, and difficulties obtaining appropriate assistance.

<https://vimeo.com/810958040>

[36] Supporting correspondence and records concerning my previous Disability Support Pension applications, rejected claims, accommodation difficulties and requests for assistance. These materials are relevant to the history of my attempts to obtain financial support and appropriate accommodation, and to the practical consequences of my declining functional capacity.

Access: To be provided in the accompanying attachments, where available.

[37] Personal correspondence and supporting records concerning my requests for alternative airport security screening arrangements, medical exemption documentation and the consequences I experienced when attempting to travel. These materials are relevant to the effect of my reported environmental sensitivities on travel, family participation and daily functioning.

Access: To be provided upon request, subject to the availability of the relevant records.

J. Additional supporting scientific and policy material

[38] Physicians' Health Initiative for Radiation and Environment (PHIRE), scientific and medical resources concerning non-ionising radiation, including reports, conference presentations and material relating to electromagnetic hypersensitivity. These resources provide additional background to the scientific questions and clinical approaches discussed in my submission.

<https://phiremedical.org/>

[39] Oceania Radiofrequency Scientific Advisory Association (ORSAA), research and educational resources concerning radiofrequency radiation and electromagnetic fields. These materials may assist in identifying relevant publications and research questions for further independent examination.

<https://www.orsaa.org/>

[40] Australian National Register of Environmental Sensitivities (ANRES), reports and resources concerning the experiences of people reporting environmental sensitivities. These materials provide further context for the functional, social and accommodation difficulties described in my declaration.

<https://anres.org/>