

Re: Department of Health and Human Services - Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure

Docket: HHS-OASH-2026-0397

Individual Response from Ken Gartner of Warren, Massachusetts

10/21/2026

Public Experiences and Reported Potential Adverse Health Effects

Q2: I am writing this as an individual. Although I am not acutely affected by RF/EMF, my partner is quite affected and so our household runs to the low-EMF standards recommended by Building Biologists. Initially, my partner was so badly affected by [Electromagnetic Radiation Syndrome](#) that I also was her caretaker. Over these seven years she has been effectively housebound. Through our numerous coping strategies and her slight improvement toward recovery, she has regained enough agency to prepare her own meals and deal with her day-to-day needs without my ongoing presence. I am writing from my own life experience.

Q3: My interactions with RF/EMFs really began during my college experience at the Massachusetts Institute of Technology in the 1980s. Back then, RF technologies were not popularized and instead were restricted to the equivalent of AM/FM/TV, radar and other military technologies. As a student in the Electrical Engineering department, I was never taught about health concerns beyond those of electric shock, cardiac arrest and fire hazard. Even though much research had already revealed the nature of non-thermal hazard, it was not brought into the teaching curriculum. Personal computers were just coming into vogue, and there was no notion of ‘learning to live safely with technology’.

Over The Years, The EMF Burden Matched Pace With Modernity Yet I Remained Ignorant

I pursued a computer hardware/software career track. Eventually, each of us had powerful computers at our desks, with large CRT monitors (the kind containing pounds of lead to reduce the emission of x-rays out the front of the monitor). We were not warned about flicker rates that make some people feel ill, the possible effects of x-ray emission on our eye health, the continued effects from contact current from touching keyboards and mice. Eventually, we were given laptops and we were not warned of the health effects of AC magnetic and electric fields from having one’s hands place atop the integrated laptop keyboard. Finally, the wired networking was augmented by wireless technologies such as Bluetooth or WI-FI, which would be active whether we were using them or not. Many people brought their own RF-spewing devices to the office and so we were all bathed in a man-made wireless signal miasma. As was the fashion, I had a home office and could work from home; I maintained a WI-FI router running nearly at my elbow for more than 10 years. These are all bio-hazards to varying degrees and I regret not having proper safety information so I could make informed choices or take simple steps to protect my long term health. Decades later, I did not hear about the concept of ‘learning to live safely with technology’ until about five years ago.

I will start my narrative for this response in 2019, the year that my partner experienced the sudden onset of Electromagnetic Radiation Syndrome, though we did not have a name for it at the time. Her doctor did not understand about it and we had to figure out ourselves that my partner had become highly-sensitized to all forms of EMF – grid AC power electricity and all equipment and appliances that use it, all wireless signals, many battery-powered devices, automobiles and other transportation, as

well as each over-flying aircraft. She also became very sensitive to ‘static electricity’, with the effect that even today she can no longer wear or even touch some kinds of fabrics while in an energized space. Even cotton proves too harsh to the touch – imagine a life where one cannot touch cotton with bare skin in the home! She remains so sensitive to some forms of RF/EMF that I must not use a portable battery-powered shaver within 20 feet of her. My partner is submitting her own comment about how EMF/RF affected her, so here I am going to mention how her EMR Syndrome affected my own life.

RF/EMF Avoidance Is the Primary Strategy

The number one recommendation for recovery from any environmental reactivity is absolute avoidance of those environmental factors that trigger the body. However, these days it is nearly impossible to sufficiently isolate oneself from RF/EMF, especially the RF since it travels long distances and is rather ubiquitous in public venues.

Avoiding RF/EMF meant for us:

- Establishing a ‘sanctuary’ area with little or no electrical energy in it
- Ensure that zero man-made wireless radiation was created inside the home, verified by constant metering
- Turning off the grid AC power to the house daily for long periods of time, including overnight
- Finding alternative ways to co-exist with RF/EMF that we could not control
- Ensuring that no RF/EMF entered the house (with guests, for example) or to cope *ad hoc*
- Finding ways to lead a low-EMF lifestyle, foregoing any injurious practices
- Devise portable/mobile RF/EMF protection should partner leave her sanctuary area
- Finding ways for EMF-reactive partner to accelerate recovery from acute exposure to RF/EMF

An Aside: The Costs For A Low-EMF Life

I lieu of detailing how we achieved these goals over the last seven years, I do want to say that it has been an expensive venture to do so. Despite this cost, we consider ourselves fortunate in many respects since we have been in control of the process, have made very few ‘mistakes and my partner is slowly improving every year.

- Approximately \$10,000 to repair home electrical wiring issues, move the electric meter away from the house onto its own ‘pedestal’, adding whole-house Dirty Electricity filtration, adding a 200 amp remote control to turn off all AC grid electricity all the way to the pedestal in the driveway.
- Approximately \$15,000 to purchase enough Jackery power stations to run the house essentials (refrigeration, countertop cooking, computers, Internet, water well, etc.) while only connecting to the AC grid for about 4 hours per day.
- At least \$3,000 for personal shielding materials, low-EMF computers, low-EMF countertop appliances, low-EMF lighting and myriad other items such as RF/EMF meters, DE filters, shielding fabrics and foils, and various DIY-friendly healing modality equipment.
- Approximately \$25,000 for deep training and certification from the [Building Biology Institute](#) as well as the professional RF/EMF measurement equipment needed to understand our own situation and to help others who find themselves at odds with RF/EMFs.

- Untold hours spent in the process of establishing the low-EMF lifestyle – research, experiment, evaluation, iteration. Being a low-EMF household caregiver has meant that I could not have any employment outside of the home, so the ‘lost wages’ over seven years is a staggering sum.

The Surprise of Our Lives

I am not a person who regularly experiences acute health symptoms upon exposure to RF/EMF sources. But, my partner does. In 2019, upon moving into our newly constructed home, already ill from a Crohn’s relapse and recent mold exposure, and with a long history of multiple chemical sensitivity, her health suddenly worsened further and we feared for her life. We desperately tried to figure out what had caused this and what could we do about it. Her doctors had no helpful information, wanting to prescribe pharmaceuticals without understanding the condition’s true nature. It became clear that she could no longer tolerate being near wireless communication signals OR even the electrical power system. In short, the new house in its normal configuration was toxic to her, even as I felt ‘fine’ while in the same space. Both of us are 61 years young right now, so these lost years were precious ones.

Taking the dramatic steps of turning off all the power in the house and turning off all the wireless devices provided immediate relief. We had thus identified that she was suffering from EHS – Electrical Hyper-Sensitivity, a condition which has been known for many decades; it has exploded in the population in the past two decades. EHS has been recently renamed to Electromagnetic Radiation Syndrome (EMR-S). My partner’s acute relief did not translate into becoming ‘well’ – the sensitivity to these common forms of electrical energy has been a permanent presence in our home since that time, now more than seven years. Her body reactions are not under her control and escalate quickly if she does not ‘escape’ from where the offending EMFs are located.

Putting the Puzzle Pieces Together

What was it about our new house living situation which gave rise to the sudden onset of a permanent health disability for my partner? We recognize that we cannot distinguish ‘causation’ and ‘correlation’, so here are our correlates:

- **Precursors:** My partner’s health was already terrible due to mold-induced illness and Crohn’s relapse
- **Precursor:** My partner had a history of multiple chemical sensitivity
- **Correlate:** This L-shaped house had an iTron broadcasting AMR electric meter, aimed toward the interior. She had never lived prior with such an RF emanator.
- **Correlate:** This house was an unintentional ‘microwave resonating cavity’, having a metal roof, low-E reflective windows and a multilayer foiled poly-iso ‘continuous insulation’ implementation. All internal wireless signals continued to reflect inside the home, primarily to be absorbed by human bodies as well as generating hotspots where such RF superimposed constructively.
- **Correlate:** The house is located 30 feet from the street power lines. The AC magnetic fields were 100+ nanoTesla inside the street side of the home and 20-50 nT in what was to become the bedroom ‘sanctuary’. While we lived there, the arrival of a large ‘Solar PV Array’ on our street caused all of the powerlines to increase voltage to 13 kV and to carry a higher current, thus

created higher AC magnetic fields in the home on sunny days. These magnetic fields persisted even if the grid electricity was de-energized inside the home.

- **Correlate:** The grid AC electricity ran through the slab under the only hallway so traversal within a few inches of such wiring was a routine daily occurrence
- **Correlate:** There were some electrical wiring errors which caused electrical current to travel on the equipment grounding wires. This also had a side effect of causing elevated AC magnetic fields in certain areas of the house.
- **Correlate:** We later realized that there was a moderately high conducted Electromagnetic Interference (EMI), some sourced from outside of our control. Some rooms felt unpleasant to be in, for no clear reason, but became tolerable when a ‘dirty electricity’ capacitive filter was plugged into the wall circuitry.

Without diving in our long personal history, suffice to say that it was a struggle to identify the sources injuring my partner and then to devise a plan to remediate such so that she could avoid worsening health. It finally cost several tens of thousands of dollars to make the home a suitable sanctuary for healing and today her health progresses in a positive direction, slowly but steadily.

My Own Personal Story of EMF Effects

Before answering some of the specific questions sought by HHS, I wanted to related my own personal story with respect to this. I had spent decades working in the computer industry, having a WI-FI router within a few feet of my person when at the computer and in the bedroom at night. I used Bluetooth earpiece in the car during my commute.

Although I was ‘healthy’, it was not until we established our new bedroom as a low-EMF sanctuary that I noticed by contrast how unwell I had become. Once I routinely slept in a bedroom with no active electricity and spent nearly all my day without exposure to any wireless signals, I found that my sleep became restful and uninterrupted. I also found that my short term memory improved since our home became low EMF – before doing so I could not remember a 10 digit phone number I looked up on my computer, but would have to write it down on paper lest I forget it in the few moments it took to dial my phone.

So, even though I am not ‘electrically sensitive’ *per se*, I certainly was showing signs we commonly ascribe to EMF over-exposure. EMF over-exposure, by the way, has been referred to as causing ‘Rapid Aging Syndrome’ – cognitive issues being one of many aspects.

Broadcasting Utility Meters Continue to Be a Ongoing Driver for EHS

I was reassured that we were experiencing a biological response to EMF overexposure when we finally found testimonials from people who were injured by broadcasting Utility ‘smart meters’ – these seemed to match what we experienced in our household. So many hundreds of people wrote testimonials about their situation. I read about 500 of these testimonials and I summarized the symptoms commonly reported from ‘smart meters’ [here](#). Why did health and governmental authorities ignore these in 2008 when the reports started to snowball? Why in 2026 is this still considered a ‘fringe’ topic?

We believe that a broadcasting smart meter was a contributor to our miserable situation, though we cannot prove it. I have many Building Biology clients who have reported that their health crash came

from a smart meter. [Here](#) is the eulogy I recently wrote for one of my octogenarian clients whose life was shortened due to an Eversource electric utility AMR meter.

Another of my Building Biology clients had a senior housing apartment immediately above a bank of 28 electric meters. Within a few days of these meters being 'upgraded' to a broadcasting mesh, with RF signals now being generated twice per minute for each meter, her request to relocate her apartment was flatly rejected. It was only a matter of months before her parrot and her dog died, and her own health started failing. Smart meters cause a lot of needless misery. We need to do better, as a society.

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Q5	There are numerous EMF-related standards that properly capture safe levels for the general population (to maintain health) and for people who must keep themselves safe from over-exposure. I like the following two because they solely are aimed at human health and have not be influenced by corporate, government, military or industrial actors whose influence has already corrupted US governmental standards. • The Building Biology Exposure Guidelines (SBM-2024). These have been arrived at by meticulous study of thousands of client case studies over decades, iterating to the modern exposure levels. These are focused primarily on the sleeping areas, where people are at their most vulnerable. Building Biology is a pragmatic discipline which has not fretted, wringing its metaphorical hands while awaiting official scientific validation, but instead has helped individual clients achieve 'remediation' of their living situations by a combination of clear measurement criteria and remediation strategies. Although SBM-2024 is based upon numerous anecdotes of real humans, when scientific research arises then it is considered as well. The standards are applied by all Building Biologists in the world. • The IGNIR guidelines are functionally equivalent to the Building Biology exposure guidelines, though they differ in that they make daytime and sensitive population exposure levels to complement the nighttime levels. These stem from other sources, but are approximately the same as the SBM-2024, though with less rigor.
n.	<u>Scientific changes suggested:</u> • Establish uniform measurement criteria when performing experiments (for example, measuring RF field intensity using RF Power Density units for signal strength) and ensure that enough detail is provided about frequency and modulation so that another lab could attempt to reproduce results. • When employing actual device/equipment for science experiments (for example, a cell phone, a WI-FI router, a 'smart meter'), be meticulous to describe how that device was configured and operated. So many of the operational details for such testing is missing important details – phones, WI-FI routers or smart meters exhibit model-specific hazards that might not be captured, but prove relevant. For example, some smart meters employ FHSS (Frequency Hopping Spread Spectrum) and this is likely more relevant to biological impact than particular frequencies or signal strength employed. <u>Technical changes suggested:</u> • In many cases, the internal operation and configuration details about a device is concealed via proprietary or confidential shielding so cannot be reviewed. This makes is difficult for any third party to assess hazards offered by such devices. • A very basic broadband RF meter (ideally from 200 MHz to 8+ GHz) with audio demodulation capability provides a simple way to discern whether a location offers a low-RF environment or not. <u>Regulatory Changes Suggested:</u> • Wireless devices have become the only option for some medical procedures, such as remote heart monitoring. Hospitals and medical institutions need to retain safe, non-wireless products for their patients use, based on their health needs. The products should work nearly as well

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	without active wireless, at least for their core features. - Wireless communication is now integrated by default into many medical devices, with no clear consumer labeling and no clear way to disable those wireless emanations without compromising needed features. For example, CPAP machines are usually placed at the bedside of someone who needs it, and will emanate RF right into the persons sleeping in that bedroom, which may have unintended negative health consequences. - Doctor's offices, hospitals and other places need to consider wireless communication devices to be part of a hazard classification that requires staff training in their proper use, with knowledge that these may be injurious to the staff and patients. They should be trained how to properly accommodate the needs of those patients who require a low-EMF environment while in such medical settings - I would like to a a single physical button – not software – be able to turn off ALL RF emanations simply and effectively on devices such as cell phones and WI-FI routers. Today, some devices offer no way to turn off their emanations, or make a complicated jungle of menu options involving 'flight mode', or say that they turned off a radio service, yet still leave others still running.
o.	Yes, much research is still needed, but we are not starting from scratch. Other countries (Europe, the old Soviet Union, and others) have been conducting quality research for decades. Start with that and add to it. Animal studies are not good for the numerous human-specific symptoms that manifest to worsen quality of life. More longitudinal studies to follow the progress of specific interesting individuals, rather than conducting large randomized studies to find the 1-5% who find themselves particularly sensitized. This needle-in-the-haystack method is largely a waste of resources. I would like to adjust the thrust of this question to make it more interesting. So much of the rampant wireless deployment is based on a capitalist drive in a consumer society. 'Progress' is measured on how fast something is, not how harmonious it is with life. We need to change up the priorities and offer multimillion dollar X-Prizes with careful constraint: how can we have wireless communication that is not biologically deleterious? With such incentives, there will be a creativity wave that should benefit all. The research needed on what it means to be biologically deleterious will quickly surface opportunities to improve the situation, perhaps by avoiding certain frequencies and modulations, or making data transport less harsh by introducing 'white noise' or employing optical LI-FI. I will suggest, that the broader scientific community catch up with the 'scalar' EMF research that has been conducted mostly outside of the United States, such as in the lab of Konstantin Meyl. The scalar emanations from such antenna devices are generally not taught in University and even rejected by many engineers and scientists, but have shown to be relevant to the topic of human health from our emanating devices. It may be that US research continues to be hindered due to the blind spots and biases of researchers and if we want to see tangible change in this tech-induced health crisis we have to have a broader, holistic approach. The very first step with product RF radiation of man-made signals is to have a completely clear way to make it turn off all broadcast antennas, effectively a large red button. All antennas (so far as I know)

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	dissipate their energy in an inverse square law so have very strong fields within a few inches/feet of their antennas.
p.	There are so many ways to classify wireless communication, even beyond the long list provided. For example, at our deepest biological levels, the demodulated signals are decoupled from their carrier frequencies and those decoupled signals interact at a biophysical level. If each packet of demodulated RF energy causes a bio-reaction of some kind, then the time between the arrival of such packets is also surely important as when one hits a resonance point there can suddenly be an outsized effect (recall how a moderate velocity wind was able to couple in resonance with the Tacoma-Narrows bridge to destroy it --- that wind was below the engineering danger limit, yet it caused a massive failure and EMFs too have a similar nature that needs to be captured).
Q7	The straightforward measurement of RF Power Density of PEAK signal is a good baseline to quantify the total environmental load from RF. Affordable measurement meters exist, but they are limited in the frequency range measured and they may have difficulty recording very brief signal pulses (which are likely the most biologically detrimental). There are industrial measurement dosimeters but they tend to measure within a few orders of magnitude of the FCC limits, which is far too coarse to be useful for civilian day-to-day exposure. The measurement of most import to the non-thermal effects of RF radiation is going to be a PEAK measurement using an omni-directional antenna. Many devices will look at a particular range of frequencies, say [200 MHz – 8GHz] or [20 GHz – 40 GHz] and so provide only a partial answer to the total exposure. There is also another consideration in that digital, pulsed signals are much more injurious to human biology than ‘continuous wave’ signals (say from AM or FM radio) even at very low energy levels. Many of the semi-professional meters available will have special aspects to be able to catch narrow signals (such as radar), and distinguish from the generally benign continuous wave signals and the injurious pulsed man-made signals. Thus a generic scientific instrument might have technically correct measurement, but it might not have as much biological importance and a meter that is more nuanced. We need to sort through this better. A detailed methodology of measurement for RF (and other EMF types) is found within the Building Biology SBM-2024. A meter may be accurate, but it also needs to be applied in a practical manner to measurement meaningfully. For example, some RF signals only come once every 30 seconds (smart meters) and so a short measurement might or might not catch such a pulse. Explanation of how Building Biologists measure RF is found here and the exposure guidelines are explained here. As a point of interest, the FCC permits devices at 20 centimeters to produce peak radiation of 10,000,000 microwatts/m². In our household, my electrically sensitive partner starts to feel unwell when that RF in her vicinity rises about 5 microwatts/m² – a full 2,000,000X reduction from the legal standard! While broadband meters identify total exposure, they are not helpful when trying to figure out what sources contribute to that, except that many include an audio demodulation of the signals received. An experienced ‘ear’ can discern cell tower, smart meters, Bluetooth and WI-FI traffic. In fact, at low-moderate RF power density levels, the audio demodulation proves to be an important aspect of assessment. Spectrum analyzers with waterfall history or Software Defined Radios (SDR) each have role to play as well.

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Q8	We need very inexpensive-yet-reliable meters that provide at least coarse answer to the question as to whether a device's RF emanations have ceased or whether the 'smart meter' is broadcasting or not. People need to be empowered to know the hazards they are exposed to in their homes. Some libraries have taken to lending more expensive meter to their patrons, but they can sometimes be intimidating and difficult to use. We need the ability to better quantify the RF emanations that come from the home wiring, at frequencies below, say, 2 MHz. This is the 'dirty electricity' aspect of the RF milieu. Many people report that this is every bit as injurious as wireless WI-FI or cell signals are. Many DE measurement tools are focused on the on-wire EMI, but another measurement opportunity would be for the airborne component which are usually part of the 'electric field' voltage and is found to be biologically active at levels of a few tens of millivolts (approximately 1/1000th as strong as the 60 Hz sine wave that comes from the power company). Most electrical engineers would balk that these low levels could have any effect, so in addition to having fine measurement techniques, such engineers need to be educated more about the biological implications of their own work products.
Q9	What, if any, technical and exposure-related information should be disclosed to consumers, residents, workers, schools, healthcare providers, and local governments? Commercial and other vested interests have lobbied hard against disclosure labels attached to consumer goods such as cell phones. A simple label such as merely putting the actual thermal RF burden produced by the phone was fought against when Berkeley made an ordinance. These lobbying efforts need to be thwarted – people need to be informed about the known and suspected hazards of the devices they bring into their homes. There is a fiction made to the public that these devices with man-made wireless signal emanation are somehow 100.0% safe for 100.0% of the population at all times. This is patently false. Consumers already have mandatory labels attached to their pillows, so why can't their be informative labels on cell phones, routers and new cars? Everyone needs to be informed – doctors seem to be the least informed about such things and that ignorance has caused immeasurable harm with misdiagnosis or telling people they are imagining their symptoms. The Boards of Health of towns and State Public Health agencies all need to treat RF radiation akin to 'air pollution'. In fact, the entire regulatory framework should be re-centered with the US Environmental Protection Agency rather than the FCC. Schools have become terrible places for young people. A certain percentage of those students are going to be electrically sensitive and fail to thrive when exposed to the rampant WI-FI and personal devices that blight the school classrooms today. Students will act out or otherwise exhibit biological reactions that are easily misinterpreted by administrators and the teaching staff. People who require 'low-EMF' housing cannot find it. There are very few areas without the impact of cell towers and most houses have unknown RF/EMF profile. Real Estate agents are generally unaware of this special need and there is usually much disappointment for those fleeing a dangerous situation and trying to find a safer one for themselves. Shared housing, such as an apartment building or some condos, have little isolation from neighbors' RF emanations.
Q10	Here in Massachusetts we have been trying to expand the RAVEN system, an infectious disease tracking database, to include reportable incidents for EMF Syndrome. We cannot manage any population affliction without such data. Doctors have to be able to report cases, but since so much of

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	this condition is self-diagnosed, there perhaps needs another place to gather anecdotal info. A case in point: many people are made ill by smart meters, yet there is no clearinghouse to gather that data or act on it. I captured my oral and written testimony to the MA legislature on this very topic here. To the naysayers who insist that there is no EMF-related crisis and that hardly anyone is affected by it, I have to ask: How would you know, because you are not measuring or monitoring it at all. The best model for how to deal with the hazards of modern life is probably The Precautionary Principle. In concise form: <i>"When an activity raises threats of harm to human health or the environment, precautionary measures should be taken even if some cause-and-effect relationships are not fully established scientifically"</i>. This should be studied and put into effect at the local, state and federal levels.
Q11	Yes, of course, the risk evaluation differs among population segments. Children are not little adults – they are fundamentally different with unmyelinated neurons, thinner skulls having high curvature (which can tell to focus RF, much like a parabolic mirror does for light) and their cells are dividing frequently as they grow. Please add to the population classes those with chronic illness (cancer and other dire conditions). Building Biology specifically calls out for much lower exposure in the sleeping areas of repose, while the body is most vulnerable and should be devoting all its energy to repairing damage and recharging itself. There are also several kinds of exposure guideline types. One is a defensive style, trying to avoid a single 'over-the-top' exposure which might lead to a significant health degradation. Another is for a day-in-and-day-out exposure level that will not wear out biology over a long time period. Another would be levels that need to be honored for people who are found to suffer from Electromagnetic Radiation Syndrome and so find themselves intolerant.
Q18	There needs a much larger effort than merely those of the health agencies. There needs to be involvement of public policy experts, local/state government, electrical engineers, scientists, educators, healthcare professionals and even civil rights and constitutional scholars. <u>Public Policy Experts</u> Many people have been asleep at the wheel on this topic of RF-overexposure, especially those involve with public policy. Recent policies have been particularly injurious to human biology, especially this tangled up with 'green' technologies – CFL/LED lighting, Solar PV, electric cars, variable speed pumps and motors, various rechargeable batteries, switch-mode power supplies, and so on. By optimizing for saving some energy resources, it turns out to have been a false economy because many of these technologies are repeatedly found to be injurious, primarily due to their generation of high levels of EMI on the home's wiring system (known as 'dirty electricity'). Rechargeable battery devices strongly emanate low frequency RF which make their useful by the electrically sensitive difficult. In addition to promoting, nay even forcing adoption of, such green technologies, there have been some cruel decisions made, such as the illegalization of standard incandescent light bulbs. Many people are made ill in the vicinity of most LED lighting due to color spectrum and flickering issues as well as the wire-borne EMI emanated. They require the simple, low-tech incandescent bulbs for their health and do not care about a few dollars of savings. They are suffering now that the federal government has illegalized them.

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Public policy people need a seat at the table to ensure that human health is valued at least as much as saving resources.

Local/State/Federal Government Agencies

The FCC and FDA are captured agencies – they are run by people who themselves worked in the regulated industries so are not effective in the core agency missions. They cannot continue to be entrusted with this responsibility. Instead, all RF/EMF regulation and primary research funding should center with the EPA, as it was in the 1980s, and steps should be taken that this agency does not become similarly captured.

When residents complain that a newly erected cell tower had caused health issues, the local Board of Health of small towns do not have the resources to battle telecom giants with deep pockets who vow to sue the BoH officers personally if they attempt to rein in a dangerous situation. These folks need to have clear support in their mission to keep the public safe – they need clear information about the dangers of RF to human health and the financial backing of the state to pursue their public health mandate.

As mentioned above, The Precautionary Principle is a key aspect of how to monitor new technology for troubles and take corrective steps. We have suffered terribly in Massachusetts from heavy-handed deployment of injurious AMR/AMI (aka smart meters). I know of many people whose health crashed soon after these devices were attached to their homes. Complaints to the state agency that regulates these Utilities has met with lackluster support. This has to change fundamentally. Public health needs to be given primacy in agency action. I am strongly in favor of large corporations who deploy injurious equipment (RF radiation is a known cancer causer – it is hardly a secret) to have their management and Trustees held liable as violating the Duty of Care statutes in their state. Only when executives are held financially or criminally liable will properly safe deployments be the norm.

Public spaces need to be safe for EHS folks to access OR they need to be able to conduct their business in some other way. Frankly, the Covid Pandemic was an excellent time for many people who are EHS because they could renew their driver licenses, access their municipal government, participate in legislative sessions via Zoom. The condition of EHS is fully within the Americans with Disabilities Act (ADA) jurisdiction, but finding a way to achieve a 'reasonable accommodation' has proven difficult.

Public housing is another place where EMF/RF considerations are needed. So many people are looking for safe(r) housing and cannot find it. Architects and other building professionals are unaware of the EMF implications of the choices they make.

I want to mention a public place that was not in the list of public spaces mentioned – that of prisons. Here is a place where those folks who have transgressed some law(s) of the land need to spend time. Time spent in prison should not amount to everyday torture of the body due to excessive environment EMFs.

Scientists and Electrical Engineers

Both scientists and electrical engineers may be proficient in their technical craft, but they are usually uninformed about biological implications. This has to be redressed. It is my experience that electrical

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engineers tend to be harshly dismissive that the 'tiny' amounts of EMF/RF could have biological effect, but this generally represents their ignorance and not their informed opinion. How can we constructively change this mindset? In part, incentivize engineers to devise safer alternatives, since their mission of the last several decades has instead been to make things run faster and more efficiently, both of which have led to injury to a segment of the population.

There need to be ways to ethically include people who have EHS to help discern the sources and exacerbating conditions, identify biomarkers and perhaps genetic/epigenetic underpinnings, and hopefully find ways to cure the condition. So many of the attempted provocation studies were crude, harsh and uncaring – among the researcher population must be some who actually want to help this population segment rather than try to prove them erroneous about their own health.

Educators

This is where we start to instruct people how to 'live safely with technology', but we need curricula developed at all age levels to instill the message. This will be hard, but necessary. People are addicted to their devices and to the easy of mobility that wireless permits. There are many demerits, far beyond the EMF/RF aspects, that would be included in such a curriculum.

I want to take a moment to take my *alma mater*, the Massachusetts Institute of Technology (MIT) to task. MIT has prided itself in recent decades as being focused on 'inventing the future'. I encourage MIT to take a good long look at the Future it has helped bring to pass over the last forty years, in this area of RF overexposure. MIT is rarely listed¹ among the research institutions who are working on this problem of EMF/RF and its negative interactions on human biology. I expect a world class institution, which is great at solving problems, to put intellectual muscle into this space in service to humanity in a leadership role.

Health Care Professionals

We were disappointed with our interactions with the medical profession with respect to Electromagnetic Hyper-Sensitivity. They were uninformed about this topic, yet wanted to say that it had a psychogenic rather than biophysical aspect. This was not helpful. My partner went to an obligatory physical exam in 2024, covered in several layer of RF-protective materials and in a push chair since she could not walk while so ensconced. The staff had no idea how to quiesce their cell phones and other office equipment to accommodate her impairment. It took several days for her to recover from this useless physical. And, to add insult to injury, the doctor noted in her file that my partner appeared 'agoraphobic' (afraid to be out in public – where the cell phone are). Ugh.

There is much information to assist health care professionals. There is an entire 2021 EMF Medical Conference which has been made free for the public, all videos available [here](#).

Civil Rights and Constitutional Scholars

There are fundamental civil rights issues involved in the topic of RF overexposure. Some persons would like the freedom to employ their broadcasting devices (and the result of the public will just have to suffer whatever emanations reach beyond their own personal space) and others would like the freedom to not be irradiated by unhealthful man-made RF. These both cannot be honored at the same

1 One exception that comes to mind is [Dr. Stephanie Seneff](#)

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time. So long as the EMF/RF is hazardous to human biology, there will be a need to accommodate a balance. A solution might be a combative one (instituting fines) or hopefully something where we all realize that RF radiation is the modern equivalent to secondhand cigarette smoke and maybe policies that restrict RF emanations in some public venues is a good place to start. Having meters that immediately trigger an audible alert if a broadcasting device is detected in a space reserved as low-EMF, would allow social pressure to eventually bring everyone into awareness.

I want to quote Curt Devlin, a local Massachusetts activist for human health. What [he wrote in 2017](#) is an incredibly powerful expression of the broader implications of this social divide – persons harmed by modernity and those who use that modernity without concern for others.

“This is a declaration of the fundamental human right of all people, simply by virtue of being human, to be free from subjection to all forms of experimentation unless they voluntarily consent to participate after being fully informed of all risks by qualified experts in all relevant fields. Further, it asserts that everyone retains the right to opt out of any experiment, each of their own accord, and at any time, even after consent has been freely given and the experiment is underway.”