

Re: Need for Accommodation for Individuals Injured or Disabled by Electromagnetic Radiation

As the U.S. Dept. of Health and Human Services is responsible for accommodations for those with disabilities, I am respectfully requesting that you take into consideration the dire need for accommodation for individuals injured or disabled by electromagnetic radiation (EMR). I'm addressing wireless radiofrequencies RF and conducted emissions ---along wiring---that then radiates into rooms at least eight feet. These emissions are called supraharmonics, transients or "dirty electricity", usually in the 2-150 KHz range that even the FCC and ICNIRP acknowledge have adverse biological effects, but no one is monitoring.

I am severely disabled by EMR and have received little to no accommodation from medical facilities, leaving me without much needed medical care for many years. I have a medical diagnosis of disability from EMR. This is a spectrum disorder that worsens by cumulative exposure to EMFs, often not diagnosed until severe, if at all. Misdiagnosis is common. More education about this disorder needs to be provided to healthcare professionals and students.

What follows are some of my personal experiences and recommendations for accommodation as well as what I have learned as a healthcare professional working with scores of people disabled by EMR.

This disabled class has been invisible to society, even to health professions. I'm a senior on Medicare but have very limited access to it. There are no hospitals that are safe from RF radiation, similarly, no emergency rooms or clinics where I can safely go for in-person care. This is a sobering fact at my age. Even going in an ambulance would be life threatening to me because of the high wireless radiation. In fact, I was almost killed when emergency responders neglected my request for accommodation when they arrived in my home with their cell phones and other wireless devices turned on, despite my sharing the correct safe protocol, beforehand.

Years ago, when I learned that I had disabled rights and learned how to make disabled accommodation requests, I was very hopeful. But those hopes were dashed by responses from doctors' offices like "we don't think this is a disability," "try someone else," "he doesn't want to mess with it," "I wouldn't be able to give you the medical standard of care without my wireless."

An entire medical family practice told me they would not take any patients disabled from EMR. This is outright discrimination against an entire disabled class. It is not realistic for those disabled---often low income and struggling to stay alive---to sue for enforcement for accommodation under the ADA. Even if a person disabled from EMR had the resources to sue to enforce their ADA rights for safe access accommodations, there are virtually no attorneys willing to specialize in this area of disability discrimination. We need more attorneys in this field and for our government to help enforce our disabled rights.

I've almost been killed twice inside my house, in the recent past, by cellular emissions, and by an electrical utility meter temporarily installed on my house. As an expert has confirmed, the meter

put dangerous “dirty electricity” into my wiring. As an accommodation, I need, and have requested, an electromechanical analog utility meter because this is the safest meter for a person disabled from EMR. Many have reported that they got very sick and it corresponded to when a smart meter was installed without their knowledge. One colleague has been living in her car in the woods for more than 7 years because her house is unsafe due to all the utility smart meters. She weathered hurricane Helene in her car with trees falling down around her. Despite her many efforts, she still does not have safe housing.

I shielded my house at great personal expense from cellular emissions that unexpectedly increased inside my previously safe home and the smart meter network. I can no longer leave my shielded house, and am a prisoner within. This has deprived me of the use of my property that I worked hard for 30 years to improve. I cannot access my own rural route mailbox or outbuildings. No local, state or federal officials would help me regain the safe use of my property and home.

For the class of individuals disabled by EMR, many are effectively evicted from their homes and become homeless. People are suffering and dying due to lack of RF safe ADA access accommodations. We need to have EMF-safe areas throughout each state for them to go. Perhaps some federal lands can be set aside for this. During natural disasters or loss of a safe home, this disabled class needs a safe haven.

The National Council on Disability listened to the plight of those disabled by EMR and were shocked to find out this disabled community has virtually no safe medical care. They have been seeking to change the situation. <https://www.electrosensitivesociety.com/national-council-on-disability-ncd-ehs-mcs-presentation-may-12-2022/>

Systemic discrimination against people disabled by EMR urgently needs to be remedied so they can receive healthcare, safe from RF, and have it paid for through their health insurance, including Medicare and Medicaid. HHS has acknowledged that “discrimination contributes to significant health disparities and poorer health outcomes than persons with disabilities would experience absent the discrimination.” <https://www.federalregister.gov/d/2023-19149/p-82>.

The Federal Access Board has since 2002 recognized those disabled from EMR and MCS (Multiple Chemical Sensitivity) which are often concurrent. The Access Board sets forth guidelines, the Indoor Environmental Quality (IEQ) Report in 2005, but never promulgated formal rules to make the guidelines enforceable. As a result, no guidelines were put into building codes, disability arising from EMR is not readily acknowledged, and RF safe access accommodations under the Americans with Disabilities Act (ADA) are rare.

One-third of Americans suffer from symptoms from RF radiation, based on a 2019 Bevington study which analyzed the prevalence of symptoms from RF radiation within any given population. Based on a population of 332.4 million people in the U.S., 120 million have symptoms, 2% of which (7 million) have severe symptoms or can’t work.

"The Prevalence of People with Restricted Access to Work in Manmade Electromagnetic Environments," Journal of Environment and Health Science, <https://mdsafetech.files.wordpress.com/2019/10/2018-prevalence-of-electromagnetic-sensitivity.pdf>.

[https://www.commerce.gov/news/blog/2022/01/us-population-estimated-332403650-jan-1-2022#:~:text=As%20our%20nation%20prepares%20to,since%20New%](https://www.commerce.gov/news/blog/2022/01/us-population-estimated-332403650-jan-1-2022#:~:text=As%20our%20nation%20prepares%20to,since%20New%20)

The following recommendations for accommodation are respectfully requested:

1. Recognition of disabilities from EMR for accommodation by all federal agencies,
2. Require that Medicare, Medicaid and insurance companies fully cover out-of-network medical expenses when in-network practitioners refuse to provide accommodation at their facilities, including hard-wiring medical equipment,
3. Ensure that access to medical services does not require wireless connectivity on mobile devices,
4. Require that emergency responders, e.g. ambulances, provide accommodation by ascertaining any disability from EMR and lowering or eliminating EMR emitted from their devices and within the ambulance. They need to be educated about this disabled class and how to safely interact.
5. Ensure that telemedicine is available, especially when facilities refuse to accommodate,
6. Require a Surgeon General's warning on all wireless facilities and devices, and
7. Provide enforcement action for failure to accommodate.

The following provides additional reasons, and further personal experiences, for the foregoing recommendations and request for accommodation:

1. U.S. Access Board, 2005 <https://www.access-board.gov/files/research/IEQ-Report.pdf>

These IEQ guidelines need to be updated and codified so building codes in cities and counties can include them and entities become aware of and prepare their buildings to accommodate this large disabled class as required by the ADA.

2.The medical standard of care cannot be solely based on wireless technologies --- we need paper record keeping, wired medical equipment and rooms.

Out-of-network payments. Medicare and all health insurance policies need to acknowledge this disabled class and be willing to pay for medical services for out-of-network practitioners when accommodations for the disability are not otherwise available in-network. Getting payment for out-of-network practitioners due to accommodation necessities should not be burdensome to this disabled class.

Need for safe communications. Those disabled from EMR cannot safely use cell phones or Wi-Fi and need hard-wired internet service and landlines. The FCC's March 26, 2026 rule to streamline the discontinuance of copper landlines was misguided and discontinuances need to be paused at the very least. Neither the FCC nor the carriers have qualifications to make decisions re health or what a disabled person requires to be safe. What they consider to be an "equivalent" alternative may not be. Each disabled person needs to be accommodated for their phone and internet in a way that they and their healthcare professionals know are safe.

Emergency responders need to be educated about safety protocols when responding to emergency 911 calls. **Schools and teachers** also need this training, able to accommodate children.

Telemedicine Needed. Covid resulted in remote accessibility to telemedicine, which improved the lives for those disabled by EMR as we now at least have more telemedicine available. Funding for this is critically important so the disabled can have remote access to their medical practitioners.

Medical practitioners need to be able to make exceptions to policies requiring new patients to come

“in-person,” when they will not make their office RF safe for those disabled from EMR as required by the ADA.

3.Home Health accommodations of no wireless and no fragrances are a necessity. We need enforcement of the ADA and Rehabilitation Act so the disabled can have RF safe public access, especially for medical care.

Example: Health Care Provider. My hospital’s Home Health Dept told me that Medicare does not acknowledge a disability from EMR so they refuse to send a phlebotomist to my house for my annual blood work. I’m supposed to have an annual Home Physical Exam Benefit, under my insurance policy. The first year the nurse practitioner was happy to accommodate me by leaving RF emitting devices in her car, but the second year the new nurse practitioner was unwilling to leave her cell phone in her car even though I have a corded landline phone in my house. I could not receive my annual exam. I made a complaint and the insurance company’s response was to completely discontinue that benefit for me.

Example: Eye doctors. It took me 5 years to find an eye doctor willing to accommodate me---see me after hours when WiFi could be turned off. No in-network doctor would accommodate me. My insurance company would not reimburse me for the eye exam because the eye doctor was out-of-network. Medicare needs to pay for out-of-network practitioners when in-network practitioners will not accommodate for disability from EMR.

Example: Dentists. I could not get a dental cleaning in more than 6 years because of medical practitioners’ refusal to accommodate. When a dental implant failed, it took many years to find a dentist willing to accommodate me. By then the implant was floating. My insurance company would not reimburse for the surgery despite the benefit.

4. All medical equipment needs to have an option to be hardwired, especially when it is in a fixed location, so that there is the ability to grant RF safe access to medical accommodations.

Offices need to be hardwired for computers, record keeping digital devices and security systems so they can accommodate this large, ever-growing disabled class for in-person care. Medical practitioners, clinics and hospitals need to be educated about this disability and their legal duty to accommodate. Manufacturing standards need to be created so *all* wireless electronics have an option to be hardwired and wireless antennas disabled.

Disability from EMR is a spectrum disorder, worsening with cumulative EMF exposures and injuries. The most vulnerable populations to injury from EMFs are children, fetuses, the elderly, chronically ill and those who are already disabled from EMR. People with medical implants are also at risk. More needs to be done to educate and protect children in schools, pregnant women, the hospitals, nursing facilities, multifamily dwellings and community anchor institutions.

5. The medical community needs urgent mandatory requirements and protocols to safely care for those disabled with EMR

Providers must be required to learn from the top leaders in EMF science, medicine and protection about the prevention, diagnosis and treatment of EMF-associated illnesses. Videos, webinars, and podcasts are available such as [EMF Conference 2021](https://emfconference2021.com/). <https://emfconference2021.com/> This information could be disseminated via state and local medical societies and insurance companies.

Safer use of technology can be accomplished. A public spotlight needs to shine on the urgent need to reduce involuntary or non-consensual exposure conditions in spaces as a preventive measure for the entire population – especially the vulnerable. Information pamphlets and short courses need to be developed and provided for policy makers and for those who come into physical contact with people in this disabled class, including in schools.

Surgeon General's Warning on RF wireless Harms is urgently needed. The Surgeon General needs to inform the public, including children, about the bio-harm of wireless with instructions on safer use of technology. Cyprus has short public information videos they share on this. Our country could do the same. They also have low EMF neonatal units in the hospitals.

When I was ten years old, the Surgeon General was writing warnings about cigarettes that we read in our Weekly Readers. There were many statistics in them that I shared with my father when he would light up a cigarette. I was relentless with my statistics and he decided to quit. I don't believe my mother or father would have lived to be 97 had the Surgeon General not informed the children.

6. We need education and policy changes at HHS/Medicare/Medicaid to mitigate chronic illness and fatalities due to unabated wireless expansion.

People are suffering and dying due to lack of RF safe ADA access accommodations. Last year, three of my friends/colleagues died, that I know of, and three have died already this year. One of my colleagues, who helped write the IEQ Report, has lost 32 friends due to lack of disabled accommodation. This class of people disabled by EMR desperately needs the help of HHS to change the dire situation of accommodation for RF safe access to medical care in the United States.

7. The FCC needs to update its guidelines through an independent body. [Environmental Health Trust, et al. v FCC, No. 20-1025 \(D.C. Circuit. 2021\)](#) to. Thank you, Secretary Kennedy, for petitioning the court prior to your cabinet appointment, <https://childrenshealthdefense.org/wp-content/uploads/02-02-2020-CHD-v.-FCC-Petition-for-Review-For-Public.pdf> Please keep your promise to help get these guidelines updated and codified.

8. Sec 704 of the 1996 TCA. Delete to restore liability for personal injury.

9. EMFs, radiated and conducted emissions (2-150 KHz) need to be included in all health research, including autism, heart problems, infertility, neurodegenerative and autoimmune diseases. The brain, heart and gonads are the most affected. When adverse effects from EMFs are not part of the differential diagnosis, it will be missed. The range of 2-150 KHz ("dirty electricity" not regulated by the FCC) has been shown to be biologically harmful. The FCC and ICNIRP acknowledge this harm. EMF mitigators have observed that once this dirty electricity and contact current was cleaned up, leukemia was cured within days as evidenced by their blood work. Other chronic illnesses like cancer and diabetes have also responded well after cleaning up these EMFs in the home, which allows the body to heal.

HbA1C can increase with RF exposure, contributing to metabolic disease and diabetes, see Dr. Magda Havas' research. Through microscopy, I have also seen what Dr. Havas documented re circulating red blood cell's going into Rouleaux and clumping when a person is exposed to wireless radiation. This reduces the blood's ability to circulate, puts an added strain on the heart and may

make people more susceptible to clotting problems. Our own National Toxicology Program found “clear evidence” of increased risk of certain cancers that can’t be ignored. Dr. Martin Pall’s work on the mechanism of action on a cellular level includes the “voltage gated calcium channels” when exposed to RF’s that can increase the intracellular calcium leading to an increase in free radicals, oxidative stress and chronic inflammation. *Research has shown that wireless radiation has been selecting for antibiotic resistant, pathogenic bacteria. This should alarm everyone concerned with public health as well as in veterinary medicine.*

As far as our **food supply, wireless radiation is also harmful in many ways**...to the soil, plants and animals. Much of our food is dependent upon bees for pollination and they are being decimated, partly due to RFs. They depend upon the earth’s natural electromagnetic field for navigation, just as migratory birds do (also being decimated). Cows also orient to that field. Milk production is reduced by EMF exposure...RFs, stray voltage and “dirty electricity”. I do not support “precision agriculture” that is increasing RFs. Regenerative farming methods need to be increased to restore life to our soil and nutrition to our food. I’m including some science below. There is too much to be written about these subjects that have been overlooked.

I’m told it usually takes 50-100 years for policy to catch up with independent science in regards to environmental toxins. We knew about the bio-harm 85 years ago when our military radio and radar operators were developing “microwave sickness”. The Naval Medical Institute’s work in the 1970’s using anechoic chambers clearly showed *causation* of so many harmful physiological effects. We must make changes now.

Respectfully submitted,

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Resources

1. Accommodation Ideas for Electromagnetic Sensitivity, Department of Labor, Job Accommodation Network
2. <https://www.federalregister.gov/articles/2016/08/11/2016-17417/amendment-of-americans-with-disabilities-act-title-ii-and-title-iii-regulations-to-implement-ada>
3. <https://beta.ncd.gov/assets/uploads/docs/ncd-framework-to-end-health-disparities-of-people-with-disabilities.pdf>
4. ICBE EHS statement <https://icbe-emf.org/scientists-release-position-statement-on-electromagnetic-hypersensitivity/>
5. Disability resulting from EMR “is an *environmentally-induced disability* that has been around for the past 100 plus years. It has gone by different names including *neurasthenia* (weakening of the nervous system); *microwave sickness*, *radio wave illness*, *screen dermatitis*, *electromagnetic sensitivity*, as well as *idiopathic environmental intolerance*. Some call it *rapid aging syndrome* . . .”
Symptoms include some combination of sleep disturbances; chronic fatigue; chronic pain including migraine headaches; poor short-term memory; difficulty concentrating that some people describe as a ‘foggy brain;’ mood disorders like depression and anxiety; skin problems; dizziness; loss of appetite; movement difficulties; visual problems; tinnitus; frequent night-time urination including bedwetting among children; heart palpitation; difficulty regulating blood sugar levels; nose bleeds;

asthma; cold extremities; reproductive problems . . . well below international [or FCC] accepted guidelines.”

6. Legal recognition and medical codes, <http://www.electrosmogprevention.org/ada-accommodations-for-rf-exposures/legal-recognition-sources-for-electrosensitivity/>

7. <https://www.babysafeproject.org/science> 8. According to Dietrich Klinghardt, M.D., Ph.D., women should take drastic steps to lower their electromagnetic field or EMF exposure during pregnancy to reduce the *risk of having an autistic child*. Microwave radiation from cell phones, Wi-Fi routers and similar devices concentrate twentyfold in the womb, meaning whatever the reading is outside the womb, the measurement will be 20 times higher inside the mother.

9. Physicians for Safe Technology (website information source). 10. Li, DK., Chen, H., Ferber, J.R. *et al*. Exposure to Magnetic Field Non-Ionizing Radiation and the Risk of Miscarriage: A Prospective Cohort Study. *Sci Rep* 7, 17541 (2017). <https://doi.org/10.1038/s41598-017-16623-8>.

11. Europaem EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses (link at right for Rev Environ Health 2016; 31(3): 363–397).

12. CHD Guidelines for Diagnosis, Prognosis, Prescription and Need for Accommodation

13. Sect. 704 of the [Telecommunications Act of 1996](#), codified as [47 U.S. Code § 332 \(c\)\(7\)\(B\)\(iv\)](#), states that local governments may not regulate the placement of cell towers based on environmental effects if the providers are within the FCC’s wireless limits for human exposure. Federal courts over the years have interpreted this to also include health effects, meaning that providers are not liable for personal injury. This allows providers to place cell towers in residential and other undesirable areas where people work, go to school, and recreate. These facilities then radiate RF millions of times higher than recommended, and without liability for personal injury. Sect. 704 has prevented zoning ordinances from protecting the environment, health, and property rights (when people have to evacuate their properties) regarding the exposures to RF radiation emitted from wireless facilities

Livestock

➤ Reduced milk production/weight gain

- Löscher W. Survey of effects of radiofrequency electromagnetic fields on production, health and behavior of farm animals. *Prakt Tierarzt*, 2003, 84:11 (German)
- Löscher, W, Käs, G. Behavioral abnormalities in a dairy cow herd near a TV and radio transmitting antenna. *Der Prakt Tierarzt* 1998;79:437–44. (article in German).
- Burchard, JF, Monardes, H, Nguyen, DH. Effect of 10kV, 30 μ T, 60 Hz electric and magnetic fields on milk production and feed intake in nonpregnant dairy cattle. *Bioelectromagnetics* 2003;24:557–63.
- Burchard, JF, Nguyen, DH, Rodriguez, R. Plasma concentrations of thyroxine in dairy cows exposed to 60 Hz electric and magnetic fields. *Bioelectromagnetics* 2006;27:553–9

➤ Altered pregnancy patterns

- Löscher W. Survey of effects of radiofrequency electromagnetic fields on production, health and behavior of farm animals. *Prakt Tierarzt*, 2003, 84:11 (German)

➤ **Chronic disease, cancer**

- <http://www.ncbi.nlm.nih.gov/pubmed/19811394>
- [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780531/biological effects](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780531/biological%20effects)
- Löscher, W, Käs, G. Behavioral abnormalities in a dairy cow herd near a TV and radio transmitting antenna. *Der Prakt Tierarzt* 1998;79:437–44. (article in German).

➤ **Anxiety & stress**

- Hässig M, Wullschleger M, Naegeli HP, Kupper J, Spiess B, Kuster N, Capstick M, Murbach M. Influence of nonionizing radiation of base stations on the activity of redox proteins in bovines. *BMC Vet Res*, 2014, 10:136
- Löscher, W, Käs, G. Behavioral abnormalities in a dairy cow herd near a TV and radio transmitting antenna. *Der Prakt Tierarzt* 1998;79:437–44. (article in German).

➤ **Reduced ruminating and lying times**

- Wenzel C, Wöhr AC, Unshelm J. The effect of electromagnetic transmitters on behaviour of dairy cows. *Prakt Tierarzt*, 2002, 83:260-26 (German)
- Löscher, W, Käs, G. Behavioral abnormalities in a dairy cow herd near a TV and radio transmitting antenna. *Der Prakt Tierarzt* 1998;79:437–44. (article in German).

➤ **Avoidance behavior**

- Wenzel C, Wöhr AC, Unshelm J. The effect of electromagnetic transmitters on behaviour of dairy cows. *Der Prakt Tierarzt*, 2002, 83:260-26 (German)

➤ **DNA damage**

- Balode, Z. Assessment of radio-frequency electromagnetic radiation by the micronucleus test in bovine peripheral erythrocytes. *Sci Total Environ* 1996;180:81–5.

Plants and Trees

➤ **Reduced germination, growth, seed production**

- <https://www.hindawi.com/journals/ijfr/2010/836278/>

- https://www.researchgate.net/publication/306435017_Radiofrequency_radiation_injures_trees_around_mobile_phone_base_stations
- <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3780531/>

➤ **Reduced Chlorophyll/ photosynthesis**

- <https://www.hindawi.com/journals/ijfr/2010/836278/>
- <http://kompetenzinitiative.net/KIT/wp-content/uploads/2016/06/Tree-damages-in-the-vicinity-of-mobile-phone-base-stations.pdf>

➤ **Disease prone**

- <https://www.hindawi.com/journals/ijfr/2010/836278/>
Balmori discusses the fact that "White and black poplars (Populus sp.) and willows (Salix sp.) are more sensitive. There may be a special sensitivity of this family exists or it could be due to their ecological characteristics forcing them to live near water, and thus electric conductivity."
- <http://kompetenzinitiative.net/KIT/wp-content/uploads/2016/06/Tree-damages-in-the-vicinity-of-mobile-phone-base-stations.pdf>
The study by Waldmann-Selsam and Egar and Waldmann-Selsam et al documented tree damage occurring at levels far below current RF limits.
- https://www.researchgate.net/publication/306435017_Radiofrequency_radiation_injures_trees_around_mobile_phone_base_stations

➤ **Require more water**

- <https://www.hindawi.com/journals/ijfr/2010/836278/>
- https://www.researchgate.net/publication/306435017_Radiofrequency_radiation_injures_trees_around_mobile_phone_base_stations

➤ **Climate fatigue**

- <http://kompetenzinitiative.net/KIT/wp-content/uploads/2016/06/Tree-damages-in-the-vicinity-of-mobile-phone-base-stations.pdf>
The study by Waldmann-Selsam and Egar and Waldmann-Selsam et al documented tree damage occurring at levels far below current RF limits.
- https://www.researchgate.net/publication/306435017_Radiofrequency_radiation_injures_trees_around_mobile_phone_base_stations

Soil

➤ Reduced worm count, calcium, good bacteria

- <http://elifesciences.org/content/early/2015/06/17/eLife.07493>
Change in mineral balance

Bees/Pollinators

➤ Bee Colony Collapse

- http://www.hese-project.org/hese-uk/en/papers/warnke_bbm.pdf
- <http://www.electricalpollution.com/documents/Birds&TreesNorthGreece.pdf>

Bacterial effects of EMF exposure

(Thanks to the Electromagnetic Safety Alliance, Inc., who produced the EMF MC 2021)

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