

All links hereby incorporated by reference.

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<https://thepeoplesinitiative.org/>
<https://citizensforaradiationfreecommunity.org/>
<https://stopsmartgrid.org/>
<https://americanassociationforcellphonesafety.org/>
<https://lizno5gforcongress.com/>
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The below link contains 83 links from our website. Some of the links contain hundreds or thousands of studies.

<https://thepeoplesinitiative.org/studies-and-articles-to-include-in-your-fcc-and-hhs-comments/>

One link in particular goes over non thermal effects for the layman. The paper was written nearly 20 years ago.

9) ALL LINKS HEREIN INCORPORATED BY REFERENCE Non Thermal Paper 10 10 AAA.pdf

EMF damage of the brain in pictures...
2) fMRI Study on Electrosensitivity

Self assembling nano tech covertly placed in nearly all injectables in the US, in the food supply, geoengineering and even some of the water supply...

80) Dr Ana Mihalcea, Self Assembling Nano Bots in Vaccines, AI Tech Lethality, 6G and Other Articles, Pictures and Interviews pt1.pdf

2) My comments describe what I personally experienced from my own wireless exposure, but I also created a non profit dedicated to this issue. Through the non profit we have been able to reach, over the years, thousands of people. They have been able to reach out to us for help with reducing their exposure, reducing their symptoms and illnesses and taking actions to stop their exposure, including legal actions when necessary.

3) a. I am now reactive to all wireless technologies...smart meters, WIFI cell towers, cordless phones, cell phones and even dirty electricity.

b. The nature, duration, or symptoms are dependent upon multiple factors:

- duration of exposure

- what type of device or infrastructure

- what is the power density

- characteristics of the pulse modulation

- how much exposure did I have previously, within the past 24 hours - 6 months or more. Dose response is a factor. Example: I move into an apartment unaware of the type of meter attached to the building and have no symptoms for the first 2 weeks living in the apartment. But after week 2, I begin to get symptomatic... heart palpitations, dizziness, nausea, anxiety, headaches, loss of energy. But when I lived near a cell tower, it took probably over 6 months or a year for me to become noticeably symptomatic. The symptoms were slightly different than that of the smart meter. The most notable being I would get sick for days, sometimes 2 weeks after drinking coffee or caffeinated drinks and eventually became unable to drink caffeine at all. Same with alcohol. I also went to a specialist who told me my adrenal glands looked "non existent" in the tests he ran. So it seems adrenals are very much effected by cell tower radiation. I also

think liver and kidney is effected. My own kidney tests have come back poorly. Since it is a whole body exposure, wherever the person is weakest will usually “go” first, meaning their symptoms will appear there first, with other areas soon to follow. For example if someone had pre-existing cancer but got it taken care of with treatment, the cancer may come back because the body is expending so much energy fighting off the non stop, 24/7 irradiation of the wireless infrastructure they are being exposed to, the small amount of cancer cells that were left that the body was previously able to fend off is no longer able to because it is simply getting worn down by the 24/7 onslaught of radiation. This radiation actually deteriorates DNA, so cancer is one of the biggest diseases it causes. There are many studies that show cancer including even our own NIH study showing statistically significant heart cancer from wireless exposure. But lesser problems than cancer are rampant and widely known to be associated with wireless radiation exposure such as headaches, loss of energy, ringing in the ears, etc. And of course we have to keep in mind everyone’s body is different, so where one person is weakest, another may be strongest, etc. So illness runs the gamut of a plethora of possible illnesses depending on the persons constitution, duration of exposure, type of device or infrastructure, etc. So your question of duration, frequency timing and nature of exposure is difficult to answer since it is so unbelievably broad in scope. Years of cell tower exposure will result in different physical illness when compared to 2 hours of cell tower exposure. Same with all other wireless infrastructure and devices and their associated symptoms and illnesses.

c. The potential adverse health effects experienced.

As stated above, it depends entirely upon duration of exposure (years, minutes, hours or days), type of exposure (cell tower, smart meter, WIFI, smart phone, cell phone,

cordless phone, etc.)

My personal potential adverse health effects consist of migraine headache (for days), dizziness, nausea, vomiting, activation of pre-cancerous cells, loss of energy, clinically tested adrenal gland exhaustion, ringing in ears, ear pain, kidney and liver problems which I attribute to my radiation exposure, brain fog, trouble thinking, Alzheimer's like symptoms with enough exposure, constant hissing sound in ears, vision deterioration, unable to drink caffeinated beverages, digest fats or protein properly or eat chocolate and I end up getting sick if I partake in any of these indulgences. The symptoms are migraine headache and severe loss of energy for a couple or a few days. My vital organs no longer function properly. This all started when I lived near the 20 or so transmitters on a roof top a block and a half from my home in Santa Monica and was irradiated 24/7 unbeknownst to me. Many of my neighbors also got cancer.

d. When potential adverse health effects first appeared relative to when exposure began and whether any changes in exposure coincided with potential adverse health effects.

It began with strange sensation on side of head where I used my cell and cordless phone. I also slept with the cordless phone on that side of my head, so my exposure was extensive. I had used the cordless phone for maybe 7 years and the cell for maybe 5, but I am just guessing, going off of memory. I stopped using the cell phone as soon as I put together what was happening, but continued using the cordless phone until I found out that too was a wireless radiation emitter. Soon after I moved to Santa Monica and also stopped using the cordless phone. But it was out of the frying pan into the fire. I had moved unbeknownst to me, a block and a half from a stealth cell antenna farm situated on the roof top of a building, hidden behind some fiber glass fences so they would not be seen by the neighborhood. I think my health effects

began approx. a year or 2 after having moved to that area and yes, they did change. They became worse and worse until finally I realized what was causing my health problems. Once I realize that I wanted to run for city council so I could help stop this from happening, but I found out the cell tower had more of a right to be there and harm me than I had the right to protect myself from it and get it moved, so I was the one who ended up having to move, not the cell tower. I moved out of Santa Monica to save my life, my symptoms were getting that bad. This was around the time I had to have the surgery to remove the pre-cancerous cells which I was told had turned to stage 2 post op. I was also informed I was no longer eligible to run for city council since I had moved out of the city. My symptoms from the stealth cell transmitters were ringing in the ears, extreme loss of energy, vomiting, pre-cancerous cells which turned to stage 2, migraine headaches, sickness where I felt like I was 100 years old and could barely walk - sick like that for 2 weeks sometimes.

e. To date, I have received the same diagnoses from 3 different doctors. Sever electrosensitivity or microwave radiation poisoning. However, it should be noted that most doctors do not know about this particular illness and are taught absolutely nothing about it in medical school. It is not easy to find doctors familiar with EHS.

f. Yes, steps were taken to reduce exposure and symptoms have been alleviated, but return immediately upon exposure. I stopped using a cell and cordless phone, I stopped using WIFI and use hard wired Ethernet only now, I moved away from the cellular transmitters, I slept in my car while there which alleviated some of my nighttime symptoms and moved out of the apartment that had a wireless meter. And finally, after having lived in the parking lot for 3 years in my current apartment due to being unable to block my neighbors powerful WIFI emissions, the neighbor hard wired

her internet and now there is only one neighbor downstairs with WIFI , so it reduced the levels enough to the point where I could block the emissions. I put metal (2 layers of industrial strength tinfoil beneath my rug and 2 layers of shielding fabric on the faraday cage I had built in one area of the apartment which is where I currently sleep and work. I am unable to inhabit the rest of the apartment.

g. Yes, I have videos I took of the emissions. If necessary and upon request, I can transfer them to an online source and send them to you. I also organized and took part in an fMRI study with 10 cases and 60 controls, showing electrosensitivity in pictures of the brain. This is the same kind of study Univ. of Penn. did to diagnose the Havana Syndrome victims of the State Department and other federal employees who were stricken with this disease.

Link to press release with pictures of my brain compared to control's brain while being exposed to electromagnetic radiation:
<https://thepeoplesinitiative.org/pilot-study-shows-dramatic-difference-in-brain-activity-with-ehs/>

Link to Abstract:

<https://www.degruyterbrill.com/document/doi/10.1515/reveh-2017-0014/html>

4) We invite healthcare professionals, researchers, and public health practitioners to describe observations from clinical practice, occupational settings, or research that may help identify patterns, if any, of reported potential adverse health effects associated with RF/EMF radiation and exposure. In describing these observations, please include where available:

h. The types of potential adverse health effects reported.

Thousands of studies report adverse effects in nearly every part of the

body's system.

i. Onset of potential adverse health effects.

Please see any one of the many thousands of studies on this showing adverse effects. I will also include my personal story that I submitted to FCC which includes many health effects from my exposures to all things wireless.

j. Characteristics of the individuals or populations involved, excluding any identifying information such as PII or PHI.

Okay, I started a study I never completed with Dr. Gunnar Heuser (in addition to the fMRI study). I have a couple of hundred forms filled out. One commonality I noticed was head injury tends to make people more prone to electrosensitivity. Of course just regular exposure to wireless also does that, but this is a phenomenon I noticed. Might be able to make these surveys available to you, with permission from the filer, or by crossing out their names.

k. Any observed exposure patterns.

Headache was a predominant complaint.

l. What standardized methods were used to assess exposure or potential adverse health effects, if any were used.

When we conducted our fMRI study [LINK HERE](#), we used fMRI in 10 cases and compared them to 60 controls. We had an over 90% rate of each control showing the similar over abundance of white matter in the frontal cortex.

m. Recommendations for future research or surveillance.

Recommendations would be

- GO WITH WHAT WE ALREADY HAVE AT OUR DISPOSAL WHICH IS TENS OF THOUSANDS OF STUDIES SHOWING

ADVERSE EFFECTS. GIVE THE PUBLIC WARNING ABOUT IT. TAKE ACTION TO PROTECT CHILDREN AND THE ENVIRONMENT.

- STUDIES ARE THE INDUSTRY'S FAVORITE TACTIC TO DELAY ACTION!!! YES WE CAN DO MORE STUDIES, BUT IN THE MEANTIME WE HAVE AN ENORMOUS VOLUME OF EVIDENCE SHOWING REAL HARM FROM EXPOSURE TO WIRELESS AND WE ALSO HAVE THE FEDERAL GOVERNMENT COMPENSATING EMPLOYEE VICTIMS OF WIRELESS MICROWAVE RADIATION ATTACKS. ACTION IS NEEDED NOW TO PROTECT PEOPLE AND THE ENVIRONMENT.
- Our own military is highly aware of non thermal effects since they use it as a weapon on the battlefield.
- As far as more studies, I would say studying the self assembling nano tech that is now in the entire food supply, all injectables with very few exceptions, geoengineering and possibly the water supply to cities and rural areas. So health studies on nano tech and self assembling nano tech are in order.
- Studies on health effects from graphene oxide which was also in the "vaccines" and some of the food supply and possibly other injectables and consumables.
- Studies on symptoms reported before and after certain wireless infrastructure roll outs happened.
- Studies showing how smart meter pulses can cause heart attack and stroke.
- Studies on how harmful industries use studies as a delay tactic to avoid taking protective actions that could disrupt their bottom line.
- Studies on satellite disruption of earth's protective layers from

natural space radiation and other natural protections from natural causes.

- Studies on satellite ability to activate nano tech from outer space.

Exposure Standards and Risk Assessment

5. What existing national and international exposure standards, guidelines, or regulatory frameworks should federal health agencies consider when evaluating the potential adverse health effects of human exposure to RF/EMF?

Federal health agencies should consider the SAR and all heat based cell tower and other wireless infrastructure standards are all completely thermally based with absolutely zero recognition of non thermal effects. The existing standards or guidelines are 100% ineffective at protecting from non thermal effects, 100% effective at harming people and the environment with the exception of over heating.

- pulse modulation
- frequency
- low power density (lower power density = easier BBB permeation all need to be factored into consideration when reassessing the RF and millimeter and nano standards.
- high power density minus the thermal regulations or guidelines
- nano tech and self assembling nano tech must also be studies for health consequences since it is now being found in all injectables, the food supply, geoengineering and possibly the water supply.

ZERO informed consent was given to anyone re: the nano tech they have been ingesting in the food supply and in nearly all injectables over the past 7 or more years, just as zero informed consent was given about non heat related n health effects from everyday wireless devices and infrastructure.

You must consider currently non existing exposure guidelines for the nano tech and self assembling nano tech.

You must also be willing to create totally new standards by which to regulate, that include all the above mentioned non thermal characteristics of the radiation.

n. What scientific, technical, or regulatory changes by federal health agencies, if any, would improve the assessment, disclosure, and regulation of wireless radiation exposure?

INFORMED CONSENT is #1. There must be full disclosure of the harm the wireless devices and infrastructure can bring.

Children must not be allowed to be exposed in the school and at home.. Hard wired internet and telephone infrastructure must be brought back to classrooms and homes across the nation.

Although the EU is now testing cell phones without a distance from the body, that still does not incorporate non thermal effects and is still heat based, so it is nice but doesn't go nearly far enough and is basically a tiny bone thrown to a starving animal.

Children must not be allowed to be exposed to this radiation until they are of legal age and can make their own decisions.

Warning labels must be prominently featured on all cell phone packaging and on the phones themselves and on all wireless radiation emitting devices and infrastructure, stating that this product has not yet been assessed for non thermal effects and could cause cancer, neurological illness, genetic damage (and then list the other lesser immediately dangerous effects such as headache, loss of energy, kidney and liver problems, vision problems, nausea, vomiting, flu like symptoms, digestion problems, etc.

People who have already been damaged by wireless radiation must be accommodated when a request is made.

People who have already been damaged by wireless radiation must be compensated for the years of participating in society they have lost, the potential income they have lost and the harm they have endured. The compensation can come from a pool, say a certain percentage of the wireless company's profits, so it is commiserate with the companies wireless output. The government should also contribute to the compensation for violating the US Constitution and forcing them to be exposed to cell tower radiation illegally and also for placing citizens on lists to be mercilessly exposed to experimental and/or wireless torture and/or experimental programs conducted by private military contractors, the CIA, NSA or any heretofor unknown government agency or company.

Airplanes must use plug in access only to the internet and for any communications, if it is even possible to still have those wireless communications without damaging the environment, which it looks thus far like it is not.

All products, cars, computers phones, etc. must issue post market warnings to their customers about the harm their wireless products bring.

Non thermal effects **MUST** be included in all the standards.

Studies on non thermal effects are already in existence in the thousands. We need to use those studies and start taking **ACTION** to protect the public

o. Is additional research needed to develop, test, and evaluate the

effectiveness of procedures and techniques for minimizing exposure to electronic product radiation? Where are the largest gaps, if any, in knowledge? What research is needed to appropriately evaluate current or future national and international exposure standards, guidelines, or regulatory frameworks.

We have more research on this subject than probably any other toxin ever in existence, yet no actions to protect the public have been taken. The time for action was decades ago. We are way behind, but better late than never. We are able to take action based on the evidence we already have. More studies just delays actual action being taken to protect the public and the environment, both of which are in serious trouble as we speak.

However, there is currently a dearth of studies on health effects from nano tech, self assembling nano tech, graphene oxide used to make people more conductive, satellite activation capability and terrestrial infrastructure activation capability and LIFI. Also harm from satellite is an area of which there is a dearth of studies.

p. How, if at all, should a classification system account for exposure-related characteristics, including operating frequency, power density, specific absorption rate (SAR), electric- and magnetic-field strength, modulation and pulse characteristics, duty cycle, beamforming, simultaneous exposure to multiple frequencies, duration of exposure, distance from the source, proximity to the body, and cumulative exposure over time?

The classification system would be a farce if it did not include non thermal effects. So we need to start with that. Perhaps by showing the lowest recorded level by which biological reaction that could lead to health problems occurs.

All of the above mentioned characteristics need to be in their own

classification system with a non thermal bar as opposed to thermal.

6. What scientific evidence exists about potential adverse health effects caused by current exposure limits?

Currently tens of thousands. Here are a few examples:

Measuring Human Exposure and Public Health Surveillance

7. What scientific methods are currently available for accurately characterizing individual and population-level RF radiation exposure?

INDIVIDUALS

FMRI can see if an individual has been neurologically damaged and is experiencing electrosensitivity. However, when I participated in our study, I was very sick for 3 days afterwards from the exposure. I would not be able to endure such exposure today and haven't undergone an MRI or fMRI since. However, other harm besides neurological is not only possible but likely. If it is a whole body exposure, then pre-existing conditions become exacerbated and new conditions rear their ugly heads. Heart attack and stroke are typical reactions to pulse modulations. Low power density = easier BBB permeation. High power density = easier DNA strand breakage - single and double. Pick your poison.

This paper has contains studies on both:

POPULATIONS

A scientific method for measuring what a certain population is exposed to consists of using an EMF meter, electric meter, magnetic field meter and a multi meter to get electric potential and body voltage.

Other methods would be having electrosensitives fill out surveys or

people living in high or low radiation zones fill out surveys and compare.

There are very few if any controls these days, meaning people who are not exposed to wireless radiation. But if we had such people, would be good to compare that group to the exposed.

It is my opinion that we don't really need to do more studies on top of the any tens of thousands we currently have. It is time for action. I see more studies as a way to delay action. We need action NOW, not years from now.

8. What, if any, improvements in exposure assessment methodologies are needed to better evaluate real-world exposure conditions?

We need consumer level, affordable meters to be able to detect the frequencies coming off the satellites and cell transmitter infrastructure that are putting people into the V2K or voice to skull program or the read/write to the brain program. Tens if not hundreds of thousands of Americans are currently in these covert programs. It will soon be rolled out to the general public, meaning everyone. It needs to be stopped NOW.

We also need consumer level and affordable materials to be able to block those frequencies from the satellites and cell tower/transmitter infrastructure from infiltrating the brain. I currently live in a faraday cage, but the materials, although doubled up, is unable to block these satellite frequencies. It is a massive problem. Accountability for those who have implemented these programs against innocent Americans also needs to be had. And it goes without saying that the programs need to be stopped.

9. What, if any, technical and exposure-related information should be

disclosed to consumers, residents, workers, schools, healthcare providers, and local governments?

ALL OF IT. All proven harm and potential harm needs to be exposed to all people everywhere.

10. What data sources or surveillance systems currently exist to monitor potential adverse health effects associated with RF radiation exposure? Should additional data sources or surveillance systems be developed? Please discuss the benefits and challenges of the following data sources and surveillance systems, as relevant:

- a. disease registries.
- b. occupational monitoring.
- c. environmental monitoring.
- d. longitudinal cohort studies.
- e. biomonitoring.
- f. adverse event reporting.
- g. disease or illness clusters.
- h. Other.

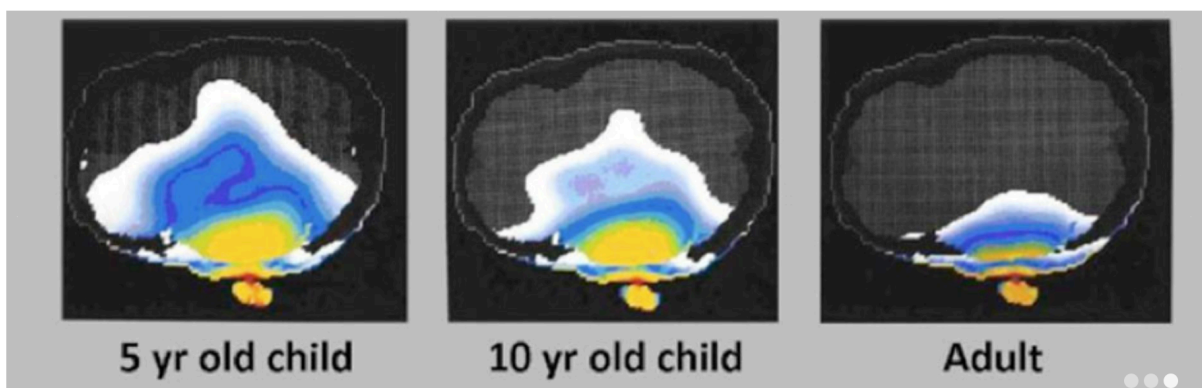
I am not aware of any data sources or surveillance systems that monitors adverse health effects from RF with the exception of independently funded studies or systems, if they even exist.

I have in my possession a couple of hundred surveys that were filled out by EHS people, but the data was problematic so I didn't publish. But many parts of the survey are still good and usable.

11. Should exposure assessment or risk evaluation differ for sensitive

populations such as those noted below? Please explain.

a. children.



<https://ieeexplore.ieee.org/document/539947>

Electromagnetic absorption in the human head and neck for mobile telephones at 835 and 1900 MHz

Abstract and Figures

The authors have used the finite-difference time-domain method and a new millimeter-resolution anatomically based model of the human to study electromagnetic energy coupled to the head due to mobile telephones at 835 and 1900 MHz. Assuming reduced dimensions characteristic of today's mobile telephones, the authors have obtained SAR distributions for two different lengths of monopole antennas of lengths $\lambda/4$ and $3\lambda/8$ for a model of the adult male and reduced-scale models of 10- and 5-year-old children and find that peak one-voxel and 1-g SARs are larger for the smaller models of children, particularly at 835 MHz. Also, a larger in-depth penetration of absorbed energy for these smaller models is obtained. The authors have also studied the effect of using the widely disparate tissue properties reported in the literature and of using homogeneous instead of the anatomically realistic heterogeneous models on the SAR distributions. Homogeneous models are shown to grossly overestimate both the peak 1-voxel and 1-g SARs. Last, the authors show that it is possible to use

truncated one-half or one-third models of the human head with negligible errors in the calculated SAR distributions. This simplification will allow considerable savings in computer memory and computation times.

<https://pubmed.ncbi.nlm.nih.gov/21999884/>

Exposure limits: the underestimation of absorbed cell phone radiation, especially in children

Abstract

The existing cell phone certification process uses a plastic model of the head called the Specific Anthropomorphic Mannequin (SAM), representing the top 10% of U.S. military recruits in 1989 and greatly underestimating the Specific Absorption Rate (SAR) for typical mobile phone users, especially children. A superior computer simulation certification process has been approved by the Federal Communications Commission (FCC) but is not employed to certify cell phones. In the United States, the FCC determines maximum allowed exposures. Many countries, especially European Union members, use the "guidelines" of International Commission on Non-Ionizing Radiation Protection (ICNIRP), a non governmental agency. Radiofrequency (RF) exposure to a head smaller than SAM will absorb a relatively higher SAR. Also, SAM uses a fluid having the average electrical properties of the head that cannot indicate differential absorption of specific brain tissue, nor absorption in children or smaller adults. The SAR for a 10-year old is up to 153% higher than the SAR for the SAM model. When electrical properties are considered, a child's head's absorption can be over two times greater, and absorption of the skull's bone marrow can be ten times greater than adults. Therefore, a new certification process is needed that incorporates different modes of use, head sizes, and tissue properties. Anatomically based models should be employed in revising safety standards for these ubiquitous modern devices and standards should be set by accountable, independent groups.

A critical analysis of the MOBI-Kids study of wireless phone use in childhood and adolescence and brain tumor risk

Abstract

The MOBI-Kids case-control study on wireless phone use and brain tumor risk in childhood and adolescence included the age group 10-24 years diagnosed between 2010 and 2015. Overall no increased risk was found although for brain tumors in the temporal region an increased risk was found in the age groups 10-14 and 20-24 years. Most odds ratios (ORs) in MOBI-Kids were <1.0 , some statistically significant, suggestive of a preventive effect from RF radiation; however, this is in contrast to current knowledge about radiofrequency (RF) carcinogenesis. The MOBI-Kids results are not biologically plausible and indicate that the study was flawed due to methodological problems. For example, not all brain tumor cases were included since central localization was excluded. Instead, all brain tumor cases should have been included regardless of histopathology and anatomical localization. Only surgical controls with appendicitis were used instead of population-based controls from the same geographical area as for the cases. In fact, increased incidence of appendicitis has been postulated to be associated with RF radiation which makes selection of control group in MOBI-Kids questionable. Start of wireless phone use up to 10 years before diagnosis was in some analyses included in the unexposed group. Thus, any important results demonstrating late carcinogenesis, a promoter effect, have been omitted from analysis and may underestimate true risks. Linear trend was in some analyses statistically significant in the calculation of RF-specific energy and extremely low frequency (ELF)-induced current in the center of gravity of the tumor. Additional case-case analysis should have been performed. The data from this study should be reanalyzed using unconditional regression analysis adjusted for potential confounding factors to increase statistical power. Then all responding cases and controls could be

included in the analyses. In sum, we believe the results as reported in this paper seem uninterpretable and should be dismissed.

b. pregnant women.

<https://link.springer.com/article/10.1186/s40201-015-0193-z>

Use of mobile phone during pregnancy and the risk of spontaneous abortion

Quote from Abstract:

Conclusion

Our result suggests that use of mobile phones can be related to the early spontaneous abortions.

c. older adults.

d. individuals with implanted medical devices.

Yes. Independent reports and studies have shown pulses from wireless radiation emitting devices and infrastructure interfere with pave makers, interact with deep brain stimulators, turning them on or off, etc., etc.

e. workers with elevated occupational exposure.

<https://pubmed.ncbi.nlm.nih.gov/29433020/>

Radio frequency radiation-related cancer: assessing causation in the occupational/

military setting

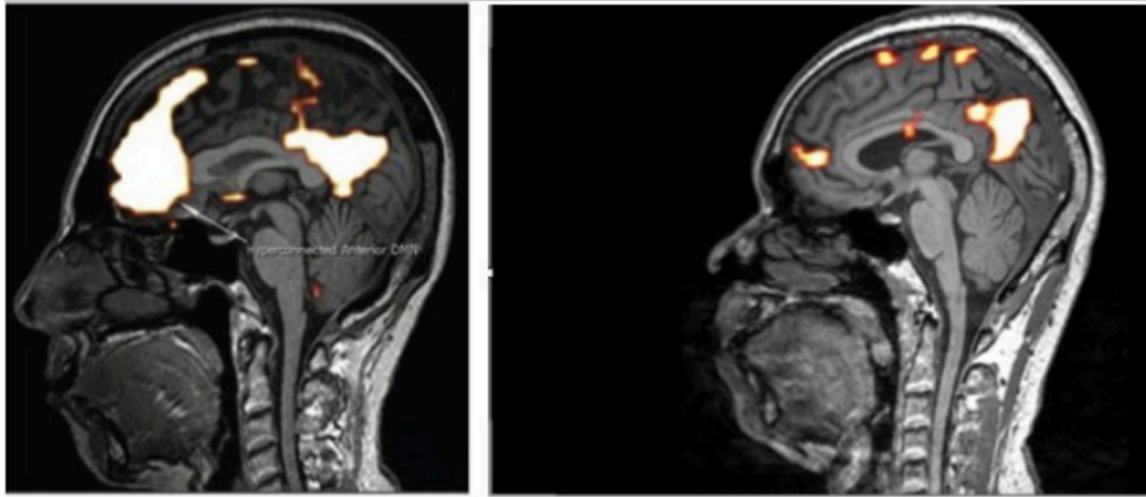
Conclusions: The consistent association of RFR and highly elevated HL cancer risk in the four groups spread over three countries, operating different RFR equipment types and analyzed by different research protocols, suggests a cause-effect relationship between RFR and HL cancers in military/occupational settings. While complete measurements of RFR exposures were not available and rough exposure assessments from patients interviews and from partial exposure data were used instead, we have demonstrated increased HL cancers in occupational groups with relatively high RFR exposures. Our findings, combined with other studies, indicate that exposures incurred in the military settings evaluated here significantly increased the risk of HL cancers. Accordingly, the RFR military exposures in these occupations should be substantially reduced and further efforts should be undertaken to monitor and measure those exposures and to follow cohorts exposed to RFR for cancers and other health effects. Overall, the epidemiological studies on excess risk for HL and other cancers together with brain tumors in cellphone users and experimental studies on RFR and carcinogenicity make a coherent case for a cause-effect relationship and classifying RFR exposure as a human carcinogen (IARC group 1).

f. individuals with preexisting medical conditions.

g. Other populations that may uniquely experience potential adverse health effects in response to RF radiation.

Yes. People who already consider themselves to be electromagnetically damaged, otherwise known as electromagnetically poisoned or “electrosensitive”, a long used term that is meant to downplay the real harm electromagnetic radiation causes.

<https://thepeoplesinitiative.org/pilot-study-shows-dramatic-difference-in-brain-activity-with-ehs/>



Case (left) and control (right) displays microwave radiation poisoning (also known as EHS electrohypersensitivity) in pictures on an fMRI. Click on above picture for abstract and

<https://www.degruyterbrill.com/document/doi/10.1515/reveh-2017-0014/html>

You should also request the fMRI pictures (minus the names associated with them), to see why they are being compensated by the federal government for being electromagnetically damaged.

Neuroimaging Findings in US Government Personnel With Possible Exposure to Directional Phenomena in Havana, Cuba

It is also important to note that the authors of this government funded study at Univ. Penn. called DEW attacks “directional phenomina”. Phenomina of what??? Why not NAME what you are talking about? Electromagnetic weaponry!

Yes. Obviously each group needs to have their particular situation kept in mind when designing a study.

I think the better and more important question would be, what kind of warnings can we give to these groups with all the tens of thousands of studies that we currently have right now showing adverse health effects? And what kind of protective measures can we take for each group?

a. Children under the age of consent in each state should be barred from using cell phones except if they are plugged in, which also means the industry should be made to fund portals all over the country where people can plug their cellphones in and talk on a hard wired connection. They should also be barred from using WIFI in the school and home and should be made to use hard wired Ethernet connections.

12. What scientific evidence exists regarding potential adverse health effects associated with RF radiation exposure at levels below current federal exposure limits?

Please see this link containing thousands of studies showing harm at levels below current federal exposure limits. Scroll down page to see 83 links, some of which contain thousands of studies showing harm from wireless radiation, both infrastructure and personal devices.

<https://thepeoplesinitiative.org/studies-and-articles-to-include-in-your-fcc-and-hhs-comments/>

We pulled just a few from the above link as examples...

9) ALL LINKS HEREIN INCORPORATED BY REFERENCE Non

Thermal Paper 10 10 AAA.pdf

All links hereby incorporated by reference:

20) Bioinitiative Report

80) Dr Ana Mihalcea, Self Assembling Nano Bots in Vaccines, AI Tech Lethality, 6G and Other Articles, Pictures and Interviews pt1.pdf

RUNNING OUT OF TIME TO SUBMIT. I LEFT 13 for last but there is not enough time to properly address it right now. I have to get this in before the cut off. I can address it if you will allow for a late submission. Please let me know. Thank you.

13. According to scientific evidence, how do the technologies below affect cumulative exposure patterns?

- a. 5G.
- b. 6G.
- c. Wi-Fi.
- d. Satellite-based communications.
- e. Internet of Things (IoT).
- f. Wearable technologies.
- g. Smart homes/appliances.
- h. Smart cities.
- i. Autonomous vehicles.
- j. Wireless medical devices.

k. Communication enabled smart meters.

I was saving the answer to question 13 for last as it is a bit overwhelming in volume. I am out of time to do it justice, but suffice to say the evidence of danger is overwhelming. All of the above is 24/7 exposure leaving zero down time for the biology to heal from the exposure. We are so far behind in the area of protection from wireless radiation that many people today remain virtually clueless about the subject and thank because it is being openly sold and promoted in the market and by our government that it is al safe when that is a flat out lie.

This page from our website contains thousands of studies of non thermal effects showing harm to human and environmental health. Scroll down to see 83 links, some of which contain thousands of studies showing harm from wireless radiation, both infrastructure and personal devices.

<https://thepeoplesinitiative.org/studies-and-articles-to-include-in-your-fcc-and-hhs-comments/>

14. What scientific evidence exists regarding potential adverse environmental effects associated with RF radiation?

Not sure if we have to include this sentence but just in case...All links herein incorporated by reference.

<https://thepeoplesinitiative.org/studies-and-articles-to-include-in-your-fcc-and-hhs-comments/>

<https://thepeoplesinitiative.org/the-birds-the-bees/>

15. What types of scientific evidence should be considered when evaluating RF exposure associated with wireless infrastructure? Please

comment on:

a. proximity to homes, schools, childcare facilities, healthcare facilities, and/or workplaces.

Proximity is a player in health effects, but the industry has a trick. If you make them move the cell antenna or transmitter, they can just turn up the power and change or focus the directionality so the area has a similar amount of radiation as if it was never even moved...not saying they always do this, but they have been found to do it in the past. So yes, proximity matters, but let's also not forget about those tricks and also that lower power density = easier BBB permeation. This paper talks about that...

<https://thepeoplesinitiative.org/wp-content/uploads/2026/10/9-FCC-Submission-ALL-LINKS-HEREIN-INCORPORATED-BY-REFERENCE-Non-Thermal-Paper-10-10-AAA-1.pdf>

Also satellite technology now can interact with the nano tech that is in the bodies of nearly all citizens in the US through being covertly placed in nearly all injectables, nearly all food, much of the geoengineering.

https://www.researchgate.net/publication/311665940_Nano-Satellites_Space_and_Ground_Technologies_Operations_and_Economics

Nano-Satellites: Space and Ground Technologies, Operations and Economics

<https://www.frontiersin.org/journals/nanotechnology/articles/10.3389/fnano.2024.1332820/full>

Bringing satellite and nanotechnologies

together: unifying strengths against pollution and climate change

b. cumulative neighborhood exposure.

c. antenna density.

d. small-cell deployment.

e. livestock.

There was a lawsuit won proving the cows produced less milk, got sicker and died more frequently due to cell tower proximity or ground current.

Federal Research Priorities

16. What are the highest priority research gaps regarding EMF and RF radiation and public health that the federal health agencies should address?

The health agencies should look at all the tens of thousands of studies that are already in existence on this issue and start PROTECTING PEOPLE AND THE ENVIRONMENT RIGHT NOW. AFTER we have taken actions to protect people and the environment such as...

a) hard wire all class rooms

b) make WIFI in the school illegal

c) have the industry fund putting portals all across the country for people to plug their cell phone into

- d) take down all the cell towers and create the same hard wired infrastructure. Tax payers have already funded this but the industry took that money and made it wireless instead of hard wired communications.
- e) make companies who build wireless capability into their products issue warnings about proven cancer and other illnesses associated with their wireless products
- f) make people whose wireless intrudes into other peoples property mitigate their exposure by building a barrier between their
- g) make people and companies whose wireless radiation intrudes onto their property liable for loss of use of property, make them contain their radiation
- h) make companies start accommodating electromagnetically damaged people by creating a shielded, separate space for them whether it be on a train, in a plane or automobile.
- i) stop the satellites from harming the environment by making them come down
- j) stop the AI read/write to the brain program by holding to account those responsible for crimes against humanity let alone 4th amendment violations which this surpasses by light years.
- k) cell phones should be used by plugging into the ports that the industry created when we had them take down all the cell towers
- l) all smart meters need to be replaced with hard wired analog and the companies who profited from customers misery should be held to account
- m) all nano tech that has been placed in nearly all injectable, the food supply, geoengineering and water supply needs to be halted, the cure (apparently there is something that can turn the nano tech off) needs to be put out to the public and those involved at every level need to be held to account.
- n) all cell and cordless phones must have warning labels for cancer and other health effects and need to be hard wired when used
- o) any and all RF, milli meter, nano and any other form of wireless radiation needs to be halted, warnings need to be issued and protections need to be put in place.

...at that point, yes, you can do studies. But please do not use “lack of studies” as an excuse for inaction. There are more studies on this issue than any other toxin in the world.

Of course the above list is a tall order, but picking a handful to start with would be a huge step in the right direction.

17. How can federal health agencies improve coordination of EMF and RF radiation research? Please comment on potential roles for federal health agencies including, but not limited to:

a. HHS Food and Drug Administration (FDA).

FDA needs to look at all the tens of thousands of studies that are already in existence, including all military studies of using RF as a weapon and a weapon of mass destruction, consider funding bias by industry funded studies, weigh the evidence and start protecting people and the environment.

If any studies are conducted by the FDA, this needs to be done IN ADDITION AND AS AN AFTER THOUGHT to protecting the public and environment. Any such studies should have an equal amount of independently funded scientists as they do industry funded ones. Government scientists can fall into the category of industry funded since they are often told if they don't tow the industry line on a given subject they may be out of a job. Self assembling nano tech must also be incorporated into any such studies.

b. HHS National Institutes of Health (NIH).

HHS needs to look at all the tens of thousands of studies that are already in existence, including all military studies of using RF as a weapon and a

weapon of mass destruction, consider funding bias by industry funded studies, weigh the evidence and start protecting people and the environment. According to ex NIH scientist Carl Blackman, NIH used to conduct studies on this subject, but their funding was pulled when the studies began showing results that were not favorable to industry interests.

If any studies are conducted by the HHS, this needs to be done IN ADDITION AND AS AN AFTER THOUGHT to protecting the public and environment. Any such studies should have an equal amount of independently funded scientists as they do industry funded ones. Government scientists can fall into the category of industry funded since they are often told if they don't tow the industry line on a given subject they may be out of a job. Self assembling nano tech must also be incorporated into any such studies.

c. HHS Centers for Disease Control and Prevention (CDC).

CDC needs to look at all the tens of thousands of studies that are already in existence, including all military studies of using RF as a weapon and a weapon of mass destruction, consider funding bias by industry funded studies, weigh the evidence and start protecting people and the environment. CDC needs to have an equal amount of independently funded scientists as they do industry funded ones. Government scientists can fall into the category of industry funded since they are often told if they don't tow the industry line on a given subject they may be out of a job.

If any studies are conducted by the CDC, this needs to be done IN ADDITION AND AS AN AFTER THOUGHT to protecting the public and environment. Any such studies should have an equal amount of independently funded scientists as they do industry funded ones. Government scientists can fall into the category of industry funded since they are often told if they don't tow the industry line on a given subject

they may be out of a job. Self assembling nano tech must also be incorporated into any such studies.

Additional Information

18. Please identify any additional scientific evidence, technical information, data, or recommendations that federal health agencies should consider when evaluating potential adverse health effects associated with RF/EMF radiation exposure.

a. The EPA should also be involved with RF environmental safety assessment with the exception of scientists with conflicts of interest.

b. Self assembling nano tech, now in the bodies of most Americans, is also an area that currently has dark field microscopy from around the world. These studies should be looked at by NIH, the public should be notified of the situation and steps need to be taken to stop the self assembly and get the nano tech out of the body. There are ways to do this and those ways should be explored by NIH.

c. Satellite technology not only adversely effects the environment, but it is being used to infiltrate people brains with V2K (voice to skull) and other read/write to the brain programs. So obviously those programs need to be stopped in their tracks and studies on satellite radiation and the harm that can cause should be done, but as an after thought to the actions first taken to protect people and the environment.

d. Under water cell towers and radiation adversely effecting all sea creatures. Studies on this are probably few and far between, but they could be initiated by NIH as a new area of study on under water microwaves.

e. The fMRIs taken of the federal employees who are now being compensated for radiation damage should be requested since they were tax payer funds. They can be compared with our civilian study of

citizens who were also damaged by wireless radiation and are now electromagnetically disabled and unable to function normally in society.

Robert F. Kennedy, Jr.,
Secretary, Department of Health and Human Services.

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