

Respondent Perspective: Individual Consumer and Affected Patient.

Response to Question 3:

a. Type(s) of Wireless Technology / RF/EMF Source Involved:

The source was a malfunctioning utility-grade infrastructure component, specifically a defective Radio Frequency (RF) Capacitor controller within a localized power distribution capacitor bank operated by regional provider DTE Energy.

b. Nature, Duration, Frequency, and Approximate Timing of Exposure:

The exposure occurred daily like clockwork, initiating with an intense, localized peak surge at approximately 7:00 AM every morning. This daily cyclic exposure persisted for over a consecutive month, beginning shortly prior to October 18, 2024, and continuing until temporary structural decommissioning on November 23, 2024. When the seasonal daylight-saving time change occurred, the environmental behavior shifted in a manner that was helpful to show the same shift with the mG timeline and plotting. This shift provided critical diagnostic evidence that allowed the utility company to definitively isolate the source.

c. Potential Adverse Health Effects Experienced:

Upon the immediate onset of the daily utility cycle, I experienced severe physical distress consisting of acute, localized cardiovascular pressure, respiratory inhibition ("feeling of lung implosion"), near-syncope (extreme dizziness and blacking out), and a severe, temporary loss of cognitive function consistent with cerebral oxygen deprivation.

d. Onset and Coincidence of Symptoms Relative to Exposure:

The physiological symptoms perfectly mirrored environmental readings. Independent monitoring using calibrated equipment verified that acute cardiovascular and respiratory distress coincided exactly with real-time milligauss (mG) spikes in the local magnetic flux density.

e. Medical Evaluation and Treatment Sought:

Due to the immediate, life-threatening severity of the daily cardiac and respiratory insults, immediate evacuation from the localized zone was required to avoid total syncopal episodes. Because full physiological recovery occurred only upon leaving the exposure in the home, medical intervention focused heavily on environmental avoidance and oxygen usage for cerebral hypoxia recovery.

f. Mitigation Steps Taken and Subsequent Changes in Health Effects:

Total geographic avoidance was mandatory. I was displaced from my home for over a month, forced to pack essentials daily and sleep inside my vehicle in cold weather conditions to avoid the automated morning activation window. Upon the utility company completely turning off the defective RF controller on November 23, 2024, the mG field permanently stabilized, and my respiratory distress, cardiovascular spikes, and cognitive impairments instantly ceased.

g. Supporting Documentation and Metrics:

Independent daily field testing logged severe mG data surges every 30 to 60 minutes. The technical timeline, data points, and correlation were formally validated by the utility provider's engineering team, who confirmed that a defective radio controller on their capacitor bank was creating the exact environmental anomalies logged. Analytical log charts can be provided to HHS public health investigators upon request.

This account is supported by the foundational frameworks established in the National Institute of Environmental Health Sciences (NIEHS) Report on Health Effects from Power-Line Electric and Magnetic Fields, as well as the World Health Organization (WHO) Environmental Health Criteria on Extremely Low Frequency Fields, which establish that acute infrastructure anomalies can induce rapid biological and electrical current responses in human tissue.

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