

My children's health was first impacted in their school after the school deployed High-density Wi-Fi. Neither the children nor my husband or I were aware of this upgrade. Nor were we aware of the massive number of transmitters and their locations within the school buildings and commonly in direct proximity to students and staff.

It was not until multi-system, disabling symptoms developed daily at school and abated once home, on weekends and vacations (when not similarly exposed) that we saw an MD to assess the symptoms. *(In the home ethernet was in use rather than Wi-Fi, and we live in a secluded rural area with an analogue rather than "smart" meter on the home etc.)*

The symptoms of exposure were intense and disabling and included headache, ringing ears, "underwater" feeling of fullness in the ears, chest pain, nausea, dizziness, visual disturbances, bloody noses etc. Our MD diagnosed my children as suffering from Microwave Illness /Sickness. The diagnosis was made by excluding other possible causes through a thorough clinical process. Our children were not aware of our concerns about the exposures in the school at the time nor were they aware of the intensity of exposure at school or of the location of WAPs in the school. They loved school and had many friends. Psychological assessments forced by the school ruled out any psychiatric cause of this illness and actually the physician's assessment recommended a material reduction of exposure in school. The school refused to mitigate exposure.

We were grateful our MD was knowledgeable of the diagnostic criteria used around the world by clinicians in the field of environmental health and that doctor understood the medical coding for microwave sickness(<https://www.icd10data.com/ICD10CM/Codes/V00-Y99/W85-W99/W90->)

However, there are many MD's who have no knowledge or who blindly rely on outdated authoritative sources and who do NOT know the literature on microwave illness such as Dr. Alan Woolf the SME for the Commonwealth of Massachusetts. He has done a huge disservice for those in the Commonwealth who are disabled by intense and growing environmental exposures. Astonishingly, through FOIA documentation I have reviewed, I understand he has been paid handsomely to be a "consultant" at the taxpayers expense. This is very unfortunate. In my view, he is negligent and biased and should no longer be retained due to his negligence and his misrepresentations of the facts and his lack of a careful and unbiased review of the recent and rigorous studies showing harm particularly as he regards himself and his clinic as "specialists" for children. Dr. Woolf completely lacks critical knowledge and objectivity and has catastrophically failed to honor his medical oath "of first do no harm".

We came to learn that the school located the wireless access points (WAP's) right next to the students (see the photos of WAP placement below from the classroom in the attached document). My children sat for many hours a day very close to these emitting antennas in the classrooms. We now know proximity to an emitting antenna is a factor in how much radiation one receives and we know the manufacturers recommend specifying distance from users with respect to locating WAP's. Unfortunately, the school did not understand the risks and instead hired industry paid consultants to make claims of safety which the school relied upon. Prior to

the severe and disabling impacts on my children's health, I was not aware of the existence of Microwave Sickness (EMS/EHS) and trusted the school and the FCC.

However, I now know the school failed to prevent my children's illness and in fact contributed to it. This exposure provoked severe symptoms and my children were no longer able to remain in this school.

Please see attached file to see the exposure level in the school in graph format. While these the excessively high, averaged levels (which the FCC allows note that the peak, pulsed exposure is NOT considered by the FCC even though it is this peak - or the electric field change, which is like a punch / high pulse that impacts the body. This exposure had a severe impact on my children's well being. For more information on the blind study please view this link: 10 minute dosimetry case study : <https://vimeo.com/132039697>

There are diagnostic criteria and classification codes clinicians have access to when they encounter patients with microwave induced illness such as in this paper :

<https://www.mdpi.com/1422-0067/22/14/7321>

and

<https://www.scribd.com/document/132188181/Guideline-of-the-Austrian-Medical-Association-for-the-diagnosis-and-treatment-of-EMF-related-health-problems-and-illnesses-EMF-syndrome>

Sadly, there is currently no cure other than avoidance of non ionizing radiation that is constantly emitted from Wi-Fi, Access Points and cell towers.

My family's experience has helped me understand that the exposure from wi-fi and cell towers is equally disabling for those who are acutely impacted but getting a diagnosis of microwave sickness can be upending to say the least.

When my children were forced to change schools- from a school they adored to attend a school that was not utilizing WI-FI- they were able to find relief and thrive. However, this is not a solution available to all those who are suffering with radiation exposure. The current FCC guideline must be addressed to account for peak pulses of exposure rather than averages as the body does not experience exposure to any toxin as an average. The current guideline is not protective of children and those who have been sensitized due to the failure of a true safety guideline.

Please see supplementary slides presented to Lt Gov of MA K Polito for citations. The slides are submitted with this testimony.

Respectfully Submitted,
H Davis