

**Affidavit of Dr. Toril Jelter, MD in Support of Standing**

**UNITED STATES COURT OF APPEALS  
FOR THE DISTRICT OF COLUMBIA CIRCUIT**

Children's Health Defense, Michele Hertz, )  
 Petra Brokken, Dr. David O. Carpenter, Dr. )  
 Paul Dart, Dr. Toril H. Jelter, Dr. Ann Lee, )  
 Virginia Farver, Jennifer Baran, Paul )  
 Stanley, M.Ed. )  
 Petitioners )

Case No: 20-70297

v, )

Petition for Review of Order by the Federal  
 Communications Commission

Federal Communications Commission and )  
 United States of America, )  
 Respondents )

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1. My name is Dr. Toril H. Jelter. My address is [REDACTED], Walnut Creek, California, 94596. I am one of the named Petitioners in the above captioned proceeding. I am a member of Children's Health Defense.

2. I filed comments at the FCC in the proceedings below on September 4, 2013<sup>1</sup> and on November 18, 2013<sup>2</sup>. As a medical physician I stated that "current research and what I see in my clinical practice indicate a revision of current safety standards is long overdue." I advised the FCC that "Children are suffering disability and disease in much higher numbers than 30 years ago. Their EMF exposure is clearly a significant contributing factor" I reminded them that the FCC is basically "performing large-scale experiments on America's children without informing children or their parents of the risk. Children and their parents have not given their consent, nor have they been given an option to opt out." I concluded by encouraging them to change their rules to address the concerns I raised regarding the public's exposure to RF radiation ("wireless radiation"), at levels allowed by the FCC's guidelines.

3. My FCC testimony provided nine case studies of my patients, set out direct evidence from my experience as a clinician, and referred to reliable scientific evidence, such as the BioInitiative Report, to support my contentions and observations. The Commission entirely ignored the scientific and human evidence and chose to retain its current limits. Therefore, clearly, the FCC decision is not evidence based, it is an abuse of discretion and indicates a complete disregard for the health of the public as well as an abdication of the FCC's duties and a betrayal of the public's trust. As a Physician, I therefore felt compelled to become a petitioner in the Children's Health Defense's challenge to the FCC's decision.

4. The purpose of this Affidavit is to provide evidence of my standing to pursue the matter. I will provide some of the basic facts particular to my individual circumstances. I will provide information about my patients and the impact the FCC's decision to retain its current standards

<sup>1</sup> <https://ecfsapi.fcc.gov/file/7520941431.pdf>.

<sup>2</sup> <https://ecfsapi.fcc.gov/file/7520958097.pdf>.

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and guidelines has on my patients and my practice. This information will show that I (along with my patients) have suffered the injuries-in-fact traceable to the FCC Order that could be redressed by an order from this Court, holding unlawful, vacating, enjoining, and/or setting aside the FCC Order and remanding the matter to the FCC for further consideration and action.

5. I am a California-licensed pediatrician and general practitioner in Walnut Creek, California. I have over 40 years of clinical experience. I was previously licensed in New Jersey and Norway. I am a member of the American Academy of Pediatrics and was trained at the University of Oslo Medical School, in Norway, graduating with honors. I completed my pediatric medical training at the Columbia School of Physicians and Surgeons in Summit, New Jersey. I have worked in a Public Health Mother-Child clinic and with children with cancer and with AIDS. I was on staff at Robert Wood Johnson University Hospital and received a Physician Recognition Award from the American Medical Association. I currently work with Mount Diablo Integrated Wellness Center in Walnut Creek, CA, and recently became a retiree at John Muir Medical Center.

6. My interest in the health effects of radiation began in the 80's after fallout from the Chernobyl nuclear meltdown was carried to Scandinavia where I lived at the time. That was ionizing radiation. Nowadays, my area of expertise has shifted to the adverse health effects of non-ionizing radiation, including from wireless technologies. Non-ionizing radiation in non-thermal levels emitted by pulsed and modulated microwave based technologies, like the radiation emitted by wireless devices and infrastructure, can cause and/or be a contributory factor to myriad detrimental health effects.

7. In the past few years, I have been approached by a growing number of patients, children and adults, who are being adversely affected by exposure to wireless radiation at levels which are within the FCC so called "safe limits." These patients developed radiation sickness (also known as Electromagnetic-Sensitivity or Microwave Sickness) from the radiation emitted by FCC-licensed or approved wireless technology.

8. Microwave Sickness is a spectrum condition. Some patients may be reacting but still functional, while for others it can be quite debilitating and render them unable to live in society. The condition can sometimes produce opposite responses even in the same person. This means that one exposure can cause a high blood pressure response, but another exposure can cause a low blood pressure response<sup>3</sup>.

9. The US Centers for Medicare and Medicaid and the World Health Organization recognize injuries from ionizing and non-ionizing radiation in a distinct set of International Code of Diseases (ICD) diagnosis codes known as ICD-10. T66 is for Radiation Sickness; W90 recognizes harms from exposure to radio frequencies; and L57 recognizes Skin Changes

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<sup>3</sup> Golomb B, Diplomats' mystery illness and pulsed radiofrequency/microwave radiation, Neural Comput. 2018 Sep 5. doi: 10.1162/neco\_a\_01133, available at <https://www.ncbi.nlm.nih.gov/pubmed/30183509>; abstract filed below as part of <https://ecfsapi.fcc.gov/file/1091330786203/Wireless%20radiation%20and%20EMF%20abstracts%20August%202016%20-%20August%202019%20Joel%20Moskowitz%209-13-2019.pdf> on pages 206-207.

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due to Chronic Exposure to Non-Ionizing Radiation. One of my teenage patients for example, suffers severe skin reactions from exposure to Wi-Fi. Whenever he is exposed, the skin on his hands begins to crack and bleed.

10. Further, in contrast to the FCC's denial of harms, Microwave/Radiation Sickness from wireless technology has been recognized by US agencies such as The Architectural and Transportation Barriers Compliance Board, known as the "Access Board," which recognized the condition in 2002. Courts in the US and around the world have also acknowledged Microwave/Radiation Sickness as a legitimate medical condition and disability. One such early case is *Yannon v. N.Y. Tel. Co.*, 86 A.D.2d 241, 243, 450 N.Y.S.2d 893, 895 (App. Div. 3rd Dept. 1982) appeal denied 57 N.Y.2d 726, 454 N.Y.S.2d 712, 440 N.E.2d 797 (1982), which accepted the diagnosis and causation from workplace exposure.

11. Various International organizations such as the European Parliament and the Council of Europe and medical associations in the US and around the world have published statements about the increased incidence of illness caused by this technology. There are accepted published guidelines that US doctors employ to diagnose EMF related illnesses. For example, the Austrian Medical Association issued guidelines for the diagnosis and treatment of Electromagnetic Fields (EMFs) related health problems and illnesses (EMF syndrome) in 2011. Doctors around the world use these. These guidelines formed the basis of a more comprehensive version created by the European Academy for Environmental Medicine (EUROPAEM) EMF working group. The "EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses"<sup>4</sup> were peer-reviewed and published in 2016.

12. The diagnosis of Microwave Sickness is a clinical diagnosis. A clinical diagnosis is based on identifying the underlying disease or underlying cause of the patient's complaints based on physical exam and medical history rather than on laboratory examination or medical imaging. Not all ailments have classic signs or blood tests or imaging studies and in lieu of these, a physician must use clinical judgment to draw a reasonable and sensible conclusion. It relies largely on the medical history given by a credible historian. I also try to identify single or double blinded exposure tests in the medical history, to see if symptoms associated with wireless radiation occur after or during an exposure to wireless devices even when the affected patient is unaware of the exposure. I share several examples in my case histories below.

13. I do use some lab tests to search for potential biomarkers that have been established to be associated with exposure to EMFs and Electromagnetic Radiation (EMR) and support the clinical diagnosis such as tests for free radicals that indicate Oxidative Stress damage, a well-recognized mechanism of harm from wireless radiation. To date, I have had about one hundred (100) patients in my clinic who developed Microwave Sickness. About twenty (20) of them are children. Following are a few of the cases I have encountered in my practice. All cases are real patients, minor details have been omitted or changed to ensure privacy.

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<sup>4</sup> Igor Belyaev et al; EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses; Rev Environ Health 2016; 31(3): 363–397, submitted below at <https://ecfsapi.fcc.gov/file/10709642227609/Belyaev%20et%20al%202015.pdf>.

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- A. Patient One: A four-year-old child with difficulty sleeping and a Pervasive Developmental Disorder (P.D.D.).

A couple brought their 4-year-old son who had sleep difficulties. They informed me that their son's difficulty sleeping had been going on for two years. Every night he joined his parents in their bed because he couldn't sleep and therefore his parents have slept poorly for the past two years as well. At night the son wanted to play, eat, sing and be active instead of sleeping. His parents were exhausted. They gave him a melatonin supplement the evening before they came to see me and thought it might have helped a little bit.

Peer reviewed scientific literature has shown that non-thermal RF radiation from devices operating at FCC-approved levels decreases melatonin production, the sleep hormone in the body. I therefore asked the parents to decrease their son's exposure to radiation from wireless devices by turning off their Wi-Fi router and cell phones and unplugging the cordless phones. I recommended they do this as a clinical trial for two weeks and then tell me if they noticed any difference. Within a few days both the parents and the son were sleeping well at night and the son was able to sleep in his own bed without a melatonin supplement.

The boy also had developmental delay. He had been diagnosed with Pervasive Developmental Disorder (P.D.D.). A few months after he entered Kindergarten his parents were asked to attend a school meeting with all his teachers. The parents were concerned he might have done something wrong and were wondering why the meeting had been requested. A large team was present- about 10 school staff members. The staff told the parents that they had noticed a significant improvement in their son's cognitive abilities, and they wanted to know what the parents were doing to achieve this outcome. The parents informed the school staff that they had decreased exposure to radiation from wireless devices in their home. The school staff were baffled and said they thought he had started on a new medication because his cognitive abilities had improved by 2 years over 2 months.

Later that same year in October, the son started doing poorly at school again and his sleep difficulties returned. His mother thought maybe the cause was too much sugar from Halloween. It turns out that the older sister had turned the Wi-Fi router back on without telling anyone. Once it was turned off again and they installed hard-wired ethernet cable for internet access, the son was once again sleeping well and functioning at grade level in school. This was in fact a double blinded study as the mother and son did not know that the sister had turned the wi-fi router back on.

- B. Patient Two: A five-year-old boy with developmental delay and arm flapping.

A mother came to me regarding her son who was diagnosed with a developmental disorder. One of the more disturbing symptoms was flapping. He would lift his arms up wide and flap them like a bird. The mother came to me because she had doubts about the flapping being part of a developmental delay condition. She informed me that when she took her son to see grandma in rural

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Tennessee (an area with no cell phone reception), the flapping gradually stopped over a period of 4 weeks. When they returned to the San Francisco Bay Area, the flapping returned.

Because the FCC is disseminating false information about the safety of non-ionizing radiation in non-thermal levels, this child is mislabeled as having developmental delay and his ability to learn is impaired.

- C. Patient Three: A four-year-old boy with developmental delay whose condition changes dramatically with a change in location.

A mother questioned a diagnosis of developmental delay in her son because his ability to function normally for his age varies dramatically from one location to the other. She and her 4-year-old son live in a San Francisco suburb. He has high pitched screaming day and night. He also repeatedly bangs his head against things. He is unable to play interactively with other children his age. But whenever they visit a relative in rural Oregon, where there is no cell phone reception, he becomes 'normal' within 24 hours. He stops the head banging and high-pitched screaming. He is able to sleep at night and plays appropriately with other children his age.

When this family drives back to the San Francisco Bay Area, the high-pitched screaming starts again when they reach Sacramento. By the time they get to the San Francisco suburb where they live, the head banging has resumed. Wireless radiation at current levels that the FCC says is safe is adversely affecting the brains of children. The BioInitiative Report, lists numerous studies on the effects of pulsed and modulated frequencies and the radiation they emit to the brain, including brains of children. For example, a 1989 study using levels of radiation emitted by current cell phones, showed memory impairment, slowed motor skills and retarded learning in children<sup>5</sup>. The Austrian Medical Association Guidelines emphasize that if symptoms change significantly with time or location you need to consider environmental factor(s) in the differential diagnosis, such as wireless radiation.

- D. Patient Four: An 8-year-old boy with sleep difficulties that vary with location in the home.

A mother reported to me that her 8-year-old son has sleep difficulties in bed but not in the living room. She reads him a bedtime story and when he gets tired, she walks with him to his bedroom and he gets wired and more awake, can't sleep and is anxious. I asked them if there is any exposure to wireless devices and radiation. She said "No." So I asked- even on the outside of his bedroom wall? She went to look and found a wireless electric utility "Smart" Meter installed on the outside of his bedroom wall. After opting out of a smart meter and securing a replacement mechanical analog meter, this child was able to sleep, and his anxiety resolved.

- E. Patient Five: A 10-year-old boy with aggressive behavior and non-verbal Autism.

Parents brought their 10-year-old son to see me. Their primary concern was

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<sup>5</sup> BioInitiative Report Color Chart, filed below at <https://ecfsapi.fcc.gov/file/7022311578.pdf>.

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aggressive behavior. He had also been diagnosed with Autism and was non-verbal, i.e., he has never said a word in his life. The parents were particularly concerned because he was getting bigger and more violent, and the mother who served as his primary caretaker was petite. He sometimes throws lamps against the wall and breaks them. His parents feared they would have to institutionalize him. They came seeking some potential medication for his aggression. Since pulsed and modulated wireless based technologies and the radiation they emit can trigger and worsen aggression, I asked them to hold off on medication (which often has side-effects) and instead, do a two week clinical trial by having no or only low exposure to radiation from wireless devices. They were to observe for possible improvements. After merely three days with lower exposure to wireless radiation i.e. of turning off the Wi-Fi router, cell phones and unplugging cordless phones, this ten-year-old boy who had never said a word said a full sentence. His aggressive behavior subsided, and there was no need to institutionalize him. Another benefit was that the mother's seizure disorder decreased in severity and frequency, so she was better able to cope with her son's challenges. There is scientific evidence that pulsed and modulated radio and microwave frequencies and radiation can cause or worsen seizures.

14. I was not surprised when Patient Five's mother obtained relief from her seizure disorder after avoiding wireless radiation. Following the introduction of radars, which just like cell phones, Wi-Fi and other wireless devices, use Microwave frequencies in non-thermal levels, sailors reported symptoms, including seizures. The US Navy decided to investigate and assigned Dr. Zori Glaser to collect studies on the biological effects of Radio and Microwave frequencies. In 1971 the Navy published a report which referenced 2,311 studies showing harms. Pages 7-12 of the report elaborate various adverse health effects established in those studies. Seizures are mentioned on page 8. A 2016 study showed chronic exposure to mobile phone radiation might increase the risk of seizure attacks<sup>6</sup>.

15. There are dozens of studies conclusively and consistently demonstrating a negative impact on the brain from pulsed and modulated RF and Microwave frequencies, including from specific wireless devices, such as cell phones (2G<sup>7</sup>, 3G & 4G<sup>8</sup>). These studies may explain some

<sup>6</sup> The studies were filed below at

[https://ecfsapi.fcc.gov/file/10930041100048/Effect%20of%20mobile%20phone%20radiation%20and https://www.fcc.gov/ecfs/filing/6017339159](https://ecfsapi.fcc.gov/file/10930041100048/Effect%20of%20mobile%20phone%20radiation%20and%20https://www.fcc.gov/ecfs/filing/6017339159).

<sup>7</sup> GSM (2G) cell phone exposure affects cortical activity and the spread of neural synchronization in 10 human subjects. Vecchio et al, Mobile phone emission modulates interhemispheric functional coupling of EEG alpha rhythms, Eur J Neurosci. 25(6):1908-1913, 2007, filed below at [https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20\(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953\).pdf](https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953).pdf).

<sup>8</sup> LTE (4G) EMF exposure modulates the synchronization patterns of EEG activation across the whole brain. Lv B et al, Whole brain EEG synchronization likelihood modulated by long term evolution electromagnetic fields exposure, Conf Proc IEEE Eng Med Biol Soc. 2014:986-989, 2014, filed below at <https://ecfsapi.fcc.gov/file/1092820574235/12a%20->

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of the effects I see in my patients. At least 25 such studies were submitted to the docket.

16. These studies are usually conducted using a computer-generated electroencephalogram (EEG) test that detects and measures the electrical activity in the brain. Many of these studies were done on humans and show clear effects, especially on the alpha brain waves. However, other effects were also suggested, for example on memory<sup>9</sup>, cognition<sup>10</sup> and motor functions<sup>11</sup> along with whole brain effects. I see all of these effects in some of my patients. These studies show that most of the participants' brain waves, including those of "normal" participants<sup>12</sup> were affected. The impact was more significant for those with epileptic brain injuries.

17. Clearly, the FCC is using outdated, unscientific and biased studies and standards. There are thousands of peer reviewed independent scientific studies showing that there are many harmful effects from pulsed and modulated non-ionizing frequencies at non-thermal levels. Our children are becoming sick but the FCC absurdly continues to deny there is evidence of harm. This is a large-scale experiment on children without parental consent. In fact, it is not really an

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%20Cell%20Phone%20Studies%20(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953).pdf

<sup>9</sup> Cell phones emissions modify the brain responses significantly during a memory task. Krause CM et al, Effects of electromagnetic field emitted by cellular phones on the EEG during a memory task, Neuroreport 11(4):761-764, 2000, filed below at

[https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20\(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953\).pdf](https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953).pdf).

<sup>10</sup> EEG readings of 19 human subjects provide evidence that the EMF emitted by mobile phone affects pre-attentive information processing. Papageorgiou CC et al, Acute mobile phone effects on pre-attentive operation, Neurosci Lett 397(1-2):99-103, 2006, filed below at

[https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20\(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953\).pdf](https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953).pdf)---

<sup>11</sup> Exposure to cell phone signal with its pulsation and modulation may affect inter-hemispheric synchronization of the dominant (alpha) EEG rhythms in epileptic patients. If confirmed by future studies on a larger group of epilepsy patients, the modulation of the inter-hemispheric alpha coherence due to the GSM-EMFs could have clinical implications and be related to changes in cognitive-motor function. Vecchio et al, Mobile phone emission increases inter-hemispheric functional coupling of electroencephalographic alpha rhythms in epileptic patients, Int J Psychophysiol, 84(2):164-171, 2012, filed below at

[https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20\(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953\).pdf](https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953).pdf).

<sup>12</sup> The study was conducted on 20 human subjects and showed that pulsed high-frequency electromagnetic fields can affect normal brain functioning. Curcio G et al, Is the brain influenced by a phone call? An EEG study of resting wakefulness, Neurosci Res. 53(3):265-270, 2005, filed below at: [https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20\(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953\).pdf](https://ecfsapi.fcc.gov/file/1092820574235/12a%20-%20Cell%20Phone%20Studies%20(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953).pdf).

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experiment since science has already shown the consequences and I see the results every day in my clinic.

18. In 2014 the California Medical Association (CMA) passed a Resolution for “Wireless Standards Reevaluation”<sup>13</sup> that called upon the FCC to implement safety exposure limits “that do not cause human or environmental harm.” The CMA determined that existing public safety limits for wireless devices are “outdated and inadequate to protect public health.” The CMA stated that “many scientists, researchers, public health officials and agencies conclude that wireless electromagnetic frequency (EMF) standards established by the Federal Communications Commission are outdated as they are based only on thermal effects and not on non-thermal effects of non-ionizing EMF microwave radiation.”

19. CMA stated that “peer reviewed research has demonstrated adverse biological effects of wireless EMF including single and double stranded DNA breaks, creation of reactive oxygen species, immune dysfunction, cognitive processing effects, stress protein synthesis in the brain, altered brain development, sleep and memory disturbances, ADHD, abnormal behavior, sperm dysfunction, and brain tumors” and therefore concluded that “the current standards are inadequate to protect public health.”

20. But the FCC outrageously ignores and dismisses all of the extensive body of scientific evidence, expert medical opinions and the clear human evidence that confirms what the science has warned us of and continues to claim that there is no harm except for thermal harm. The FCC uses its obsolete guidelines to enable the wireless industry to force the installation of cell towers and antennas a few feet from children’s bedrooms. The FCC is cruelly ignoring the desperate pleas of children and their parents who have been injured from the FCC’s actions. How long can this abuse of power be allowed to continue?

21. This is why I am petitioning this court and why I have been supporting Dafna Tachover and the Children’s Health Defense work. I am a physician, not an advocate, but the children and their parents need someone to advocate on their behalf and fight for their rights as the FCC and the FDA, not only do not protect the public, but are knowingly causing harm. Some of my patients have been referred to me by Dafna Tachover as she and the Children’s Health Defense are known to be a resource for parents and the injured. In order to support my patients and others who have been injured, I have been supporting their work and efforts, including agreeing to attend meetings and make presentations to educate public officials. I am personally impacted by the FCC’s Order since the FCC guidelines allow third parties to emit harmful radiation that invades my body against my will. It is a form of trespass and a form of battery. As a physician and pediatrician caring for children, I also have ethical and professional obligations. The Hippocratic Oath states: “I will prevent disease whenever I can, for prevention is preferable to cure.” How on earth can I do this without honest and intelligent action on the part of the FCC?

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<sup>13</sup> California Medical Association House of Delegates Resolution 107- 14, Wireless Standards Reevaluation, adopted on Dec 7, 2014, filed below at <https://ecfsapi.fcc.gov/file/1092989731923/30-Attachment%2030-%20California%20Medical%20Association%20Resolution.pdf>.

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My hands are tied. The FCC's decision to maintain the status quo undermines my ability to help and protect my patients and is increasingly making it impossible for me to alleviate their suffering.

22. The Hippocratic Oath requires that I keep my patients from harm and injustice. The FCC guidelines, however, impair my ability to care for my patients. The FCC guidelines enable involuntary and non-consensual exposure to ever increasing levels of radiation and likely more complex modulations which perpetuate the sickness of my patients. The FCC guidelines are causing and allowing widespread injustice towards our most vulnerable populations, that is the chronically ill, the elderly, children and the unborn child.

23. If the Court reverses, vacates and remands the order, the FCC will finally have to craft standards that reduce or eliminate the harm. Changes to the FCC guidelines that would address non-thermal levels and modulated, pulsed signals will safeguard my life and the lives of my patients. A remand that requires the FCC to address the situation of those who are already suffering and holding that accommodations should be granted to those who are already suffering and need to avoid nonconsensual exposure to wireless radiation, would significantly mitigate the harm.

24. The FCC order did not adequately consider or reasonably respond to my comments or those of others who raised similar issues. My patients have been harmed by rules that do not adequately protect health and safety, and in fact directly allow continuous harm. The FCC's decision to retain their existing rules entirely fails to resolve the problems my patients face in daily life as a result of constant exposure to harmful radiation and will perpetuate their suffering. These rules are harming me personally and impede my ability to care for my patients and alleviate their suffering. This harm will continue until the rules are changed to truly protect health and safety and take into account the needs of those who are or may become injured by electromagnetic radiation.

25. This concludes my Affidavit.

  
Toril H. Jelter MD

SUBSCRIBED AND SWORN TO BEFORE ME this <sup>th</sup> 8 day of June, 2020, to certify which witness my hand and official seal.

[Seal]

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_

# JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

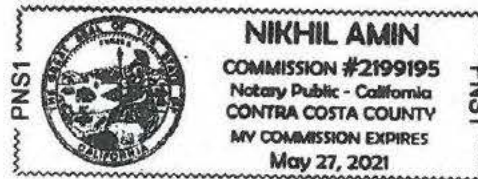
County of CONTRA COSTA

Subscribed and sworn to (or affirmed) before me on this 8 day of JUNE,

2020 by TORIL H. JELTER

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Nikhil Amin  
Signature (Seal)



## OPTIONAL INFORMATION

### DESCRIPTION OF THE ATTACHED DOCUMENT

Affidavit of Toril H. Jelter  
(Title or description of attached document)

H. Jelter  
(Title or description of attached document continued)

Number of Pages 10 Document Date 6/8/2020

Additional information

## INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one which does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
  - ❖ Additional information is not required but could help to ensure this jurat is not misused or attached to a different document.
  - ❖ Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.