

**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,)	Case No: 20-1138
Virginia Farver, Jennifer Baran, Paul)	
Stanley, M.Ed.)	
Petitioners)	Petition for Review of Order by the Federal
)	Communications Commission
)	(FCC 19-126)
v.)	
)	(Consolidated with Case No. 20-1025)
Federal Communications Commission and)	
United States of America,)	
Respondents)	

AFFIDAVIT OF DAFNA TACHOVER IN SUPPORT OF STANDING

1. My name is Dafna Tachover. I am Director of the Children’s Health Defense 5G and Wireless Harms Project. I am also a member of Children’s Health Defense.
2. The purpose of this Affidavit is to provide evidentiary support for Children’s Health Defense’s Article III standing to pursue this matter on its own behalf and on behalf of its members. I will provide some of the basic facts particular to the injuries suffered by the Children’s Health Defense members, and will also explain why Children’s Health Defense has suffered an injury-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.
3. Children’s Health Defense (“CHD”) is a non-profit organization. Its mission is to end the epidemic of children’s chronic health conditions by working aggressively to eliminate harmful exposures to toxins and to establish safeguards. CHD educates about the harms of various toxins, provides advice, supports the injured and advocates on their behalf in educational and legal matters. Our purposes are to defend children’s health, obtain justice for those already injured and ensure accountability.
4. Radiofrequency (RF) based wireless technologies and the pulsed and modulated radiation they emit (RFR) are harmful agents, which are contributing to the growing epidemic of sickness among children. CHD’s mission requires that it address wireless radiation’s contribution to the epidemic of toxicity-related sicknesses in children.
5. I am contacted daily by parents whose children are being affected by this radiation and who are desperate for solutions. I interact with doctors on a daily basis who are presented with children that are sick from exposure to wireless radiation. Parents usually have no idea that radiation from wireless devices and infrastructure may be the cause or major contributing agent to their child’s symptoms. Once they become aware, their child’s physical and mental health almost always improves after removal and/or disablement of the wireless devices in the home. Dr. Toril Jelter and Dr. Paul Dart’s affidavits provide more detail on this topic.

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6. I also engage with teachers who attest that they observe adverse impacts from wireless devices in their classrooms or nearby cell towers in terms of the health and cognitive abilities of their students. The effect is especially pronounced with special needs children whose underlying conditions are often triggered or exacerbated when the child is exposed to wireless radiation.¹

7. While the radiation below FCC levels is termed “low intensity”, the radiation from non-natural pulsed and modulated RFR-based technology is at levels that can be even quintillion times (100,000,000,000,000,000,000) higher than what our bodies evolved to tolerate. This radiation is now prevalent and constant. Any notion that these non-thermal emissions at “FCC approved” levels can be assumed to be safe and that there is no adverse biological effect is absurd. Our brains are electric, our hearts are electric, our nervous systems are electric and our cells communicate electrically. The question is not how RFR-based technology can affect us, but how can anyone who claims otherwise can be taken seriously.

8. No one can rationally deny that non-ionizing, “low intensity” Electromagnetic Fields (EMFs) and Electromagnetic Radiation (EMR) affect our biology. Doctors routinely use them for beneficial medical purposes. EMFs have long been used for medical purposes to treat bone fractures, advanced carcinoma and chronic pain.² These treatments would not work if human bodies were unaffected by non-ionizing, non-thermal pulsed and modulated emissions.

9. Wireless radiation is involved in the increase of many health problems and diseases in the past 10-20 years. Radiation Sickness (also variously called Microwave Sickness; Electro-Sensitivity, Electro Hypersensitivity or EHS), is likely the most immediate and widespread manifestation of wireless harms. It is a constellation of mainly neurological symptoms from exposure to RF-based technologies. ADHD, fertility problems, cancers, anxiety are some of the others. Ample scientific evidence exists to correlate the increase in rates of these conditions to the exponential increase in exposure to pulsed and modulated RFs from wireless technology. While the wireless industry is making money, the injured and their families must bear the financial, health and emotional costs. Like many of our members, I personally, have had to bear these costs after developing Radiation Sickness.

Personal and Professional Background

10. I am a licensed attorney in NY and Israel. I have an MBA and a technology background. I was a telecommunications and computer officer in the Israeli Defense Forces, where I served as the commander of the military headquarters and operations center computer center and was responsible for all the systems and networks. After my military service, I taught middle-school science and electronics. After completing my law degree, I worked for the Jerusalem’s District Attorney and had a diverse legal and business career thereafter. In the US, I worked in senior executive positions for an international investment company headquartered in NYC.

11. Because of my telecommunications background, I was an early adopter and an avid user of wireless technology. But my love affair with wireless technology ended abruptly in July 2009, when I developed Radiation Sickness. As a result, since 2012, I have dedicated myself to

¹ <https://ecfsapi.fcc.gov/file/106070048305926/Doctor-Letters-on-Wi-Fi-In-School-Full-Compilation.pdf>, p. 1-8

² <https://ecfsapi.fcc.gov/file/7520940776.pdf>; <https://ecfsapi.fcc.gov/file/7520940777.pdf>

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working to expose the harms of wireless technology to the public and to advocate for the injured and for change.

12. In 2009, I lived in Princeton, NJ. My husband at that time, who is an MD with a PhD in Molecular Biology, was working for Princeton University as a research scientist. We were hoping to start a family, and I decided to start a law practice. It all changed when I started reacting to the new Apple laptop that I had just purchased.

13. When I was using the laptop, I would get tingling in my hands and feet. I thought there was an electric problem with the laptop and returned it. I ended up changing 5 laptops in 3 weeks. With every laptop, I experienced more and more symptoms, including severe headaches, chest pains, and heart palpitations. I had difficulties breathing, cognitive problems, memory problems, nausea, dizziness, and felt intense heat on my face. Suddenly, I also could not use my cell phone. When I put it to my head, I felt as if someone was drilling in my brain. It became clear to me and to my then-husband that these wireless devices were making me sick.

14. My condition continued to deteriorate. Within 6 months, I was no longer able to be in my apartment. I could not be anywhere or sleep anywhere near wireless radiation. I started living in my car, desperately trying to find places with no radiation to spend the day and night. Living in my car was certainly never any part of my life plan. Life became a living hell; the pain was intolerable. As an athlete and soldier, I was familiar with pain, but what I experienced was beyond mere pain: it was torture.

15. I was evaluated and diagnosed by three doctors. Professor William Meggs, MD, PhD, a Prof. of Emergency Medicine and Toxicology blind tested me. I could reliably detect EMFs. The blinded test also showed that my heart rate increased whenever I was exposed. My personal story and Dr. Meggs' diagnosis are part of the evidence that was before the Commission.³

16. It became clear that I had to remove myself completely from society and all wireless radiation exposure if I wanted to have any chance of getting better. I decided to move to the Catskills in upstate NY. This is a sparsely populated nature reserve. The mountains block radiation, and wireless-free spots still existed. It also became clear that my life was forever changed, so I decided to divorce my husband. I felt it was enough that my own life had been destroyed; I did not want to ruin his as well. The house in the Catskills saved my life.

17. While I am still highly intolerant to radiation, three years of isolation in the Catskills improved my condition. It is still difficult to survive the time I spend advocating and suffering forced exposure to RFR; there are always ramifications. I otherwise avoid exposure as much as possible, and only by doing so can I survive the exposure necessary to do this work.

18. The increased use of wireless because of the FCC's continuous push, and the growing intensity and more complex modulations, have made it increasingly challenging for me to spend time "in the world." My health has been deteriorating, especially in the past few months, with the intensification of the deployment of 5G in the area where I currently stay.

19. I wanted to understand how something I loved so much and depended on could destroy my life to such an extent, without me ever hearing anything cautionary about it. Well, in fact, I

³ <https://ecfsapi.fcc.gov/file/7520940954.pdf>, pp. 32-36.

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had heard something about it. Six months before I got sick, my then-husband tried to warn me. We were at home. I was on my cell phone, as usual. He was looking at me and said, “Dafna, maybe you should take a 10 minutes break between calls.” I didn’t answer. I just looked at him, smiled, and thought to myself: “worst case scenario I will get a brain tumor when I’m 70 or 80; everything causes cancer.” Six months later, I was 36, I didn’t get cancer, but I got Radiation Sickness. My ex-husband is very smart. He got his Green Card for “extraordinary abilities in science.” He is fluent in 8 languages. He is now a professor in a top university. At the time I got sick, he was on the editorial board of various scientific journals and was the chief editor on epigenetics for Wiley, the largest scientific publisher. He tried to warn me, and I didn’t even ask him “what is it that you know that I don’t but should?” Well, now I know.

20. Reading the scientific evidence was mind-blowing. It is astounding how a lie that “there is no evidence” can be perpetuated so successfully for so long. Despite the FCC assertions, both the scientific and the human evidence is clear. Thousands of peer-reviewed studies, including US government and military studies and reports, and reports of military personnel’s sickness, have proven the risks and harms beyond any doubt. The injuries are not potential, but widespread and real. Much of this evidence is in the record. And after all, I am the evidence, as well as many of the petitioners and the 274 adults and children whose testimonies are in the record. The scientific truth does not care about the FCC’s assumptions regarding what is ‘safe’ or ‘unsafe.’

21. In 2012, I started my work to protect children from the harms of wireless. I learned that the Israeli Government was installing Wi-Fi in schools. Knowing the evidence, I could not tolerate the thought that my nieces in Israel or other children could become as sick as I had been. I decided to take action. My advocacy efforts exposed widespread sickness among schoolchildren caused by Wi-Fi and/or from nearby cell towers. In 2013, largely as a result of my efforts, Israel became the first country in the world to adopt mandatory guidelines limiting the use of Wi-Fi in schools.⁴ Wi-Fi is now banned up to the age of six.⁶ It is allowed for 3 hours a week for grades 1-2, and 6 hours a week in the 3rd grade. Wi-Fi should be turned off at all other times.

22. In 2016, I founded “We Are The Evidence,”⁵ an advocacy group for the protection of the many adults and children who have been sickened by wireless technology. When I first heard about 5G, in 2016, and understanding technology, I quickly grasped the vast, devastating implications that flow from the planned, ongoing 5G deployment. It is exponentially increasing the radiation levels throughout the environment and adds more complex bio-active modulations. Those of us who are already sick, will truly have nowhere to escape and will have no way to survive, and many more people will become sick. I personally am already feeling the effects. As a result, I have focused my efforts on the 5G problem. I attended the FCC announcement of the “fast-tracking” of 5G on July 14, 2016. That week I joined with others to start the campaign against 5G.

⁴[https://ecfsapi.fcc.gov/file/10707243848074/4%3A28%3A2016%20InternationalPolicyPrecautionaryActionsonWirelessRadiationApril2016%20\(1\).pdf](https://ecfsapi.fcc.gov/file/10707243848074/4%3A28%3A2016%20InternationalPolicyPrecautionaryActionsonWirelessRadiationApril2016%20(1).pdf) p.6

⁵ <https://weartheevidence.org/>

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The Urgency from the FCC's Rush to Deploy 5G

23. The existing and various wireless-based services have led to widespread sickness. But the FCC's rush to fast-track 5G has added even greater urgency to our work.

24. Nowadays, everyone is constantly exposed to multiple radiation sources, with many frequencies and many complex bio-active modulations. What the FCC and some physicists call "low intensity" radiation, because there are no thermal effects, *presents* exposure levels up to 10^{18} times more than what humans typically experienced until very recently. Further, these man-made frequencies are pulsed and modulated, and this aggravates bio-effects.⁶ It was crucial that the FCC genuinely and objectively review whether its present guidelines sufficiently protect and provide proper warnings to the public of the harms identified by settled science. But instead, the FCC dismissed the evidence in an effort to fast track the deployment of 5G.

25. 5G is not really about connecting people; it is more about connecting things. This is and will be the infrastructure for the Internet of Things (IoT). The IoT means that every "thing" in our environment will have an attached RFR transmitting antenna and be wirelessly interconnected. The purpose of 5G is not to reduce download speeds but to collect and sell data, including for artificial intelligence purposes. Our environment will be saturated with transmitters and emitters in constant communication. The FCC predicts that 50 billion devices will be interconnected in the next few years. CTIA, (the wireless industry lobby association) estimates that in order to connect, collect and transfer all the data flowing to and from these IoT devices, 800,000 cell towers will be deployed in the next couple years, in addition to the already-existing 300,000 cell towers.

26. Base station antennas are being rapidly deployed on poles or other structures around the country. These transmitters are often installed within just a few feet of people's homes and sometimes they are right outside children's bedroom windows. Constant radiation is invading people's homes and residential streets, parks, workplaces and other places where people and children stay, sleep and gather. Already pervasive radiation is becoming even more intense, and the cumulative effect will once again increase by many multiples. People often go to sleep and wake up to see a new cell tower near their home. CHD has been contacted by desperate families who became sick within days after one of these powerful antennas went up in their front or back yard or on the sidewalk.

27. Tens of thousands of satellites are being launched to allow Wi-Fi coverage for the entire planet. The FCC permitted the deployment of 1,000,000 "Starlink" earth stations, RF/EMF radiating antennas that will serve to connect the user devices with the satellites. There will soon be nowhere that someone who is already sick will be able to go to avoid radiation and to try to get better. Today, July 22nd, 2020, as I am writing this affidavit, I received an email from a woman who has been a "wireless refugee" for years. She just discovered that near the isolated property she recently purchased, and thought would be safe, they are installing "Starlink" antennas. Below is the picture she sent me. She, her husband and her son had long searched for a safe area and thought they had found refuge in Idaho, only to have to relocate again. But where can they go?

⁶ https://ecfsapi.fcc.gov/file/1001669617135/sec15_2012_Evidence_Disruption_Modulation.pdf

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28. There is no doubt in my mind, nor in the minds of hundreds of scientists,⁷ that the sickness that will flow from the entire planet being awash in ubiquitous, multi-source, multi-frequency radiation will be devastating. I see it happening already. Those, like me, who are already injured and those who will get sick in the future will not have any way to survive. Many of our members who have been injured or whose children have been injured are contacting me daily. They do not know where to go to escape this radiation.

29. In my work, I have tried to reach out to the FCC and Telecom and have participated in conferences organized to promote 5G. It has been disturbing. It has become clear that they intend to silence any dissent. For example, in a conference I attended in 2017, when I asked a question about health effects, the FCC Commissioner Mignon Clyburn stood up, aggressively signaled to me with her hand to stop talking and sent a security guard to where I was standing. I tried to get the FCC's disability committee⁸ to address this recognized disability, but despite my efforts and those of others, the FCC "disability" committee has done nothing on this important issue.

30. For the past 4 years, I have been traveling around the country to educate federal, state and local public officials and communities. I've given many dozens of public lectures to awaken communities. I have presented to hundreds of elected officials in an effort to stop state bills seeking to restrict municipal powers to regulate 5G. I have worked to encourage municipalities to adopt protective ordinances. I was invited by municipalities, including Beverly Hills, CA and City Council members of Berkeley, CA to present on the topic. Many municipalities were supportive, but they claimed that "their hands are tied behind their back because of the FCC regulations."

⁷ <https://ecfsapi.fcc.gov/file/1040566847805/Scientist-5G-appeal-2017.pdf>

⁸ <https://www.youtube.com/watch?v=qg0H63GLkU&t=243s>

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31. The FCC has made clear that it has no interest in recognizing the health implications of its wireless push despite all of our efforts.

32. Joining CHD has provided me with a better platform to work towards creating desperately needed change. The motivator behind my work has always been protecting children, and therefore I was grateful when CHD decided to address this issue. Without CHD, the Petitioners would not have been able to submit this case, which is of the utmost important to protect myself, the injured, children, the public at large, and even those who promote this technology, ignorant of its harmful effects.

Standing of Our Members

33. Children's Health Defense has Article III standing to bring and prosecute this case on behalf of its members. The FCC decision under review has directly injured each and every one of our members and/or their children. This simplest and most basic reason is that the FCC's current standards and guidelines contemplate and allow each wireless license-holder to operate RF/EMF transmitters that emit radio and microwave frequency radiation that penetrates our bodies and flows over our real property without our consent and over our objection.

34. But many if not most of us have suffered more. Seven of the Petitioners in this case are members of CHD and all have Article III standing and Hobbs Act standing. These seven were members of CHD before this case was filed. They all participated in the case before the FCC and made known their objections and requests, all of which were denied. They are therefore "aggrieved" for Hobbs Act purposes. For Article III purposes, each has suffered a concrete injury that is actual and imminent, as described in detail in individual affidavits. Their injuries are redressable by the court.

35. Michele Hertz developed Radiation Sickness after a wireless "smart" meter was installed on her home. Petra Broken, an attorney, and her teenage daughter, suffer from Radiation Sickness. When Dr. Ann Lee's son was exposed to Wi-Fi, he felt like his heart was about to explode like a volcano. Paul Stanley, a technology and media teacher, became sick when he was working for the Hawaii education department TV and was exposed to radiation from their antennas. Jennifer Baran and both her sons suffer neurological effects and symptoms caused by wireless radiation. Virginia Farver's son died from a cell-phone radiation-caused brain cancer that was also impacted by exposure from multiple microwave transmitting antennas on a tower adjacent to his office. While this Court's decision cannot bring him back, the FCC's decision inflicts continuous and ongoing harm to her and her remaining family. Dr. Toril Jelter, MD has many patients, including many children, who have developed neurological symptoms from wireless radiation. The FCC's decision greatly complicates her ability to effectively treat and heal her patients, interferes with her Hippocratic oath and materially impacts her medical practice.

36. Five additional CHD members, who are not named petitioners in the case, are submitting affidavits in support of CHD's organizational standing. They have requested that CHD represent their interests. Three of them, Dr. Erica Elliot, MD, Angela Tsiang, and Mary Adkins, participated below and therefore have both Hobbs Act and Article III standing. They describe their individual injuries in their affidavits.

37. Dr. Erica Elliot is a family physician in New Mexico. She has many patients who have developed Radiation Sickness, and she is a victim herself. Both of Angela Tsiang's sons

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developed Radiation Sickness. Her efforts to obtain accommodation for them in their schools faced stiff resistance, and the refusals were premised in large part on the Commission's declaration that all wireless emitters operating within FCC guidelines are "safe" and cannot lead to sickness, so no accommodation is necessary. Mary Adkins and both her sons suffer from Radiation Sickness. The family has experienced incredible hardships and financial costs in its effort to find refuge and accommodation.

38. Two other CHD Members, Hannah McMahon and Ysobel Gallo, did not submit to the record, but their situation, experiences and injuries support the importance of allowing CHD to pursue the case on behalf of its members.

39. Hannah McMahon's two daughters (7 and 4), along with other members of her family, got sick soon after a 5G "small" but highly powerful "cell" antenna was installed a few feet from their home and in direct line with her daughters' bedroom. McMahon's family has tried every possible action to get the cell tower removed, including corresponding with the FCC, but the FCC refused to take action. It claimed the antennas are safe. Interestingly, while the case below was before the Commission, it failed to inform the family that they could participate by submitting comments and requesting relief in the docket.

40. Ysobel Gallo, who is presenting an affidavit to the Court, also did not submit in the FCC record. She is only now 19 and was a minor when the case was before the FCC, so she lacked legal capacity to exercise her legal rights at the time. She became sick by the Wi-Fi and the RFR from wireless devices in her school when she was 16. Since then she has been trying to survive an impossible situation. She has endured severe pain and cognitive problems. She has had to deal with the denial of her situation, including from her own family members (that ultimately changed). She suffered cruel treatment by her school and some of her peers while she was trying to finish school. The FCC's failure to protect the public brought this beautiful, otherwise happy and brilliant young woman to contemplate ending her life. She cannot go to college or get a job as she is being refused accommodations. Her future, especially with the deployment of 5G cell towers on every electric pole and streetlight, looks gloomy. She must try to survive in a world that is making her sick and denies her right to exist. Sadly, I have been in touch with other teenagers who have been through the same experiences.

41. I have been working with each of the petitioners and CHD members who submitted affidavits in this case. I helped when Angela Tsiang, Jennifer Baran and Petra Broken tried to get accommodations from schools for their children. In most places, schools have now heavily invested in wireless and use the FCC's regulations to deny accommodations to children who have become sick. I refer people with symptoms who are looking for RF-aware medical help to Dr. Toril Jelter, Dr. Paul Dart and Dr. Erica Elliot. I referred Hannah McMahon's family to Dr. Jelter. Dr. David Carpenter has joined me in meetings with senior elected officials. Virginia Farver accompanied me to a meeting in Colorado. Dr. Ann Lee and her son joined me in a meeting in California. Dr. Lee also lobbied with me against 5G-related proposed legislation in California. Michele Hertz and I have supported each other to deal with our sickness and in our advocacy efforts on the issue. I made my residence available to Mary Adkins and her sons when she was driven from her own home because of non-consensual radiation emitted from neighbors and smart meters. I tried to arrange a meeting with Mary Adkin's congressional representatives when I was in Washington DC. I have now known Ysobel for almost two years, and I'm grateful

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she is now working with CHD to educate her peers and help children and teenagers that – like her - have been injured from exposure.

42. Being injured myself, I know how torturous the pains are, how scary it is when your brain doesn't work, or you cannot speak because there is a Wi-Fi router nearby. I know how impossible the present is and how hopeless the future looks for the injured. How can anyone dare to say there is no evidence when Ysobel is the evidence, when I and all the other Petitioners before the Court are the evidence? I consider myself a very strong person, and I have been through a lot in life, but this sickness is the only thing that has gotten me close to a breaking point, more than once. The only thing that keeps me going, is children like Ysobel. If I, who knows what they are going through, will not act to help them, who else will stand up for them? What will give them hope? CHD is their voice, defender and hope.

43. The FCC hasn't reviewed its guidelines for 25 years. These false guidelines have been enabling the proliferation of wireless technology, and now 5G, and have been the cause of CHD members' injuries. Our members need to be protected, and the FCC has shown that it has no intention of protecting them. This case is therefore of acute importance to our members, especially to the injured, and the only course of action open to them against the FCC. It alone is the only path toward any chance of a semi-normal future. Actions against government are complex and expensive. The individual CHD members would not have been able to bring this case without CHD's involvement.

CHD Standing

44. Children Health Defense has Article III standing to pursue this matter on its own behalf. While CHD did not participate below, several of our individually-named Petitioners and others now appearing in the caption did participate. They deem us an appropriate and capable representative of their individual interests and asked us to take the case on their behalf.

45. CHD's mission is to end the epidemic of environmental toxin-related sicknesses. Non-thermal pulsed and modulated RFR emitted by wireless based technology is a toxin that has caused sickness among children. It is also an aggravating factor for other underlying conditions. The FCC's decision to retain its old, outdated guidelines has harmed CHD's ability to achieve our mission and our ability to assist our members and the public. These harms go far beyond, and are in addition to, the time and resources dedicated to prosecution of this petition for review.

46. CHD has had to allocate substantial human and financial resources to address and mitigate the societal harms created or maintained by the FCC's decision. CHD has had to divert resources from other projects unrelated to wireless matters. The FCC's decision required and will continue to require that CHD invest additional resources toward advocacy, counseling, referrals, education and other legal actions related to its Wireless Harms Project. CHD has had to increase the amount of work hours of its managerial, professional and other personnel to help maintain and update its website with campaigns, articles and answering a growing number of emails, phone calls and other requests for assistance. The additional workload has required that I hire additional professionals and an assistant that the organization did not budget when I started.

47. The FCC's refusal to meaningfully review and update its guidelines has enabled the continued deployment of 5G and wireless technologies. This causes more people to become sick and imposes more and higher hurdles to those who have already been injured and suffered willful rejection and violation of their individual rights. These people, in turn, are coming to us

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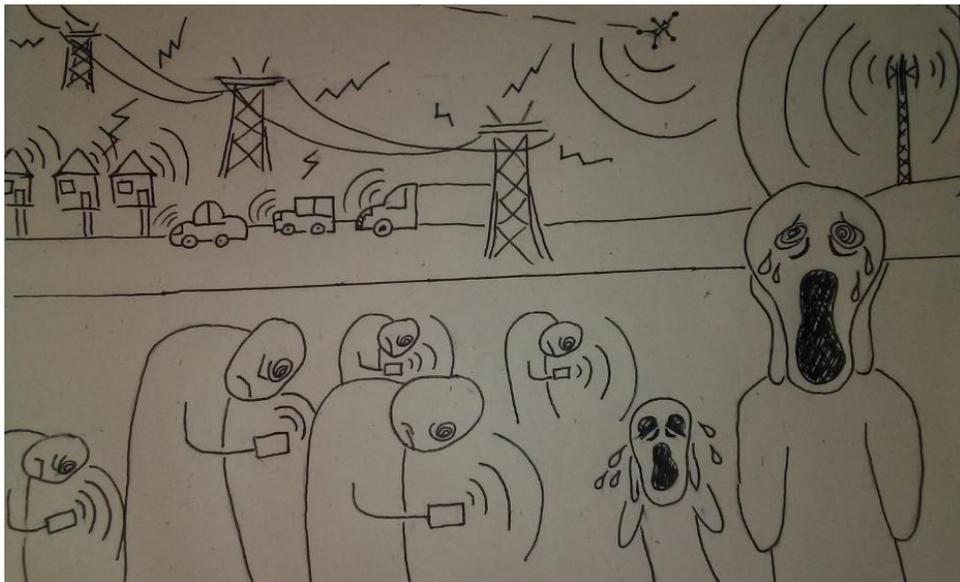
for help in ever-growing numbers. We have more demand for referrals, more demand for information, more demands for participation in events and more request for mitigation advice, more demand for legal action to stop cell towers installation and for support for protective ordinances.

48. Whenever a spate of 5G antennas starts to appear in various areas, we get additional requests for help from local advocacy groups and individuals who themselves or with children or other family members have been injured. We get more desperate calls from people who are already injured and are feeling increasingly worse with the growing levels of radiation. They ask for advice as to where they can go and who can help them. CHD supports our members and the public in efforts to obtain accommodation and to prevent cell towers from being erected in their communities and near their homes.

49. Since the FCC continues to deny any possibility of harms and actively tries to prevent the public from learning the truth, CHD has had to invest increasing amounts of money and resources to educate the public and elected officials about the evidence of harm so the public will be able to make informed decisions and take action to reduce exposure to this harmful radiation and take measures to protect themselves and their families. This is one of the reasons we initiated the EMF Child Ambassador Project.

50. Because of the FCC's decision, children will continue to be ignorant of the harms and be injured. To mitigate this harm, and since children are more likely to listen to their peers, we started the CHD EMF Child Ambassador Project and hired Ysobel Gallo as the project outreach director. The project aims to encourage and support children to get involved and educate their peers about the science and how to reduce exposure. For example, we support children who decide to conduct their science projects on wireless harms. We provide them information and RF meters so they can measure exposure levels. We offer access to experts who can assist them. We publish their work on our social media platforms.

51. A parent's disabling condition always impacts the entire family. This sometimes causes the children to get involved when their parents are injured. For example, one child mother is sick from RF, and her condition forced the family to be on the road in an endless search for a place



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that will be safe for her. Her sickness has tremendously impacted his life. He became an “expert” on RF and we have been supporting his efforts to educate others. However, the situation has had a strong emotional impact on him. The above image is a drawing he made with his mother when he was 10.

52. CHD’s Child Ambassador Project also directly supports children who have already been injured. Children who have been RF-injured are experiencing severe pain and physiological injuries, but they also encounter an abusive system that denies their condition, and even ridicules them or suggests that they suffer from psychological conditions rather than recognizing they are clearly sick from the industrial level Wi-Fi systems or a cell tower that has been forced on them in schools. The modulated RF signals and radiation interfere with their brain activity, nervous systems and impact them down to the cellular level. Their condition is not psychological, but the FCC’s inaction may lead directly or indirectly to psychological problems. Many of these children are forced out of school, into isolation and lose social connections. Our Child Ambassador Project supports and empowers them to speak up about their experience, have a voice and encourages them to take action and work towards change.

53. For example, a few months ago, I was contacted by a woman who has been a CHD member for many years. Her two teenage daughters recently developed Radiation Sickness. Their symptoms were quite severe, and they were forced into isolation. I met with them, explained the science, about shielding and provided them information that will help them explain to others what they are going through. They decided they wanted to advocate and share their experience. They allowed their mother to share their story on Social Media, and it received a lot of likes and shares. Their story helped many parents realize that wireless is the cause of their own children’s symptoms. These girls are now inspired to raise money to help fund RF shielding for families that cannot afford it, and we are working with them on a video to educate children.

54. We support parents of children who have been injured by connecting them with other parents of RF-sickened children. They can then provide mutual support and help each other try to deal with this very complex new reality. We provide referrals to doctors who are familiar with the condition, help educate doctors who are not, and support their efforts to try to get accommodations for their children.

55. Unlike the telecom industry, we don’t have the wealth or ability to employ 463 lobbyists in Congress and even more in state legislatures. We cannot donate millions to elective candidates, so we must work at the basic and grassroots level. But the FCC’s decision that leads to more deployment of wireless has forced us to supplement our internal office and external public-facing network capabilities so that we could intensify our educational, support, and advocacy efforts. To that end, CHD purchased a “Take Action” software platform designed for non-profit organizations to help us create and manage our various Campaigns.

56. Since the Commission insists on pressing forward with even more wireless deployments without trying to improve its emissions regulations we have had to participate in more proceedings. We submitted a filing in Docket 19-71 to oppose an expansion of the Over the Air Receiving Devices (“OTARD”) rule. It would allow installation of wireless antennas on homes to extend wireless service to nearby homes and businesses using equipment operating within “FCC safe” emission limits. We used the ‘Take Action’ platform and 15,090 people joined our filing, including 6,231 who declared that they and/or their children have been injured from wireless radiation. CHD also paid an attorney to prepare and submit the filing.

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57. The FCC's denial of any potential harm in concert with its facilitation of continued 5G proliferation has caused over 1,000 people to email me in the last 5 months seeking help with shielding their homes from unwanted radiation so they can at least somewhat protect their families and children from the ever-increasing levels of unwanted, forced radiation exposure. We can refer people to EMF mitigation specialists. However, hiring an expert can be expensive, so we have planned a webinar to provide people with advice and guidance on things they can do themselves. We recently hired a professional to help facilitate our online educational and support webinars and other grassroots efforts.

58. We are supporting communities all around the country that have decided to oppose approval and placement of 5G cell towers near their homes, schools, parks and places where children spend a lot of time. To support their efforts, we are working with an attorney to develop a sample ordinance that communities can use to maximize the protections, considering all the limitations imposed by the FCC.

59. To address the growing reports by families who have been injured after the installations of "small cell" 5G cell towers near their homes, we paid an attorney for an analysis of the best legal courses of action aside from participation in FCC proceedings that may be open to us to protect the communities and the injured.

60. We would not have to do any of these additional non petition for review activities, or allocate all the attendant resources if the FCC would merely adopt safe standards, or at least acknowledge some people are and will be individually injured from exposure and make sure nothing stands in the way of accommodation for them. All of this is directly caused by and flows directly from the FCC's action under review by this Court.

61. CHD's commitment to this issue provides hope to the many who have been injured. We hope and pray for success so that there can be desperately needed change for Ysobel, Angela's children, Jenn's sons, Petra's daughter, Ann's son, Dr. Jelter's and Dr. Dart's patients, other CHD members, and myself, all of whom have been injured but were entirely ignored by the FCC. We also hope and pray for all the others who have been injured, and for those who are sick and do not yet know that their sickness is caused by wireless radiation because the FCC is actively suppressing any recognition or realistic acknowledgment of the problem.

62. The FCC's decision entirely failed to resolve or even address the problems raised by CHD's members. They have been harmed by rules that do not adequately protect health and safety, and in fact directly allow continuous harm, including to CHD. This harm will continue until the rules are changed to truly protect health and safety and consider the needs of those who are or may become injured by RFR radiation.

63. A decision by this Court remanding the case to the FCC and requiring it to honestly deal with the science and evidence, and more importantly, the present and growing individual and collective impact on the people being made sick would provide meaningful relief. It would give some small hope to all those who suffer every day and who so far have no realistic chance of recovery or any kind of normal life. It would validate their condition, and its cause, and remove the stigma flowing from the FCC's – and others' – wrongheaded insistence that their condition is psychological or imaginary. It will tell them that, indeed, there is and will always be a place for them in society. It may well prevent scores of suicides.

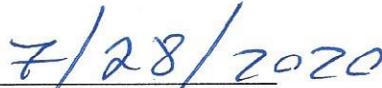
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CHD members and CHD have each and all suffered concrete and particularized injuries traceable to the FCC's decision. These injuries are redressable by the court, thereby meeting Hobbs Act and Article III standing requirements.

I hereby swear or affirm, under penalty of perjury, that to the best of my knowledge and belief, the above averments are true. I acknowledge that this affidavit will be submitted as evidence in a court of law and that false statements may result in legal penalties.



DAFNA TACHOVER



Date