

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

Children's Health Defense, Dr. Erica
Elliot, Ginger Kesler, Angela Tsiang,
Jonathan Mirin
Petitioners

USCA No. 21-1075

v.

Petition for Review of Order
by the Federal Communications
Commission
(FCC 21-10)

Federal Communications Commission
and United States of America,
Respondents

AFFIDAVIT OF DR. TORIL JELTER, MD., IN SUPPORT OF STANDING

1. My name is **Dr. TORIL JELTER, MD.** I am a California-licensed pediatrician and general practitioner in Walnut Creek, California. I have over 40 years' 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.
2. I completed my pediatric medical training at Columbia School of Physicians and Surgeons in Summit, New Jersey. I 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 in New Jersey 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.

3. My interest in the health effects of electromagnetic 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 at non-thermal levels emitted by pulsed and modulated radiofrequency-based technologies (“wireless radiation”), like the radiation emitted by wireless devices and infrastructure, can cause and/or be a contributory factor to myriad detrimental health effects. I have given expert opinions on this issue.

4. In the past few years, I have been approached by a growing number of patients, adults and parents of children who are being adversely affected by exposure to wireless radiation. Many of these patients developed Radiation Sickness (also known as Electromagnetic-Sensitivity or Microwave Sickness).

5. Those who develop Radiation Sickness develop various symptoms, mostly neurological and dermatological, when exposed to wireless radiation-emitting sources. Common symptoms in adults and children include severe headaches, cognitive and memory problems, heart palpitations, sleep problems, ringing in the ear, tingling, nausea, skin reactions, dizziness, noise sensitivity and ringing in the ears.

6. Radiation 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 and function 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, and another exposure can cause a low blood pressure response. Over time, chronic and increased exposure to wireless radiation usually causes the symptoms to worsen. Avoidance alleviates the symptoms.¹

7. I have written diagnosis letters for patients for the purpose of disability accommodations.

8. 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 diagnosis codes. "ICD-10" (T66) is for Radiation Sickness. ICD-10 (W90) recognizes harms from exposure to radio frequencies, and ICD-10 (L57) recognizes Skin Changes due to Chronic Exposure to Non-Ionizing Radiation.

9. 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.

¹<https://ecfsapi.fcc.gov/file/1091442657471/Cuban%20Embassy-Beatrice%20Golomb%20PhD-Microwave%20Attack.pdf>

10. Radiation Sickness from wireless technology has been recognized by US government agencies. The Architectural and Transportation Barriers Compliance Board, known as the “Access Board,” recognized the condition in 2002.² In 2005, the National Institute of Building Sciences (NIBS) published a report with recommendations on how to accommodate people who suffer from the condition in buildings. The condition is also recognized by the Labor Department. Courts in the US and around the world have also acknowledged Microwave/Radiation Sickness as a legitimate medical condition and disability.

11. The prevalence of radiation sickness is rather high and likely underreported and misdiagnosed. Surveys conducted up to 2005 show a rate of about 10%. There is one study from the US done by the California Department of Public Health from 2002, showing a sickness rate of 3.2%.³ I believe the rates are higher now.

However, even if this rate is correct, that means 1.2 million people in California and 10.8 million in the US suffer from this condition. 2002 is before the intense proliferation of wireless technology and with it the exposure to wireless radiation both from personal devices and from infrastructure deployment. Therefore, it is

² See ADA Accessibility Guidelines for Buildings and Facilities; Recreation Facilities, 67 Fed. Reg. 56352, 56353 (Sept. 3, 2002).

³ <https://ecfsapi.fcc.gov/file/109121913528616/Letter%20to%20the%20Editor-%20Will%20We%20All%20Become%20Electrosensitive-Hallberg%2C%20Oberfeld.pdf>.

safe to assume that the rates are higher. The increase in the number of people who are contacting my clinic is an indication that indeed the rates of the sickness are growing. Various international organizations such as the European Parliament and the Council of Europe⁴ and medical associations in the US and around the world have published reports about the increased incidence of illness caused by wireless radiation,⁵ especially regarding Radiation Sickness.⁶

12. There are peer-reviewed scientific guidelines that US doctors employ to diagnose EMF-related illnesses including Radiation Sickness, for example, the guidelines of the European Academy for Environmental Medicine (EUROPAEM) EMF working group - “EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses.”⁷

13. The diagnosis of Radiation Sickness is to a large degree clinical; it is based on identifying the underlying disease or underlying cause of the patient’s

⁴<https://ecfsapi.fcc.gov/file/10908218268552/Council%20of%20Europe.%20Parliamentary%20Assembly.%20The%20potential%20dangers%20of%20electromagnetic%20fields%20and%20their%20effect%20on%20the%20environment.%20Doc.pdf>.

⁵<https://ecfsapi.fcc.gov/file/10908177254405/Comments%20to%20FCC-California%20Medical%20Assoc.pdf>

⁶<https://ecfsapi.fcc.gov/file/10052270428147/AAEM%20letter%20to%20FCC%2009-30-13.pdf>.

⁷<https://ecfsapi.fcc.gov/file/10052040910188/EUROPAEM%20EMF%20Guideline%202015-Belyaev%20et%20al%202015.pdf>.

complaints based on signs, symptoms, 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.

14. I use some lab tests for biomarkers that have been found to be associated with exposure to Electro Magnetic Radiation (EMR) to support the clinical diagnosis--for example, tests for free radicals that indicate Oxidative Stress damage. Oxidative Stress is a well-recognized mechanism of harm from wireless radiation.⁸

15. To date, I have had about one hundred (100) patients in my clinic who suffer from Radiation Sickness or from wireless radiation-related health problems. About twenty (20) of them are children.

⁸<https://ecfsapi.fcc.gov/file/10912004686552/Reliable%20Disease%20Biomarkers%20Characterizing%20and%20Identifying%20EHS%20%26%20Multiple%20Chemical%20Sensitivity%20as%20%20Etiopathogenic%20Aspects%20of%20a%20Unique%20Pathological%20Disord.pdf>.

16. Wireless Radiation has also been shown to be a contributory factor to pre-natal⁹ and post-natal¹⁰ development of neurodevelopmental conditions such as ADHD and behavioral issues.¹¹ Here are a few of the cases I have encountered in my practice of the neurological impact of wireless radiation on children. All these cases show that the removal of wireless exposure had major positive impact on the manifestation of these children's symptoms. All these cases are real patients.

Minor details have been omitted or changed to ensure privacy.

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, to see me. 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 also slept poorly. 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 EMFs decrease melatonin production, the sleep hormone in the body. I therefore asked

⁹<https://ecfsapi.fcc.gov/file/109152869421632/Fetal%20Radiofrequency%20Radiation%20Exposure%20From%20800-1900%20Mhz-Rated%20Cellular%20Telephones%20affect%20neurodevelopment%20and%20behavior%20in%20mice-Aldad2012.pdf>

¹⁰<https://ecfsapi.fcc.gov/file/10911303968358/Cell%20phone%20use%20and%20behavioral%20problems%20in-young%20children-Divan-2010-UCLA%20Study.pdf>

¹¹<https://ecfsapi.fcc.gov/file/1090984291389/Prenatal%20and%20Postnatal%20Exposure%20to%20Cell%20Phone%20Use%20and%20Behavioral%20Problems%20in%20Children.pdf>

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 their 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 in just 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 his grandma in rural 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.

This child is mislabeled as having developmental delay and with an impaired ability to learn, when in fact he is fine so long as wireless radiation sources are removed.

- 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.

Numerous studies have confirmed that wireless radiation can adversely affect children's brains.¹² 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.¹³

- 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

¹²<https://ecfsapi.fcc.gov/file/1090832718827/ProspectiveCohortStudyofAdolescents%E2%80%99%20Memory%20PerformanceandIndividual%20Brain%20DoseofMicrowaveRadiatioFromWirelessCommunication.pdf>.

¹³[https://ecfsapi.fcc.gov/file/1091546800918/Guideline%20of%20the%20Austrian%20Medical%20Association%20for%20the%20diagnosis%20and%20treatment%20of%20EMF%20related%20health%20problems%20and%20illnesses%20\(EMF%20syndrome\).pdf](https://ecfsapi.fcc.gov/file/1091546800918/Guideline%20of%20the%20Austrian%20Medical%20Association%20for%20the%20diagnosis%20and%20treatment%20of%20EMF%20related%20health%20problems%20and%20illnesses%20(EMF%20syndrome).pdf).

he gets tired, she walks with him to his bedroom and he gets wired and more awake, can't sleep and becomes 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.

A couple brought their 10-year-old son to see me. Their primary concern was 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 threw lamps against the wall and broke them. His parents feared they would have to institutionalize him. They came seeking some potential medication for his aggression. Since wireless radiation 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 him 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 wireless radiation can cause or worsen seizures.

17. I was not surprised when Patient Five's mother obtained relief from her seizure disorder after avoiding wireless radiation. Following the introduction of radar (which also uses non-thermal radio frequency emissions) 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 enumerate various adverse health effects established in those studies. Seizures are mentioned on page 8.¹⁴ A 2016 study showed chronic exposure to wireless radiation can increase the risk of seizures.¹⁵

18. The massive increase in environmental exposures to wireless radiation is posing a challenge to me as a physician. The treatment approach for environmentally induced sicknesses is to reduce exposure. But when it comes to those who suffer from Radiation Sickness, or those who suffer from other conditions aggravated by exposure, reducing exposure is becoming increasingly difficult even in rural environments.

19. The level of exposure to microwave RF in our environment has grown by a few orders of magnitude in the past 20 years. It is a quintillion (10^{18}) times higher

¹⁴<https://ecfsapi.fcc.gov/file/10914872405454/Naval%20Medical%20Research%20Institute-Bibliography%20of%20reported%20biological%20effects...%201972%20Partial%20Report-Symptom%20List.pdf>.

¹⁵<https://ecfsapi.fcc.gov/file/10908715124808/Neurological%20effects%20of%20nionizing%20electromagnetic%20fields-Henry%20Lai%202017.pdf>. See pages 32, 86, 178, 238.

than the natural environment ¹⁶ and about a million (1,000,000) times higher than they were only 10 years ago.

20. Exposure levels are not the only factor that drives adverse effects from exposure to wireless radiation. Pulsation and modulation of the carrier frequency are also a major contributory factor. Pulsation, modulation and the specific frequencies used for wireless technology are what differentiate “manmade” frequencies from “naturally occurring” frequencies. The human body, which is an electric body, has had millions of years to adapt to the naturally occurring EMFs in our planet, and some are necessary for its survival (like the sun frequencies that activate vitamin D production), but the human body has had no time to adapt to the EMFs from wireless technology and to their complex modulations.

21. Based on the scientific literature, it is my opinion that the some of the increase in sickness we see among children in the past 20 years can be attributed to the increase in wireless radiation exposure. Both from personal use exposure and from the radiation levels in our environment as a result of wireless infrastructure.

¹⁶ [https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196\(18\)30221-3/fulltext](https://www.thelancet.com/journals/lanplh/article/PIIS2542-5196(18)30221-3/fulltext)

22. According to a 2011 study funded by the Department of Health and Human Services (“DHHS”),¹⁷ an estimated 43% of US children (32 million) currently have at least 1 of 20 chronic health conditions.

23. The Swiss government-appointed expert committee published in January 2021 a special issue report concluding that exposure to electromagnetic fields, including wireless radiation, can cause or worsen several chronic illnesses, and that children, especially those with immune deficiencies or immune diseases, are especially at risk.¹⁸

24. ADHD rates have increased significantly both in children and adults over the last two decades.^{19,20} A 2018 study shows that the rate of ADHD in U.S. children and adolescents has gone up from 6.1% in 1997 to 10.2% in 2016.²¹ Prenatal and

¹⁷[https://www.academicpedsjnl.net/article/S1876-2859\(10\)00250-0/fulltext](https://www.academicpedsjnl.net/article/S1876-2859(10)00250-0/fulltext).

¹⁸ The Report: https://drive.google.com/file/d/1iK-ej8gNcss8uILcmcPu-Xrp_YGs167V/view.

¹⁹[http://jamanetwork.com/journals/jamanetworkopen/fullarticle/10.1001/jamanetworkopen.2019.14344?utm_source=For The Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=110119](http://jamanetwork.com/journals/jamanetworkopen/fullarticle/10.1001/jamanetworkopen.2019.14344?utm_source=For%20The%20Media&utm_medium=referral&utm_campaign=ftm_links&utm_term=110119).

²⁰ About the Committee: <https://www.bafu.admin.ch/bafu/en/home/topics/electrosmog/newsletter-of-the-swiss-expert-group-on-electromagnetic-fields-a/beratende-expertengruppe-nis-berenis.html>

²¹<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2698633>.

postnatal wireless radiation exposure has been tied to ADHD and behavioral problems in both animal and human studies.^{22,23,24,25}

25. I have two patients, brothers, who were diagnosed with various neurodevelopmental problems including ADHD. The younger brother was also diagnosed with Autism and seizures. After their parents removed all wireless exposure, inside and outside their home, they have made astounding progress and the doctor who initially diagnosed them with ADHD removed the diagnosis a year later. The younger brother's Autism and seizures improved as well.

²²<https://ecfsapi.fcc.gov/file/109152869421632/Fetal%20Radiofrequency%20Radiation%20Exposure%20From%20800-1900%20Mhz-Rated%20Cellular%20Telephones%20affect%20neurodevelopment%20and%20behavior%20in%20mice-Aldad2012.pdf>.

²³<https://ecfsapi.fcc.gov/file/10911303968358/Cell%20phone%20use%20and%20behavioral%20problems%20in-young%20children-Divan-2010-UCLA%20Study.pdf>.

²⁴<https://ecfsapi.fcc.gov/file/1091233914433/Study%20Questions%20Safety%20Of%20Children%27s%20Exposure%20To%20Cell%20Phones%20During%20Prenatal%20And%20Early%20Childhood%20Period-Jonathan%20and%20Karin%20Fielding%20School%20of%20Public%20Health.pdf>.

²⁵<https://ecfsapi.fcc.gov/file/10911303968358/Cell%20Phone%20Use%20and%20Prenatal%20Exposure%20to%20Cell%20Phone%20Radiation%20May%20Cause%20Headache%20in%20Childre%E2%80%93Smart%26Safe%20EMF%20Solutions.pdf>.

26. Often times the affected children cannot go anywhere, and home is their only potential safe refuge. As a result of the amended rule, children with ADHD and other neurodevelopmental conditions will be forcibly exposed to radiation that is toxic for them in their homes.

27. While there is evidence of a possible connection^{26, 27, 28} between the exponential increase of RF exposure levels to the exponential increase in Autism rates in the past 20 years,^{29, 30} a direct causal link between wireless radiation and Autism has not been established. However, clinical evidence shows that limiting exposure can lead to dramatic improvement, as the examples I provided above show.

²⁶<https://ecfsapi.fcc.gov/file/1002203764328/Autism%20and%20EMF%20Plausibility%20of%20a%20pathophysiological%20link%20%E2%80%93%20Part%20I.pdf>

²⁷<https://ecfsapi.fcc.gov/file/1002203764328/Autism%20and%20EMF%20Plausibility%20of%20a%20pathophysiological%20link%20%E2%80%93%20Part%20II.pdf>

²⁸ BioInitiative Report, Section 20:

https://ecfsapi.fcc.gov/file/10915079826865/Blood-brain%20barrier%20permeability%20in%20rats%20exposed%20to%20electromagnetic%20fields%20used%20in%20wireless%20communication-Persson1997_Article.pdf

²⁹ <https://www.webmd.com/brain/autism/news/20181126/report-autism-rate-rises-to-1-in-40-children>.

³⁰<https://ecfsapi.fcc.gov/file/1002203764328/Autism%20and%20EMF%20Plausibility%20of%20a%20pathophysiological%20link%20%E2%80%93%20Part%20II.pdf>

28. Youth anxiety is widespread. According to the National Institutes of Health (“NIH”), nearly 1 in 3 of all adolescents ages 13 to 18 experience an anxiety disorder. These numbers have been rising steadily; between 2007 and 2012, in 5 years, anxiety disorders in children and teens went up 20%.³¹ Interestingly, 2007 is the year that home Wi-Fi started to be widely available. Furthermore, typical anxiety symptoms (agitation, rapid heartbeat and/or heart palpitations, shortness of breath, chest pain, nausea, dizziness and tingling sensations) are similar to the physiological responses people with Radiation Sickness report when they are exposed to wireless radiation, and that the scientific evidence has associated with exposure. A 2018 paper published by Prof. Beatrice Golomb showed that the “mystery sickness” of U.S. diplomats in Cuba and China is likely caused by RF radiation.³² The diplomats experienced “anxiety” as well.³³ Several experts believe many of these children are being misdiagnosed and in fact they suffer from Radiation Sickness.³⁴ Adults and parents of children with “anxiety” report

³¹ <https://www.childhealthdata.org/learn-about-the-nsch/NSCH>.

³² <https://ecfsapi.fcc.gov/file/1091442657471/Cuban%20Embassy-Beatrice%20Golomb%20PhD-Microwave%20Attack.pdf>

³³ <https://ecfsapi.fcc.gov/file/1091442657471/Cuban%20Embassy-Beatrice%20Golomb%20PhD-Microwave%20Attack.pdf#page=8>.

³⁴ [https://ecfsapi.fcc.gov/file/1005862318785/Dr_Erica_Mallery-Blythe_EHS_A_Summary_Working_Draft_Version_1_Dec_2014_for_EESC_Brussels_\(3\)%20\(1\).pdf](https://ecfsapi.fcc.gov/file/1005862318785/Dr_Erica_Mallery-Blythe_EHS_A_Summary_Working_Draft_Version_1_Dec_2014_for_EESC_Brussels_(3)%20(1).pdf).

significant improvement of their anxiety symptoms when they remove exposure to wireless.^{35, 36, 37}

29. RF affects sleep. According to a CDC report from 2011, 50-70 million US adults (20%) have a sleep disorder.³⁸ EEG studies in humans^{39, 40} show effects of wireless radiation on sleep. Studies on the effects of cell towers show that one of the most common symptoms is sleep disturbances.⁴¹ A 2015 study showed that 100% of 675 subjects who suffer from Radiation Sickness had decreased levels of melatonin, the sleep hormone.⁴²

³⁵ <https://www.fcc.gov/ecfs/filing/10617257800411>.

³⁶ <https://www.fcc.gov/ecfs/filing/10603278568272>.

³⁷ <https://www.fcc.gov/ecfs/filing/10618099426968>.

³⁸ <https://sleepassociation.org/sleep-disorders/>.

³⁹ <https://ecfsapi.fcc.gov/file/109100958802926/Electromagnetic%20fields%2C%20such%20as%20those%20from%20mobile%20phones%2C%20alter%20regional%20cerebral%20blood%20flow%20and%20sleep%20and%20waking%20EEG-Huber%202002.pdf>.

⁴⁰ <https://ecfsapi.fcc.gov/file/10910894904877/Mobile%20phone%20%E2%80%98talk-mode%E2%80%99%20signal%20delays%20EEG-determined%20sleep%20onset-Hung%202007.pdf>.

⁴¹ [https://ecfsapi.fcc.gov/file/100577665439/12b-%20Cell%20Tower%20Studies%20-%20\(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953\).pdf](https://ecfsapi.fcc.gov/file/100577665439/12b-%20Cell%20Tower%20Studies%20-%20(Attachment%2012-%20900%2B%20Studies-%20General%20Opposition%20Statement%20-%20File%2013-0953).pdf).

⁴² <https://ecfsapi.fcc.gov/file/10912004686552/Reliable%20Disease%20Biomarkers%20Characterizing%20and%20Identifying%20EHS%20%26%20Multiple%20Chemical%20Sensitivity%20as%202%20Etiopathogenic%20Aspects%20of%20a%20Unique%20Pathological%20Disord.pdf>.

30. Suicides are also on the rise. According to the CDC, there has been a 57% increase in suicides among children and young people aged 10 to 24 between 2007 and 2018. Studies including US government reports acknowledge that RF/EMF exposure can lead to depression and suicidal tendencies.^{43, 44} In her affidavit, Dr. Elliot reported that her patient's depression and suicidal tendencies stopped when she removed wireless exposure. I am not surprised.

31. The impact of wireless radiation exposure on those who develop Radiation Sickness condition and on others who are affected, like families with children with neuro-developmental issues, are devastating. The children I work with who have developmental problems cannot participate in special needs programs because most programs use wireless devices like iPads. This means the parents need to attend to these children 24/7 and the only place their children are safe is their

⁴³<https://ecfsapi.fcc.gov/file/10914872405454/Naval%20Medical%20Research%20Institute-Bibliography%20of%20reported%20biological%20effects...%201972%20Partial%20Report-Symptom%20List.pdf#page=12>.

⁴⁴ The Defense Intelligence Agency warned its personnel of the risk from low-level microwaves including illnesses ranging from microwave sickness (flu like symptoms, depression, suicidal tendencies) to cancers and leukemia. Biological effects of electromagnetic radiation (radiowaves and microwaves) - Eurasian Communist Countries, Defense Intelligence Agency: DST-1810S-074-76, March (1976) available at <https://www.dia.mil/FOIA/FOIA-Electronic-Reading-Room/FOIA-Reading-Room-Nuclear-Biological-and-Chemical/FileId/39946/>.

home. As my Affidavit indicates, some of these children become violent or aggressive when exposed to wireless radiation. With the OTARD amended rule those parents will be unable to control the radiation in their home and their children may be unmanageable.

32. The ubiquity of wireless radiation in the workplace means that many of my patients are disabled from working. For many this is financially ruinous, and they do not have the means to improve their situation. Shielding is very expensive, and many cannot afford it. A large number are forced out of their homes trying to find a safer environment. Some live in their cars.

33. The growing exposure and the FCC's continuous push to deregulate the deployment of wireless causes people to be anxious, live in constant fear for their lives and experience hopelessness and desperation on top of their increased physical torment. The government is ignoring them. Their situation is often too difficult for their families to handle. With every generation of wireless and with any new product their lives are made more challenging. The world is closing on them and they are literally already with their backs against the wall. Shielding is expensive but it is also only a partial solution as the shielding only attenuates radiation, rather than blocking it. Rural areas are becoming increasingly intolerable.

34. Even though I am a pediatrician, adults with developed Radiation Sickness sometimes contact me because most practitioners are unaware of the problem. A recent report by a committee established by the New-Hampshire legislature to learn the health effects of 5G and wireless radiation (“NH Committee”) emphasized the importance of educating doctors about this issue. The committee was comprised of scientists, public representatives, and representatives of the wireless industry (through the CTIA, the wireless industry lobby association). The committee’s majority report, published in October 2020, concluded that wireless radiation is harmful and emphasized the need to accommodate those who suffer from Radiation Sickness.⁴⁵

35. There is an effort to educate physicians and the awareness is growing. Close to 200 physicians and 60 nurses participated in a recent medical conference in January 2021 about health effects associated with wireless radiation. The participants received continuing medical education credits (CME).

36. Some of my patients have been referred to me by Dafna Tachover, as she and the Children’s Health Defense are known resource for those who suffer from Radiation Sickness, especially parents whose children have neurodevelopmental problems. In order to support my patients and others who have been injured, I

⁴⁵<http://www.gencourt.state.nh.us/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>

have been supporting her work and efforts, including attending meetings and giving presentations to educate public officials regarding wireless radiation health effects and the suffering adults and children are experiencing.

37. My adult patients' experiences are also heart-wrenching and inhumane. One such patient was a phenomenal teacher at a local high school. She started noticing brain fog. When she entered her classroom, she was unable to think straight. She got numbness and tingling and had a burning sensation on her face and tongue. Eventually she realized she was standing under a Wi-Fi router in her classroom while wearing a metal hairpiece. Metal on one's body can work like an antenna and worsen radiation effects. She became so sick that she started reacting to wireless radiation both in her classroom and in her apartment.

38. Eventually she had to leave her job and her home. She has spent the past six years driving from one rural campground to another trying to get relief from her symptoms. She often ends up sleeping in her car if there is bad weather. She has been looking for land in an area with low levels of wireless radiation that she can afford without income, where she can rest. Now, with the OTARD amendment, the day after she purchases the land a stealth tower could be installed next door and make her home once again uninhabitable, and therefore unavailable.

39. One morning she found a corpse of a woman rolled up in a carpet dropped at the campsite next to hers. Is this how we treat our phenomenal teachers? She loves

to teach. She is an excellent teacher. Today she reads poetry to tourists in low-EMF areas for free to feel that she still has something to give and some role in this world. Unfortunately, she is not the only teacher in California I know who suffers from Radiation Sickness. Almost all of them were forced to leave their job because of the intense level of radiation in many of the schools.

40. The innocent victims must be able to be allowed to be safe in their home without the constant threat of an antenna that could be installed without their consent and without accommodating their needs. I am deeply disturbed by their situation and the way they are treated or, more accurately, ignored.

41. Radiation sickness symptoms are reduced when exposure is removed, but with renewed exposure symptoms immediately resume. Those who suffer have no meaningful chance of ever being able to go back to society. The only thing they can hope for is not to suffer in their homes, but even that basic need and right is being denied. Their treatment is nothing short of cruelty.

42. People that suffer from a severe form of Radiation Sickness have very difficult time socializing, maintaining or finding a job, and it is hard for many to find a place to live. Who is responsible when a person's home is made uninhabitable for them because of an uninvited, invisible toxin penetrating into their home?

43. These people cannot have a job, they do not have a place to live, it is difficult and even impossible for them to time meet with friends or family and they are constantly searching for a place to go that may or may not offer relief from their many symptoms. They know that even if a place that is good for them today, it may not offer relief tomorrow. The only place one patient could find relief was in her bathtub. Another had to live in a freight container for two months and have others bring her food, and a third had to spend hours daily in crevices in the earth's surface. This is inhumane. Someone needs to take responsibility for this atrocity toward human beings.

44. As a physician and pediatrician caring for children, I have ethical and professional obligations. The Hippocratic Oath states: "I will prevent disease whenever I can, for prevention is preferable to cure." But my hands are tied. Considering the only effective treatment is avoidance, with the constant increase in public exposure to wireless radiation, it is increasingly impossible for me to alleviate their suffering, and my ability to care for my patients and alleviate their suffering is impeded.

45. The Hippocratic Oath requires that I keep my patients from harm and injustice. The OTARD rule amendment will cause and allow widespread injustice towards our most vulnerable populations--the chronically ill and children. My patients have been harmed by wireless radiation, and the amended OTARD rule

exacerbates the barriers and suffering they face every day as a result of constant exposure to radiation, which is harmful and life threatening to them. This rule will perpetuate their torturous suffering, will cause more sickness and death, and in some cases lead to such desperation that they will commit suicide.

46. Those who have become sick MUST be protected. As a doctor and as a person I am appalled by the disregard to the injured and the preemption of their most basic civil and constitutional rights, including their disability rights.

47. This concludes my Affidavit.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 6/17, 2021


DR. TORIL JELTER