

**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. RIINA BRAY IN SUPPORT OF STANDING**

1. My name is **DR. RIINA BRAY, BASC, MSC, MD, FCFP, MHSC.**
2. I am currently Assistant Professor, Department of Family and Community Medicine and Dalla Lana School of Public Health, University of Toronto. The clinic is located at 77 Grenville St., Toronto, ON, Canada.
3. I am also the Medical Director, Environmental Health Clinic, Women's College Hospital. A central focus of our clinic is the diagnosis of adults and children who suffer from Radiation Sickness (also known as electromagnetic sensitivity, or Electromagnetic hypersensitivity and/or EHS) from exposure to pulsed and modulated Radio Frequency radiation ("wireless radiation"). Our clinic is the first and the largest hospital clinic in the world to specialize in the diagnosis of Radiation Sickness. We probably have more experience with this condition than any other clinic worldwide.
4. I graduated with a medical degree from The University of Toronto in 1994. Prior to that I graduated with an Honours Bachelor's in Chemical Engineering and a Master's in Pharmacology/Toxicology in the area of drug addiction and neurotoxicology.
5. I did my residency in Family Practice at the University of British Columbia, followed by a Fellowship in Environmental Health at University of Toronto, and then pursued a Master's in Health Sciences with a focus on Public Health, Occupational and Environmental Health.
6. I was chair of the Environmental Health Committee at the Ontario College of Family Physicians for 10 years.

7. As part of my teaching position as an Assistant Professor in the Department of Family and Community Medicine at the University of Toronto and in the Dalla Lana School of Public Health, University of Toronto, I have spear-headed multiple educational and academic programs, mentored and taught hundreds of medical students, residents, and peers in the area of environmental health.
8. In the past 18 years, I have been the Medical Director of the Environmental Health Clinic at Toronto's Women's College Hospital.
9. I have been involved in multiple government-funded research projects with strong grant funding. I have been involved in research regarding prenatal exposures, heavy metal toxicology and electromagnetic field hypersensitivity.
10. I have been seeing patients for 23 years with a scope that focuses on chronic and complex conditions related to environmental exposure related conditions including Radiation Sickness / Electromagnetic Field Hypersensitivity.
11. Based on my education and experience, I am qualified to express an opinion related to the etiology of Radiation Sickness, and qualified to determine the seriousness and permanency of the impairment.
12. Our hospital clinic has seven practicing doctors. Collectively at our clinic, the doctors have seen hundreds of patients with electromagnetic field hypersensitivity/ radiation sickness. Our clinic was likely the first and is the largest hospital clinic in the world for the diagnosis of radiation sickness. Working with patients who have developed Radiation Sickness is a major part of our work.
13. After many years and hundreds of patients, we have accumulated much experience and knowledge about the condition, its etiology, effects, and effective treatments. Based on the knowledge we have accumulated, we developed elaborate diagnosis guidelines.<sup>1</sup> A copy of these guidelines is attached.
14. While a common name for the condition is electromagnetic sensitivity, it is not truly a sensitivity. It is an injury, a sickness. The symptoms can be debilitating and for many, they severely affect major life functions and qualify to constitute a disability. These symptoms indicate severe physiological injuries associated with exposure to wireless radiation. Some of the symptoms and injuries are life threatening.

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<sup>1</sup><https://www.womenscollegehospital.ca/assets/pdf/environmental/Preliminary%20Clinical%20Guidelines%20%20for%20EHS.pdf>.

15. The effects of this sickness are devastating. People suffering from it are unable to work any longer due to lack of proper accommodation. The disabling effects and the need to avoid exposure to wireless radiation sources lead to isolation. Many become homeless. Becoming intolerant to wireless radiation in an inescapably wireless world with growing force exposure leads to depression, anxiety, and deep hopelessness. It is so bad many contemplate, and some carry out, suicide simply to end the horror of it all.

16. We have seen children in our clinic with the condition, although not in the numbers one might expect. The likely reason is parents have not been made aware of the underlying cause for the symptoms the children are exhibiting, and the condition is misdiagnosed (and thus mistreated) by medical professionals who also do not know what to look for.

17. Of the children we have seen and diagnosed with electromagnetic sensitivity, about half are no longer able to attend school due to the high levels of wireless technology now used in the North American school systems. These children are forced to leave the school and be home-schooled. As a result, they suffer from social isolation. The growing levels of ambient wireless radiation relegates their lives to ever-more limited spaces, activities and social interaction. Their future is bleak.

18. The condition is widespread. According to a few surveys done in Europe, on average, 10% of people are afflicted to some degree. With the growing exposure to wireless radiation, the prevalence is likely also growing. We are being approached by growing number of patients and we have exceptionally long waiting lists.

19. From many years of working with hundreds of patients who developed the condition, and as the guidelines we developed indicate, it is our experience that the only effective treatment for these patients is avoiding exposure. This is the *only* way people who suffer from the condition can become symptom free. This is increasingly difficult, so other less-effective mitigation measures must be taken. It is important to note that while being removed from exposure source can significantly reduce the symptoms, with exposure their symptoms resume.

20. We recommend that our patients use Building Biologists to assess and mitigate EMF exposure in their homes and then shield the house from outside sources as much as possible. However, with the increased involuntary exposure from multiple and sometimes unknown sources, shielding is becoming increasingly less effective. Many cannot even protect themselves in their own homes.

21. Unfortunately, because many who develop the sickness lose their job, they cannot afford these services and the shielding which can be quite expensive.

22. If those who suffer from Radiation Sickness cannot remove themselves from these exposures, and if they cannot create a safe environment in their homes, their condition will not improve and will undoubtedly worsen and can lead to death from resulting chronic complex conditions. Their home is their only refuge.

23. This concludes my Affidavit.

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

Executed on \_\_\_ June 21<sup>st</sup> \_\_\_\_\_, 2021

*Riina Bray*  
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Dr. Riina Bray

**Bray Attachment 1**

