**My name is Chris Albertelli.**

Questions

Public Experiences and Reported Potential Adverse Health Effects

2. In your response, please describe which perspective(s) your comments represent: individual consumer, patient, family member, or caregiver; healthcare professional; worker with occupational exposure; equipment or product manufacturer; service or infrastructure provider; business; industry group; government; research entity; or another type of organization or perspective.

**I am an individual, parent, family member, residential homeowner, and absolute opponent of small cell infrastructure components installed in residential areas or any instances of abutment to homes.**

3. We invite individuals, families, caregivers, healthcare professionals, and organizations to share experiences regarding potential adverse health effects they believe may be associated with exposure to RF/EMFs. Respondents are encouraged to provide as much detail as they are comfortable sharing, recognizing that responses to this RFI will be public and therefore should not include PII or PHI. Examples of information that may be helpful to include are the following:

a. The type(s) of wireless technology or RF/EMF source(s) involved (e.g., mobile phones, Wi-Fi, smart meters, wireless infrastructure, wearable devices, occupational equipment).

**In July 2025, a Crown Castle operated Small Cell 5G pole was negligently and inexcusably installed less than 32’ from my home and primary indoor/outdoor living space of the property I purchased in 2002.**

b. The nature, duration, frequency, and approximate timing of the reported exposure(s).

**The RF output exposures of the wireless equipment is constant and uninterruptable with 24 Hour transmission onto my private property and through my living structure at all times. The frequency and amplitude are variable at the equipment operator's discretion and fully undisclosed to me, our family, and our neighbors. There are ways to check these operational transmission/exposures but also not easily measured or fully recognizable with consumer grade test products.**

c. The potential adverse health effects experienced.

**-High anxiety and stress nonstop from the moment of surprise for this harmful equipment to be installed in the Right of Way next to my home. As close as it could be. We are being fully assaulted from the Small Cell Site operated and owned by Crown Castle. This site was undisclosed or clandestine while planning for permit approvals related to the undeniably incompetent siting of the devices. The equipment was advanced on us without notice. It has ruined our lives and hurt our family in terrible ways. The small cell 5G site is now installed and operating next to a family's primary residence and the only bedrooms being the closest portion of the home to this radiating equipment.**

**-Within 1 week of the equipment's transmitting functions being activated, each of 4 family members were stricken helplessly with severe headaches accompanied by nausea while at the property.**

**-Each of 4 family members have associated problem solving and critical thinking difficulty while at the property.**

**-Each of 4 family members have experienced insomnia and interrupted rest periods with subsequent fatigue while have been at the property overnight.**

**-Each of 4 family members have reported ear ringing or loud debilitating noise which sometimes would last for 20-40seconds per reported occurrence.**

**-3of the 4 family members have experienced skin irritation with rash and itch symptoms resulting from extended durations of being present at our home.**

**-My own skin rash has been more severe around the ears, nose, and chest areas of the skin. This irritation has been associated with a skin cell popping sensation and dotted or red skin resulting.**

**-1 of 4 family members (myself) having experienced uncharacteristic and new nose bleeds after extended durations of time spent at the residence.**

**-Depression has rooted in each family member due to the helplessness which has been imposed on our household. The lack of proper management oversight for this industrial product being incompetently placed and approved for permitting in such close proximity to private property is negligence and abuse of the legal boundaries which were formed by the captured body of the FCC and the industrial companies rushing to cash out in the current legal landscape which disproportionately conserves and protects all wrongdoers but disproportionately imprisons or limits remedy for citizens, residents, children and families who cannot be ignored.**

d. When potential adverse health effects first appeared relative to when exposure began and whether any changes in exposure coincided with potential adverse health effects.

**The 5G small cell equipment began transmitting next to the home/bedrooms on 9/29/25 and each of the household family members began suffering varied and directly associated physical and biological negative reactions within 3-5 days before the initial inquiry to confirm the device's functions were now 'live' was confirmed by the site operator, Crown Castle.**

e. Whether medical evaluation or treatment was sought, including any diagnoses received (if the respondent chooses to share them).

**Each of 4 previously non-affected family members have sought various treatments from care providers, medical testing, and comparative environment for reduced exposure treatments. When in the presence of the transmitting equipment placed at our residential property line, the symptoms are noted and become apparent. When extra care and dutiful selection of a temporary relocation option for our family to a non-exposed domicile (Rental unit) were achieved, each family member had the lowest symptom by incidence and recovery was noticeable within 24 hrs removed and rested away from the transmitting equipment. Our doctor's orders and an ADA designation have been presented that strictly forbid continued proximity and environmental exposure to harmful radiating devices which were identified at the property.**

f. Whether steps to reduce or eliminate exposure were taken and, if so, whether any subsequent changes in potential adverse health effects were observed.

**Initially we sought and fought hard for the equipment to be more competently relocated before the major assembly work had been started prior to the equipment's functions being turned 'On'. Our family's pleas were ignored and downplayed before being dismissed entirely by the negligent and ill-advised local government/city staff who have committed themselves to harming our family without offering assistance for our recovery and compensation related to what they have intentionally approved by foul incompetence and specifically caused to now harm us indefinitely.**

**Once the negative impacts were noticeable enough and causing great personal and bodily harm to each family member, we were forced to try shield type textiles for drapery and to cover up with while in bed. The shielding items were nearly ineffective unless it was covering our persons closely or entirely and with no gaps for coverage/blocking areas. It was quickly understood that no form of deterrent or**

**mitigation option would be effective for daily and constant exposure protection of our 4 family members in our own home.**

**Unfortunately, the primary family residence was a mortgage-free dwelling and now the only way for our family to remain healthy and protected is to remain in a rental apartment while spending money from savings and on credit to avoid our own home.**

**The primary function and design of our home with all the inside and outside living spaces have now been ruined and remain unsafe/incompatible for our family as a home. The property's former function and sole purpose as purchased, paid for, and having been improved with caring ownership throughout a former 23- year span has been stolen from us.**

**Improved family health was first and only observed while avoiding our home on long weekends and in the evenings. Then returning to the property became dreadful as well as symptomatic until a final push was made to find a rental safe space for the children's safety.**

**Now residing temporarily in an uncompromised location, each family member has recovered from the physical symptoms and only have experiences of relapse or harm while attending our nearly abandoned primary home. We are fully displaced and in financial ruin as a direct result to seek out a healthy living situation while we are actively/constantly opposing this small cell site. The avoidance of our home has multiple ripple and cascading negative impacts of its own.**

g. Any supporting documentation, including scientific reports, exposure measurements, or other relevant information.

**Yes, two reports were written about the specific small cell site operating on top of and into our private property. One was sponsored by the telecom contractor and the city government to quell our opposition to the equipment and is written in support of industry and**

**the contractors who are willfully and knowingly harming our family and many others.**

**The second report, which we have sponsored, has identified multiple measurement and fundamental device specifications which directly contradict the assumed and unjustified safety compliance suggested by Crown Castle which has also been found with methodological inconsistencies for validation which should not have been permitted at this site whatsoever.**

**If these products were completely safe for transmission in residential areas or in close proximity to humans, animals, and the natural world, there would be no need for warning signs on or near the devices.**

4. We invite healthcare professionals, researchers, and public health practitioners to describe observations from clinical practice, occupational settings, or research that may help identify patterns, if any, of reported potential adverse health effects associated with RF/EMF radiation and exposure. In describing these observations, please include where available:

h. The types of potential adverse health effects reported.

i. Onset of potential adverse health effects.

j. Characteristics of the individuals or populations involved, excluding any identifying information such as PII or PHI.

k. Any observed exposure patterns.

l. What standardized methods were used to assess exposure or potential adverse health effects, if any were used.

m. Recommendations for future research or surveillance.

Exposure Standards and Risk Assessment

5. What existing national and international exposure standards, guidelines, or regulatory

frameworks should federal health agencies consider when evaluating the potential adverse health effects of human exposure to RF/EMF?

**A full reconsideration and reform with immediate active removal of formerly approved devices must be sought to reverse course in a responsible and judicious manner. Americans and all of our nation's children, cannot not be forced to absorb or pay the price for these harmful exposures in any way. A responsible and immediate remedy must be enacted.**

n. What scientific, technical, or regulatory changes by federal health agencies, if any, would improve the assessment, disclosure, and regulation of wireless radiation exposure?

**A comprehensive repeal and formal apology to all Americans must initiate the re-examination process to fully reconstitute all findings with extreme prejudice of the wireless infrastructure rollout protections. These must be reversed and pathways for individual remedy must be formed in equal parts to the harms which have been caused. This should be considered from all angles but primarily for future generations who are already being harmed and then to solve the equation in ways to respect homes and private property while holding the telecom and technology products industry fully accountable and liable for the damages which have already done major damage and continue to cause great harm.**

o. Is additional research needed to develop, test, and evaluate the effectiveness of procedures and techniques for minimizing exposure to electronic product radiation? Where are the largest gaps, if any, in knowledge? What research is needed to appropriately evaluate current or future national and international exposure standards, guidelines, or regulatory frameworks.

**The lack of each is not an excuse to have committed harmful acts in the first place. Incremental and full-scale re-evaluation is required before this situation becomes irreversible.**

p. How, if at all, should a classification system account for exposure-related characteristics, including operating frequency, power density, specific absorption rate (SAR), electric- and magnetic-field strength, modulation and pulse characteristics, duty cycle, beamforming, simultaneous exposure to multiple frequencies, duration of exposure, distance from the source, proximity to the body, and cumulative exposure over time?

**This question highlights the basic minimum information which must be fully reconsidered. New and unavoidable restriction on the deployments should become the minimum standard in all cases.**

6. What scientific evidence exists about potential adverse health effects caused by current exposure limits?

**World wide studies and reports indicate that harmful exposure limits have been grossly underestimated and are culpable for hazardous deployments nationwide and globally.**

Measuring Human Exposure and Public Health Surveillance

7. What scientific methods are currently available for accurately characterizing individual and population-level RF radiation exposure?

**Comparison from concentrated exposure areas and sparsely or non-exposed areas on controlled study participants can reveal the most useful data for this type of study.**

8. What, if any, improvements in exposure assessment methodologies are needed to better evaluate real-world exposure conditions?

**Wired residential infrastructure restrictions are the only permissible options. Largest minimum distances for wireless infrastructure devices or transmitter equipment must be a standard and non-**

**circumventable in the real-world application/deployment when necessary. This is critical to respect and protect humans from these unnecessary exposures.**

9. What, if any, technical and exposure-related information should be disclosed to consumers, residents, workers, schools, healthcare providers, and local governments?

**All relevant and up to date or immediate knowledge should be disclosed with full transparency.**

10. What data sources or surveillance systems currently exist to monitor potential adverse health effects associated with RF radiation exposure? Should additional data sources or surveillance systems be developed? Please discuss the benefits and challenges of the following data sources and surveillance systems, as relevant:

a. disease registries

**This would be relevant to harms which have already occurred and should have been avoided or prevented.**

b. occupational monitoring

**This needs to be mandatory and enforced.**

c. environmental monitoring

**This needs to be abundantly deployed.**

d. longitudinal cohort studies

**Comparisons among exposed and non-exposed cohort should be prioritized and observed without delay.**

e. biomonitoring

**Safety being observed abundantly and respectfully would negate the need for additional biomonitoring.**

f. adverse event reporting

**Our elected leaders and lawmakers need to prevent the adverse events first and then move on to making pathways for adverse event reporting.**

g. disease or illness clusters

**There is no excuse to wait for these to become unmanageable.**

h. Other

11. Should exposure assessment or risk evaluation differ for sensitive populations such as those noted below? Please explain.

a. children

**Children must be protected and respected at all costs. Device placements within close proximity to homes and residential play spaces of children are inexcusable and very shameful.**

b. pregnant women

**Pregnant women must be protected and respected at all costs.**

c. older adults

**Older adults also deserve priority protection and respect.**

d. individuals with implanted medical devices

**This is an obvious requirement and should not be considered lightly.**

e. workers with elevated occupational exposure

**OSHA may not have any meaningful methods for protections of occupational hazard exposure to RF transmitting products such as Cell Towers/Small Cell Devices in the real-world scenarios which are growing in conflict of each other on a daily basis.**

f. individuals with preexisting medical conditions

**Individuals who may have been RF injured or those with unrelated injury and health struggles must have a safe place/environment for treatment, recovery, and continuing care without worry that**

**improvement could be actively compromised by invisible harmful radioactivity.**

g. Other populations that may uniquely experience potential adverse health effects in response to RF radiation

**RF injury is a side effect of exposure. Reduce the major sources of unnecessary exposure and this will reduce the incidence of harms from the devices or the produced, amplified, and broadcast radiation of such devices.**

Existing Evidence

12. What scientific evidence exists regarding potential adverse health effects associated with RF radiation exposure at levels below current federal exposure limits?

**Worldwide studies and reports are numerous and have been found to support the radio/telecom industry when sponsored by those groups while opposing and non-industry supported studies have recorded the opposite findings. That is a very telling and unmistakable contrast and it can be easily understood that those far more trusted determinations can be formed by simple logic.**

13. According to scientific evidence, how do the technologies below affect cumulative exposure patterns?

a. 5G

**Simple logic dictates that one exposure risk or type of output plus another source of environmental exposure risk would only increase and could never reduce cumulative exposure patterns when multiplied or increased in physical quantity in any given environment.**

b. 6G

**More of the same as described above for 5G.**

c. Wi-Fi

**While arguably increasing in prevalence, these types of devices can still remain with low power density and reduced telematic range or smaller scale and impact. Most consumer grade WiFi products are considered less harmful and can be operated or disabled by the owner or the specific user at will. Most of these devices are supplied with a wired type of data source before being distributed in lower power density networks.**

d. Satellite-based communications

**Satellite based communication devices typically emit higher RF signal levels when in TX mode. Fixed land-based satellite equipment must be disabled for maintenance and installation thus indicating that an extreme risk is associated with higher output power from transmitting devices.**

e. Internet of Things (IoT)

**IoT devices have become oversupplied in some nonessential use cases. Items that heat or cool or regulate water flow via wireless control have become unreliable in emergencies and during times when critical functions must remain operable in an analog manner or for bypass. This function is inexcusable as any supportive argument for higher ambient global and local environmental RF exposures being promoted.**

f. Wearable technologies

**This product group has eclipsed the simple wristwatch which can be worn, wound, and reused nearly indefinitely while the newer wearable products have created a cyclical and limited timeframe of usefulness or long-term incompatibility leading to overuse of planetary resources and these items heading into landfills over shorter consumer use periods.**

g. Smart homes/appliances

**Again, if these types of devices are connected via consumer WiFi in lower power density networks and considered for use at-will, then this is more acceptable for consumers to choose. Proper manufacturing and wireless radiation limit regulation must be strict and within bounds for lowered harmful radiofrequency transmission into the environment and surroundings of these devices in very close proximity.**

h. Smart cities

**This type of civil engineering should yield to all logical precaution for the preservation of human health and environmental safety.**

i. Autonomous vehicles

**The DOT is not ready for the impacts of autonomous vehicles in the same space as those controlled by individual operators. Still, there are long range connectivity options for this technology which would still offer lower exposures to needless RF concentration in residential spaces. Again, the product and compatibility lifespan of newer autonomous devices such as vehicles and small delivery drone/robot vehicles is using larger quantities of precious resources to provide products for shorted periods of intended functional use. This leads to more waste and pollution from decommissioned, obsolete, or poorly made products.**

j. Wireless medical devices

**These devices must consider and be manufactured for least harmful impacts while supporting the specific medical need respectfully to the patient and those who may be in the immediate area of the devices.**

k. Communication enabled smart meters

**These devices are not required to be functional on a wireless network. In residential deployment use cases, this function can be mandated as a wired function or remain as analog when necessary.**

14. What scientific evidence exists regarding potential adverse environmental effects

associated with RF radiation?

**The Children's Health Defense group has previously submitted thousands of pages related to this as evidence and contradictory to the captured agency formulations which have long been outdated and incomplete as the reference for the existing FCC exposure limits employed and being abusively exploited currently.**

15. What types of scientific evidence should be considered when evaluating RF exposure associated with wireless infrastructure? Please comment on:

a. proximity to homes, schools, childcare facilities, healthcare facilities, and/or workplaces

**Common sense, basic logic, and least impact procedural minimum requirements must become mandatory. Greatest distance spacing from each will need to be non-negotiable. Wired data connections are the preferred and the only safe or minimal harm impact infrastructure options we can trust at this time. Especially when considering the safety and long-term impacts to homes, schools, childcare facilities, healthcare facilities, and/or workplaces based on the associated occupancy of each.**

**These installations may have enormous property value impacts which cannot be ignored or placed on the shoulders of innocent bystanders or property owners. The tower leasing owners and carrier operators are placing these equipment installations and devices without any concern or legal liability related to the absolute disregard for private property equity or the impacts for long term ownerships of such property. Research shows that 10-30% reduced resale value (maybe more) or marketability stigma is fully impacted on property owners and families. No responsibility is harbored by the intruding and careless product operators and their associated business partners for the sites. There is also a moral objectivity to be the person selling a property to another family while knowing the area is being saturated with harmful RF radiations which are silent and will likely cause injury**

**to the prospective buyers. These burdens are being disproportionately placed onto the residents and owners with no responsibility and economic impact to the site and lease operating partners who will profit enjoyably from the misery imposed on innocent people.**

b. cumulative neighborhood exposure

**Minimum deployment density and farthest source wireless connectivity options should be the only path forward. Wired first and wireless devices considered as least optionable in these spaces.**

c. antenna density

**No Cell Towers and No Small Cell sites should be permitted in residential and domestic environments. None. Furthest distance wireless sources or wired connections only in these areas.**

d. small-cell deployment

**Absolutely none in residential and domestic spaces. Furthest distance wireless sources or wired connections only in these areas.**

e. livestock

**Livestock is a primary resource for human preservation and wireless RF radio transmission is far less essential than healthy and high-quality herds of these very valuable livestock resources.**

Federal Research Priorities

16. What are the highest priority research gaps regarding EMF and RF radiation and public health that the federal health agencies should address?

**Protecting all Children, consumers, and property from harm caused and induced by wireless and nonessential cumulative exposures while maintaining safe private spaces and respecting values of private property. Comparisons to test rodents with low dose and low duration**

**exposure cannot remain the basis for our consumable and unavoidable risk and impact from these terrible sources of biological harm.**

17. How can federal health agencies improve coordination of EMF and RF radiation research? Please comment on potential roles for federal health agencies including, but not limited to:

a. HHS Food and Drug Administration (FDA)

**Compare all existing food and drug product regulation to new findings and comprehensive re-examinations of how EMF and RF radiation has changed or evolved to date.**

b. HHS National Institutes of Health (NIH)

**Sponsor remedial and updated research standard testing and real-world observation of new environmental exposures from wireless technology while repealing old guidance in light of the new knowledge.**

c. HHS Centers for Disease Control and Prevention (CDC)

**Statistical data and references for the CDC to consider have been held back and are incomplete or corrupted by the 1996 standards which have long been outdated and surpassed by 100-fold in the new world/real-world environment which must now be reformatted for the technology being used and forthcoming.**

Additional Information

18. Please identify any additional scientific evidence, technical information, data, or recommendations that federal health agencies should consider when evaluating potential adverse health effects associated with RF/EMF radiation exposure.

**It is highly recommended and prescribed that new standards are necessary for product development/deployment which can become in-step with actual fact-based renewed research on this subject. America cannot rely on the long preserved and inconclusive antique**

**methodology which has abusive gaps. The referenced safety standards were never adequate then and the industries who have profited in the meantime have fought to maintain that deficiency in a for-profit capacity which has harmed and continues to harm people places and things in all regions of the world. We are disproportionately affected and remain in danger as long as these ineffective safety limits can be relied on by those who have chosen money over actual health safety. Placing towers over homes or transmitting through private property can be done only because of the illogical and egregious use of the older safety documentation references. We all know that the world has changed and we all know what needs to be done. Why have we all been forsaken for the personal gains of very few among our population? Why are our children being forced to live in a harmful environment while the legal system protects predators who are installing the harmful devices in these children's neighborhoods and above and next their bedroom windows? Why are there no legal options for the disproportionately affected populations and all protections have been afforded to those who prey on our homes?**

**We ask you and our HHS staff to make all new determinations for our mutual safety and benefit, at all costs to those who are hurting us.**

**Mr. Robert F. Kennedy, Jr.**

**Will you please help my family and the rest of America?**

**We cannot continue on this path and some manner of recovery or recourse must become available when this nonsense has hurt the ones we care for and even ourselves. Right now, this situation is completely off the rails and being rolled out in a criminal conspiracy nationwide. We need more options than those who have unlimited resources to harm us.**

**Most sincerely,**

**-Chris Albertelli-**

**(American, Husband, Father of 2, and very concerned Neighbor)**

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