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May 13, 2020

Agency/Docket Numbers:
ET Docket No. 19-226
FCC 19-126
FRS 16643
Human Exposure to Radiofrequency Electromagnetic Fields; Proposed Rule by the Federal Communications Commission

Greetings,

I am a public health professional, specializing in health policy and environmental health. I have also become disabled by exposure to environmental toxicants, causing environmental sensitivities, including Electromagnetic sensitivity.

I oppose the FCC's proposed new rules (https://docs.fcc.gov/public/attachments/FCC-19-126A1.pdf) for frequencies for 5G and 6G, which do nothing to protect biological life and only assist industry violations.

I ask the FCC to request the FDA to establish biologically-based population-protective limits for all electronic product radiation, as they are statutorily required to do (http://www.electricalpollution.com/documents/PressReleaseFDANegligence12Feb2020.pdf). The FCC has readily acknowledged that they lack the expertise to set safety limits themselves so they should be asking the FDA to do so. Specifically, any limits should be readily measurable on location, necessitating the use of maximum permissible exposure (MPE) field strength and power density. Although, thermal effects must be a backstop (just like immediate toxicity for chemicals) and NO MPE should be allowed whose corresponding SAR would result in thermal harm, long-term biological effects of chronic exposure should guide the formation of population-protective RF/MW safety limits. This is what the BioInitiative Recommendations are based on. The FCC and FDA should adopt the latest BioInitiative recommendations in the interim as they begin to set up their own continuous review program to revise those recommendations as additional studies show that reductions and refinements are needed. Limits for higher frequencies should be established using available literature and FDA should commission additional studies to further determine safety limits that prevent adverse biological effects using techniques like the one recommended by Dr. Martin Pall to test for inappropriate voltage-gated ion channel activation https://www.ncbi.nlm.nih.gov/pubmed/25879308. Addressing paragraph 120, peak exposure levels should used to determine compliance, not averages, because peak measurements are more predictive of adverse biological effects.

Please see the BioInitiative compilation of research studies, and full bibliography (attached), reporting disruption of immune function at very low RF levels, posted at https://bioinitiative.org/. Proposed rules

show no regard for human health and non-thermal effects, and even allow localized thermal tissue heating in small (1cm2) areas of any part of the body (including brain, skin, eyes) (paragraphs 127-128).

During this time of extreme caution regarding transmission of COVID-19, exposure to 5G or other wireless RF radiation should be reduced, not increased. Studies confirm chronic exposure to RF radiation, including RF at very low levels, diminishes the immune response (or aggravates it, especially when blanketed in it). The stress caused by these exposures weakens the body's resilience to any virus or other health insult. RF exposure on a continuing basis, which is now common in communities, will more likely cause illness and impair one's recovery. By allowing RF exposures that are well-known to cause harm, especially when the COVID-19 pandemic is ravaging urban areas, your negligence is responsible for increasing the severity of illness and deaths. The reckless endangerment caused by this negligence threatens my personal safety and violates my rights to be safe, without my consent.

Joy Brann, MPH