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COMMENTS ON FCC ET DOCKET NO. 19-226

PLEASE NOTE: LINKS HEREBY INCORPORATED BY REFERENCE

My name is Jeri Friedman. I'm a retired medical professional who suffers from microwave radiation (MWR) poisoning, which severely exacerbates my pre-existing conditions: myalgic encephalomyelitis and toxic encephalopathy, which are both NO/ONOO- cycle diseases. I'm legally disabled. I'm extremely concerned about the issues in this docket and how they will affect my health, my ability to function, the effect on the millions of others like me, the effects on otherwise healthy individuals, and the effects on our most vulnerable citizens: children, the disabled, the elderly and pregnant women and their fetuses.

My first encounter with MWR occurred in July 1994 when I had an MRI for the first time. When the scan was complete, I sat up and immediately became very dizzy and nauseated. I had a headache and felt fatigued. When I stood up, I collapsed to my knees. I was weak and had no strength to stand. The MRI technician told me that this happened to some people. He'd seen it before. I had to sit in the office for 15 to 20 minutes before I felt I'd be able to drive the half mile to my house. It took me 24 hours to fully recover. I didn't learn until 2012 that MRI machines utilize an RF coil which emits MWR in the scanning process. I cannot have an MRI ever again.

In May 2011, I removed the cordless phone from my bedroom and replaced it with a corded phone. The terrible insomnia I'd put up with for two years since I'd gotten the cordless phone vanished that night. I slept well every night until smart meters were installed in my neighborhood. That cordless phone utilized the following frequencies: 5.8572 – 5.8659 GHz and 912.75 – 917.10 MHz.

In November 2011, I received a Kindle ereader with Wi-Fi. I plugged it in to charge it, not knowing that the default setting for the Wi-Fi was "on." After an hour, I went into the room where I had it plugged in and started to read the built-in owner's manual. Within 5 to 10 minutes, I had nausea, a headache, dizziness and loud tinnitus. I realized it must be the Wi-Fi, so I turned it off, and the symptoms were gone in 5 to 10 minutes. The frequency utilized is 2.4 GHz.

On the afternoon of January 24, 2012, my electric company, unbeknownst to me, installed smart meters in my neighborhood. One was not placed on my home, because I had an opt-out, and as a further precaution, I had padlocked my meter box. When I went to bed that night, I had severe insomnia. I woke up exhausted the next morning in severe pain with dizziness, headache, nausea, palpitations, tachycardia, brain fog, blurry vision, muscle fasciculations, and the feeling of "buzzing nerves" and inflammation throughout my body. My extremely mild essential tremor had tripled in intensity, making activities of daily living more difficult. I couldn't imagine what was wrong. I happened to look out my window and noticed there was a smart meter on the neighbor's house, a mere 25 feet from my head when I sleep. I called the electric company, and they confirmed it had been installed the afternoon before (1/24/2012).

Furthermore, the MWR severely exacerbated my myalgic encephalomyelitis symptoms, resulting in extreme fatigue, G.I. distress and pain, increased cardiac symptoms (arrhythmias, tachycardia), increased reaction to chemicals despite avoidance, and frightening neurological symptoms: short term memory loss, confusion, severe insomnia, word finding difficulty, brain fog, blurry vision (even with

glasses) and visual disturbances, dizziness and feelings of being off balance, difficulty with concentration, and severe restlessness with pacing. All the progress I'd made in the last 20 years treating my pre-existing diseases vanished overnight. My health deteriorated. Increasing dysfunction of my immune system has resulted in on-going reactivation of latent infections and exacerbation of my pre-existing allergies and asthma.

On April 6, 2013, my city installed water smart meters in my neighborhood. Again, I had opted out; however, just as with the electric smart meters, I'm completely surrounded by these smart meters, too. My health deteriorated even further. It had gotten to the point that I became homebound in 2017. Every building (including hospitals and medical offices) has smart meters, Wi-Fi, cell phones, etc. I'm unable to enter such places. And cars now have radar and Wi-Fi, so even the roads aren't safe.

In 2016, Hurricane Matthew knocked out power for 2.5 days. This greatly reduced the amount of MWR in the neighborhood, because electric smart meters and Wi-Fi no longer functioned. Within 10 minutes of the power going off, I felt great. I slept like I did prior to January 24, 2012, when electric smart meters were first installed in my neighborhood. When the power came back on, I felt like I'd been hit by a Mack truck. All my symptoms returned with a vengeance. I never fully recovered.

The same thing happened with Hurricane Irma in 2017, when the power went out for 3.5 days. When it came back on, I was slammed and became so sick; I could barely function the first week. I never fully recovered.

My health continues to deteriorate as more and more MWR enters my home from external sources such as smart meters, Wi-Fi, cell towers, vehicle radar, etc.

All the effects I have and am experiencing occur at **NON-THERMAL** levels.

COMMENTS IN REPSONSE TO PARAGRAPHS 125 AND 126

The FCC has repeatedly refused to consider the biological effects from exposure to all types of wireless radiation. This shows they have a clear and dangerous intention to disregard the emerging science which they must use to inform their decisions regarding public health.

The FCC's reliance on organizations consisting of physicists and engineers for advice on human exposures has resulted in a sole focus on "thermal" effects, despite the thousands of published, peer-reviewed studies showing biological harm, even at non-thermal levels, for various frequency ranges.

By its own admission that the FCC is unaware of any other types of effects, this demonstrates a failure to actively investigate the issue by proactively engaging with the scientific community studying the short and long-term biological impacts of exposure to humans and the possible interference with systems of the natural world. Failure to seek out and consider the latest science makes the decisions of the FCC suspect.

Moreover, the complex comment process used by the FCC virtually ensures that most commenters will be those who follow the activities of the agency closely and

have a financial interest in the agency's decisions, rather than those who have been harmed by MWR.

COMMENTS IN RESPONSE TO PARAGRAPHS 131 – 135

I'm against the proposed change that would allow manufacturers to produce wireless devices that govern their own radiation power output, especially for laptops/notebooks and tablets which are frequently used by children who, according to the International Agency for Research on Cancer (IARC), are more vulnerable to MWR radiation than adults.

Since the justification for this proposed rule change is that manufacturers want to be able to deliver more data to laptops/notebooks and tablets, it seems obvious that this change would result in higher exposures for users.

I object to the practice of allowing exposures to be averaged over time in order to comply with FCC exposure limits. There is no scientific basis to support the notion that short, periodic bursts of MWR are not biologically harmful, or that only cumulative effects over time may have an impact. The FCC should establish temporal limits for both Specific Absorption Rate (SAR) and power density.

Furthermore, I wholeheartedly agree with the American Academy of Pediatrics that the FCC's current method of testing wireless devices is not reflective of the way people actually use technology today. Given the increasing use of wireless devices by children and adolescents, I strongly encourage the FCC to seek out and utilize testing protocols that reflect real-world situations.

COMMENTS IN RESPONSE TO PARAGRAPHS 141 – 143

I highly recommend that before the FCC considers even tentative approval of WPT devices operating at ranges in excess of 50 cm, it requires the manufacturers to conduct pre-market testing in order to demonstrate the safety of such devices when used in all possible "worst case" scenarios, including mitigation techniques to avoid inadvertent or collateral damage to the public. Such an analysis absolutely must include consideration of biological impacts.

The issues here are very significant. How will this impact an older person with an implanted cardiac pacemaker who uses a remote charger to charge his cell phone while he is moving around with the phone in his shirt pocket? Or what about the couple trying to get pregnant if the man's phone is frequently being charged wirelessly in the front pocket of his pants with the beam irradiating his testes?

What kind of human is the FCC considering protecting? What size, shape, age, and with what kinds of underlying medical problems or weaknesses? I strongly urge the FCC to update its standard anatomical models to reflect the wide variety of possible users.

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