TO THE FOLLOWING FEDERAL, STATE, AND LOCAL REGULATORY BODIES. ET AL.:

1. **The Federal Communications Commission (FCC) — Master Dockets: ET Docket No. 13-84 & 19-226**
    - *Including Consolidated/Satellite Proceedings:* **ET Docket No. 18-285, GN Docket No. 17-183, ET Docket No. 21-186, & WT Docket No. 25-305**
2. **The U.S. Department of Health and Human Services (HHS) — Docket HHS-OASH-2026-0397**
3. **The Department of Education (DOE)** (Classroom Construction and Child Welfare Review)
4. **The Department of Housing and Urban Development**
5. **The State Public Utilities Commission (PUC)** (Utility Grid and Infrastructure Review)
6. **The Department of Transportation (DOT)** (Mobile Transit Paths & Vehicular Cavity Resonance Review)
7. **State and Local Law Enforcement Agencies** (Forensic Metrics & Civil Protection Review)
8. **The State of Oregon Task Force on Electromagnetic Weapons** (Civil & State Protections Review)
9. **And all others to whom it may concern world-wide.**

FROM: Study Subject, Former U.S. Army Reserve (Combat Engineer Electrician), U.S. Navy (Air Traffic Controller) and FAA Air Traffic Control Specialist, and Embry-Riddle Aeronautical University graduate
Master of Aeronautical Science, 2014 (GPA 3.95)
Specializations: Aviation/Aerospace Education Technology, Aviation/Aerospace Management, Human Factors in Aviation Systems, & Space Studies
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PROBLEM: Ubiquitous Artificial Electromagnetic Fields
REACTION: Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures
SOLUTION: Remove Volatile Chemicals, Synthetic Fragrances and Artificial Electromagnetic Fields and & Liberate Natural Clean Air and Natural Electromagnetic Fields

ATTACHED EVIDENCE: Medical Authority, Peer-Reviewed Literature, Institutional Policy

- **Expert Qualifications & Clinical Profile (Dr. Gunnar Heuser):** Formal 20-page Curriculum Vitae (CV) and professional medical profile printout detailing the comprehensive credentials, academic appointments, and neurotoxicology background of treating specialist Dr. Gunnar Heuser, M.D., Ph.D., F.A.C.P., F.A.C.F.E., B.C.F.E., former Assistant Clinical Professor of Medicine at the U.C.L.A. School of Medicine and member of the UCLA Brain Research Institute, legally validating his professional authority to issue the clinical diagnostics and medical rationales.
- **Peer-Reviewed Scientific Publication (Heuser & Heuser, 2017) – Enclosed Neuroimaging Archive:** Full printed copy of the international scientific study: Heuser, G., & Heuser, S. A. (2017). Functional brain MRI in patients complaining of electrohypersensitivity (EHS). Reviews on Environmental Health, 32(3), 291–299. The claimant's specific clinical data and 3-Tesla fMRI parameters are detailed and evaluated within this text explicitly as **Case Four**, establishing a peer-reviewed baseline regarding the functional fragmentation of the default mode network.
- **Peer-Reviewed Scientific Publication (Belpomme & Irigaray, 2020) – Enclosed Neuroimaging Archive:** Full printed copy of the international scientific study: Belpomme, D., & Irigaray, P. (2020). Electrohypersensitivity as a newly identified neurological disorder: How to diagnose, treat, and prevent it. International Journal of Molecular Sciences, 21(6), 1915. This published medical literature explicitly features the claimant's 3-Tesla fMRI diagnostic scans as **Figure 4**, establishing an international peer-reviewed consensus regarding the severity of the central nervous system damage.

- **Institutional Policy Corroboration (IAFF Position Statement, RMD 3/2005):** Official 27-page Position Statement and Policy Brief by the International Association of Fire Fighters (IAFF). This institutional directive was developed directly from Dr. Heuser's specialized functional brain imaging research on station-bound personnel (detailed explicitly on Page 9), formally validating that proximity to high-power radiofrequency transmitters causes severe, occupationally disabling central nervous system impairment consistent with the claimant's diagnostics.

DIAGNOSIS: Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures

The clinical diagnoses, diagnostic protocols, and 3-Tesla fMRI neuroimaging benchmarks were formally established by Dr. Gunnar Heuser, M.D., Ph.D., F.A.C.P., F.A.C.F.E., B.C.F.E., former Assistant Clinical Professor of Medicine at the U.C.L.A. School of Medicine and member of the UCLA Brain Research Institute. Dr. Heuser's clinical focus, expert panel testimonies, and extensive published research emphasize Neurotoxicology, Immunotoxicology, Chemical Induced Injury, and Electromagnetic Field Induced Injury. His 20-page Curriculum Vitae, the aforementioned peer reviewed studies, and IAFF policy are attached to this filing.

This biological degradation culminated in a severe functional threshold failure during my final years with the FAA. As published in the definitive medical conclusions of the 2017 Heuser study, which featured my data explicitly as Case Four: "Since neurotoxic chemicals as well as head injury and EMF exposure are known to impair the blood brain barrier, it is almost to be expected that singly or in combination they make a given patient more vulnerable to impaired brain function." Because almost all workplaces are continuously inundated with electromagnetic fields and ambient chemical triggers, I am totally disabled from occupational tasks within those environments requiring sustained focus, multitasking, or complex decision-making.

The continuous, long-standing history of my substantial residential confinement began upon the official opening of my multi-unit residential building over ten years ago. Due to the severe functional limitations of Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures, My specific apartment unit was pre-assigned to me following a formal entry meeting with a Social Worker and the inaugural building management to explicitly address my disability and environmental barrier parameters.

Despite this official administrative baseline, within a few months, immediately following my formal complaints regarding a sudden influx of heavy secondhand tobacco smoke inside the structure, commercial chemical air fresheners were installed throughout the entire building. This sudden escalation introduced a severe, pervasive environmental barrier that required a grueling 12-day period of continuous coordination with multiple external regulatory agencies and the submission of my very first formal Reasonable Accommodation (RA) packet to ultimately secure their removal. This initial crisis established a highly volatile, documented over ten-years' pattern where my necessary medical boundary requests have been routinely met with immediate chemical or environmental escalations by facility management. This has rendered the common areas continuously unsafe, establishing a clear clinical necessity for treating my apartment as a strictly managed, barrier-protected medical baseline.

While I occasionally attempt short walks or brief, essential errands, my ability to leave my immediate living space is severely restricted and entirely unpredictable due to Toxic Encephalopathy Secondary to Chemical and Electromagnetic Field Exposures. The outside environment exposes me to a vast array of invisible triggers, such as ambient chemical fragrances and public wireless signals. While some exposures cause instant distress, others trigger severe, late-phase respiratory and neurological flares—including next-morning asthma attacks and prolonged cognitive exhaustion. To mitigate these risks and obtain necessary sunshine and fresh air, I am forced to carefully calculate every movement outside.

During longer daylight seasons, I restrict my walks on a nearby campus exclusively to weekends, holidays, and evenings when the parking lots are mostly empty. I also utilize a small, primitive area of a nearby park where the lack of modern development offers temporary safety. During shorter winter days, weekday campus walks are unsustainable because the high volume of commuter vehicles and the activation of LED street lamps occur before workers vacate the area, triggering symptoms.

My community access is limited to essential survival and hygiene needs. I cannot use the laundry facilities at my residence because the chemical residues left behind in the machines by other occupants

would severely contaminate my clothing. Consequently, I must travel to a private, fragrance-free home to drop off and pick up my laundry. For nutrition, I must secure organic food from specific health food stores and outdoor farmers' markets where the environment is slightly more manageable.

However, even these vital lifelines are rapidly disappearing. I recently lost access to one of my few accessible health food stores because they installed electronic price tags throughout the produce section, creating an environment that triggers immediate neurological distress. Commercial alternatives like third-party grocery delivery services are entirely contraindicated, as the handling and transport of my food by personnel using standard consumer fragrances and active mobile devices results in unavoidable chemical and fragrance contamination along the transit route.

Furthermore, securing pure drinking water and clean air requires an exhausting level of environmental management. Because modern appliances—including items marketed as "not smart" like standard air filters and Reverse Osmosis systems—contain internal digital components and switching power supplies that emit localized radiofrequency and electromagnetic fields, they trigger immediate distress and cannot be safely operated within my reflective residential environment. Consequently, I am forced to physically haul pure Reverse Osmosis water into my home from outside sources.

This continuous state of substantial residential confinement is further documented by a formal Reasonable Accommodation (RA) packet regarding infrastructure upgrades that compromised my living space. Because the entire multi-unit residential building is served by a high-capacity electronic electric utility meter, the building's structural grid is subject to a constant, elevated electromagnetic load. To survive within this environment and mitigate the pervasive influx of ambient Radio Frequency Radiation (RFR)—including ubiquitous signals from neighboring wireless networks, cell phones, smart TVs, and digital security cameras—I manually adapted my apartment into a localized Faraday cage using an electrosmog meter, aluminum foil, and aluminum window screening. Furthermore, to suppress conducted transients and electrical noise stemming from this structural grid load, I continuously manage internal power quality by deploying individual plug-in dirty electricity filters across each of my active residential circuits. My treating specialist formally issued a medical directive strongly supporting these intensive residential shielding efforts as a clinical necessity to prevent profound neurological regression, while I concurrently restated my administrative demands for electromechanical utility meters.

Follow-up correspondences from this period log a recurring pattern where my formal accessibility requests were immediately followed by the sudden re-introduction of commercial chemical floor cleaner fumes in the hallway, demonstrating a long-standing, multi-year failure by facility management to maintain a stable, accessible path of egress.

The clear, objective necessity of this controlled environment was formally recognized and validated by my local housing authority in response to a formal medical directive issued by Dr. Heuser detailed the precise engineering and environmental shielding specifications required to prevent severe neurological regression. The housing authority officially approved my request for specialized, medically necessary housing. However, because modern residential developments are systematically inundated with ambient wireless networks, smart utility grids, and synthetic chemicals, it has remained functionally impossible to locate an alternative residential environment that complies with these strict clinical safety parameters. This profound lack of viable, accessible alternative housing substantially confines me to my current, manually adapted premises as my primary option for survival.

Additionally, even exiting my living space is highly unpredictable, as the path from my apartment door to the outside is regularly rendered inaccessible by volatile chemical fumes in the hallway or cigarette smoke trapped in the enclosed stairwell. At times, outdoor spaces become entirely unusable, such as a campus garden path that was blocked for months by an RV operating a high-frequency satellite system that induced instant nausea. This environmental instability was profoundly compounded by an external building infrastructure crisis a year ago, where a heavy fungicide application to the structure's exterior triggered a localized mold explosion. To survive the lingering biological and chemical toxicant load inside my living space, I am occasionally forced into temporary emergency displacements outside the structure for multiple hours strictly to run a localized ozone remediation protocol. These critical, involuntary evacuations represent a severe hazard to my baseline stability, as they force me directly into an unshielded outside environment while my primary residential shield is undergoing mandatory decontamination.

The ongoing struggle against these structural barriers is extensively documented in my recent formal submission of a 20-page Reasonable Accommodation/Modification packet that chronicles a 67-hour cumulative exposure window—including common hallway trails, secondhand smoke, and a

dense cloud of cologne trapped in the enclosed stairwell—that culminated in a severe late-phase asthmatic response and parallel neurological flare. This file details a continuous history of structural barriers and explicitly requests the comprehensive adoption of a facility-wide fragrance-free policy and protective environmental signage modeled directly after established institutional protocols utilized by Kaiser Permanente. It contains formal coordination from a Social Worker verifying the immediate medical necessity of restoring alternative accessible entry paths to bypass these hazards.

Because the public world and standard healthcare facilities are filled with these unmanageable environmental hazards and chemical exposures, I am substantially confined to my immediate premises to maintain baseline physical safety and stability. My home serves as my necessary medical shield, and strict environmental avoidance remains my primary viable clinical protocol. There is no treatment available other than avoiding exposures to toxic agents. Every technological and environmental upgrade in the outside world directly restricts my ability to safely navigate beyond my home. Due to medical restrictions regarding wireless equipment, I do not utilize a mobile telephone. I use a wired ethernet connection at home. Without locally maintained payphones, if I have an urgent need to communicate away from home, I must ask to borrow a local business wired only landline.

Sensory Processing Sensitivity (SPS) as an Evolutionary Biological Early Warning Array

To evaluate the public health crisis of environmental hypersensitivities accurately, federal and state regulatory bodies must transcend the narrow, localized focus of individual clinical diagnostics and integrate fundamental tenets of epidemiological science and population dynamics. Peer-reviewed research into Sensory Processing Sensitivity (SPS) establishes that approximately 15% to 20% of the human population, and an equivalent minority across more than 100 other animal species, possess an innate, genetically conserved trait characterized by deep processing of environmental stimuli, heightened emotional reactivity, and empathy.

From an evolutionary perspective, this highly responsive segment serves an indispensable survival function: it operates as a collective biological early warning array for the entire species. Utilizing a "pause and plan" methodology, these individuals absorb and cross-reference micro-changes in the ambient landscape—noticing faint biochemical variations, subtle changes in environmental baselines, and invisible toxic thresholds long before they register as macro-level pathologies within the less-receptive 80% majority. The survival of the entire population directly depends on this minority's capacity to detect environmental threats early, acting as an organic safety brake for the species.

When modern regulatory agencies like the FCC deploy high-density, high-frequency infrastructure based exclusively on the sensory limits of the less-observant statistical majority, they introduce a profound existential hazard. By dismissing the physiological distress of individuals labeled with Electromagnetic Hypersensitivity (EHS) or Multiple Chemical Sensitivity (MCS) as subjective anomalies or psychological aversions, the administrative state is effectively blindfolding its own biological sensor array. Treating the highly sensitive minority as an impediment or an inconvenient outlier to corporate expansion creates a severe demographic attrition. Forcing these individuals out of public spaces, essential workplaces, and modern civic infrastructure represents more than a civil rights violation; it stands as an institutional suppression of the species' natural defenses, threatening the long-term biological integrity of the entire ecosystem.

REQUESTS: Please allow more time for responses. These issues and dockets are of high complexity and importance to the survival of all life on Earth.

Clean Air and Field Law is needed.

Suggested signage for indoors and outdoors:
To ensure access for individuals with respiratory and neurological conditions, Refrain from bringing any wireless devices or causing artificial electromagnetic field emissions. Likewise refrain from wearing, spraying, applying, venting, evaporating or otherwise deploying or exposing others to volatile chemicals—including but not limited to laundry fragrance fumes, cologne, perfume, synthetic fragrances, air fresheners, vinegar, masking agents, or essential oils.

Sincerely, RC Smith 10-21-2026