

**Before the
Federal Communications Commission
Washington, D.C. 20554**

In the Matter of)	
)	
Notice of Proposed Rulemaking)	
18 FCC Rcd 13187, 13188 ¶1 (2003))	ET Docket No. 03-137
)	
And)	
)	
Service Rules for the Advanced Wireless Services)	WT Docket No. 12-357
H Block---Implementing Section 6401 of the)	
Middle Class Tax Relief and Job Creation Act of)	
2012 Related to the 1915-1920 MHz and)	
1995-2000 MHz Bands ¶53 footnote 95)	

To: Office of the Secretary
Federal Communications Commission
Washington, DC 20554

Comment Filed by: Megan Doheny
5750 West 85th Place
Los Angeles, CA 90045
megandoheny@yahoo.com
310-721-9689

February 5, 2013

AFFIDAVIT OF

State of California]

Los Angeles County]

I, Megan Doheny, attest that my statements are true to the best of my knowledge.

Comment round for ET Docket No. 03-137 and WT Docket No. 12-357.

1. My name is Megan Doheny . My address is 5750 West 85th Place Los Angeles, CA 90045.

2. I am an event planner.

3. This Submission pertaining to 4. Other Technical Issues 53. Part 27 contains several additional technical rules applicable to all Part 27 services, including Section 27.51 (Equipment authorization), Section 27.52 (RF safety),⁹⁵

4. MAKE THE FCC GUIDELINES GOVERNING RF EXPOSURE FROM WIRELESS MORE PROTECTIVE NOT LESS PROTECTIVE. DO NOT GO TO AN INTERNATIONAL STANDARD! Change the FCC guidelines to a biologically based standard that recognizes non-thermal effects including cancer based on the research of Lennart Hardell MD some of which is listed below and look at the findings of the Interphone Study which are hidden in the supplemental report regarding long term, heavy use of cell phones, and look at the increase in brain tumors amongst people under 50 years old who compose the majority of users of cell phones and other wireless technology as is listed in the Brain Tumor registry and referred to in the commentary attached by Lloyd Morgan and lower the permissible exposure level for RF radiation by 1 million times to ensure everyone is protected from any harmful effects possible.

5. CURRENT FCC GUIDELINES FAIL TO TAKE INTO ACCOUNT AND REFLECT THE EXISTENCE OF NON-THERMAL EFFECTS OF RADIOFREQUENCY RADIATION EXPOSURE EVEN THOUGH THEY ARE DEMONSTRATED IN THE STUDIES BELOW. PLEASE REVISE GUIDELINES SIGNIFICANTLY DOWNWARD IN THE ORDER OF 100,000 TO 1,000,000 TIMES LOWER THAN THE LIMITS ARE CURRENTLY TO BETTER REFLECT CURRENT RESEARCH AND TO SET THEM AT A LEVEL WHICH PROVIDES PROTECTION FROM ANY

NON-THERMAL BIOLOGICAL EFFECTS SEEN OR MEASURED ABOVE THESE LEVELS.

6. See the specific studies listed below and see their findings regarding the existence of non-thermal biological effects summarized below with the actual articles attached to this submission:

1a) “Hardell & Carlberg, Mobile Phones, Cordless Phones and the Risk for Brain Tumors Wireless phones.” 4-13-09. Major findings are:

- a. When first cellphone (AKA mobile phone) use began before the age of 20, the ipsilateral risk was 7.8-fold (a 680% increase risk) of brain cancer (OR=7.8, CI=2.2-25, see Table 1);
- b. With >10 years of ipsilateral use there was a 5.6-fold (460% increased risk) of a temporal lobe brain cancer (see text of paper). The temporal lobe absorbs the highest amount of cellphone microwave radiation of any region of the brain;
- c. Use of a cordless phone by women for >10 years increased the risk of brain cancer 3.6-fold (OR=3.6, CI=1.4-9.3), and if it was >10 years of ipsilateral use the risk to women of brain cancer was 16-fold (OR=16, CI=2.7-90). See Table V.

2a) Mild, Carlberg, Hardell, , “Pooled Analysis of Two Swedish Case-Control Studies on the Use of Mobile and Cordless Telephones and the Risk of Brain Tumours Diagnosed During 1997-2003,” 2007. Major findings are:

- a. For high-grade brain cancer (astrocytoma grades III-IV) the risk from cellphone use increases by 4% per every 100 hours of use (OR=1.04, CI=1.02-1.06, Table 3);
- b. For high-grade astrocytoma the risk from cellphone use increases by 11% per year for every year since first use (OR=1.11, CI=1.06-1.16, Table 3);
- c. For more than 2,000 cumulative hours of cellphone use for more than 10years the risk of brain cancer is 6.4-fold (OR=6.4, CI=3-14, Table 4).

3a) Look at attached Commentary from Lloyd Morgan regarding Cancer Registry Findings. He highlights the fact that in the “USA: 1990-2009, both male and female age specific brain cancer incident is increasing annually for ages less than 50 years. It is increasing significantly by 2.2% in males <20 years of age; 3.0% per year in women aged 20-29 and 3.4% per year in men aged 30-39!” This is almost a 35% increase in brain tumors over 10 years and a 70% increase over 20 years.

7. Based on these significantly increasing number of brain tumors amongst our population and evidence that RF radiation exposure due to wireless significantly increases the risk of developing a brain tumor, the FCC must take immediate action to modify its FCC guidelines to incorporate well demonstrated non-thermal biological effects including cancer but also other ailments from radiofrequency radiation exposure and lower permissible exposure levels to levels 1 million times more protective that completely protect everyone in our population from this known, measureable, and preventable biological harm.

8. The FCC needs to develop an actual safety standard rather than merely a guideline that provides protection from demonstrated health effects which is especially important now as the FCC allows our government to aggressively move forward with plans to expose our most vulnerable citizens, our children to continuous, long term RadioFrequency exposure with the use of WiFi and Wireless Tablets in the classroom despite the fact that studies show cancerous effects from long term exposure to RF radiation. The studies noted above and attached address the type of long term heavy use of RF radiation that our children will have to be involuntarily exposed to on a daily basis regardless of its harmful effect.

9. We need FCC guidelines which can be considered absolutely protective of the worse case scenario represented by these studies and others like them in order to protect our most precious societal resource-our children. The FCC needs to lower its current exposure levels of RF radiation permitted via wireless transmission to 100,000 times to 1,000,000 lower to better reflect current research and offer real protection to our population from sickness and death.

10. Note=*Vocabulary- The word is ipsilateral. What it means in this context is the tumor was found on the side of the head where the cellphone

was most commonly held. Its opposite is contralateral, meaning the tumor was found on the opposite side of the head from where the cellphone was most commonly held. The words glioma and astrocytoma refer to various types of brain cancer. For this purpose it should be read as brain cancer. Acoustic neuroma is a tumor of the acoustic nerve. Meningioma is a tumor of the meninges which surround our brain and spinal cord. All of them are called brain tumors.

Respectfully submitted by:

Megan Doheny
5750 West 85th Place
Los Angeles, CA 90045
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