

**FCC 13-39**  
**Before the**  
**Federal Communications Commission**  
**Washington, D.C. 20554**

In the Matter of	)	
	)	
Reassessment of Federal Communications	)	ET Docket No. 13-84
Commission Radiofrequency Exposure Limits and	)	
Policies	)	
	)	
Proposed Changes in the Commission's Rules	)	ET Docket No. 03-137
Regarding Human Exposure to Radiofrequency	)	
Electromagnetic Fields	)	
	)	

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

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August 30, 2013



limits to necessitate an EIS evaluating existing limits compared to biologically-based RF safety limits.

6. On September 1, 2012, in response to the evidence contained in the “Report on Possible Impacts of Communication Towers on Wildlife Including Birds and Bees,” India dropped its maximum transmission limits to one tenth of its previous limits, already lower than U.S. permissible limits, and placed a moratorium on installation of antennas within 1 km of each other. India continues work on a more final rule. This shows that the substance of the report is indeed compelling.
7. The FCC has a duty to the public to protect the public health and safety from harm from radiofrequency radiation (H.R. Report No. 104-204, p. 94).
8. In May 2011, IARC classified radiofrequency radiation, including radiation from all wireless technologies, as a class 2B possible carcinogen.
9. In the 2012 BioInitiative Report, the authors conclude radiofrequency radiation is a carcinogen. One mechanism responsible for the carcinogenic effect of radiofrequency radiation is its ability to initiate the Fenton Reaction, just as ionizing radiation does. The 2012 BioInitiative Report is incorporated by reference herein in its entirety (<http://www.bioinitiative.org/>)
10. The FCC radiofrequency radiation limits are outdated and obsolete. They are based on physics, not biology and, therefore, the limits are so high that they are useless for protecting the population from harmful biological effects. “*Public safety standards are 1,000 – 10,000 or more times higher than levels now commonly reported in mobile phone base station studies to cause bioeffects.*” (<http://www.bioinitiative.org/conclusions/>)
11. Since the FCC lacks the expertise to establish meaningful biologically-based safety limits, it is the duty of the FCC to advocate for allocating funding and authority to the EPA to establish biologically-based safety limits. 2012 HR6358 exists as a model of legislation to do just that.
12. The FCC is not entitled to essentially disregard comments from citizens because they cannot provide global cost-benefit analysis (*Scenic Hudson v. Federal Power Commission*), as is suggested by paragraphs 109 and 209. The Commission has an affirmative duty to inquire into and consider all relevant facts. They must use government resources to perform the relevant analysis. The FCC should request that the EPA use its taxpayer-funded resources and experts present at its National Risk Management Research Laboratory to conduct all of the cost analyses the FCC has asked for in this proceeding.
13. In paragraphs 66, 67, and 68, I provide information about the monetary costs incurred by me and my family as a direct result of the FCC's negligence in not putting into place biologically-based RF safety limits years ago. The emotional and social costs

have also been very steep. None of the common uses of wireless technology comes close to justifying the monetary, physical, emotional, and social price our family has been forced to pay for it.

14. My family's on-going health nightmare, caused by the presence of biologically active levels of radiofrequencies on the electrical grid and radiofrequency radiation transmitted into the environment through use of wireless technology, is illustrative of why it is essential that the EPA finally be empowered to establish biologically-based radiofrequency radiation safety limits.
15. I have radiowave sickness. (See Dodge, incorporated by reference herein in its entirety [http://www.magdahavas.com/wordpress/wp-content/uploads/2010/08/Dodge\\_1969.pdf](http://www.magdahavas.com/wordpress/wp-content/uploads/2010/08/Dodge_1969.pdf)) It was originally misdiagnosed as chronic fatigue syndrome. However, once I found out I was being exposed to large amounts of high frequencies from electrical pollution, including "dirty" power on my wires and plumbing, and reduced that exposure as much as I was able, I began to recover almost immediately.
16. Here is a brief summary of symptoms I experienced during my high frequency related illness: heart palpitations, very pain sensitive, constant nerve pain, sluggish reactions, poor depth perception, muscle weakness, lactic acid buildup with little exertion, unrefreshing sleep, often wakeful in the night, fatigue, night sweats, poor circulation to my extremities, reflux, difficulty concentrating, difficulty thinking, inability to make decisions, low-grade fever and chills, headaches, and a dry sore throat.
17. We have reduced our exposure as much as possible. I was well at home until smart meters on our neighbors' homes, power line communications frequencies, and 4G cell service increased our exposure enough that I began once again to experience symptoms even while in our home. We have taken additional steps to reduce our exposure to the pulse modulated microwave radiation used in wireless technology and high frequency power line communication signals.
18. I get sick again whenever I am around higher levels of high frequencies such as when I go into town. The degree of sickness and the exact symptoms vary depending on the duration and strength of the exposure, as well as the particular frequencies to which I am exposed.
19. The ambient levels of pulsed microwave radiation are now so high that I can no longer even try to go to friends' and relatives' homes, restaurants, movies, public events, or "shopping" - in the event I have to go into a store I try to arrange ahead for the item I need to be ready for me or I go in quickly, ask for assistance finding the item, buy it and leave.
20. I have had serious radiation sickness reactions to these polluted environments including cardiac arrhythmias, cognitive difficulties, short and long-term memory problems, severe neurological pain, hair loss and serious gastrointestinal effects if I try to stay longer. (See "Provocation study using heart rate variability shows

microwave radiation from 2.4 GHz cordless phone affects autonomic nervous system,” incorporated by reference herein in its entirety [http://electromagnetichealth.org/wp-content/uploads/2010/10/Havas\\_HRV\\_Ramazzini1.pdf](http://electromagnetichealth.org/wp-content/uploads/2010/10/Havas_HRV_Ramazzini1.pdf))

21. One meeting, where cellphones and wifi were present, followed by what should have been a quick trip to an office supply store, which had gotten a wireless telephone headset system since my last visit, caused serious radiation poisoning symptoms. I had cardiac arrhythmias from the radiofrequency radiation at both locations. Nerve pain began toward the end of the meeting and grew worse at the store and was so bad by the time I got home that I had to limit how my children could touch me for a couple of days. Serious gastrointestinal pain and dysfunction resulting in massive diarrhea began very shortly after arriving home and finally began to subside 3 days later. The pain and diarrhea were so severe with food that I had to quit eating for a couple of days while my intestine healed. The symptoms began at the meeting and quickly escalated while I waited nearly twenty minutes for service at the store and persisted for over 3 days. The association between the exposure and the symptoms was very clear. I consumed no food at the meeting or at the store. I had no symptoms of a bacterial/viral infection.
22. We have two small children whom we are homeschooling so they will not be exposed to dangerous high frequency environment in our local public school (Waterloo, WI). The school has both WiFi and high electrical pollution levels.
23. Our children both experience health problems when exposed to high frequencies. They feel sick, become hyperactive, less able to think logically and control their behavior. They also sleep poorly in bad high frequency environments. The recent increase in radiofrequency radiation exposure has given them chronic cardiac arrhythmias which worsen markedly when they are exposed to the higher levels of pulsed microwave radiation common in society within the last couple of years. (Video demonstrates finding of cardiac arrhythmia caused by DECT phones - [http://www.youtube.com/watch?v=p-mw\\_nCJWs4&list=UUxs1UgZ6DivWUfG1dX3TELw&index=10](http://www.youtube.com/watch?v=p-mw_nCJWs4&list=UUxs1UgZ6DivWUfG1dX3TELw&index=10))
24. The drastic measures we have taken to reduce their exposure has momentarily stabilized them at about early stage 2 radiofrequency sickness. (See Dodge) We are very concerned that any increase in the radiofrequency radiation levels could again push them over the edge toward stage 3 radiofrequency sickness. They should not be involuntarily exposed to a pollutant that has such profound detrimental effects on them.
25. I have maintained the website [www.electricalpollution.com](http://www.electricalpollution.com) since 2002, shortly after I discovered that the high frequencies present on building wiring and flowing across the ground from non-linear time varying loads were making me, and others, sick. Research on the health effects of electrical pollution is available on the website on the Research Page. More technical information is available on the Technical Page.

Electrical pollution is a very potent form of exposure to high frequencies. Exposure to all forms of high frequencies, including electrical pollution, must be included in standards regulating exposure of the general public to protect the public health during continuous exposure.

26. Because of the serious effects exposure to high frequencies has on our health, we do not own a cellphone, cordless phones, wireless router, baby monitors, or subscribe to wireless internet.
27. I have read widely on the research into the health effects of exposure to high frequencies. I believe that the increased exposure to high frequencies from radiowave and microwave transmitters and from electrical pollution are behind the public health crisis that has dramatically increased utilization of our medical system for chronic conditions. The article by Halberg and Johansson in *Pathophysiology*<sup>1</sup> supports this contention. The comprehensive review by Dr. Cherry, which documents health effects and explores mechanisms, besides thermal mechanisms, through which microwave and radiowave radiation can impact health, also supports my contention that exposure to microwave and radiowave radiation is a public health threat which is probably contributing to significant public illness. A review of the Soviet literature on radiofrequency sickness by Christopher Dodge<sup>3</sup> of the Naval Observatory discusses radiofrequency sickness in detail. The symptoms attributed to chronic exposure to radiofrequency radiation mirror the deterioration of health being seen in the U.S. in recent years, probably due to the dramatic increase in exposure to radiofrequencies from electrical pollution and wireless technology. Papers by Dr. Milham<sup>4</sup>, Dr. Havas<sup>5,6,7</sup> and Dr. Wertheimer<sup>8</sup> also show that exposure to electrical pollution constitutes a public health threat, as does a report by Char Sbraggia regarding health improvements experienced by teachers and students when the electrical pollution in their school was cleaned up (MelMinNurse.pdf). These are just a few of the papers I have read. However, they provide a picture which should illustrate the need for precautionary action to halt the expansion of public exposure to high frequencies until safety standards can be established to prevent health problems in the general population during continuous exposures to high frequencies, taking into account all sources of exposure.

1. Ö. Hallberg, O. Johansson, Apparent decreases in Swedish public health indicators after 1997 — Are they due to improved diagnostics or to environmental factors? *Pathophysiology* (2009)
2. Cherry, N. 2000 Criticism of the Health Assessment in the ICNIRP Guidelines for Radiofrequency and Microwave Radiation (100 kHz- 300 GHz)
3. Dodge C. Clinical and Hygienic Aspects of Exposure to Electromagnetic Fields. *Biological Effects and Health Implications of Microwave Radiation*, Symposium Proceedings, Richmond, Virginia, September 17-19, 1969.
4. Milham S, Morgan L. 2008 A New Electromagnetic Exposure Metric: High Frequency Voltage Transients Associated With Increased Cancer Incidence in Teachers in a California School. *American Journal of Industrial Medicine*.
5. Havas M, Olstad A. 2008. Power quality affects teacher wellbeing and student behavior in three Minnesota Schools, *Science of the Total Environment*, July.

6. Havas M. 2006. Electromagnetic hypersensitivity: biological effects of dirty electricity with emphasis on diabetes and multiple sclerosis. *Electromagnetic Biology Medicine* 25(4): 259-68.
  7. Havas M. 2008. Dirty Electricity Elevates Blood Sugar Among Electrically Sensitive Diabetics and May Explain Brittle Diabetes. *Electromagnetic Biology and Medicine*, 27:135-146.
  8. Wertheimer N, Savitz DA, Leeper E. 1995 Childhood Cancer in Relation to Indicators of Magnetic Fields from Ground Current Sources *Bioelectromagnetics* 16: 86-96.
28. I knew that an increase in levels of transmitted radiofrequency and microwave radiation would be very detrimental to my health and that of my family and would further impair our ability to live a normal life.
29. Therefore, we refused installation of the We Energies AMR meters, which transmits a spike of microwave radiation (approximately 1800  $\mu\text{W}/\text{m}^2$ ) every 6 seconds 24 hours a day, 7 days a week, on our two electrical services.
30. I asked for reasonable accommodation under the ADA because I knew that my children and I experience environmentally induced functional impairment with exposure to radiofrequency radiation, including the pulsed modulated microwave radiation utilized by the We Energies AMR meters.
31. My initial request was denied verbally by the PSC and in writing by We Energies.
32. We had to turn away at least one installer who came to install meters after we were on the record with We Energies and the PSC as not wanting an AMR meter installed.
33. We were concerned that we would find AMR meters installed despite our clearly expressed refusal to have AMR meters, so we padlocked our meter pedestals and installed clearly worded permanent signage.
34. In response to our continued refusal to allow installation of the meter, we were threatened with disconnection. (See WeEnergies9Dec2011.pdf)
35. My mother and father-in-law tried to refuse to take a transmitting meter so we would still be able to visit and were bullied into taking the meters by a disconnect threat. We can no longer visit. Our one try was cut short by our younger son feeling so ill that he was crying and begging to leave - in spite of it being Christmas with relatives, presents, and candy.
36. Both We Energies and the PSC maintained, over the phone and at the meeting with the legislators, that we had three choices and represented them as accommodation.
1. Take the AMR meters.
  2. Take the AMR meters and move them anywhere on our property at our considerable expense (thousands of dollars to move them even short distances).

### 3. Get off-grid.

37. We do not consider these choices to have been any form of accommodation since we could not have moved the meters far enough to protect our health. Also, the radiofrequencies the meters produce get on the wires, essentially turning the house into a low-power microwave. This proved to be a problem even though our nearest neighbor is over half a mile away. Having two meters of our own would have worsened the effect.
38. We consider the refusal to accommodate us and the threat to disconnect us to have been bullying and intimidation on the part of We Energies and the Wisconsin Public Service Commission.
39. A group of us met with state legislators (Sen. Grothman, Rep. Jorgensen, and Connie Schulze, a staff-member of Sen. Darling's, who were supportive, but unwilling to sponsor legislation to help us.
40. I called numerous federal agencies - to no avail.
41. In March 2011, we received a letter from We Energies threatening to disconnect us within 48 hours for denying them access to the meter pedestal, which we own. This, in spite of the fact that, during a conversation about the supposed safety issue and the fact that We Energies can easily disconnect power to our farm at our transformer in case of an emergency, Tom Held (Supervising Engineer Meter Technology) concurred saying "I know. They can pull the fuse."
42. We had been customers in good standing.
43. Again we appealed to the PSC for accommodation under the ADA (PSCMarch2011WEcutoff.pdf) and asked that they address the radiation coming off of our transformer and causing cardiac arrhythmia for our son, only to be told that they would stand by and watch us disconnected, although they would make We Energies wait until after April 15. They did not address the dangerous radiation at all.
44. After consulting multiple lawyers, realizing that the sole power to provide or deny accommodation resided with the PSC, and even being told outright by one lawyer that our best bet was to get off the grid, we began making preparations -at considerable expense- in case we were forced off-grid, fighting all the while.
45. We got a propane refrigerator, a pilot light gas stove, installed a gravity flow hot water heating system, acquired a generator to run our commercial freezer and installed a solar photovoltaic system to run a new DC well pump and sump pumps and converted our computer to run on DC.
46. We felt that the PSC was in violation of its own statutes in standing by and watching customers in good standing get disconnected and that We Energies was in violation of

the law, but with no one to defend us, we had no recourse other than the one easily accessible public forum - a Letter to the Editor. (We had contacted various legal organizations including the ACLU, Public Citizen, Common Cause, and NRDC. All said that they have limited funding and they had never heard of this before. News outlets were similarly uninterested - utilities and telecom companies provide substantial funding through advertising or outright ownership.) We did also reply to the PSC.

47. The PSC once again refused to exercise their right to stop We Energies from disconnecting us for refusing the transmitting meter.
48. The PSC refused to accommodate us in large part because the AMR meters were supposedly in compliance with FCC radiofrequency limits (see PSC27Apr2011reDATCP.pdf), in spite of the fact that FCC limits were never intended to protect anyone from the biological effects we experience. Compliance with FCC limits has been used to force many many people from across the country to have devices which compromise their health.
49. After we wrote the letter to the editor, Sue Crane, Manager Special Projects at We Energies contacted us and asked that we remove the padlock stating that she would personally guarantee in writing that the meters would not be changed for 6 months.
50. On October 8, 2011, we sent letters to the PSC and We Energies requesting that they remove our electrical service since they had repeatedly ignored our requests to address the problems on their system that were causing large amounts of very high frequency radiation to radiate off of our transformer and our house wiring.
51. We had been forced to sleep in a tent a half mile from our home site (and at least that from other electrical services) from the end of July through October 13, 2011 - the start of early deer hunting season - in order to stabilize our sons' cardiac health. (From the start of deer hunting until the secondary wires were removed on October 19, 2011 we slept in the bed of our full-sized truck parked in our metal machine shed with the openings facing the transformer electrically shielded and the bed opening away from the transformer. The electrical service to the shed was already disconnected thus preventing it from conducting the radiofrequencies in.)
52. Both sons were affected, although our younger son was affected more severely. After initial tachycardia incidents which we became aware of in the fall of 2010, they moved on to irregular heartbeat and heart rate which finally got quite slow and irregular, particularly during sleep. Additionally, Holter monitoring found that both boys had sinus arrhythmia. This is consistent with the descriptions of stages one and two of radiofrequency sickness in Dodge (attached). On a Holter monitor, our younger son only had a high of 242 bradycardia incidents hourly at the tent versus 1637 hourly at home. Our older son had a high of 165 bradycardia incidents hourly at home with no comparable due to a mistake on the part of the hospital. Our younger son's heart rate got so slow one night when we were forced by broken tent poles to

sleep at home that he lost bladder control, wetting only his underwear because the volume of urine was so small. When I went to him in response to his call, he was agitated and upset, but his heart rate was very slow and the beats were weak and irregular. This continued for a couple of hours. We did not sleep in the house again after that until after the secondary lines were removed.

53. The deterioration in our health began shortly after the smart meters were installed in our area. Strong power line communication signals (likely related to broadband over power lines) in the 12.4 to 13.2 MHz and 25.5 to 26.3 MHz range along with communication signals radiating from our end of the line transformer and our home wiring seem to have been the final straw.
54. Signals in the 1 MHz to 80 MHz range used for broadband over power lines and communication signals are not supposed to cross the transformer. However, what happens when the signal hits the end of the line has not been considered as far as I know. Our experience suggests that it radiates and does cross the transformer enough to radiate off of the wiring and plumbing throughout the house at biologically-harmful levels.
55. We are now off-grid to protect our family's health.
56. After going completely off-grid, I had three heavenly weeks. I slept well, felt well, and had lots of energy. Our pets' health improved. Most importantly, our sons' cardiac rhythms had almost completely normalized and I was not awakened in the night.
57. Then, in early January 2012, 4G cellphone service was installed in our area. Within a week, our sons' cardiac rhythms were again highly irregular. Our younger son was again waking us in the night crying, sweating profusely, and feeling unwell with a highly irregular cardiac rhythm. He was also clingy and fussy during the day.
58. My husband screened all the windows with aluminum screen to reduce his exposure. Again, he slept through the night and was less clingy, but their cardiac rhythms remained irregular.
59. We are currently essentially housebound, unable to spend significant time in houses or businesses which have transmitting meters, which includes almost every electrical service in our area.
60. Due to the detrimental health effects that we experience, we are unable to visit friends and relatives who have transmitting meters.
61. We cannot completely escape the constant exposure from neighbors transmitting utility meters, 4G cellphones, and the power line frequencies which still radiate from the junction box down the road that terminates the line.

62. As 2012 passed, we had to do more and more shielding to compensate for the ever increasing levels of radiation from wireless technology. We have had to restrict the amount of time our outdoors-loving sons can be outside. They are now only able to be out an hour a day. If they are out more than that with any regularity their cardiac arrhythmias become severe enough that they become clingy and we are awakened in the night.
63. I have not been able to do all the animal care, yard care, and gardening that I need to do in the course of the year. The garden is overgrown. I have not even been able to keep the few potatoes I planted weed-free. Obviously, I cannot fit duties that usually took me 6-8 hours daily into the one hour they can be outside without triggering more serious cardiac arrhythmias. I have trouble performing the physical labor I always have and must do to earn our living since my heart often does not beating efficiently, due to the radiofrequency radiation levels.
64. Radiofrequency radiation levels have climbed high enough that even being inside most of the time is not protective enough to keep our sons from being symptomatic. We have had to begin shielding further. Every little bit helps for awhile, then more people use their phones more, stream video more, etc and the levels increase further and we have to shield some more. How long before radiofrequency radiation levels climb high enough that being outside at all is dangerous? What happens when we have shielded the whole house and even so being inside does not offer enough protection? Who could take care of and protect my boys if anything happened to me and my husband?
65. I worry that I will run out of shielding options to protect my sons before meaningful biologically-based safety limits put an end to the insane increases in radiation exposure occurring rapidly now as usage of wireless technology increases. Radiofrequency sickness is serious and is life-threatening if it is not able to be properly treated by avoidance once it occurs.
66. The meters necessary to verify RF related problems cost over \$1,500. Going off-grid, which was necessary to protect the lives of our sons, cost us over \$70,000 dollars based on simple addition of the costs of all the separate parts and steps necessary to make that happen. The cost was that low because we were able to do much of the work ourselves. The solar installer estimated that the system we wished to put in at that time would cost us over \$80,000 just for the solar system, not including the new heating system, refrigerator, well-pump, super-insulating the freezer, freezer generator, freezer/generator control switches, etc.
67. Shielding materials have cost us over \$2,500 so far, also based on simple addition, and are likely to cost us at least \$4,000 more just for the shielding materials, also based on simple addition. It has cost over \$7,000 to get new windows for the low E coating which helps block RF, again far less than most people would pay because we can install them. I cannot stress enough that these are only the monetary costs and do not include the physical, emotional, and social price our family has been forced to pay

for the FCC's negligence in not implementing biologically-based safety limits. We are not wealthy and do not earn vast sums each year so it is a real question as to how long we can continue to pay for the continuous upgrades necessary to protect our family's health, yet how can we not? But, if we lose the farm doing it, what will happen to us?

68. FCC negligence in not establishing meaningful RF safety limits has caused us to pay more for my health insurance and therefore our sons' health insurance. The CFS diagnosis, which was really radiofrequency sickness from exposure to dirty power, caused me to become an automatic reject for health insurance. I was fortunate to be able to get health insurance through the Wisconsin Health Insurance Risk Sharing Plan (HIRSP), however even with the subsidy it was quite a bit more expensive than insurance I could have gotten as a healthy young woman. We had to have HIRSP policies for our sons as well, not due to their health which was great prior to the RF toxicity problems outlined above, but because you cannot insure children without at least one adult as primary on the policy. As an example of the great expense this caused us, the insurance quote we got in 2012, necessary to re-apply to HIRSP, for the whole family was \$713.54/month. The premium for my insurance alone through HIRSP at that same time for the same \$1,000 deductible was \$729/month. HIRSP premiums at that same time and deductible level were \$554/month for Dan and \$387/month for each of the boys. Up until the 2008 flood and policy changes allowed us to qualify for health insurance assistance we were paying similar large monthly premiums. Thus, FCC negligence, resulting in the absence of biologically-based RF safety limits and my CFS diagnosis, forced our family to pay significantly more for health insurance than we would otherwise have had to.
69. It is important to stress our experience has been that people with radiofrequency sickness react to both RF exposures from wireless technology and "dirty" electricity.
70. The FCC is jeopardizing the health and lives of our children, and millions of others across the country, by not having meaningful biologically-based safety limits for radiofrequency radiation.
71. Not only is the absence of biologically-based RF safety limits in violation of common sense and the principles of public health protection, but the promotion of wireless technology, a technology that so severely restricts the activities of a portion of the population, violates the ADA, including the 2008 ADA amendments. The physical, social, and emotional costs of exclusion in spite of ADA protections and previous inclusion must be weighed in the EIS when it compares costs and benefits of the existing RF limits and enacting biologically-based RF safety limits.
72. We do not want to continue to be guinea pigs for the government-sanctioned rollout of new technologies with insufficient safety standards. We do not want to continue to be part of the experiment being involuntarily carried out on the American people verifying the results of decades old research showing that the long-term health effects of these wireless signals can be profound and dangerous. (See Dodge)

73. The levels of radiation our family experiences on a daily basis from transmitting utility meters, wireless broadband, cellphones, cell towers, and other sources, - WITHOUT OUR PERMISSION - is already causing serious daily health problems for us.
74. Without conservative safety standards designed to protect the public health of our entire population during continuous exposures from all detrimental health effects and the rigorous enforcement of such standards, we fear the long-term hazards to our family's health.
75. We have a right to be safe in our homes and our schools and workplaces, and we have a right to current safety standards based on current science, not mistaken assumptions (the thermal model) and wishful thinking.
76. The existing FCC radiofrequency radiation exposure limits are way too high. Severe biological effects occur at far lower levels, as demonstrated by my family's experience, as well as in studies. If the FCC persists in ignoring this fact and does not adopt biologically-based radiofrequency radiation safety limits, it will be directly responsible for the ill health, even death, of millions of people. (See the 2012 BioInitiative Report - <http://www.bioinitiative.org/> - for mechanisms and diseases for which links have been made in recent scientific literature and Dodge - incorporated by reference herein in its entirety [http://www.magdahavas.com/wordpress/wp-content/uploads/2010/08/Dodge\\_1969.pdf](http://www.magdahavas.com/wordpress/wp-content/uploads/2010/08/Dodge_1969.pdf) - for connections made over 40 years ago.)
77. I reaffirm that the information contained in the paragraphs above are true and correct.
78. End of affidavit.

Dated this 30 day of August 2013.

  
 \_\_\_\_\_  
 Signature of Person Making This Affidavit

State of Wisconsin ]  
 ] ss.  
 County of Jefferson ]

Subscribed and sworn to (or affirmed) before me this 30<sup>th</sup> day of August, 2013, by Catherine Kleiber of N9387 Riverview Dr., Waterloo, WI 53594, personally known to me or proved to me on the basis of satisfactory evidence to be the person who appeared before me.

  
 \_\_\_\_\_  
 Signature of Notary Public 4-17-14  
 Rebecca L. Jones

