

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

In the Matter of)
)
Technology Transitions) GN Docket No. 13-5
)
AT&T Petition to Launch a Proceeding Concerning) GN Docket No. 12-353
the TDM-to-IP Transition)

**COMMISSION SEEKS COMMENT ON AT&T'S PROPOSAL FOR SERVICE-BASED
TECHNOLOGY TRANSITIONS EXPERIMENTS**

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Federal Communications Commission
Washington, DC 20554

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I. Introduction

1. The EMRadiation Policy Institute (EMRPI) submits this Comment in response to DA 14-285 – Commission Seeks Comment on AT&T’s Proposal for Service-based Technology Transitions Experiments.
2. The EMRadiation Policy Institute is a 501(c)(3) non-profit citizens organization based in Marshfield, Vermont, engaged in advocacy and public education concerning the adverse effects of radiofrequency (RF) radiation and electromagnetic radiation (EMR) exposure across the electromagnetic spectrum.
3. Footnote 2 of DA 14-285 describes a “service based experiment” as:

one in which providers seek to substitute new communications technologies for the TDM-based services over copper lines that they currently are providing to customers, with an eye toward discontinuing those legacy services and in which others may propose new and innovative services that bring benefits to consumers while preserving the enduring values of our nation’s communications networks. (Emphasis added.)
4. DA 14-285 also notes that “the AT&T Proposal” consists of “experiments involving the transition of two wire centers – one rural and one suburban – to all IP services and, in part, to wireless-based service.”

II. Background

5. From EMRPI’s inception in 2003, and prior to that through the EMR Network and Canyon Area Residents for the Environment (CARE), EMRPI and its present officers have attempted to educate the Federal Communications Commission (FCC) with scientific reports, affidavits and numerous demonstrations of health harm arising from the inadequacies in the current FCC electromagnetic radiation safety guidelines and policies.

6. Despite EMRPI’s filing repeated Public Comments, visiting with FCC staff, presentation of Congressional Staff briefings and seminars, and written complaints to get the FCC to adopt electromagnetic radiation safety limits and regulations that actually protect people, the FCC continues to disregard the problem – meanwhile authorizing thousands of new licenses to radiate increasing numbers of frequencies over a huge geographic area.

7. To that point, EMRPI asserts that there are many Americans for whom AT&T’s Proposal to discontinue legacy hard-wired services over copper lines will bring injury rather than benefit and therefore it will destroy “the enduring values of our nation’s communications networks” by denying them access to consumer communications services.

8. EMRPI's filings in numerous FCC proceedings document the peer-reviewed science as well as personal accounts of human exposure to low-intensity RF radiation along with the scientific literature on wildlife exposure. These filings are found in the FCC Electronic Comment Filing System at: <http://preview.tinyurl.com/kys3bgp> (last viewed 4/7/2014). EMRPI's filings are herein incorporated in their entirety by reference.

III. Wireless-based Services Prevent Access to the Nation's Communications Networks for Many Americans.

9. EMRPI requests that the FCC staff who are evaluating the impacts of the proposed "Technology Transitions" study the complete texts of its June 7, 2009 Comment and Exhibits in FCC 09-31 and its July 18, 2009 Reply Comment with Exhibits in FCC 09-31 http://www.emrpolicy.org/regulation/united_states/index.htm. That proceeding raised the question of abandonment of hard-wired services over copper lines.

10. Included therein are personal statements of more than 50 citizens from the states of Alaska, Arizona, California, Colorado, Connecticut, Illinois, Indiana, Iowa, Kansas, Maryland, Massachusetts, Michigan, New Hampshire, New Mexico, New York, North Carolina, Ohio, Pennsylvania, Texas, Vermont, Washington, West Virginia, and Wisconsin.

11. These statements document the personal experiences of these citizens with the physical effects of their exposures to wireless telecommunications technologies. Exposure to wireless technologies limits their ability to access the nation's communications networks. These statements document their personal injuries from RF radiation exposures to wireless devices and infrastructure.

12. EMRPI also directs the attention of FCC staff to its January 24, 2011, Comment filed at the Department of Justice (DOJ) Disability Rights Section in its Advanced Notice of Proposed Rulemaking - Non-Discrimination on the Basis of Disability: Accessibility of Web Information and Services of State and Local Government Entities and Public Accommodations.

13. In that Comment, EMRPI advocated that the US Department of Justice must ensure that individuals with Implanted Medical Devices (IMDs) or with the EMR functional impairments of Electrohypersensitivity (EHS) and Radiofrequency Sickness can avoid injury in their daily living and continue to have access to Web Information and Services through hard-wired communications equipment.

IV. Americans with Disabilities Amendments Act of 2008 (ADAAA)

14. The ADAAA was enacted on September 25, 2008, and became effective on January 1, 2009. The rules arising from these revisions to the ADA became final in June 2011.

15. The Equal Employment Opportunity Commission (EEOC) Final Regulations implementing the ADAAA are found at: <https://federalregister.gov/a/2011-6056>

16. The ADAAA makes significant changes to the definition of “disability” under the ADA.

17. ADAAA revised definitions to the ADA are found at: [Section 1630.2Definitions](#) Several that are relevant to Americans who experience injury from exposure to RF radiation coming from wireless devices and infrastructure are provided here.

18. The revised regulations provide that “an impairment is a disability if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population.” See: <http://tinyurl.com/ltfu2fc>

19. “The comparison between the individual and ‘most people’ need not be exacting, and usually will not require scientific, medical, or statistical analysis.” Ibid.

20. “An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.” Ibid.

21. “The fact that the periods during which an episodic impairment is active and substantially limits a major life activity may be brief or occur infrequently is no longer relevant to determining whether the impairment substantially limits a major life activity.” Ibid.

22. “The ameliorative effects of mitigating measures shall not be considered in determining whether an impairment substantially limits a major life activity. Thus, ‘[w]ith the exception of ordinary eyeglasses and contact lenses, impairments must be examined in their unmitigated state.’” Ibid.

23. EMRPI asserts that abandoning hard-wired telephone and internet infrastructure will “substantially limit life activities” for Americans with Implanted Medical Devices (IMDs) as well as those who suffer from electrohypersensitivity (EHS) and radiofrequency sickness.

24. The National Institutes of Health (NIH) estimates that 8 to 10 percent of Americans depend on IMDs. This is approximately 25 to 30 million Americans.

25. Estimates based on peer-reviewed published studies demonstrate that 3-5% of the population report symptoms of EHS.

26. Abandoning hard-wired telephone infrastructure will substantially limit the “major life activity” of telecommunicating for a significant number of Americans.

V. Credentialed Physicians Recognize the Diagnosis of Electrohypersensitivity (EHS)

27. In 2012 the Austrian Medical Association (OAK – Austria’s parallel to the American Medical Association) developed its “Guide line of the Austrian Medical Association (OAK) for the diagnosis and treatment of EMF- related health problems and illnesses (EMF syndrome). Consensus paper of the Austrian Medical Association’s EMF Working Group (AG-EMF).”

28. OAK states:

The Austrian Medical Association considers it its duty and its mission to provide members of the medical profession with a compilation of the current state of the scientific and political debate from a medical perspective and with specific recommendations for action in this first guide line.

29. OAK cites the following published scientific literature that demonstrates EHS symptoms:

A representative telephone survey (n=2048, age >14 years) carried out in 2004 in Switzerland yielded a frequency of 5% (95% CI 4-6%) for a self-attributed “diagnosis” of electrosensitivity (Schreier et al. 2006).

In another survey carried out in Switzerland, in 2001, 394 respondents attributed specific health problems to EMF exposure. Among others, the following symptoms were reported as occurring frequently: sleep problems (58%), headaches (41%), nervousness (19%), fatigue (18%) and difficulty concentrating (16%). The respondents listed mobile phone base stations (74%), cell phones (36%), cordless phones (29%) and high-voltage lines (27%) as causes. Two thirds of respondents had taken measures to reduce their symptoms, the most frequent measure being to avoid exposure. Remarkably, only 13% had consulted their physicians (Röösli et al. 2004).

While a 2006 study by Regel et al. described no exposure effects, two provocation studies on exposure of “electrosensitive” individuals and control subjects to mobile phone base station signals (GSM, UMTS or both) found a significant decline in well-being after UMTS exposure in the individuals reporting sensitivity (Zwamborn et al. 2003, Eltiti et al. 2007). Analysis of the data available on exposure of people living near mobile phone base stations has yielded clear indications of adverse health effects (Santini et al. 2002, Navarro et al. 2003, Hutter et al. 2006, Abdel-Rassoul et al. 2007, Blettner et al. 2008).

Based on the scientific literature on interactions of EMF with biological systems, several mechanisms of interaction are possible. A plausible mechanism at the intracellular and intercellular level, for instance, is interaction via the formation of free radicals or oxidative and nitrosative stress

(Friedmann et al. 2007, Simkó 2007, Pall 2007, Bedard and Krause 2007, Pacher et al. 2007, Desai et al. 2009). It centres on the increased formation of peroxynitrite (ONOO) from a reaction of nitrogen monoxide (NO) with superoxide (O₂). Due to its relatively long half-life, peroxynitrite damages a large number of essential metabolic processes and cell components.

This approach can serve as a plausible explanation of many of the health problems, symptoms and their progression observed in the context of EMF exposure. There are increasing indications that EMF syndrome (EMFS) should be counted among multi-system disorders (Pall 2007) such as Chronic Fatigue Syndrome (CFS), Multiple Chemical Sensitivity (MCS), fibromyalgia (FM) and Post Traumatic Stress Disorder (PTSD).

30. As reported on Nov. 25, 2013 on *Le Huffington Post Quebec* at <http://preview.tinyurl.com/p7oenvx> Australian physician Federica Lamech, General Practitioner, MBBS, has carried out the first clinical case study of 92 subjects with Smart Meter exposures: *Self-Reporting of Symptom Development from Exposure to Wireless Smart Meters' Radiofrequency Fields in Victoria*. Dr. Lamech submitted an announcement of this study in the Inquiry of the Victoria Parliament-Towards a Smart Grid - and will provide the full peer-reviewed study upon publication. See: <http://www.parliament.vic.gov.au/paec/inquiries/article/2144>

31. In October 2013 The American Academy of Environmental Medicine (AAEM) (www.aeonline.org/AboutUS.html) issued a statement on the Lamech study. It emphasizes that:

The symptoms observed in patients of Dr. Lamech such as fatigue, headaches, heart palpitations and dizziness are correlated with the guidelines of the Austrian Medical Association for the diagnosis and treatment of health problems related to electromagnetic fields (EMFs). These symptoms have been shown to be triggered in the laboratory through EMF exposure under controlled conditions (double-blind, placebo-exposure): neither the patients nor the researchers knew who was exposed or not to EMF. See page 3 at: <http://tinyurl.com/pow46an>

32. It is significant that physicians in Austria and Australia find such similar symptoms in two different populations that have such different genetic makeups.

VI. National Environmental Policy Act

33. The Department of Commerce's (DOC) current Docket Number: 131219999-3999-02 is developing policies related to its actions in implementing The First Responder Network Authority (FirstNet). Its Notice of Request for Public Comment makes this statement about its responsibilities under NEPA:

NEPA requirements apply to any federal project, decision or action that may have a significant impact on the quality of the human environment.

34. DOC notes that FirstNet will require “use and access” to “existing commercial wireless infrastructure” and “overseeing contracts with non-federal entities to build, operate, and maintain the network.” To that end DOC requests Comment on its proposed list of “categorical exclusions” to “avoid noncompliance with NEPA requirements.”

35. EMRPI asserts that the FCC bears the same responsibility in GN Docket No. 13-5 and GN Docket No. 12-353 to address directly NEPA compliance for human exposure to RF radiation, and by extension, ADAAA compliance. Should FCC allow the abandonment of wireline telephone infrastructure, its action will result in a critical change in the quality of the human environment for Americans with IMDs, and Americans who have the symptoms of EHS. Removal of wireline telephone infrastructure and replacing it with wireless will “substantially limit the ability” of these Americans “to perform a major life activity as compared to most people in the general population.”

36. EMRPI directs the attention of the Wireline Competition Bureau to the Feb. 7, 2014 Comment submitted by the Department of the Interior (DOI) to the DOC in the FirstNet proceeding. DOI’s Comment commends DOC for “its timely proposals for NEPA implementing procedures” because DOC’s efforts are coming at the time of FirstNet’s creation.

37. The text of DOI’s Comment is found at:
www.ntia.doc.gov/files/ntia/us_doi_comments.pdf

38. DOI’s Comment cites studies from 2007, 2012, and 2013 that document the impacts of bird collisions with both short and tall communications towers on bird injury and death, including at the population level.

39. DOI’s Comment cites studies from 2000 to the present that document the impacts of bird exposure to low-intensity RF radiation such as nest and site abandonment, plumage deterioration, locomotion problems, reduced survivorship and death.

40. DOI’s Comment notes that:

The electromagnetic radiation standards used by the Federal Communications Commission (FCC) continue to be based on thermal heating, a criterion now nearly 30 years out of date and inapplicable today.

41. EMRPI’s filings in numerous FCC proceedings document the peer-reviewed science as well as personal accounts of human exposure to low-intensity RF radiation along with the scientific literature on wildlife exposure. These filings are found in the FCC Electronic Comment Filing System at: <http://preview.tinyurl.com/kys3bgp> (last

viewed 4/7/2014). These EMRPI filings are herein incorporated in their entirety by reference.

42. On August 30, 2013, EMRPI filed extensive Comment in FCC 13-39 along with 19 Exhibits. The complete documents are found at:

www.emrpolicy.org/regulation/united_states/index.htm

43. EMRPI's Comment addresses FCC's failure to fulfill its NEPA responsibilities as its policies and actions continue to create widespread impacts on the quality of the human environment.

44. EMRPI's Comment in FCC 13-39 emphasizes that the FCC's safety policies expressly fail to protect from "harmful interference" children, persons with medical implants, sensitive subgroups of the US populations, and workers whose occupations require them to spend time on rooftop antenna sites. EMRPI's Exhibits present many recent studies that demonstrate biological effects and harm from RF exposure levels well below the FCC's allowed levels.

45. EMRPI includes herein as an Addendum its November 18, 2014 Reply in FCC 13-39. It documents problems with reporting failures to enforce RF safety policies at rooftop antenna sites. It documents the lack of an efficient method to report RF emissions complaints either by phone or via the FCC website. It documents existing problems with tracking of the written Complaints EMRPI has filed on out-of-compliance rooftop antennas sites across the country. It documents lack of transparency about any FCC enforcement actions at these sites.

46. Abandoning wireline infrastructure and replacing it with ever more wireless antenna sites will exacerbate the current regulatory void for assuring compliance with FCC's RF safety policies at antenna sites.

VII. Conclusions

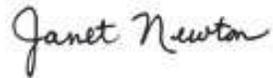
47. EMRPI strongly requests that the staff whose task is to evaluate the technology transitions proposals and activities in GN Docket No. 13-5 and GN Docket No. 13-353 study closely the history of EMRPI's filings with the FCC over the past decade. See: <http://preview.tinyurl.com/kys3bgp> (last viewed 4/7/2014).

48. If copper-wire telephone lines are to be replaced, they must be replaced with hard-wired fiber optic lines so that all Americans will have access to an advanced telecommunications system that they are able to use without hazard and adverse health effects. This system should bring fiber to the premises without requiring wire less

components. Individual Americans must have the ability to keep their daily environment free of wireless exposures, whether by choice or because of a health necessity. No one should be required to have a wireless exposure at his or her home, workplace, school, daycare facility, or health care facility.

Respectfully submitted,

The EMRadiation Policy Institute

A handwritten signature in cursive script that reads "Janet Newton".

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