

Commonwealth of Massachusetts
Testimony in Support of:

H.2030 *An Act relative to best management practices for wireless in schools and public institutions of higher education*

S.2079 *An Act reducing non-ionizing radiation exposure in schools*

Submitted By: XXXXXXXXXXXX, MD, DTM&H on 9.4.2017

Submitted To: [Joint Committee on Education](#)

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Dear Esteemed Legislators and Public Servants,

I commend you for addressing the concerns of your highly educated constituents about the health hazards of wireless technology in the classroom. Thank you for your careful consideration of H. 2030 and S. 2079 to ensure safe use of technology in our schools and classrooms.

Despite industry campaigns to create controversy in the peer reviewed literature via "creative study design"¹, the current weight of the evidence demonstrates obvious harm from wireless technologies. The sum of quality, peer reviewed evidence amassed since the 1950's is so great, that denial of this evidence is like denying of the laws of gravity.

As a former medical school assistant professor and internist, I have spent the bulk of my 20-year career caring for extremely sick, hospitalized patients, and teaching medical students and residents clinical medicine. I have published in the peer reviewed literature, served as a peer

¹ Many industry funded studies are of short duration, and/or low levels of radiation exposure. Short duration studies would not be powered to prove an endpoint like cancer, which takes a long time to develop in a given patient.

reviewer, and taught hundreds of medical students and residents how to critically evaluate the medical literature. I have read extensively on the health impacts of electromagnetic fields (EMF's), and am highly qualified to opine on this topic.

This testimony, however, I write as the mother of two electrosensitive children who have been harmed by wireless technology, and are no longer able to attend school. By telling our story, I hope to prevent other children and their families from being harmed as we have: physically, socially, emotionally and mentally, and to give you an understanding of the human consequences of omnipresent Wi-fi and radiofrequency radiation (RFR) in our schools.

I am a law abiding, tax-paying resident of XXXXXXXXXX. Yet, **my children ages 6 and 9, with physician diagnosed electromagnetic intolerance, have absolutely no access to an education, in either public or private school.** In August 2017 both kids became ill in their respective classrooms, after only 3 days of school, and were unable to return. I am currently not able to find a school (without Wi-fi and not under a cell tower) that doesn't make them ill. As a result, they will need to be homeschooled this year, unless the school district reconsiders our request for 504 accommodations that was denied last month.

My daughter:

In May of 2016, my 2nd grade daughter reported immediate onset dizziness, nausea, and vertigo whenever the smart board was used in her classroom. With longer exposures (i.e. when the teacher screened movies on the smart board), she reported confusion, with very intense nausea and dizziness. As the year progressed, she developed short term memory loss and had marked behavioral changes. The first week of summer, she attended a camp under multiple cell towers, and after only 2 hours, she developed what was later recognized as acute radiation toxicity. She manifested all the school symptoms, plus more severe neuropsychiatric issues, many of which lasted for months, including: hyper-somnolence, akathisia, a tic disorder, extreme emotional lability/crying for no apparent reason, outbursts of anger and chronic dizziness. During this period, she was acutely sensitive to cell phone radiation/Wi-Fi/ cell towers/and other types of RFR. Of note, when levels of RFR were subsequently measured in her classroom, the power density was extremely high: 125,000 $\mu\text{W}/\text{M}^2$, a level clearly associated with many ill health effects, including DNA damage, behavioral changes, and concentration difficulties). She has recovered, thankfully, but she remains sensitized to RFR when exposed. After only 3 days in school this year she was too dizzy and nauseous to return to the school she loved.

My son:

In December 2016, after starting a new school, my son developed new onset, autism-like behavioral changes that were progressive. With each passing week at the new school, he became progressively more aggressive and violent, attacking his sister many weeknights by punching and kicking her for no apparent reason. He also regressed developmentally and was no longer willing to dress/undress or wash himself. He had frequent headaches and severe difficulties with concentration most days after coming home from school. After two months of school, he began attacking other family members, including me, and his grandmother who lived with us. He had fits of rage in which he was very difficult to restrain physically. During these fits, he was often destructive. In February, he kicked a sliding glass shower door so hard it broke, and

later fell on my foot crushing several toes. In early March, after our daughter offhandedly mentioned that the school bus made her very dizzy, we decided to experiment and see if taking both kids off the bus would change anything. Both kids were angry about this decision, but shockingly, after 24 hours of not riding the bus, my son's violence and aggression stopped entirely. There was no further aggression in the home, apart from several episodes that occurred after heavy radiation exposures outside the home, and once the school year was over, my son was back to his normal, sweet self. After only 2 days of restarting school last month, my son immediately became aggressive towards his sister.

Background:

Both kids are developmentally normal and completely healthy. When they are exposed to RFR, they become very ill, both in different ways. We were only able to connect my son's behavior with RFR exposure because of his sister's observations. In 2016 we noticed that every time we would go to certain stores, like Home Depot or Target, my son would walk in the store behaving normally, but after a few minutes, he would go crazy: kicking, yelling, throwing himself on the floor. It got so bad that I made a point of never going to those places with him because it was too embarrassing. One day his sister said, "You understand what is happening here, right mom? Whenever I get dizzy in a store, he gets crazy – it's the radiation!" Indeed, as we subsequently observed our son in various environments, her observation was correct.

We know RFR is the problem because our home is a white zone:

Our home has been free of RFR since my daughter was diagnosed in 2016. We removed our Smart meter, cancelled the alarm service, exchanged Wi-fi for a wired ethernet connection, and made the other necessary changes to create an environment that would allow our daughter to heal from radiation toxicity. We do not use cell phones anywhere near the kids, and keep them in airplane mode most of the day. We bought low EMF² cars, that we personally measured before buying, to ensure the kids wouldn't be exposed to RF or heavy magnetic fields in the car. Since most Americans live in homes/drive cars that are electromagnetically polluted and kids carry phones that irradiate them 24/7, it is very difficult for parents to make a connection between behavioral changes and/or health issues and RFR. Simply put, parents never get to see what their kids are like when unexposed, even for even a few days.

We are the tip of the iceberg:

Had we not figured out that RFR was the cause of my son's behavioral changes and violent aggression, he undoubtedly would have ended up institutionalized and medicated. Possibly for life. Currently, there are many kids being medicated for psychiatric conditions, who may not have any medical problem aside from physiologic manifestations of non-ionizing radiation exposure(RFR).

Next steps:

Massachusetts has an incredible opportunity to lead the nation in creating solutions for safe technology use in school. You have seen the catastrophe of the opioid crisis, and I am grateful

² EMF-electromagnetic field

for how quickly you developed the political will to address it. Wi-fi in schools is hazardous to the cells in every one of our children and staff members, regardless of whether they can “feel it” or not. I urge you to take swift political action to protect our school children and staff now, at the start of this school year. I assure you that it will be easier and more cost effective to act now, before the onslaught of lawsuits begins (filed by parents of injured children, teachers, and school bus drivers³ injured at school and in the workplace), than after countless people are injured. We can connect you with experts to help your schools develop a short-term plan to reduce all non-emergency-related exposures in school, and long-term plans to remove Wi-fi and establish hard-wired infrastructure. Thank you for your careful consideration of this urgent health matter. Please report out of committee favorably and promptly [H.230](#) *An Act relative to best management practices for wireless in schools and public institutions of higher education* and [S.2079](#) *An Act reducing non-ionizing radiation exposure in schools*. Please don’t hesitate to contact me if I can provide additional information.

Respectfully,

XXXXXXXXXXXX, MD

³ Bus drivers worldwide are being exposed to extremely high levels of RFR, quickly making bus driving a risky occupation because: 1) Passengers carry multiple cell phones, and operate them inside an enclosed metal space (the bus) which greatly amplifies the emitted radiation. 2) Cell phones, if used inside a vehicle that is moving rapidly, emit even greater amounts of RFR when searching for the next cell tower. 3) Some buses even have Wi-fi, again if in an enclosed metal space, which will reflect and amplify the RFR. Our children’s school bus carried only elementary schoolers, with only 3 or 4 cell phones, but the result was a very high level of RFR for the driver and students. A similar bus carrying high schoolers would probably have 10 or 20 cell phones turned on at any given time, leading to extreme exposure levels for the driver. Please consider school bus policies that will protect the drivers and passengers, in addition to in-school policies.