>> JANET NEWTON: Yes I am. I'm speaking on behalf of the EMR Policy Institute; we're a national advocacy organization established in 2003. We educate policymakers on the need for sound policy that protects public health regarding electromagnetic radiation, EMR. Since 1997 we continue to challenge U.S. safety policy on EMR and radio frequency, RF, radiation exposures, by submitting official comment to key federal agencies, such as the NAS, FCC, FDA, GAO, NIOSH and now the DOJ.

We have taken three cases to the U.S. Supreme Court challenging the FCC's RF safety policy as inadequate to protect all the members of the public. In each case the court denied cert. Since 1997 the FCC has resisted all calls to address these inadequacies. Our comment today addresses Web information services and equipment and furniture. Hopefully giving background information, so that for the regulatory assessment needed if DOJ revises its regulations.

DOJ must ensure not only that equipment and furniture used in programs and services provided by public entities and public accommodations are accessible to individuals with vision, hearing and speech disabilities. It must also ensure that individuals with implanted medical devices, IMDs, or with the EMR functional impairments of electro hypersensitivity and radio frequency sickness are not injured in their daily living. And that they continue to have access to Web information and services through hard wired communications equipment.

Currently there are three federal mandates to promote wireless technologies that can injure people with IMDs or with EMR functional impairments. These are wireless broadband, wireless smart grid and smart meters, and unlicensed commercial use of TV white spaces spectrum.

The 2008 NAS report, "Identification of Research Needs Relating to Adverse Health Effects of Wireless Communication," explicitly identifies the holes in the RF research record. These are lacks of models of several heights of men, women and children of various ages for exposure to various wireless communications devices such as cell phones, wireless PCs and bay stations.

The need to characterize complex radiation from bay station antennas for the highest reradiated power conditions conducted during peak hours of the day at locations close to the antennas as well as at ground. And the recognition of population subgroups with specific sensitivities, in order to quantify the radiation absorption close to metal and glasses and various medical prostheses such as hearing aids, cochlear implants and cardiac pacemakers.

The FCC focus on interference in safety continues to protect devices rather than people, as noted in the 2009 announcement of its TV white spaces initiative. It says to build on a proven concept, the safe employment of new intelligent devices in the unused spectrum that exists between TV channels without causing undue interference to adjacent users. FCC's adjacent users refers to commercial communications devices, not to IMDs or individuals with EMR functional impairments.

The IEEE developed the existing FCC safety limits in 1992. They do not sufficiently protect the able-bodied, let alone the disabled. EPA's 19-3 comment on FCC's RF safety regulations emphasizes that the IEEE's 1992 standard is based on a thermal effect of RF radiation and by extension is protective of effects arising from a thermal mechanism. Therefore, the generalization that 1992 IEEE guidelines protect human beings from harm by any mechanism is not justified.

IEEE standard does not recognize any population subgroup, variation, and sensitivity to RF radiation such as infants, aged, ill and disabled, persons dependent on medication, persons in adverse environmental conditions, all those that are more at risk than others.

FCC's RF limits certainly do not protect those with IMDs or who require critical care equipment that can malfunction in the presence of wireless signals from outside sources. Such malfunctions can be fatal. They do not protect individuals with EMR functional impairment. No federal agency keeps track of cumulative wireless radiation levels, nor identifies critical levels in locations where individuals with IMDs may be at risk. Nor require signage to identify wireless environments so that individuals with EMR functional impairment can avoid these locations.

The most seriously threatened are the NIH estimated 20 million Americans with IMDs. This is eight to 10 percent of Americans. Smart meters and wireless broadband present the most serious threat because of their ubiquitous deployment throughout the public's living and working environments.

We request that a result of this proceeding will be DOJ recognition of wireless exposure as an accessibility and civil rights issue for individuals with IMDs or with the EMR functional impairment. We request that ADA divisions take action on universal design measures in relation to that recognition, such as to require hard wired rather than wireless Internet connections in public buildings such as schools and libraries.

To require smart grids, smart meter options that employ land line data transmission rather than wireless transmitting meters. And to require signage in public accommodations such as hospitals, stores, hotels,

restaurants, airports, and public transportation facilities alerting the public to the presence of wireless communication systems. Thank you.

>> JOHN L. WODATCH: Thank you very much. We appreciate your testimony today.