Dear Ms. Gezelter and Members of the Oregon Senate Education Committee,

This is my written and public testimony about my knowledge of the Oregon Health Authority report regarding wireless technology in Oregon's schools (Senate Bill 283).

My name is Ivy Ross, I live in Ashland, Oregon, and I am a founding member of Oregon For Safer Technology. When I learned that the OHA had been tasked with creating this report, I reached out directly to David Howe at the OHA in October of 2019. He was gracious and asked for any and all of my colleagues to please send him independent peer-reviewed science regarding wireless radiation. We spoke and/or emailed several times in the course of fifteen months.

For over a year, people from all over the globe, myself included, did as he requested by sending everything we had that was relevant. He said he had been given the task without a budget for covering the costs so he was having to bring in research assistants on his own. He promised us that all of the information was being carefully and properly accumulated and organized for sincere review. We felt very good about our relationships with him as we continued to funnel relevant information his way.

When the report was released, we were devastated. As I sit here trying to recall all of the details of why we were so shocked and upset, I can vividly recall a retort written by Cecelia Ducette. At that time, early January 2021, I was traveling with my family. Before I could even gather my thoughts and contain my outrage, Cece had written this brilliant retort which I am including below for your careful review. She has done Oregon a huge favor by writing so clearly about what specifically are the many problems with the OHA report. I hope you will take every word to heart. This is the best summary I have seen of this disasterous and untruthful report.

Below you will see Cece's email response to the OHA in January. It's completely representative of how other leaders in this area are feeling and is an excellent response.

I hope this will help you learn more about Oregon's global positioning in all of this wireless mess. It's time for the truth, and we are counting on your responsiveness.

Thank you, Ivy Ross
Oregon For Safer Technology
Ashland, Oregon
(541)324-4412

From: Cecelia Doucette <c2douce@gmail.com>
Date: January 6, 2021 at 5:33:49 AM PST
To: Howe David M <DAVID.M.HOWE@dhsoha.state.or.us>

Subject: Re: Availability of Oregon Health Authority, Senate Bill 283 Report- Wireless Network Technology Health Effects

Thank you, Mr. Howe, and all those who kept it a priority during these extraordinary times to take a look at the wireless radiation issue. We know this isn't an easy chapter for anyone, especially those working in public service.

I am grateful Senate Bill (SB) 283 mandated the Oregon Health Authority to conduct "a review of peer-reviewed, *independently funded* scientific studies of the health effects of exposure to microwave radiation, particularly exposure that results from the use of wireless network technologies in schools or similar environments."

Thank you, Senator Monnes Anderson for bringing your lifetime of public health nursing expertise to bear, and to the other legislators who may not have known about the wireless issue but saw the urgency when presented with the facts.

Unfortunately, the OHA report seems to have missed the mark in at least seven ways:

1. OHA includes studies funded by the industry, but the mandate was to investigate *independent* peer-reviewed studies. Others will provide you with a specific breakdown of independent vs. industry funded studies in OHA's report. That alone should be cause to retract the report.

2. Page 4 indicates, "The review focused on *epidemiology studies*." Why only epidemiology studies? That was not part of the emergency law's requirement. Human laboratory, animal and other studies are critical to any toxics investigation, and especially the biological effects of radiofrequency radiation.

Page 4 also states, "OHA found insufficient evidence to indicate a causal relationship between cell phone exposures and cancer endpoints." That's because OHA excluded the animal studies.

Had proper due diligence been done, OHA would have seen that two of the world's leading toxics research organizations completed large-scale animal studies showing extensive harm. The U.S. National Toxicology Program's $30,000,000 study in 2018 concluded "clear evidence" of cancerous tumors and DNA damage. "Clear evidence" is the highest classification of toxicity our nation's top toxics researchers can assign. The Ramazzini Institute in Italy completed another large-scale study corroborating the U.S. NTP findings. Both studies are available here.

In 2011 the World Health Organization had enough evidence to classify the electromagnetic fields (EMFs) of radiofrequency microwave radiation as Group 2B Possible Human Carcinogen. What was missing at that time were the animal studies. Now that these have been completed and conclude "clear evidence" of cancer and DNA damage, in 2020 the WHO reopened their investigation. Long-time senior WHO advisor Dr. Anthony Miller and other experts indicate EMFs should now be classified as Group 1 Carcinogenic to Humans.

3. The report states "studies were not consistent in their findings". That is expected in science, especially when reviewing industry funded studies alongside the independent studies. It is rare

that all scientific studies report the same findings but the weight of evidence, discussed below, indicates great harm.

When our nation finally took actions to put risk management policies in place around lead exposures, we had a body of science 10,000 strong, the majority of which showed evidence of harm. With electromagnetic fields (EMFs) of man-made radiation, we have over 32,000 papers to date, with the majority showing harm.

OHA would have done better to have followed the mandate to disregard the industry-funded studies as Italian courts have done. In 2017 an Italian employee was awarded monthly social security payments after a court found his brain tumor was caused by improper use of a company-issued cell phone (ironically, he worked for a telecom company). Of particular note, the court's expert refused to accept into evidence studies that were funded by the telecom industry: https://www.courthousenews.com/italian-court-finds-link-cell-phone-use-tumor/.

4. Page 5 states, "Overall, the available epidemiology research examining RFR health effects does not provide sufficient evidence to conclude that RFR exposure in school settings is associated with adverse health effects."

My email of October 31, 2019 to Mr. Howe, attached, I submitted presentations by world-leading EMF experts in the public forum, "Questioning the Safety of Our Children's Exposure to Wireless Radiation in School."

The presenters include the Senior Toxicologist who designed the NTP study, Ronald Melnick, Ph.D.; the founder of the autism lab at Massachusetts General Hospital, pediatric neurologist Dr. Martha Herbert; retired President of Microsoft Canada Frank Clegg; and Executive Director of the Environmental Health Trust and Clinical Child Psychotherapist Theodora Scarato.

I included the slides from the presenters, which contain peer-reviewed science showing harm.

5. It is understandable that OHA would look to information on the websites of higher authorities at the federal level for guidance. However, without understanding the history of how federal agencies have been captured by industry, one can easily be led to believe wireless radiation poses no risks. Last week, *The Washington Spectator* published a well-sourced report chronicling the industry and government corruption, "Wireless Hazards."

6. The OHA report potentially leaves Oregon at risk of legal liability for negligence. The legislature was given the facts on health effects of wireless technology during the public hearing on SB283, and Mr. Howe was provided additional facts by myself and several other contributors during the review process.

The FCC is now being sued. The federal Government Accountability Office tasked the FCC with reviewing public radiation exposure guidelines. For six years Docket 13-84 remained opened

and world leading scientists contributed their independent findings showing great evidence of harm. The FCC chose to ignore the science and reaffirmed their toxic exposure levels.

The FCC points to other captured agencies like the FDA to justify their actions. You should know that the NTP study reporting "clear evidence" of cancerous tumors and DNA damage is in different hands today than the FDA officials who commissioned it two decades ago. Today, the FDA's Dr. Jeffrey Shuren is in charge of the FDA's Center for Devices and Radiological Health. He is married to a partner in a law firm (Arnold & Porter) that represents the wireless industry and Dr. Shuren therefore has conflicts of interest. (He is known to have conflicts of interest in other areas he oversees too.)

Once the FCC's ruling was filed in the Federal Registry, the Environmental Health Trust and Children's Health Defense filed lawsuits against the FCC for negligence. The National Resources Defense Council has filed an amicus brief along with others.

7. OHA's review process was not transparent and open to the public. Therefore, there was no mechanism for checks and balances to ensure relevant facts were included as the review process was carried out. This deeply flawed report leaves Oregon's residents, and especially children, at immediate risk of harm.

Please allow me to present further facts that will hopefully propel both OHA and the legislature to take swift action to protect the public and avoid legal risk.

Evidence of Radiation Risks in School

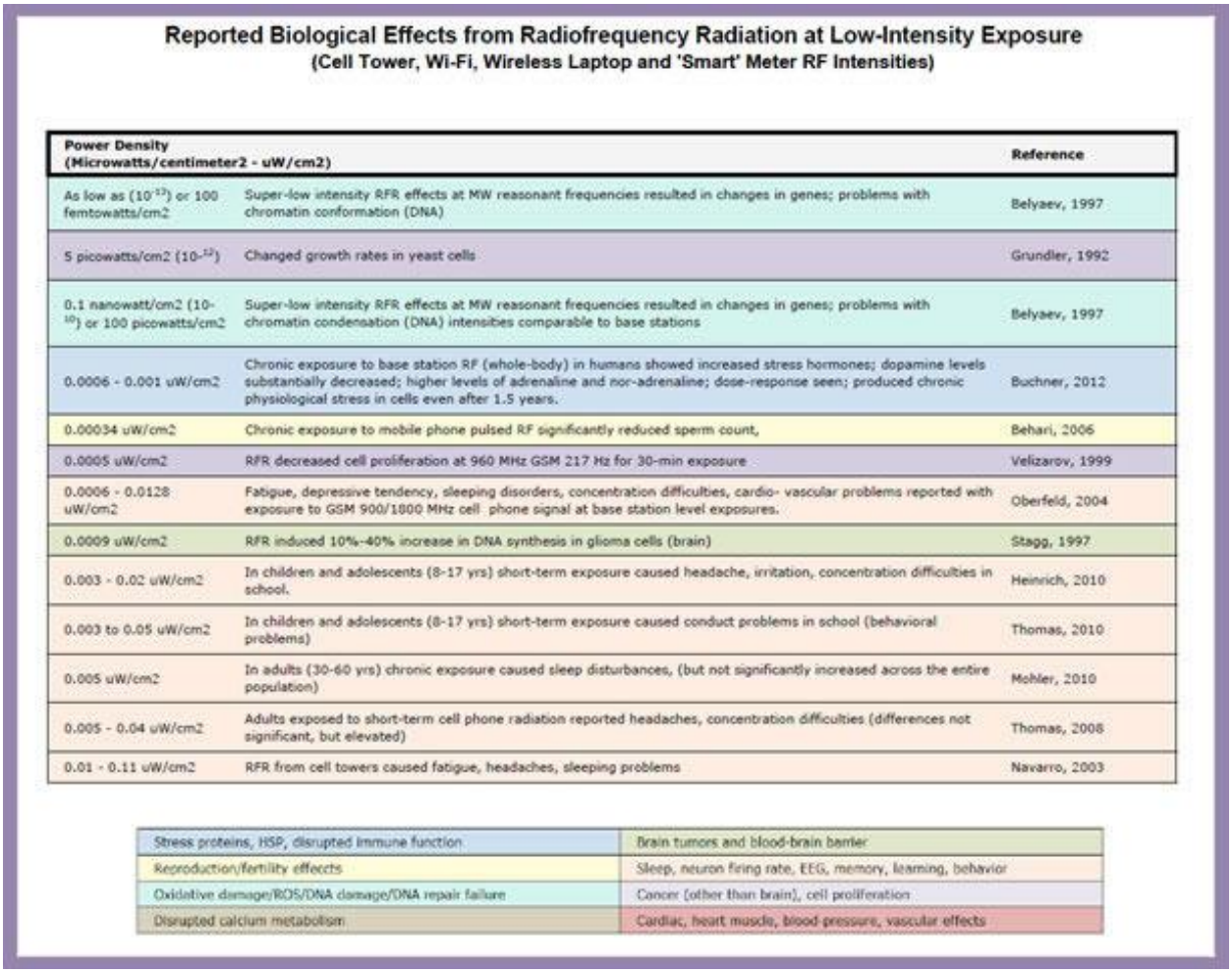
I was recently engaged to present information to the Bishops School community in South Africa. The school board brought in an EMF remediation specialist to take measurements of the radiation emissions in the school building. Their findings are consistent with exposures you can expect to record in Oregon's schools too.

Indoor radiation exposures ranged from 0.1 to 3.5 V/M. This far exceeds the 0.006 V/M scientifically-based safety limits identified in the EUROPAEM EMF Guidelines which provide medically recommended limits for children, a sensitive population, on p. 381:

- 0.1 µW/m2 or microwatts per meter squared at peak exposures from wi-fi radiofrequency radiation which translates to
- 0.00001 µW/cm2 (microwatts per centimeter squared) or
- 0.006 V/M (volts per meter)

The BioInitiative Report is a compendium of the scientific studies on radiofrequency radiation "prepared by 29 authors from ten countries, ten holding medical degrees (MDs), 21 PhDs, and three MsC, MA or MPHs. Among the authors are three former presidents of the Bioelectromagnetics Society, and five full members of BEMS. One distinguished author is the Chair of the Russian National Committee on Non-Ionizing Radiation. Another is a Senior Advisor to the European Environmental Agency."

At the levels children and staff are routinely exposed to wireless radiation in schools, we see in the first page of the BioInitiative Report Color Charts the following biological effects:



Reported Biological Effects from Radiofrequency Radiation at Low-Intensity Exposure
(Cell Tower, Wi-Fi, Wireless Laptop and 'Smart' Meter RF Intensities)

Power Density (Microwatts/centimeter2 - uW/cm2)		Reference
As low as (10^{-12}) or 100 femtowatts/cm2	Super-low intensity RFR effects at MW reasonant frequencies resulted in changes in genes; problems with chromatin conformation (DNA)	Belyaev, 1997
5 picowatts/cm2 (10^{-12})	Changed growth rates in yeast cells	Grundler, 1992
0.1 nanowatt/cm2 (10^{-10}) or 100 picowatts/cm2	Super-low intensity RFR effects at MW reasonant frequencies resulted in changes in genes; problems with chromatin condensation (DNA) intensities comparable to base stations	Belyaev, 1997
0.0006 - 0.001 uW/cm2	Chronic exposure to base station RF (whole-body) in humans showed increased stress hormones; dopamine levels substantially decreased; higher levels of adrenaline and nor-adrenaline; dose-response seen; produced chronic physiological stress in cells even after 1.5 years.	Buchner, 2012
0.00034 uW/cm2	Chronic exposure to mobile phone pulsed RF significantly reduced sperm count,	Behari, 2006
0.0005 uW/cm2	RFR decreased cell proliferation at 960 MHz GSM 217 Hz for 30-min exposure	Velizarov, 1999
0.0006 - 0.0128 uW/cm2	Fatigue, depressive tendency, sleeping disorders, concentration difficulties, cardio- vascular problems reported with exposure to GSM 900/1800 MHz cell phone signal at base station level exposures.	Oberfeld, 2004
0.0009 uW/cm2	RFR induced 10%-40% increase in DNA synthesis in glioma cells (brain)	Stagg, 1997
0.003 - 0.02 uW/cm2	In children and adolescents (8-17 yrs) short-term exposure caused headache, irritation, concentration difficulties in school.	Heinrich, 2010
0.003 to 0.05 uW/cm2	In children and adolescents (8-17 yrs) short-term exposure caused conduct problems in school (behavioral problems)	Thomas, 2010
0.005 uW/cm2	In adults (30-60 yrs) chronic exposure caused sleep disturbances, (but not significantly increased across the entire population)	Mohler, 2010
0.005 - 0.04 uW/cm2	Adults exposed to short-term cell phone radiation reported headaches, concentration difficulties (differences not significant, but elevated)	Thomas, 2008
0.01 - 0.11 uW/cm2	RFR from cell towers caused fatigue, headaches, sleeping problems	Navarro, 2003

Stress proteins, HSP, disrupted immune function	Brain tumors and blood-brain barrier
Reproduction/fertility effects	Sleep, neuron firing rate, EEG, memory, learning, behavior
Oxidative damage/ROS/DNA damage/DNA repair failure	Cancer (other than brain), cell proliferation
Disrupted calcium metabolism	Cardiac, heart muscle, blood pressure, vascular effects

I apologize if the above screen shot renders a bit blurry. Below is the data shown along with citations of the specific peer-reviewed studies:

- 0.00034 uW/cm2: Chronic exposure to mobile phone pulsed RF significantly **reduced sperm count**, Behari, 2006
- 0.0005 uW/cm2: RFR **decreased cell proliferation** at 960 MHz GSM 217 Hz for 30-min exposure Velizarov, 1999
- 0.0006 - 0.0128 uW/cm2: **Fatigue, depressive tendency, sleeping disorders, concentration difficulties, cardio- vascular problems** reported with exposure to GSM 900/1800 MHz cell phone signal at base station level exposures. Oberfeld, 2004
- 0.003 - 0.02 uW/cm2: **In children and adolescents (8-17 yrs) short-term exposure caused headache, irritation, concentration difficulties in school**. Heinrich, 2010
- 0.003 to 0.05 uW/cm2: **In children and adolescents (8-17 yrs) short-term exposure caused conduct problems in school (behavioral problems)** Thomas, 2010
- 0.005 uW/cm2: **In adults (30-60 yrs) chronic exposure caused sleep disturbances,** (but not significantly increased across the entire population) Mohler, 2010

- 0.005 - 0.04 uW/cm2: **Adults exposed to short-term cell phone radiation reported headaches, concentration difficulties** (differences not significant, but elevated) Thomas, 2008
- 0.006 - 0.01 uW/cm2: **Chronic exposure to base station RF (whole-body) in humans showed increased stress hormones; dopamine levels substantially decreased; higher levels of adrenaline and nor-adrenaline; dose-response seen; produced chronic physiological stress in cells even after 1.5 years**. Buchner, 2012
- 0.01 - 0.11 uW/cm2: RFR from cell towers caused **fatigue, headaches, sleeping problems** Navarro, 2003

Please, take a look at the rest of the BioInitiative Report Color Charts. They are prepared for the general public to understand, and color coded with a key at the bottom so you can quickly identify the science showing the following categories of effects:

- Stress proteins, HSP, disrupted immune function
- Reproduction/fertility effects
- Oxidative damage/ROS/DNA damage/DNA repair failure
- Disrupted calcium metabolism
- Brain tumors and blood-brain barrier compromise
- Sleep, neuron firing rates, EEG, memory, learning, behavior
- Cancer (other than brain) cell proliferation
- Cardiac, heart muscle, blood-pressure, vascular effects

Henry Lai, Ph.D., recently updated the BioInitiative Report to include data through 2020. The Research Summaries section details the number of studies showing 'effect vs no effect' for free radical (oxidative damage, the precursor to chronic illness), comet assay studies, genetic and neurological studies, and electrohypersensitivity.

Here are the new results for 2020

ELF-EMF/Static Field Free Radical (Oxidative Damage) Studies
Of 263 total studies:
E= 235 (89%); NE= 28 (11%)

RFR Free Radical (Oxidative Damage) Studies
Of 261 total studies:
E= 240 (91%); NE= 21(9%)

ELF-EMF/Static Field Comet Assay Studies
Of 261 total studies:
E= 240 (91%); NE= 21(9%)

RFR Comet Assay Studies
Of 125 total studies:
E= 78 (65%); NE= 47 (35%)

RFR Genetic Effects Studies
Of 346 studies:
E= 224 (65%); NE= 122 (35%)

ELF-EMF/Static Field Genetic Effects Studies
Of 203 studies:
E= 160 (**77%**); **NE= 43** (**23%**)

RFR Neurological Studies
Of 335 total studies:
E= 244 (73%); NE= 92 (27%)

ELF-EMF/Static Field Neurological Studies
Of 238 total studies:
E= 216 (91%); NE= 22 (9%)

The public, and especially children whose DNA is still forming and whose bodies absorb more radiation than an adult, should not be exposed to wireless radiation. The effects are cumulative with dose, so the longer one is exposed, the greater the risk of harm. The more devices to which one is exposed -- in a classroom, for example, with @ 30 tablets, wireless access points, cell phones, smart boards, and wearables concurrently pulsing radiation -- the greater the compounded harm.

Next Steps

Given OHA failed to execute their mandate, the Oregon legislature would do well to disregard their flawed report and instead follow the lead of the New Hampshire legislature.

Like Oregon, when citizens brought the wireless radiation issue to light, the legislature quickly passed a law to investigate. In NH, however, the law required that a legislative commission be formed to answer the following eight questions:

1. Why does the **insurance industry recognize wireless radiation as a leading risk** and has placed exclusions in their policies not covering damages by the pathological properties of electromagnetic radiation?

2. Why do cell phone manufacturers have in the legal section within the device saying **keep the phone at least 5mm from the body**?

3. Why have 1,000s of peer-reviewed studies, including the recently published U.S Toxicology Program 16-year $30 million study, that are showing a wide range of **statistically significant DNA damage, brain and heart tumors, infertility, and so many other ailments**, been ignored by the Federal Communication Commission (FCC)?

4. Why are the FCC-sanctioned guidelines for public exposure to wireless radiation based only on the thermal effect on the temperature of the skin and **do not account for the non-thermal, non-ionizing, biological effects** of wireless radiation?

5. Why are the **FCC radiofrequency exposure limits set for the United States 100 times higher** than countries like Russia, China, Italy, Switzerland, and most of Eastern Europe?

6. Why did the **World Health Organization (WHO) signify that wireless radiation is a Group B Possibly Carcinogenic to Humans** category, a group that includes lead, thalidomide, and others, and why are some experts who sat on the Who committee in 2011 now calling for it to be placed in the Group 1, which are known carcinogens, and why is such information being **ignored by the FCC**?

7. Why have more than 220 of the **world's leading scientists signed an appeal to the WHO and the United Nations to protect public health** from wireless radiation and nothing has been done?

8. Why have the **cumulative biological damaging effects** of ever-growing numbers of pulse signals riding on the electromagnetic sine waves not been explored, especially as the world embraces the Internet of Things, meaning all devices being connected by electromagnetic waves, and the exploration of the number of such pulse signals that will be created by implementation of 5G technology?

A Commission was formed comprised of:

- Rep. Patrick Abrami (Chair) NH House of Representatives (engineer)
- Rep. Kenneth Wells, NH House of Representatives (engineer)
- Rep. Gary Woods, NH House of Representatives (medical doctor)
- Sen. James Gray, NH Senate (engineer)
- Sen. Tom Sherman, NH Senate (medical doctor)
- Denise Ricciardi, Public (subsequently elected Senator)
- Brandon Garod, Esq. Attorney General's Office
- Carol Miller, Department of Business and Economic Affairs
- David Juvet, Business and Industry Association
- Kent Chamberlin, PhD University of New Hampshire
- Bethanne Cooley, CTIA – Wireless Communications Industry
- Michele Roberge, Department of Health and Human Services
- Paul Héroux, PhD McGill University Medicine (EMF expert scientist)

You'll note there were two members of the wireless industry on the Commission too (Juvet and Cooley). This is the first time in U.S. history there was open dialogue among independent radiation experts, industry, the public, legislators and state agencies. (The discussions are included in the meeting minutes of the Commission report.)

For nearly a year the Commission conducted research and interviewed experts in radiofrequency radiation. The following identifies the NH process executed via 13 meetings, including the experts brought in to testify:

1. 9/16/19 Organizational meeting

2. 10/10/19 Electromagnetic Spectrum Physics Presentation, Dr. Kent Chamberlin, Chair of University of New Hampshire Electrical and Computer Engineering Department; Presentation on Biological Effects of RF radiation, Dr. Paul Heroux, Professor of Toxicology, McGill University

3. 10/31/19 National Toxicology Program Study on RF-Radiation, Michael Wyde, PhD
Framing the Issue Video, Frank Clegg, Former Microsoft Canada President

4. 11/21/19 Non-Existence of RF-Radiation Biological Effects Argument, Eric Swanson, PhD, University of Pittsburgh, CTIA industry representative

5. 12/13/19 Reinventing Wires and 5G in Colorado, Tim Schoechle, PhD, Colorado State University

6. 1/10/20 Studies Showing RF-Radiation Biological Effects, Devra Davis, PhD, MPH, Founder/President Environmental Health Trust
(EHT); The Landscape Nationally and Internationally Surrounding RF-Radiation, Theodora Scarato, Executive Director EHT

7. 2/14/20 What is 5G and What Do We Know About the Health Effects of 5G, David Carpenter, MD, Director, Institute for Health and the Environment, University of Albany, World Health Organization

COVID-19 NH STATE HOUSE CLOSURE

8. 7/1/20 13 Objections To 5G/4G, Herman Kelting, PhD, Retired, Las Vegas, NV

9. 7/24/20 Around the table discussion of where we are and next steps. Established a work group to formulate recommendations.

10. 8/31/20 Presentation of work group recommendations and discussion. Discussed that a minority report would be required.

11. 9/22/20 Discussion and voting on first half of recommendations

12. 10/8/20 Discussion and voting on second half of recommendations

13. 10/27/20 Review and vote on final report

NH ensured a transparent process, inviting the public to attend the meetings and offer comment as time permitted.

The Commission's final report identifies conflicts of interest with the FCC and industry. They cite Harvard's report, *Captured Agency: How the Federal Communications Commission is Dominated by the Industries it Presumably Regulates*.

The NH report provides 15 Recommendations in the majority report (p. 1-17) to inform and safeguard the public, to transition from risk-riddled wireless technology to safer, faster, greener, more reliable and sustainable hard-wired fiber-optics to the premises and cabled connections indoors.

For the purpose of SB.282, Oregon legislators may be particularly interested in *RECOMMENDATION 4 - Schools and public libraries should migrate from RF wireless connections for computers, laptops, pads, and other devices, to hardwired or optical connections.*

The two industry representatives and Senator Gray voted against the majority on each Recommendation and provided their own minority report on pages 18-27. Commissioners Ricciardi and Heroux countered several oft-repeated points of disinformation included in the minority report. See pages 384-5 of the electronic copy, or pages 5 and 6 of 11 in the final meeting minutes of Appendix O for their facts.

These statements would be important for the Oregon legislature to review, as some of the same disinformation themes are contained in OHA's report as well.

EMF Medical Conference

I was speaking with a school committee member from a neighboring town, and shared the symptoms of microwave sickness that many experience today: insomnia, headaches, nosebleeds, nausea, pain, ringing in the ears, irregular heartbeats, skin tingling/burning/itching/rashes, cognitive impairment, behavior issues, anger, anxiety, depression, suicidal ideation. I also let her know the neurological science links microwave radiation to autism spectrum disorders.

She said, "I'm also a school nurse. You just described what I deal with all day every day now with both the children and staff."

I suspect if OHA went back and reviewed Oregon's school nursing records from before wireless systems were installed for the industry's 21st Century Classroom Campaign, and compared them to today, OHA would see a marked increase in microwave sickness symptoms once wireless was introduced to the learning environment. Perhaps OHA will undertake this epidemiological study as an emergency measure.

We are very fortunate that we now have training for health care providers to recognize, diagnose, treat and prevent microwave radiation sicknesses. On January 28-31, world leading scientists, doctors, nurses and remediation specialists will convene for the international EMF Medical Conference 2021.

The lectures are CME accredited for U.S. doctors, and CE accredited for U.S. nurses ($349). All of Oregon's school nurses and public health staff should be encouraged to attend.

The conference also offers a reduced non-CME rate (just $149) for others to train on this critical issue. This is an ideal opportunity for each of the OHA members and report reviewers to come up to speed on the wireless radiation issue.

Oregon legislators might wish to register as well. I am honored to be presenting state and local policy updates on Day 4, and sadly, will have to report that Oregon missed the mark with their first investigation. Others will be presenting federal and international policy initiatives, legal actions currently underway, and grassroots efforts taking place all over the world to ensure safe technology in our communities.

The conference videos, including CME application, will be available afterwards for those who cannot attend during the live conference.

Closing Thoughts

The wireless radiation issue is not one any of us ever imagined we'd have to address, nor do busy schedules make it easy to do so.

We need to make room for it though and make it a priority at that. During the pandemic the industry is moving fast to take away local control from our municipalities as they force toxic 4G/45 small cell infrastructure in at the curb in your neighborhood and mine, and on school property.

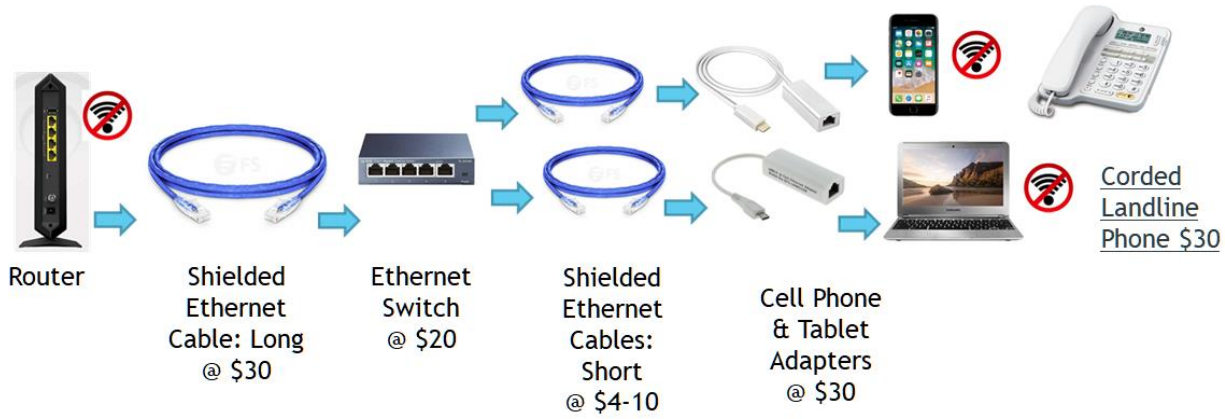
At the same time, we've unwittingly bought into the notion that it's a good idea to give toxic wireless devices to children to access their education with no safety instructions. Children, and adults, are on these devices excessively during the pandemic. They are living in homes and occasionally going into schools with 24x7 radiation pulsing from routers, access points, gaming systems, cell phones, tablets, baby monitors, Roku, Chromecast, Alexa and now appliances, potty seats, Ring, and every other product sold with wireless antennas activated for the Internet of Things.

Meanwhile, Silicon Valley executives are sending their children to schools with no technology, and making their nannies sign contracts there will be no screens near their children.

This is an emergency as even pre-pandemic, technologically advanced societies were already experiencing epidemic proportions of anxiety, depression, suicidal ideation and more. Wireless

radiation is a neurotoxin and an immunosuppressant. This must be addressed in tandem with COVID-19 priorities. The short NIH presentations in my signature (under 10 minutes each) provide expert insight for visual learners.

Safe technology is not rocket science: install fiber-optics to the premises, hook up with Ethernet cables and adapters indoors; educate the public to shift the social norm from the industry's push for wireless convenience to better hard-wired connections.



The non-profit Wireless Education has the training built and ready to quickly train the masses with courses that can be completed on-line in about a half hour.

Public health fact sheets are already drafted in Massachusetts and you'd be welcome to update them for Oregon.

I hope Oregon's legislators will take swift action to protect the children, and yourselves, even in these already difficult times. So many will feel markedly better in short order with just a little education to use the technology within their control more safely.

For the radiation exposures that are not within one's control in the community, the legislature will need to take action to address the big macro cell antennas, 4G/5G small cell antennas and the toxic utility "smart" meters for water, gas, electric and solar that are mounted on homes without informed consent and are making so many ill.

We know how to get to safe technology if you provide the political will to do so. Please let me know if I can help further. There are many experts at the ready to support you.

Respectfully,

Cecelia (Cece) Doucette, MTPW, BA
Technology Safety Educator
Outreach Coordinator, EMF Medical Conference 2021
Director, Massachusetts for Safe Technology

Founder, Understanding EMFs
Education Services Director, Wireless Education
HiBR Conference @ NIH
Expert Forum on Wi-fi in Schools
Municipal Presentation on 5G & EMFs
New Hampshire Legislative Report on EMFs/5G
Additional YouTube EMF Talks
Generation Zapped Award-Winning Film

On Thu, Dec 31, 2020 at 7:54 PM Howe David M <DAVID.M.HOWE@dhsoha.state.or.us> wrote:

Per Senate Bill (SB) 283 mandate, the Oregon Health Authority has completed a "review of peer-reviewed, independently funded scientific studies of the health effects of exposure to microwave radiation, particularly exposure that results from the use of wireless network technologies in schools or similar environments", and it is now available.

The SB 283 report can be accessed by using the below hyperlink directly or by copying the link into your browser.

https://www.oregon.gov/oha/PH/HEALTHYENVIRONMENTS/RADIATIONPROTECTION/Documents/SB_283_%20Wireless_Tech%20_Health_Risks_Report.pdf

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