

Sample Doctor's Letter

Doctor's Letterhead...

Date

Address of Recipient

To [whom it may concern, name of respondent],

I am one of the treating physicians for [patient name]. My patient suffers from the following disabling medical condition: Electromagnetic Sensitivity (EMS). EMF radiation exposure substantially exacerbates my patient's conditions and causes her significant impairment of one or more of life's activities due to her sensitivity to EMF emissions.

In order to minimize exposure and to reduce flare-up of her symptoms, my patient requires reasonable modification so that she may use and enjoy her dwelling and surrounding area. My patient requires the following measures to reduce EMF radiation exposure:

- I recommend that the [name for your local meters] of utility companies, antennas, Bluetooth, etc. be replaced by manual and non-emitting devices including those adjacent to her.

This accommodation will reduce [patient]'s exposure to EMF radiation, and help reduce her flare-up and exacerbation of her symptoms.

I recommend that [patient's] request for these reasonable modifications and accommodations be approved to reduce EMF radiation exposure which exacerbates her medical conditions.

Sincerely,

[Doctor Name]

<http://www.ada.gov/pubs/adastatute08.htm>

Americans With Disabilities Act Of 1990, As Amended 2008

Sec. 12102. Definition of disability

As used in this chapter:

- (1) Disability. The term "disability" means, with respect to an individual
 - (A) a physical or mental impairment that substantially limits one or more major life activities of such individual;
 - (B) a record of such an impairment; or
 - (C) being regarded as having such an impairment (as described in paragraph (3)).
- (2) Major Life Activities
 - (A) In general. For purposes of paragraph (1), major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.
 - (B) Major bodily functions. For purposes of paragraph (1), a major life activity also includes the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

<https://www.federalregister.gov/articles/2016/08/11/2016-17417/amendment-of-americans-with-disabilities-act-title-ii-and-title-iii-regulations-to-implement-ada>
Americans With Disabilities Act new rules, effective 10-11-16

§ 35.108 Definition of "disability."

(a)(1) Disability means, with respect to an individual:

- (i) A physical or mental impairment that substantially limits one or more of the major life activities of such individual;
- (ii) A record of such an impairment; or
- (iii) Being regarded as having such an impairment as described in paragraph (f) of this section.

(2) Rules of construction. (i) The definition of "disability" shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA.

...

(b)(1) Physical or mental impairment means:

- (i) Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more body systems, such as: neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular,

reproductive, digestive, genitourinary, immune, circulatory, hemic, lymphatic, skin, and endocrine; or

(ii) Any mental or psychological disorder such as intellectual disability, organic brain syndrome, emotional or mental illness, and specific learning disability.

(2) Physical or mental impairment includes, but is not limited to, contagious and noncontagious diseases and conditions such as the following: orthopedic, visual, speech, and hearing impairments, and cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, intellectual disability, emotional illness, dyslexia and other specific learning disabilities, Attention Deficit Hyperactivity Disorder, Human Immunodeficiency Virus infection (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

...

(c)(1) Major life activities include, but are not limited to:

(i) Caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, sitting, reaching, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, writing, communicating, interacting with others, and working; and

(ii) The operation of a major bodily function, such as the functions of the immune system, special sense organs and skin, normal cell growth, and digestive, genitourinary, bowel, bladder, neurological, brain, respiratory, circulatory, cardiovascular, endocrine, hemic, lymphatic, musculoskeletal, and reproductive systems. The operation of a major bodily function includes the operation of an individual organ within a body system.

...

(2) Rules of construction. (i) In determining whether an impairment substantially limits a major life activity, the term major shall not be interpreted strictly to create a demanding standard.

(ii) Whether an activity is a major life activity is not determined by reference to whether it is of central importance to daily life.

(d) Substantially limits—(1) Rules of construction. The following rules of construction apply when determining whether an impairment substantially limits an individual in a major life activity.

(i) The term “substantially limits” shall be construed broadly in favor of expansive coverage, to the maximum extent permitted by the terms of the ADA. “Substantially limits” is not meant to be a demanding standard.

(ii) The primary object of attention in cases brought under title II of the ADA should be whether public entities have complied with their obligations and whether discrimination has occurred, not the extent to which an individual's

impairment substantially limits a major life activity. Accordingly, the threshold issue of whether an impairment substantially limits a major life activity should not demand extensive analysis.

(iii) An impairment that substantially limits one major life activity does not need to limit other major life activities in order to be considered a substantially limiting impairment.

(iv) An impairment that is episodic or in remission is a disability if it would substantially limit a major life activity when active.

(v) An impairment is a disability within the meaning of this part if it substantially limits the ability of an individual to perform a major life activity as compared to most people in the general population. An impairment does not need to prevent, or significantly or severely restrict, the individual from performing a major life activity in order to be considered substantially limiting. Nonetheless, not every impairment will constitute a disability within the meaning of this section.

(vi) The determination of whether an impairment substantially limits a major life activity requires an individualized assessment. However, in making this assessment, the term "substantially limits" shall be interpreted and applied to require a degree of functional limitation that is lower than the standard for substantially limits applied prior to the ADA Amendments Act.

(vii) The comparison of an individual's performance of a major life activity to the performance of the same major life activity by most people in the general population usually will not require scientific, medical, or statistical evidence. Nothing in this paragraph (d)(1) is intended, however, to prohibit or limit the presentation of scientific, medical, or statistical evidence in making such a comparison where appropriate.

(viii) The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures. However, the ameliorative effects of ordinary eyeglasses or contact lenses shall be considered in determining whether an impairment substantially limits a major life activity. Ordinary eyeglasses or contact lenses are lenses that are intended to fully correct visual acuity or to eliminate refractive error.



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De Rodgers Fox

American Academy of Environmental Medicine Recommendations Regarding Electromagnetic and Radiofrequency Exposure

Physicians of the American Academy of Environmental Medicine recognize that patients are being adversely impacted by electromagnetic frequency (EMF) and radiofrequency (RF) fields and are becoming more electromagnetically sensitive.

The AAEM recommends that physicians consider patients' total electromagnetic exposure in their diagnosis and treatment, as well as recognition that electromagnetic and radiofrequency field exposure may be an underlying cause of a patient's disease process.

Based on double-blinded, placebo controlled research in humans,¹ medical conditions and disabilities that would more than likely benefit from avoiding electromagnetic and radiofrequency exposure include, but are not limited to:

- Neurological conditions such as paresthesias, somnolence, cephalgia, dizziness, unconsciousness, depression
- Musculoskeletal effects including pain, muscle tightness, spasm, fibrillation
- Heart disease and vascular effects including arrhythmia, tachycardia, flushing, edema
- Pulmonary conditions including chest tightness, dyspnea, decreased pulmonary function
- Gastrointestinal conditions including nausea, belching
- Ocular (burning)
- Oral (pressure in ears, tooth pain)
- Dermal (itching, burning, pain)
- Autonomic nervous system dysfunction (dysautonomia).

Based on numerous studies showing harmful biological effects from EMF and RF exposure, medical conditions and disabilities that would more than likely benefit from avoiding exposure include, but are not limited to:

- Neurodegenerative diseases (Parkinson's Disease, Alzheimer's Disease, and Amyotrophic Lateral Sclerosis).²⁻⁶
- Neurological conditions (Headaches, depression, sleep disruption, fatigue, dizziness, tremors, autonomic nervous system dysfunction, decreased memory, attention deficit disorder, anxiety, visual disruption).⁷⁻¹⁰
- Fetal abnormalities and pregnancy.^{11,12}
- Genetic defects and cancer.^{2,3,13-19}
- Liver disease and genitourinary disease.^{12,20}

Because Smart Meters produce Radiofrequency emissions, it is recommended that patients with the above conditions and disabilities be accommodated to protect their health. The AAEM recommends: that no Smart Meters be on these patients' homes, that Smart Meters be removed within a reasonable distance of patients' homes depending on the patients' perception and/or symptoms, and that no collection meters be placed near patients' homes depending on patients' perception and/or symptoms.

Submitted by: Amy L. Dean, DO and William J. Rea, MD

Approved July 12, 2012 by the Executive Committee of the American Academy of Environmental Medicine

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Smart Meter Case Series

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Founded in 1965 as a non-profit medical association, the American Academy of Environmental Medicine (AAEM) is an international organization of physician and scientists interested in the complex relationship between the environment and health.

AAEM physicians and physicians world-wide are treating patients who report adverse, debilitating health effects following the installation of smart meters, which emit electromagnetic frequencies (EMF) and radiofrequencies (RF).

The peer reviewed, scientific literature demonstrates the correlation between EMF/RF exposure and neurological, cardiac, and pulmonary disease as well as reproductive disorders, immune dysfunction, cancer and other health conditions. The evidence is irrefutable. Despite this research, claims have been made that studies correlating smart meter emissions with adverse health effects do not exist.

The AAEM has received a case series submitted by Dr. Federica Lamech, MBBS, *Self-Reporting of Symptom Development from Exposure to Wireless Smart Meters' Radiofrequency Fields in Victoria*. AAEM supports this research. It is a well documented 92 case series that is scientifically valid. It clearly demonstrates adverse health effects in the human population from smart meter emissions.

The symptoms reported in this case series closely correlate not only with the clinical findings of environmental physicians, but also with the scientific literature. Many of the symptoms reported including fatigue, headaches, heart palpitations, dizziness and other symptoms have been shown to be triggered by electromagnetic field exposure under double blind, placebo controlled conditions. Symptoms in this case series also correlate with the Austrian Medical Association's Guidelines for the Diagnosis and Treatment of EMF Related Health Problems.

It is critically important to note that the data in this case series indicates that the "vast majority of cases" were not electromagnetically hypersensitive until *after* installation of smart meters. Dr. Lamech concludes that smart meters "may have unique characteristics that lower people's threshold for symptom development".

This research is the first of its kind, clearly demonstrating the correlation between smart meters and adverse health effects.

Based on the findings of this case series, AAEM calls for:

- Further research regarding smart meter health effects
- Accommodation for health considerations regarding smart meters.
- Avoidance of smart meter EMF/RF emissions based on health considerations, including the option to maintain analog meters.
- A moratorium on smart meters and implementation of safer technology
- Physicians and health care providers to consider the role of EMF and RF in the disease process, diagnosis and treatment of patients.

Passed by the Board of Directors of the American Academy of Environmental Medicine October 23, 2013

Please note: Smart Meter case series research to be released upon publication

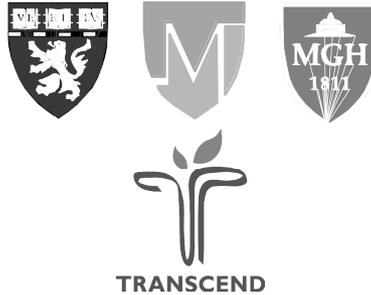
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TO: Los Angeles Unified School District
FROM: Martha R Herbert, PhD, MD
RE: Wireless vs. Wired in Classrooms
DATE: February 8, 2013

I am a pediatric neurologist and neuroscientist on the faculty of Harvard Medical School and on staff at the Massachusetts General Hospital. I am Board Certified in Neurology with Special Competency in Child Neurology, and Subspecialty Certification in Neurodevelopmental Disorders.

I have an extensive history of research and clinical practice in neurodevelopmental disorders, particularly autism spectrum disorders. I have published papers in brain imaging research, in physiological abnormalities in autism spectrum disorders, and in environmental influences on neurodevelopmental disorders such as autism and on brain development and function.

I recently accepted an invitation to review literature pertinent to a potential link between Autism Spectrum Disorders and Electromagnetic Frequencies (EMF) and Radiofrequency Radiation (RFR). I set out to write a paper of modest length, but found much more literature than I had anticipated to review. I ended up producing a 60 page single spaced paper with over 550 citations. It is available at http://www.bioinitiative.org/report/wp-content/uploads/pdfs/sec20_2012_Findings_in_Autism.pdf.

In fact, there are thousands of papers that have accumulated over decades – and are now accumulating at an accelerating pace, as our ability to measure impacts become more sensitive – that document adverse health and neurological impacts of EMF/RFR. Children are more vulnerable than adults, and children with chronic illnesses and/or neurodevelopmental disabilities are even more vulnerable. Elderly or chronically ill adults are more vulnerable than healthy adults.

Current technologies were designed and promulgated without taking account of biological impacts other than thermal impacts. We now know that there are a large array of impacts that have nothing to do with the heating of tissue. The claim from wifi proponents that the only concern is thermal impacts is now definitively outdated scientifically.

EMF/RFR from wifi and cell towers can exert a disorganizing effect on the ability to learn and remember, and can also be destabilizing to immune and metabolic function. This will make it harder for some children to learn, particularly those who are already having problems in the first place.

Powerful industrial entities have a vested interest in leading the public to believe that EMF/RFR, which we cannot see, taste or touch, is harmless, but this is not true. Please do the right and precautionary thing for our children.

I urge you to step back from your intention to go wifi in the LAUSD, and instead opt for wired technologies, particularly for those subpopulations that are most sensitive. It will be easier for you to make a healthier decision now than to undo a misguided decision later.

Thank you.

A handwritten signature in black ink, appearing to read 'Martha Herbert', with a long horizontal flourish extending to the right.

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