

Public Comment of Protect All Children’s Environment (PACE)

HHS Request for Information on EMF, RF and Wireless Radiation Exposure

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Overall Comment

Protect All Children’s Environment (PACE) asks HHS to identify and study people who may be especially vulnerable to RF/EMF exposure rather than allowing their experiences to disappear inside population averages. HHS should incorporate the Brief Environmental Exposure and Sensitivity Inventory (BREESI), the Quick Environmental Exposure and Sensitivity Inventory (QEESI), and the Pediatric QEESI (PediQEESI) into RF/EMF research, surveillance and clinical data collection, together with objective measurement of real-world RF/EMF exposure.[1–8]

Why Population Identification Is Urgent

Toxicant-Induced Loss of Tolerance, or TILT (see tiltResearch.org), describes a two-stage process in which an initiating exposure or series of exposures is followed by multisystem symptoms and newly acquired intolerances to chemicals, foods, drugs and other everyday exposures.[4] Chemical intolerance is not rare. A nationally representative U.S. survey found that 25.9% of adults reported chemical sensitivity and 12.8% reported a medical diagnosis. Compared with findings from approximately a decade earlier, medically diagnosed prevalence had increased by more than 300%, while self-reported chemical sensitivity had increased by more than 200%.[2]

This increase exists within a much broader chronic-disease burden. The CDC now reports that three in four American adults have at least one chronic condition and more than half have two or more.[9] Yet federal exposure studies generally do not screen for TILT or chemical intolerance. If potentially susceptible people are not identified in advance, their responses may be diluted by the average response of participants who tolerate environmental exposures well.

PACE’s Experience

PACE represents chemically injured and chemically disabled people, families, caregivers and children whose health and daily functioning are affected by environmental exposures. PACE’s founder lives with TILT, mast-cell activation, autonomic dysfunction, profound hearing and balance impairment, and a history that includes a brainstem tumor and other tumors. Because of these vulnerabilities and a POT1 tumor-predisposition mutation, she has sought to minimize avoidable radiation and RF/EMF exposure, including wireless utility meters. Nevertheless, requests for nonwireless alternatives have been opposed or made difficult by Duke Energy, the Orange Water and Sewer Authority and others, while increasingly dense cellular infrastructure has imposed exposures that individuals cannot control from within their own homes.

This experience illustrates why medically vulnerable people require identification, study, exposure information and meaningful freedom to choose lower-exposure alternatives. People should not have to surrender access to electricity, water, housing, education, healthcare or communication services in order to protect their health.

The Proposed Screening and Research Framework

1. Use BREESI as the first-line, three-question screen in federal surveys, RF/EMF studies, primary care, occupational studies, school-health research, community investigations and adverse-event reporting. In validation research, BREESI performed strongly against QEESI: 90% of participants endorsing all three items were classified by QEESI as very suggestive of chemical intolerance, while 95% answering no to all three were classified as not suggestive.[3]
2. Administer the full QEESI to adults who screen positive and to defined comparison samples. QEESI measures symptom severity, chemical intolerances, other intolerances, life impact and masking exposures. It has been used and evaluated internationally and is the reference standard for assessing chemical intolerance.[3,5–7]
3. Use PediQEESI to structure pediatric exposure, symptom and functional histories while HHS funds formal validation across ages and diverse populations. Children must not remain invisible merely because the pediatric instrument is newer.[8]
4. Add a standardized RF/EMF module documenting the source, frequency, field strength or power density, modulation, pulsing, duty cycle, beamforming, distance, duration, nighttime exposure, simultaneous sources, cumulative exposure, symptoms, functional consequences, exposure-reduction efforts and subsequent changes.
5. Combine questionnaire data with personal RF measurements, fixed-infrastructure data, medical evaluation, longitudinal follow-up and exposure-reduction studies. Analyze results separately for high-, intermediate- and low-QEESI groups.

Federal Support and Existing Evidence

NIH already maintains the [NIEHS Disaster Research Response \(DR2\) Program](#) and its [DR2 Resources Portal](#), a publicly available repository of survey instruments, protocols and other tools for timely human-health research following disasters and public-health emergencies.[10–12] This federal infrastructure demonstrates the value of validated, harmonized instruments that can be deployed rapidly after chemical releases, radiation events, fires, floods, building contamination and other initiating exposures. HHS should add and promote BREESI, QEESI, PediQEESI and the proposed RF/EMF module through this infrastructure.

The need for continued RF/EMF investigation is also supported by the International Agency for Research on Cancer's Group 2B classification of RF electromagnetic fields as possibly carcinogenic to humans and by National Toxicology Program findings that included clear evidence of malignant heart schwannomas and some evidence of malignant brain gliomas in exposed male rats, together with reported DNA damage under study conditions.[13–15] These findings strengthen the case for identifying potentially susceptible human subgroups rather than assuming uniform response.

Requested HHS Action

- Adopt BREESI and QEESI as core population-identification and stratification tools in federally supported RF/EMF research.
- Fund validation and implementation of PediQEESI and include children in longitudinal research.
- Develop a standardized RF/EMF exposure-and-response module and integrate it with objective exposure measurement.
- Create a national clinician and patient reporting system that records exposure, symptoms, questionnaire scores, functional impairment, accommodations and changes after exposure reduction.
- Study people with chemical intolerance, neurologic and autonomic disease, mast-cell disorders, extensive tumor histories or tumor-predisposition variants, implanted devices, occupational exposure and reported reproducible exposure-response patterns.
- Protect affordable access to analog, wired or nontransmitting utility meters and other lower-exposure options while research continues.
- Require understandable disclosure of emissions, antenna locations, aggregate exposure and practical exposure-reduction measures.

Conclusion. HHS cannot determine whether sensitive populations face different risks unless it first identifies them. BREESI and QEESI are validated, practical tools for identifying chemical intolerance in adults; PediQEESI provides a structured pediatric foundation that HHS should validate and advance. Used with rigorous RF/EMF measurement, clinical evaluation and longitudinal research, these tools can convert overlooked experiences into analyzable public-health evidence and guide prevention before more people become chronically ill or disabled.

References are supplied in the separate attachment, “PACE RF-EMF Public Comment - References and Evidence.”