U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Docket HHS-OASH-2026-0397

Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure

COMMENTS OF HENRY ALLEN

My name is Henry Allen. I am submitting these comments as an individual, husband, father, former general building contractor, small-farm owner, and someone who has experienced what I believe to be serious health effects associated with radiofrequency exposure for approximately 19 years.

I previously wrote to Secretary Robert F. Kennedy Jr. in 2025 regarding my history with RF exposure, mold illness, atrial fibrillation, and the need for stronger health-based RF protections. I appreciate that HHS is now asking for input from patients, clinicians, researchers, and the public.

A commercial wireless facility was installed approximately 1,800 feet from my home. After it became operational, I experienced repeated episodes of atrial fibrillation, more than a dozen hospitalizations, cardioversion, and ultimately cardiac ablation. My family then spent more than $200,000 attempting to remediate and shield our home.

I also pursued the avenues that appeared available to me for relief, including an ADA reasonable-accommodation claim, and consulted with multiple attorneys. In my circumstances, I was unable to identify any viable legal path to require mitigation, obtain compensation, or meaningfully reduce the continuing exposure from the tower. That experience is one reason I believe the adequacy of federal health protections is so important.

My main request is that HHS use this opportunity to act on the evidence and clinical experience that already exist, while directing new research only to the questions that truly remain unresolved. I do not want this process to become another 10- or 20-year cycle of study before practical protective steps are taken.

QUESTION 2 - PERSPECTIVE

I submit these comments from several perspectives: as a person who has experienced symptoms I associate with RF/EMF exposure; as a family member concerned about the health of my household; as a former residential general contractor who spent decades opening walls and seeing hidden water damage; and as a small-farm owner who raises cattle and has observed changes in pollinator activity on my property.

QUESTION 3 - PERSONAL EXPERIENCE AND POTENTIAL ADVERSE HEALTH EFFECTS

For approximately 19 years, I have experienced headaches, dizziness, extreme fatigue, heart palpitations, irregular heart rhythms, and other symptoms that repeatedly improved when my RF exposure was reduced.

For years, I lived and worked in the San Francisco Bay Area. As the wireless environment around me became denser, my health progressively worsened. Eventually, my family moved to a rural property near Eagle, Idaho, in large part because I was trying to find a lower-RF environment. For a period of time, I improved.

That changed dramatically in 2021. A new approximately 65-foot macro cell tower was constructed roughly 600 yards, or about 1,800 feet, from our home. Shortly after that tower became operational, I began experiencing atrial fibrillation.

I was taken to St. Luke's emergency department, required cardioversion during my first AFib episode, was hospitalized more than a dozen times, and ultimately underwent cardiac ablation.

These were not only medical events. They also became a financial problem because the source of exposure was outside my control and I had no practical means of requiring it to be reduced.

What concerned me most was the pattern. My AFib episodes repeatedly began during a narrow period in the late afternoon or early evening, generally around 4:30 to 5:30 p.m. My home sits along the line between the new tower and another existing macro tower approximately two miles away.

An RF professional came to my property and measured RF conditions during these peak evening hours. We observed substantially higher RF exposure during the same general period when my episodes were occurring. I also plotted the locations where my AFib episodes began and found that they clustered in and around this same area.

After several episodes, I left Idaho for a 10-day road trip to Florida. During that trip, I did not experience a single AFib episode. Within two days of returning home, I experienced AFib again.

I have documented the tower locations, maps, RF measurements, photographs, videos, and my experience at: https://idahoansforsafetechnology.org/5g-cell-tower-in-eagle-causes-life-threatening-injure/

QUESTION 3(f) - CHANGES AFTER REDUCING EXPOSURE

Over many years, I repeatedly observed that reducing my RF exposure reduced my symptoms. I could turn off Wi-Fi, hardwire computers, reduce cell-phone use, and unplug wireless devices inside my home.

But I could not turn off the cell tower outside my home. That distinction is extremely important. A nearby macro tower creates externally imposed exposure that a homeowner cannot simply unplug or control.

We also discovered significant hidden water damage and mold contamination in our home. My family ultimately spent more than $200,000 removing hidden mold and modifying and shielding our home from RF exposure.

After I began treatment for mold-related illness, my tolerance for RF exposure improved substantially. Environments and wireless devices that had previously caused significant symptoms became much easier for me to tolerate.

That experience led me to believe that RF exposure should not always be considered in isolation. A person's response may depend on underlying illness, chronic inflammation, fungal burden, infection, or other biological stressors.

QUESTIONS 11 AND 12 - SENSITIVE POPULATIONS AND EFFECTS BELOW CURRENT LIMITS

I believe HHS should specifically consider people with mold-related illness, chronic inflammatory conditions, Lyme disease or other chronic infections, and other environmental sensitivities when evaluating RF exposure.

My own experience occurred in an environment that was considered legally compliant, yet my symptoms were severe enough to result in repeated hospitalizations, cardioversion, and ultimately cardiac ablation. That does not by itself establish causation, but it demonstrates why compliance with current limits should not automatically be treated as proof that meaningful biological effects cannot occur.

Two clinicians whose work strongly influenced my own recovery are Dr. Dietrich Klinghardt and Dr. Neil Nathan. Dr. Klinghardt was one of the earlier physicians I encountered who publicly emphasized a clinical relationship among chronic illness, mold, Lyme disease, and electromagnetic exposure, and who incorporated both environmental remediation and EMF reduction into his treatment approach.

Dr. Nathan's work later reinforced that framework from another direction. He has treated patients with mold-related illness, Lyme disease, and other complex chronic conditions, and has discussed how highly sensitive patients may also react to electromagnetic fields.

I am not presenting either physician's clinical observations as proof of a specific biological mechanism. I am explaining that their work helped lead me toward the combination of reducing RF exposure and addressing mold and chronic illness that allowed me to regain much of my health. I strongly encourage HHS to interview both physicians and other clinicians who work directly with environmentally sensitive patients.

I also encourage HHS to consult building biologists. They work directly with homes and schools where RF exposure, water damage, mold, wiring, and other environmental factors overlap.

BUILDING CONSTRUCTION, WATER DAMAGE, AND A RESEARCH HYPOTHESIS

My experience as a general building contractor also shapes how I look at this issue. I spent most of my career in residential construction and remodeling, particularly in California. In my own work, when I opened walls during kitchen and bathroom remodels, I found evidence of past water intrusion or moisture damage in the great majority of homes I worked on.

Modern American homes commonly use paper-faced gypsum drywall and other cellulose-containing materials. EPA guidance recognizes paper-faced gypsum board as moisture-sensitive and capable of supporting mold growth when it remains damp.

This matters because people may be living or working in water-damaged buildings without realizing it. A person can often reduce RF sources inside a home, but cannot control a nearby cell tower operating continuously outside the property.

My own recovery raises a research question that I believe HHS should investigate: whether RF exposure can interact with fungi, mold, yeast, mycotoxins, the microbiome, or a person's biological response to those stressors. I have personally noticed that periods of what I believe to be yeast overgrowth in my gastrointestinal system seem to worsen during continuous wireless exposure.

I recognize that these observations do not establish a mechanism. The question is whether RF exposure may alter fungal behavior, toxin production, microbial balance, or the response of a person who is already biologically vulnerable. That is a focused research question, not a reason to postpone all protective action.

QUESTION 5 - NATIONAL AND INTERNATIONAL EXPOSURE STANDARDS

My experience traveling in Italy made this issue especially important to me. I spent approximately three weeks traveling through Italy with my family. We stayed in hotels, traveled through populated areas, used public transportation, and had normal cellular service.

Yet for the first time in years, I felt remarkably well. I had energy, slept well, and my heart remained steady despite being surrounded by modern wireless technology.

Italy has historically used more precautionary RF policies for places where people spend extended periods of time. For many years, its precautionary level was 6 V/m; in 2024 that value was increased to 15 V/m averaged over 24 hours.

Another variable worth studying is building construction. Much of Italy's residential building stock uses masonry, brick, reinforced concrete, and plaster rather than the paper-faced gypsum drywall that is common in American construction. I do not know whether construction differences played any role in how well I felt in Italy, but HHS should consider whether building materials, moisture, indoor mold burden, and RF exposure interact.

My personal experience does not prove why I felt better in Italy. But the difference was striking enough that I believe HHS should compare U.S. exposure policies with more precautionary international approaches and study those environments rather than assuming the U.S. must begin from scratch.

We do not have to choose between modern communications and better health protection.

QUESTIONS 8 AND 15 - REAL-WORLD AND CUMULATIVE EXPOSURE

HHS should evaluate real-world RF exposure rather than examining individual devices or sources in isolation. People may be exposed simultaneously to macro towers, small cells, Wi-Fi routers, smart meters, Bluetooth devices, cellular phones, wearables, and other sources.

In my case, proximity to wireless infrastructure, the position of my home between two macro towers, and changes in RF levels during different times of day were all important parts of my experience.

Exposure assessment should consider:

- cumulative neighborhood exposure;
- distance from homes, schools, and other places where people spend extended periods;
- antenna density and multiple simultaneous RF sources;
- time of day, network demand, and long-term exposure; and
- individual biological susceptibility.

QUESTION 14 - ENVIRONMENTAL EFFECTS AND POLLINATORS

I have also observed what I believe may be environmental effects on my property.

Approximately a week before the nearby tower became operational, I checked my beehive and found it healthy and thriving. Shortly after the tower was turned on, and shortly after my first AFib episode, I checked the hive again and found it completely decimated. I documented the hive on video.

I do not know the mechanism responsible for that hive collapse. One hypothesis I believe deserves study is whether RF exposure could have interacted with other biological stressors already present in the hive. This occurred in early spring, when moisture and fungal growth can be present after winter. I am interested in whether RF exposure can affect fungal activity, fungal toxins, or the bees' ability to tolerate those stresses. I offer this only as a research hypothesis.

Separate from that single hive collapse, I continue to observe a different pattern. Each spring, fruit trees in my backyard are located in the more heavily RF-exposed path between the two towers. Year after year, I see very few bees or other pollinators working those trees.

On the opposite side of my home, where the structure provides substantial shielding and RF levels are considerably lower, I continue to see bees pollinating trees in my front yard.

That continuing difference makes me question whether RF exposure itself may affect where bees are willing or able to forage, navigate, or remain. I am not presenting this observation as proof of causation. I am reporting it because it is recurring and geographically consistent on the same property.

QUESTION 15(e) - LIVESTOCK

I also operate a small farm and raise cattle. Mold and mycotoxins are already recognized agricultural health concerns, particularly when grain or feed becomes wet or is stored under unfavorable conditions.

This raises another focused research question: whether chronic RF exposure can influence fungal growth, mycotoxin production, microbial activity, or an animal's biological response to contaminated feed.

I am not aware of sufficient evidence to conclude that RF exposure increases mycotoxin production in livestock feed. I am suggesting that the interaction should be studied.

Rural wireless infrastructure can place cattle, horses, poultry, bees, and other animals under continuous exposure while they are also subject to mold spores, feed contamination, heat, moisture, infectious organisms, and nutritional stress. Research that evaluates these variables together may reveal effects that are missed when each is studied in isolation.

QUESTION 16 - RESEARCH PRIORITIES

I believe the highest-priority research questions are narrow and practical:

- long-term and cumulative exposure below current federal limits;
- non-thermal biological effects;
- sensitive or medically vulnerable populations;
- interactions among RF exposure, mold-related illness, fungal or yeast overgrowth, mycotoxins, and chronic infection;
- cardiovascular, neurological, sleep, and autonomic nervous system effects;
- real-world exposure from multiple simultaneous sources;
- effects on bees, pollinators, and livestock; and
- comparison of U.S. exposure policies with more precautionary international approaches.

QUESTION 18 - ADDITIONAL RECOMMENDATIONS AND NEAR-TERM ACTION

My final concern is timing.

I strongly support continued research into RF exposure and human health, but I hope this Request for Information does not become the beginning of another 10- or 20-year cycle of study before practical protective steps are taken.

There is already a substantial body of scientific literature, international experience, clinical observation, and firsthand reports available for HHS to evaluate now.

One important example is the National Toxicology Program's long-term radiofrequency radiation research. NTP reported clear evidence of carcinogenic activity in male rats based on malignant schwannomas of the heart, along with other tumor and tissue findings. HHS should treat that work as part of the existing federal evidence base and build from it, not start over.

My own experience also provides several practical avenues that can be examined quickly.

HHS can compare current U.S. exposure policies with countries that have adopted more precautionary limits. It can consult physicians such as Dr. Dietrich Klinghardt and Dr. Neil Nathan, whose clinical work with mold-related illness, Lyme disease, chronic environmental illness, and electromagnetic sensitivity helped guide my own recovery. It can consult building biologists who evaluate RF exposure, wiring, water damage, mold, and other environmental factors in real homes and schools.

It can also examine whether people with mold-related illness, chronic infections, fungal or yeast overgrowth, chronic inflammation, or other underlying biological vulnerabilities may respond differently to RF exposure.

I am not asking HHS to stop doing research. I am asking that uncertainty about every possible biological mechanism not be used as a reason to postpone reasonable protective action where substantial evidence and clinical experience already exist.

HHS does not itself establish the FCC's RF exposure limits. However, HHS can provide health-based recommendations to the FCC, Congress, and other federal agencies, and it can provide practical health guidance directly to the American public.

I respectfully ask HHS to consider the following near-term actions:

- Issue precautionary public-health guidance explaining practical ways to reduce unnecessary RF exposure, particularly for children and medically vulnerable individuals.

- Provide formal health-based recommendations to the FCC regarding chronic, cumulative, and real-world RF exposure, including exposure from nearby fixed wireless infrastructure.
- Compare current U.S. exposure limits with more precautionary international approaches and recommend whether lower exposure limits or additional margins of safety should be adopted.
- Convene clinicians such as Dr. Dietrich Klinghardt and Dr. Neil Nathan, along with toxicologists, epidemiologists, environmental-health researchers, and building biologists who work directly with environmentally sensitive patients.
- Specifically investigate possible interactions among RF exposure, water-damaged buildings, mold-related illness, fungal or yeast overgrowth, mycotoxins, Lyme disease, and other chronic environmental conditions.
- Develop guidance for homes, schools, and other locations where people experience continuous RF exposure from sources they cannot control.
- Direct future research toward specific unanswered questions that could materially change public-health policy rather than repeating questions that have already been extensively studied.

There is also an issue of financial responsibility that deserves serious consideration.

My family spent more than $200,000 remediating hidden mold, remodeling portions of our home, and installing RF shielding after a commercial wireless tower was constructed approximately 1,800 feet from our property. The tower owner and wireless carriers use that infrastructure for commercial benefit, while the financial burden of trying to protect my health and my home fell entirely on my family.

I can turn off a Wi-Fi router, hardwire computers, unplug wireless devices, and limit cell-phone use. I cannot turn off a commercial cell tower operating 24 hours a day outside my property.

I believe HHS should recommend that Congress and the FCC examine whether a mitigation and compensation framework is appropriate when new wireless infrastructure materially increases RF exposure to nearby homes and residents incur documented and reasonable costs to reduce that exposure for health reasons.

My experience also exposed a gap in the current framework. I pursued an ADA reasonable-accommodation claim and consulted multiple attorneys, but in my circumstances I was unable to identify any viable legal remedy that would require mitigation, provide compensation, or meaningfully reduce the continuing exposure.

That matters from a public-health standpoint. When federal standards largely control the exposure framework, and an affected person has no practical means of reducing an externally imposed source or obtaining relief, the adequacy of those federal health protections becomes even more important.

I am not asking HHS to resolve my individual legal case. I am asking HHS to recognize this policy gap and make recommendations to the FCC and Congress so that people who can document serious adverse effects are not left with the entire health and financial burden and no practical path to relief.

People are being exposed today.

Families living near wireless infrastructure should not have to wait decades for perfect scientific certainty before receiving practical health guidance. Nor should families automatically bear enormous financial costs when attempting to protect themselves from an externally imposed exposure they cannot control.

In my own case, reducing RF exposure and addressing mold and chronic illness were important parts of regaining my health. The clinical observations of physicians such as Dr. Klinghardt and Dr. Nathan helped point me toward that path.

My request to HHS is straightforward:

Distinguish what is known from what remains uncertain. Act on what is already known. Investigate the focused questions that could materially change public-health policy. Give the public practical guidance now. And identify the policy gaps that leave affected people without meaningful options for protection or relief.

The goal should be progress measured in months and years, not decades.

SELECTED REFERENCES AND SUPPORTING MATERIAL

- U.S. Department of Health and Human Services, Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure, Docket HHS-OASH-2026-0397.
- National Toxicology Program, Cell Phone Radiofrequency Radiation Studies and Technical Reports, including findings of clear evidence of carcinogenic activity in male rats based on malignant schwannomas of the heart: https://ntp.niehs.nih.gov/research/topics/cellphones
- U.S. Environmental Protection Agency, mold and moisture guidance for homes and building materials.
- Neil Nathan, M.D., Toxic: Heal Your Body from Mold Toxicity, Lyme Disease, Multiple Chemical Sensitivities, and Chronic Environmental Illness.
- Clinical materials and interviews by Dietrich Klinghardt, M.D., and Neil Nathan, M.D., discussing chronic illness, mold, Lyme disease, environmental sensitivity, and EMF exposure.
- Henry Allen supporting documentation, maps, RF measurements, photographs, and videos: https://idahoansforsafetechnology.org/5g-cell-tower-in-eagle-causes-life-threatening-injure/

Respectfully submitted,

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