Docket No. HHS-OASH-2026-0397 — Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure

Submitted by: Anonymous
Date: [Date of submission]

Question 2 — Perspective and basis of this comment

I submit this comment from two perspectives: (1) healthcare professional — I am a registered nurse; and (2) individual consumer and family member. My comments are based on peer-reviewed research and U.S. government reports and records, supplemented by professional observation. Where evidence is emerging or uncertain, I identify it as such, consistent with the Department's request to distinguish established evidence from areas of uncertainty.

Question 5 — Exposure standards and regulatory frameworks

Federal health agencies should consider the following frameworks:
(a) The FCC's RF exposure limits (47 CFR 1.1310), adopted in 1996 and derived from ANSI/IEEE and NCRP recommendations of that era. These limits address only thermal effects — tissue heating averaged over time — and do not account for non-thermal biological effects or chronic, low-level, cumulative exposure.
(b) In 2021, the U.S. Court of Appeals for the D.C. Circuit held in Environmental Health Trust v. FCC that the FCC's 2019 decision to retain the 1996 limits was "arbitrary and capricious," because the agency failed to provide a reasoned explanation for its determination that its guidelines adequately protect against harmful effects of RF exposure unrelated to cancer.
(c) The International Agency for Research on Cancer (IARC) Monograph 102 classification of RF electromagnetic fields as Group 2B, "possibly carcinogenic to humans" (2011), and the ICNIRP 2020 guidelines, which — like the FCC limits — remain thermal-based.

(d) Precautionary regulatory approaches taken elsewhere, such as France's 2015 law restricting Wi-Fi in nursery schools and requiring handset SAR labeling at point of sale. I cite these not as models to copy uncritically but as evidence that other governments have found it feasible to act on uncertainty without waiting for scientific unanimity.

Recommendations:

- HHS and FDA should formally re-evaluate whether thermal-only exposure limits remain adequate in light of the findings described under Question 12, and publish that evaluation.
- Any classification or exposure framework should account for modulation and pulse characteristics, duty cycle, simultaneous exposure to multiple frequencies, proximity to the body, and cumulative exposure over time — not only time-averaged power density or SAR.

Question 9 — Information that should be disclosed

Consumers, schools, healthcare providers, and local governments should have access to plain-language information including: SAR values at point of sale; manufacturer guidance on minimum separation distance during use; clear labeling of wireless devices marketed for children; and practical school guidance on router placement and wired alternatives. Disclosure does not require settled science — it requires honest communication of what is known, what is uncertain, and what precautionary steps are low-cost.

Question 11 — Sensitive populations

Yes, assessment should differ for sensitive populations, particularly children:

(a) Dosimetric modeling studies (e.g., Gandhi et al.) show that children absorb proportionally more RF energy in brain tissue than adults due to thinner skulls and higher tissue conductivity.

(b) Children's nervous systems are still developing.
(c) A child exposed today faces many more decades of cumulative exposure than an adult.
Pregnant women and individuals with implanted medical devices also warrant specific evaluation. I urge HHS to develop child-specific guidance for schools and families as a near-term deliverable of this review.

Question 12 — Evidence of effects below current federal limits

Yes. Two large animal studies — one government-conducted and one independent — report effects at exposures at or below current FCC limits:
- The U.S. National Toxicology Program (Technical Reports 595 and 596, 2018) found "clear evidence" of carcinogenic activity — malignant schwannomas of the heart in male rats — from GSM- and CDMA-modulated RF exposure.
- The Ramazzini Institute (Falcioni et al., Environmental Research, 2018) reported increased Schwann cell hyperplasia and schwannomas in male rats exposed at 50 V/m — below FCC limits — consistent with the NTP findings.
These are established findings from government-conducted and independent research, not preliminary or industry-funded results, and they directly demonstrate biological effects below current federal exposure limits.

Question 16 — Highest-priority research gaps

1. Long-term prospective cohort studies of children with individually characterized RF exposure.
2. Real-world exposure assessment: simultaneous exposure to multiple sources, 5G beamforming and duty cycles, and near-field versus far-field contributions.
3. Non-thermal biological mechanisms of RF interaction with tissue.
4. Surveillance infrastructure: adverse-event reporting and

exposure registries capable of detecting signals over decades.

Question 17 — Coordination of federal research

HHS should establish a defined interagency agenda with clear roles: NIH for mechanistic and cohort research, FDA for device safety evaluation and labeling, and CDC for exposure surveillance and public communication — with joint reporting so the evidence base is assessed as a whole rather than in agency silos.

Question 18 — Additional information and recommendations

- Consistent with this RFI's own framing ("reduce unnecessary exposure where appropriate"), HHS should issue practical, precautionary guidance for schools and families now: prefer wired connections where feasible, keep transmitting devices away from the body, and reduce nighttime exposure. These are low-cost measures that do not depend on resolving every scientific uncertainty first.
- The federal posture is appropriately shifting from assurance to evidence review — as reflected in FDA's recent removal of longstanding webpages asserting no health risk from cellphones (first reported by the Wall Street Journal, January 2026). This RFI should lead to updated, plain-language public communication that reflects the current state of the science, including its uncertainties.

I appreciate the Department's commitment to rigorous, transparent, science-informed decision-making, and I urge HHS to ensure that the absence of complete certainty is not treated as evidence of safety — particularly where children are concerned.

Respectfully submitted,
Anonymous