HHS Public Comment - RF/EMF Health Effects and Civilian Clinical Guidance

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

Docket: HHS-OASH-2026-0397

Submitted by: Hideko Go **Perspective:** Individual Patient/Consumer

1. Purpose of My Comment

I am submitting this comment because I have experienced recurrent and sometimes severe unexplained physical symptoms for approximately 13 years, beginning around 2013.

I appreciate that the Department of Health and Human Services is seeking information concerning RF/EMF exposure and potential effects on human health.

I am not claiming that RF/EMF exposure has been medically proven to cause my symptoms. I am reporting my experiences, the environmental patterns I have repeatedly observed, and the extensive medical evaluation I have undergone. I hope HHS will investigate these questions objectively and develop evidence-based guidance for physicians and civilian patients.

2. Symptom History

My symptoms have included sudden stabbing, sharp, or electrical-like pain; severe head pain; deep chest and rib pain; eye and facial pain; foot, ankle, leg, and other extremity pain; vertigo, at times with vomiting; tinnitus and unusual ear sensations; skin stinging and redness; temporary visible lines or other skin changes; and other transient sensory symptoms.

The pain can migrate from one part of my body to another. Some episodes last seconds or minutes, while others have lasted substantially longer.

3. Environmental Pattern I Have Observed

One of the most important observations I have made over many years is that symptoms have frequently occurred or intensified in certain indoor environments. At times, symptoms have improved after I went outdoors or changed locations. I have experienced episodes at home and while traveling, including in hotels and transportation environments.

Because of this repeated pattern, I began wondering whether RF/EMF exposure or another environmental factor could be involved. However, I have not had scientifically controlled measurements demonstrating that a particular RF/EMF source caused a particular symptom episode. Changing locations also changes many environmental factors simultaneously. Therefore, my observations alone cannot establish causation.

4. Medical Evaluation

Over many years I have sought evaluation from multiple specialties, including neurology, cardiology, ophthalmology/neuro-ophthalmology, dermatology, ENT/audiology, psychiatry, and other medical professionals. Testing has included brain MRI/MRA examinations, cervical-spine imaging, laboratory testing, nerve-conduction/EMG testing, cardiac monitoring and cardiac MRI, ophthalmologic examinations, vestibular testing, and a skin biopsy.

The nerve-conduction/EMG testing was normal. Neurological examinations have not identified a neurological or neuromuscular disorder that explains the complete symptom pattern. A later neurologist described the condition as **migratory pain**. Cardiac, vestibular, ophthalmologic, dermatologic, and other evaluations likewise have not established a single explanation for the overall recurring symptom pattern.

Despite extensive evaluation, **no single established medical condition has been identified that adequately explains the complete pattern of my recurrent symptoms.** This does not establish an RF/EMF cause, but it is one reason I believe further objective research is warranted.

5. Need for Objective Exposure Research

I respectfully encourage HHS to study people who report reproducible symptoms associated with particular environments. Research could combine objective RF/EMF measurements at the time symptoms occur; frequency, power-density, modulation and pulsing measurements; distance and duration; simultaneous exposure to multiple frequencies; detailed symptom records; neurological and physiological measurements; medical examinations and laboratory testing; blinded or double-blinded exposure testing when feasible; and follow-up after participants move between environments.

This could help determine whether reported symptoms correspond with measurable RF/EMF exposure, another environmental factor, an unrelated medical condition, expectation effects, or coincidence.

6. Real-World Multiple Exposures

Modern environments can contain numerous wireless sources simultaneously, including cellular networks, cell phones, Wi-Fi, Bluetooth devices, smart meters, wearable devices, wireless medical devices, smart appliances, and other wireless infrastructure. I encourage HHS to study realistic combinations of exposures as well as long-term and cumulative exposure.

7. National Patient Reporting System or Registry

I respectfully encourage HHS to consider creating a standardized voluntary national reporting or surveillance system. It could collect symptoms, timing, location, duration, medical findings, environmental conditions, objective RF/EMF measurements when available, changes after leaving an environment, and long-term outcomes.

A registry should not presume that RF/EMF caused the symptoms. Its purpose should be to collect standardized data so scientists can determine whether reproducible patterns exist.

8. Need for Clinical Guidance for Physicians

I respectfully ask HHS to develop evidence-based clinical guidance explaining what medical conditions physicians should first rule out; what environmental and exposure history should be obtained; when RF/EMF measurements may be useful; whether validated biomarkers or specialized testing exist; how suspected cases should be documented; where unusual cases should be reported; and when patients should be referred to specialists or research programs.

9. Anomalous Health Incidents (AHI)

I also respectfully ask HHS to examine relevant scientific and clinical research concerning **Anomalous Health Incidents (AHI)**. Some scientists and physicians have discussed possible mechanisms involving directed or pulsed radiofrequency energy in connection with AHI.

I understand that the causes and mechanisms of AHI remain scientifically disputed and that ordinary environmental RF/EMF exposure and AHI should not automatically be treated as the same phenomenon. I ask

HHS to determine whether AHI research contains biological findings, exposure-assessment techniques, diagnostic methods, or clinical recommendations that could inform broader RF/EMF health research.

10. Civilian AHI Clinical Guidance

I respectfully ask HHS to review proposed clinical approaches for civilians reporting symptoms they associate with AHI or RF/EMF exposure, including proposals and guidance advocated by **Dr. Len Ber**, alongside other relevant peer-reviewed scientific and medical evidence.

Such guidance should neither automatically attribute unexplained symptoms to RF/EMF nor automatically dismiss an environmental contribution without appropriate investigation.

11. Requested Federal Actions

I respectfully ask HHS and appropriate federal agencies to conduct rigorous research under realistic exposure conditions; develop standardized exposure-measurement methods; study reproducible environment-associated symptoms using blinded protocols when feasible; examine cumulative exposures; consider a voluntary national surveillance system; review scientifically applicable AHI research; develop evidence-based clinical guidance; and establish an appropriate pathway for civilian patients to be evaluated, reported, and considered for research.

Conclusion

For approximately 13 years, I have sought medical explanations for recurrent and sometimes severe physical symptoms. I have undergone extensive medical evaluation, yet no single established medical condition has adequately explained the complete pattern.

I do not ask HHS to accept my interpretation of the cause. I ask HHS to investigate the question scientifically.

Patients and physicians need objective research, reliable exposure measurements, appropriate surveillance, and clear clinical guidance. I appreciate HHS opening this Request for Information and giving patients, physicians, scientists, and other members of the public an opportunity to contribute their experiences.

Respectfully submitted,
Hideko Go
Individual Patient/Consumer