# Personal Submission to the U.S. Department of Health and Human Services

## *Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure*

I am submitting this statement as a person whose health, livelihood, family life and ability to participate in ordinary society have been profoundly affected by what I experienced as increasing exposure to wireless radiation, including Wi-Fi, mobile communications infrastructure and, subsequently, 5G.

I ask HHS to listen carefully to my experience—not as a substitute for scientific investigation, but as the experience of a real person whose health progressively deteriorated as wireless exposure became increasingly pervasive.

### My life before becoming ill

I was a healthy, active and independent woman.

I was a gymnastics instructor, health educator and health practitioner. I worked with people and taught yoga and meditation. Physical health, movement, wellbeing and helping others were central to my life and my professional identity. I lived a normal and productive life.

I did not begin this journey looking for an explanation involving electromagnetic radiation. In fact, for many years I had no explanation at all.

My health gradually deteriorated. I underwent numerous medical investigations and tests over a prolonged period while doctors were unable to identify what was happening to me. I was repeatedly left with the impression that my symptoms were psychological or that the problem was "in my head."

I found this deeply distressing because I had studied psychology myself. I understand the difference between psychological distress and the physical manifestations of illness, and I knew that what I was experiencing required deeper investigation. I therefore continued to search for answers.

## Discovering a possible relationship with wireless exposure

I am a research-oriented and scholarly person. I read extensively and began investigating environmental factors that might explain the changes in my health.

As Wi-Fi became ubiquitous—in classrooms, public buildings, workplaces and other environments—I noticed that I was increasingly unable to tolerate certain environments.

The expansion of wireless infrastructure and, later, the rollout and densification of 5G occurred against the background of an already declining state of health.

Eventually, I connected with a doctor who had specialized knowledge and experience in this area. Rather than simply dismissing my concerns, the doctor investigated my condition and worked with me to assess and reduce potential exposures. I was diagnosed with electromagnetic hypersensitivity (EHS).

This was an important turning point because, for the first time, there was a framework through which my experiences could be investigated rather than dismissed.

## Measuring the environment

I also engaged a building biologist to investigate the electromagnetic environment around me using professional measurement equipment.

Measurements taken in my home and surrounding environment identified significant levels of electromagnetic radiation, including exposure associated with wireless infrastructure. There were Wi-Fi sources in and around my living environment and several telecommunications towers in my neighbourhood.

I became particularly concerned about the reality that exposure was not coming from one isolated device. It was coming from an increasingly dense wireless environment.

This raises an issue that I believe deserves much greater attention from public health authorities: **cumulative exposure, densification and localized hotspots.**

A person does not necessarily experience exposure from only one router, one mobile phone or one tower. Modern environments may involve simultaneous exposure from Wi-Fi networks, mobile phones, nearby base stations, smart devices, Bluetooth devices, wireless infrastructure and other sources.

The increasing density of these sources means that the real-world exposure environment can be considerably more complex than an assessment based on a single source in isolation.

I believe HHS should specifically investigate whether current exposure assessment methods adequately capture this reality.

## What happened when I reduced exposure

One of the most significant observations in my own experience was what happened when I was able to leave highly connected urban environments.

At various times I lived remotely in order to recuperate and reduce my exposure. I noticed a difference when I was able to spend time away from the wireless environment. However, when I returned to the city and to my usual residence, my health deteriorated again.

This repeated experience was one of the reasons I became convinced that environmental exposure needed to be investigated rather than simply attributing my symptoms to psychological causes.

I worked with my doctor on various approaches to improving my health and reducing possible contributing factors. This included protocols addressing heavy-metal exposure, removal of amalgam dental fillings and dietary measures, including a low-FODMAP approach, among other interventions.

Despite these efforts, my health continued to be severely affected when I could not maintain an environment in which I could adequately reduce the exposures that I believed were contributing to my condition.

## Progressive illness and loss of my previous life

Over time, additional serious health problems developed. I developed multiple chemical sensitivity (MCS) and ME/CFS, as well as rheumatoid arthritis, anxiety and panic attacks and heart-related problems.

I am not claiming that every one of these conditions has been scientifically established to have been caused by RF radiation. I am describing the sequence of my illness and my lived experience, and I am asking HHS to investigate whether there are biological, neurological, physiological or environmental relationships that are currently insufficiently understood.

The consequences for me have been profound. I could no longer live the life I had previously lived. I could no longer continue my normal life as my declining health and inability to tolerate certain environments eventually made this impossible.

My family life was also severely affected.  My marriage ended in divorce. I became increasingly isolated because ordinary environments—including homes, public places and urban areas—could become extremely difficult for me to tolerate.

Eventually, I was left with the only option to go to New Zealand where I have found support to live in a remote area in a caravan in order to obtain some distance from the environments that I believed were making me ill and to give myself an opportunity to recuperate.

For someone who had previously been healthy, active, independent and professionally engaged in health and wellbeing, this represents an extraordinary loss.

## The disability and accommodation issue

I have also experienced what I believe to be a profound failure of recognition and accommodation. I sought accommodation that would allow me to live with my disability and reduce exposure to environments that I experienced as harmful.

Despite the broader disability-rights framework and the attention given to disability inclusion, my proposal for accommodation related to electromagnetic hypersensitivity was not approved.

Instead of feeling protected and supported, I experienced marginalization and ridicule. This has been one of the most painful aspects of my experience. A person can have a serious functional disability even when that disability is not immediately visible to others.

When an individual reports becoming significantly impaired by an environmental exposure that is poorly understood or contested, the appropriate response should be careful investigation, reasonable accommodation where appropriate, and compassionate medical care—not ridicule or dismissal.

## Why I am asking HHS to investigate

I am not asking HHS to accept my personal experience as scientific proof. I am asking HHS to **investigate people like me seriously**.

My experience raises questions that I believe should be addressed through rigorous, independent research.

Among them are:

- Does long-term exposure to increasingly dense wireless environments have health effects that are not adequately captured by current research methods?

- Are cumulative exposures from multiple simultaneous RF sources being adequately assessed?

- Do current exposure models adequately reflect real-world environments rather than isolated sources?

- Are there localized "hotspots" or exposure patterns that warrant greater investigation?

- What happens physiologically when people who report EHS are removed from wireless environments?

- Are there identifiable biological, neurological, autonomic, cardiovascular or other physiological mechanisms associated with symptoms reported by some individuals?

- Are existing epidemiological studies adequately designed to detect susceptible subgroups?

- Should people reporting significant adverse reactions to RF/EMF exposure receive greater consideration in disability and accommodation frameworks?

- Are current exposure limits and risk assessments sufficiently informed by long-term, cumulative and increasingly dense real-world exposures?

- What are the health implications of the continuing expansion of wireless infrastructure, including 5G and future generations of wireless technology?

- What research is needed to distinguish psychological, physiological and environmental components of reported symptoms without prematurely assuming that one explanation applies to everyone?

I particularly urge HHS to examine **cumulative exposure and densification**.

The wireless environment today is fundamentally different from the environment in which many earlier exposure studies were conducted.

People can now be surrounded by multiple simultaneous wireless sources throughout the day—in their homes, schools, workplaces, transport systems, public buildings and neighbourhoods.

Public-health research should be capable of examining this real-world exposure environment.

## My experience should not be dismissed because the science is incomplete

For many years I was unable to obtain an explanation for my declining health.

I underwent medical investigations. I continued researching. I studied psychology and understood the importance of distinguishing psychological factors from physical illness. I sought out a doctor with relevant expertise. I worked with that doctor to investigate and mitigate environmental exposures. I had my environment professionally measured. I changed my living circumstances and, at times, lived remotely to recuperate.

I have observed significant differences in how I feel in different environments. I therefore cannot simply accept the conclusion that my illness was "all in my head."

At the same time, I understand that my personal observations cannot by themselves establish scientific causation. That is precisely why I am asking for **proper research**.

People reporting these experiences deserve an opportunity to have their observations investigated with the same seriousness afforded to other emerging health concerns.

## A plea to HHS

I was once a healthy woman who devoted her life to physical activity, health education, gymnastics, yoga, meditation and helping other people.

I did not choose to become isolated. I did not choose to lose my career. I did not choose to lose my marriage and family life. I did not choose to live in a caravan in order to find an environment where I could recuperate. These are the consequences of a profound decline in health and functioning.

I am submitting my story because I do not want other people to go through years of unexplained illness, repeated medical investigations, disbelief, ridicule, social isolation and loss of livelihood before their experiences are taken seriously.

I respectfully ask HHS to examine the potential health and environmental effects of RF/EMF radiation independently and rigorously; to investigate reported electromagnetic hypersensitivity and associated health problems; to examine cumulative exposure and wireless densification; to consider the experiences of potentially susceptible individuals; and to identify the research gaps that currently prevent clear answers.

I ask that patient experiences and clinical observations be considered alongside the scientific literature—not as a replacement for science, but as important observations that can help identify questions science needs to answer.

I hope that HHS will help create a public-health environment in which people reporting RF/EMF-related health problems are listened to, properly investigated and treated with dignity.

I submit this statement in the hope that my experience will contribute to better research, better understanding and better protection of public health.

*Corina Curteanu*

*New Zealand, 24 September 2026*

**Submitted as:** Individual / patient / health practitioner / health educator

**Basis of submission:** Personal health experience; clinical evaluation and diagnosis; environmental exposure assessment; professional experience in health and wellbeing; and observations concerning changes in symptoms and functioning in different exposure environments.

**Attachment:** EXCERPT FROM DEPUTATION TO THE COUNCIL OF PORT ADELAIDE ENFIELD, SOUTH AUSTRALIA - Addressing the Impact of 5G on Electrohypersensitive Individuals & Proposing Safe Zones for Environmental Sensitives (at risk of becoming homeless)