Response to HHS Request for Information

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

Responding perspective: Individual consumer and patient

Public-comment privacy: This response is based primarily on my firsthand experience and observations. I am not presenting my personal experience as scientific proof of causation. I have intentionally omitted private medical records, physician names, and other personally identifiable or protected health information because this submission will be public.

Question 2 — Perspective

I am responding as an individual consumer and patient based on my firsthand experience with communication-enabled wireless utility meters in my residential condominium. My comments are based primarily on my personal experience and observations, together with publicly available information and my interest in public health and safe technology.

Question 3 — Public Experiences and Reported Potential Adverse Health Effects

Wireless water meters were installed in or near my condominium in 2018. Following their installation, I began experiencing significant and unusual health problems, including nausea and vomiting, severe insomnia, whole-body tingling and numbness, strong palpitations, dizziness, weakness, migraines, tinnitus, balance problems, temperature dysregulation, burning eyes, and severe fatigue. These symptoms substantially affected my ability to work and perform ordinary daily activities.

The timing was significant to me because I had been healthy and functioning normally before this period. My symptoms began around the time the wireless water meters were installed and continued afterward.

During stays away from the home lasting approximately 10 days to two weeks, I experienced substantial improvement in how I felt. When I returned to the residence, my symptoms returned or became more noticeable. I cannot independently establish that RF/EMF exposure caused my symptoms, but this repeated pattern is an important part of my firsthand experience.

Over time, additional wireless utility equipment was installed or remained operating in proximity to my residence, including communication-enabled electric meters. This has raised concerns for me about long-term and cumulative residential exposure, particularly when multiple communication-enabled utility devices are located in a multi-unit residential building.

I sought medical evaluation and treatment. I am not providing private medical records, physician names, or other personal health information in this public comment. I can state that my health concerns have been medically documented.

I have also taken steps to reduce or avoid exposure where possible, including spending periods of time away from my residence. My experience has led me to believe that more research is needed into real-world residential exposure, including exposure from communication-enabled utility meters, long-term and cumulative exposure, individual differences in response, and the experiences of people who report health effects.

Question 5 — Exposure Standards and Risk Assessment

Federal health agencies should consider existing U.S. and international exposure standards and scientific assessments, including the FCC's RF exposure requirements and international guidance such as the ICNIRP 2020 RF-EMF Guidelines. I am not offering an independent technical assessment of these frameworks. I ask HHS to examine whether existing approaches adequately account for real-world residential conditions, including duration of exposure, distance from sources, simultaneous exposure to multiple sources, and cumulative exposure over time.

I also believe additional research is needed to determine whether current exposure-assessment methods adequately represent actual residential conditions rather than relying solely on theoretical or controlled exposure scenarios.

Question 8 — Real-World Exposure Assessment

Exposure assessment should better reflect the conditions people actually experience in their homes and communities. A person may be exposed to multiple communication-enabled devices and wireless infrastructure simultaneously rather than to one isolated source. Residential exposure can vary according to distance, building layout, equipment placement, transmission patterns, duration of exposure, and the number of communication-enabled devices operating nearby. I believe research should include measurements taken under real-world residential conditions and should examine long-term and cumulative exposure patterns.

Question 9 — Technical and Exposure-Related Information

Consumers and residents should have meaningful access to information about communication-enabled equipment installed in or near their homes. This should include, where applicable, the type of equipment, whether it transmits wirelessly, the frequency or frequency ranges used, transmission characteristics, expected transmission patterns, equipment location, applicable exposure information, and information about how multiple devices may contribute to cumulative exposure. Clear and understandable public information would allow residents, healthcare providers, local governments, and researchers to better understand and evaluate real-world exposure.

Question 10 — Data Sources and Surveillance

I believe additional methods of monitoring and collecting information about reported health effects potentially associated with RF/EMF exposure should be considered. Federal agencies should consider mechanisms that can capture reports from individuals in residential settings, including patterns involving specific types of wireless equipment, timing of reported symptoms, changes in exposure, and whether symptoms change when exposure is reduced. Longitudinal information could be particularly useful because many people may experience repeated or long-term exposure rather than a single short-term exposure. Any system developed for this purpose should protect privacy and should distinguish reported experiences from scientifically established causation.

Question 11 — Sensitive Populations

Federal agencies should consider whether exposure assessment and risk evaluation should account for populations that may experience different levels of vulnerability or different circumstances of exposure, including older adults and individuals with preexisting medical conditions. Research should also examine whether individual susceptibility varies and whether current exposure assessment methods adequately

account for such differences.

Question 12 — Potential Health Effects Below Current Federal Exposure Limits

I believe HHS should carefully evaluate the scientific literature concerning potential health effects associated with RF exposure at levels below current federal exposure limits. My personal experience does not independently establish causation or demonstrate that a particular exposure level caused my symptoms. However, my experience has made me concerned about whether existing exposure limits and assessment methods adequately address long-term, repeated, cumulative, and real-world residential exposure. I encourage HHS to review the full body of available evidence, including evidence that supports current standards as well as credible evidence identifying possible effects, uncertainties, or research gaps.

Question 13(k) — Communication-Enabled Smart Meters

Communication-enabled smart meters deserve specific consideration because they can place wireless communication equipment directly within residential environments.

I live in a multi-unit condominium building. The utility meters are located in shared meter areas within the residential building, with occupied condominium units separated from those areas by building walls. Therefore, residents may have wireless utility equipment operating relatively close to occupied living spaces, rather than the equipment being located at a remote utility facility.

In my own experience, wireless water meters were installed in or near my condominium in 2018. My health problems began around that period and have substantially affected my ability to work and perform ordinary daily activities.

My concern is not limited to a single device. In a multi-unit residential building, multiple communication-enabled utility meters may operate in relatively close proximity to residents. Additional communication-enabled electric utility equipment may also be present.

I believe HHS should investigate the cumulative and long-term exposure patterns associated with communication-enabled utility meters in multi-unit residential buildings, including the number and location of transmitting devices, transmission characteristics, distance from occupied living spaces, and actual exposure measurements under normal operating conditions. Research should also examine whether residents are provided with adequate information about these devices and their wireless communication characteristics.

I am not presenting my personal experience as scientific proof that smart meters caused my health problems. I am asking HHS to consider smart meters as an important area for further research because they are incorporated into residential utility infrastructure and can result in repeated or long-term exposure.

Question 16 — Federal Research Priorities

Important research priorities include: (1) long-term and cumulative RF/EMF exposure in residential environments; (2) exposure from multiple communication-enabled devices operating simultaneously; (3) communication-enabled smart meters and other wireless utility infrastructure; (4) real-world residential exposure measurements; (5) individual differences in reported responses to RF/EMF exposure; (6) potential health effects at exposure levels below current federal limits; (7) longitudinal studies examining exposure and health outcomes over extended periods; and (8) better methods for communicating exposure information to residents and consumers. Research should clearly distinguish established scientific findings

from emerging evidence and areas of uncertainty.

Question 17 — Federal Coordination

Federal health agencies should improve coordination of RF/EMF research so that exposure assessment, health research, surveillance, and public communication can be evaluated together. Coordination among agencies including FDA, NIH, and CDC could help identify research gaps, encourage consistent methodologies, improve collection of real-world exposure information, and make scientific findings easier for the public to understand. Research should include both evidence that supports existing conclusions and credible evidence that raises questions or identifies areas of uncertainty.

Question 18 — Additional Information

I ask HHS to consider the experiences of individuals who report potential health effects in connection with RF/EMF exposure, while maintaining an appropriate distinction between personal reports and established scientific evidence. I also ask HHS to consider the growing presence of communication-enabled technology in residential environments, including utility infrastructure such as smart meters. Residents should have access to understandable information about wireless equipment operating in or near their homes, and federal research should continue to examine long-term, cumulative, and real-world exposure conditions. My purpose in submitting this information is to ask for careful scientific investigation, transparent public information, and continued research into questions that remain unresolved.

Selected References

1. 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, Federal Register notice 2026-19252.

2. Federal Communications Commission, FCC 19-126, RF exposure requirements and limits; see also 47 CFR §§ 1.1307, 1.1310, 2.1091, and 2.1093.

3. International Commission on Non-Ionizing Radiation Protection (ICNIRP), Guidelines for Limiting Exposure to Electromagnetic Fields (100 kHz to 300 GHz), 2020.