DRAFT PUBLIC COMMENT
Docket HHS-OASH-2026-0397 — Request for Information on Electromagnetic Fields, Radiofrequency Radiation, and Wireless Radiation Exposure

Submitted by: a concerned citizen, on behalf of "Mike" (a pseudonym), an adult individual reporting a personal health experience
Basis of submission: reported personal experience and family-observed clinical history, as invited under the RFI's "health experiences and clinical observations" category

I. Introduction

I am submitting this comment on behalf of a friend, referred to here as Mike, who has experienced a progressive cluster of unusual symptoms beginning in 2019 that appear to correlate with exposure to radiofrequency (RF) electromagnetic fields and artificial light. I submit it under the RFI's invitation to individuals and families to share health experiences that may reveal patterns warranting further study. Mike has asked that no identifying details be included, and I honor that here.

II. Reported experience (chronological)

Beginning in 2019, Mike noticed that devices whose operation depended upon the radiofrequency spectrum behaved abnormally in his presence. Sub-GHz devices such as key fobs and garage door openers would repeatedly fail to trigger their receivers when kept in his pocket, at distances from a few feet to several yards — yet the same devices responded immediately when he lifted them above his head, held them in an open palm away from his body, or when his wife operated them. On one occasion, transferring photos from his phone to his mother's phone repeatedly timed out after 60–90 seconds despite full signal bars; when his wife performed the identical transfer, it completed without issue. Devices with metal exteriors at times felt "fuzzy" to the touch. These behaviors happened frequently, across many devices. In the case of cellular devices issues were most consistent with 4G devices.

During the early period of the COVID-19 pandemic, Mike — a longtime computers and electronics hobbyist — noticed that boards and microcontrollers he handled developed a waxy, whitish buildup after contact with his bare hands, and that devices frequently lost functionality after he touched them even when he followed strict ESD and handling safety procedures.

After moving to a new home, Mike began experiencing visual disturbances: flashes of light and blue or red outlines around objects. Playing with the CHEAP recessed LED lighting in his home and a spectrometer he purchased, he found that many would emit IR range light when not meant that caused visual disturbances. While sleeping on floor futons in a sparsely furnished home, he reported odd sensations when in proximity to electrical outlets.

Over the following year, Mike developed progressive skin symptoms — rashes, unusual sensations, sporadic bleeding, and subcutaneous bumps. As the skin condition worsened, he began experiencing bouts of aphasia.

Thanks to a lifelong large vocabulary, the lag he noticed in his thoughts was initially imperceptible to others who knew him. However in time his speech eventually deteriorated to the point that his mother and wife described it as resembling that of a stroke patient. Bringing it back to the topic at hand, while going to a wound clinic visit for his skin, as his arms and legs were wrapped in gauze — covering his extremities and shielding them from the exam room's lights — his family reported that his speech ability returned nearly immediately and in proportion to the covering of his skin.

Since then, Mike has exhibited further symptoms associated with light exposure alongside worsening neurological deficits. The majority of physicians he has seen have attributed his condition to psychosomatic causes or hypochondriasis. With his family's support he leads as normal a life as possible, though the neurological deficits that began with the 2019 onset of symptoms are pronounced and continue to worsen.

III. Relevance to the RFI's questions

- Health experiences and clinical observations. This is a multi-year, family-observed case with reproducible anomalies (device failures in proximity to the body, resolving at distance as devices were held away; rapid speech recovery when extremities were covered, rapid neurological deficit in response to RF exposure) that invite systematic investigation rather than dismissal.
- Exposure measurement and real-world exposure. The reported body-proximity effects on RF devices raise questions about individual-level RF absorption and body-coupled detuning that current exposure models do not capture or baselessly ignore
- Potentially sensitive populations. If individuals exist with markedly atypical RF or light sensitivity, they constitute a sensitive subpopulation the current framework does not account for.
- Existing evidence. HHS's own National Toxicology Program concluded in 2018, after a ten-year study of roughly 3,000 animals, that there was "clear evidence" of carcinogenic activity (malignant heart schwannomas in male rats) and "some evidence" (malignant brain gliomas) from 2G/3G RF radiation — biological effects from exposures that were not designed around thermal heating. Current U.S. exposure limits date to 1996 and address only thermal effects.

I. Requests

1. That HHS and NIH develop clinical evaluation protocols for patients reporting reproducible RF/light-associated symptoms, so such cases receive systematic workups rather than default psychosomatic labels.
2. That federal research prioritize mechanisms that could explain body-coupled RF absorption and interference, non-thermal biological effects of RF exposure, and interactions between RF/light exposure and neurological and dermatological symptoms.
3. That exposure standards and risk assessment be re-examined in light of the NTP findings and the growing literature on non-thermal effects, with attention to sensitive subpopulations.
4. That FDA, NIH, and CDC coordinate surveillance for clusters of symptoms like those described here.

V. Closing

I do not present these observations as proof of causation. I present them because the RFI asked for experiences that might reveal patterns worth studying — and this pattern has been observed, by his family, for seven years, with no clinical explanation or resolve. To keep the report within the realms of being taken seriously, many events and patterns were omitted. Thank you for the opportunity to submit.