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To: U.S. Department of Health and Human Services, Office of the Assistant Secretary for Health — Docket No. HHS-OASH-2026-0397, *Request for Information on Electromagnetic Fields, Radiofrequency Radiation, and Wireless Radiation Exposure*

From: Cheryl Mathews, Executive Director, California for Safe Technology

Dear Secretary and Office of the Assistant Secretary for Health:

I see the effects of wireless radiation from three sides: in the Californians who contact our organization, in the fields I measure in homes and schools, and in my own daily life as someone affected by EMR Syndrome. I submit this comment to Docket No. HHS-OASH-2026-0397. Bracketed numbers refer to the questions in the Request for Information.

Who we are [HHS Q2]. California for Safe Technology educates citizens, public servants, lawmakers and health care professionals on the risks of wireless radiation to children, adults and the environment. This comment represents an organization, a practitioner who measures exposure professionally, and an affected individual.

Living with EMR Syndrome [HHS Q3, Q11]. EMR Syndrome, formerly called electromagnetic sensitivity or electrohypersensitivity, makes ordinary life difficult and at times debilitating. Reported symptoms include headaches, fatigue, sleep disturbance, tinnitus, heart arrhythmias and cognitive problems. For those affected, stores, medical offices and public meeting rooms can become places they cannot safely be. Among the Californians who contact us, some have lost jobs, homes or schooling, and many cannot find a doctor who recognizes the condition. Federal agencies already acknowledge its impact: the U.S. Access Board has addressed electromagnetic sensitivities as a potential disability (82 Fed. Reg. 5794, 2017); the Job Accommodation Network, funded by the U.S. Department of Labor, publishes accommodation guidance; and a Social Security Administration judge found the condition a severe impairment (2020). Clinical guidelines also exist (EUROPAEM 2016; Austrian Medical Association 2012; Women's College Hospital, University of Toronto 2020), yet few U.S. clinicians are trained to recognize the condition.

What I measure in the field [HHS Q4, Q7–Q9, Q13]. As a Building Biologist and Electromagnetic Radiation Specialist, I measure low- and high-frequency fields with professional meters in homes, schools and workplaces. Exposure is constant and cumulative: Wi-Fi, cell antennas, smart meters, Bluetooth and neighbors' networks operate at once, around the clock, and current limits do not account for this. Families rarely know their exposure, because no public monitoring tells them what is present in bedrooms or classrooms. Yet exposure is easy to reduce: wired connections, distance and switching off unused transmitters are simple and affordable, and clients often report better sleep and fewer symptoms afterward.

The science has moved on; the limits have not [HHS Q5, Q6, Q12]. The FCC's 1996 limits protect only against short-term tissue heating. They do not address long-term non-thermal effects, children, or today's ubiquitous wireless use — issues the D.C. Circuit ordered the FCC to explain in *Environmental Health Trust v. FCC* (2021). In 2011 IARC classified RF radiation as a possible human carcinogen (Group 2B). In 2018 the National Toxicology Program found clear evidence of heart tumors in male rats, and the Ramazzini Institute found similar tumors at cell-tower-level exposures. In 2022 the ICBE-EMF concluded in *Environmental Health* that the evidence invalidates the health assumptions behind FCC limits. Published case reports document EMR Syndrome near cell towers and after 5G installation (Hardell & Koppel 2022; Hardell & Nilsson 2024). A 2025 WHO-commissioned systematic review in *Environment International* found high-certainty evidence of heart schwannomas and brain gliomas in exposed animals. Short laboratory provocation studies have not shown that people can detect fields, but they do not reflect the chronic, multi-source

exposures people actually live with. California health voices share these concerns: the Santa Clara County Medical Association published *Best Practices for Safe Technology in Schools* (2023), and the Santa Cruz County Health Services Agency raised health concerns about wireless smart meters (2012).

Our requests [HHS Q11, Q16, Q17]. We ask HHS to:

1 **Update limits** based on biological effects and long-term, cumulative exposure, not heating alone.

2 **Protect sensitive populations:** children, pregnant women, older adults, people with implanted devices, and people with EMR Syndrome.

3 **Recognize EMR Syndrome** and train health care providers using existing clinical guidelines.

4 **Ensure accommodations,** including low-exposure and wired options in schools, health care settings, workplaces and public buildings.

5 **Modernize device testing** to reflect body contact and simultaneous exposure from multiple devices.

6 **Monitor and disclose exposure** through a public registry of antennas with RF measurements and clear labeling on wireless devices.

7 **Fund independent research** through NIH, CDC and FDA, free of industry influence.

8 **Restore local control** over siting wireless facilities near homes and schools.

We are not asking anyone to give up technology. We are asking for technology that is biologically safe.

Thank you for opening these proceedings and for considering the experiences of those of us most affected.

Respectfully submitted,

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References

Recognition and clinical guidance: U.S. Access Board, 82 Fed. Reg. 5790 (2017); Job Accommodation Network, Electrical Sensitivity; Social Security ALJ decisions; EUROPAEM EMF Guideline (2016); Austrian Medical Association Guideline (2012); Women's College Hospital, Univ. of Toronto (2020).

Scientific evidence: IARC Press Release No. 208 (2011); National Toxicology Program (2018); Ramazzini Institute, Falcioni et al. (2018); ICBE-EMF (2022), Environmental Health 21:92; Hardell & Koppel (2022); Hardell & Nilsson (2024); WHO-commissioned animal cancer review (2025), Environment International; EHT v. FCC (D.C. Cir. 2021); Clegg et al. (2020), Building and Environment.

California sources: Santa Clara County Medical Association, Best Practices for Safe Technology in Schools (2023); Santa Cruz County Health Services Agency, smart meter memo (2012).