October 19, 2026

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U.S. Department of Health and Human Services
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Re: Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure

Docket #.: HHS-OASH-2026-0397; Federal Register Notice: 91 FR 59792 (Sept. 21, 2026)

Dear Ms. Marshall and the Office of the Assistant Secretary for Health:

I am submitting the following information in response to the Department's Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure.

I worked in satellite communications in the late 1980s, a new commercial field at the time. We began by bringing live sports via audio and moved into video within about 18 months. The company grew extremely rapidly—from roughly 23–24 employees to about 350 in five years—with resources, financing, and a public offering expanding in parallel. I worked for the executive vice president who had the background to manage all facets of engineering and the utilization of declassified military communications technology for commercial gains. Engineering took safety seriously and routinely tested rigid transmission line and other transmission equipment. Operations were kept within the safety exposure margins then in effect. Despite that, I was chronically ill the entire time I worked there.

During my adult life I have had several types of exposures involving RF, wireless, magnetic fields, and related electromagnetic influences. These include satellite RF, extreme magnetic fields that far exceeded accepted (in my view inadequate) safety standards, and ordinary, some not so ordinary wireless exposure. I may be more sensitive than average to this form of insult. I can say this clearly: if you pay attention to the physical body, you can feel the low-level "noise" of these emanations - that is the 'noise' that 'scrambles' the body's communications, and I would hazard, causes illness and/or long term effects. The continuous low-level stress is noticeable, and that does not even address possible effects on the body's own bio-field or optogenetic-type interactions.

The safety exposure levels for RF, wireless, magnetic, and related fields have not been meaningfully updated in roughly 40 years. The current U.S. FCC limits were adopted in August 1996, based on the ANSI/IEEE C95.1-1992 standard and NCRP recommendations which was studied in the 80's. Those numerical limits (and their thermal-only basis) have remained essentially unchanged; the FCC reviewed and explicitly reaffirmed them in 2019. The foundational threshold is approximately 4 W/kg whole-body average SAR, associated with roughly a 1 °C rise in core body temperature (and with the behavioral disruption seen in earlier

animal studies that was attributed to heating). Large safety factors are then applied—reducing the occupational limit to 0.4 W/kg and the general-public limit to 0.08 W/kg. In practical terms, present standards function like a speed limit set at 1,000 mph—a limit at which no one will ever get a ticket. With limits set that high and left un-updated for decades, the study, equipment, sensor networks, and infrastructure have been built out and now interact with living bodies continuously—via RF, wireless, magnetic, and related fields—without any meaningful permission or informed consent from the public.

Alongside this, the military has studied, developed, and fielded RF, microwave, and related directed-energy technologies as "soft" or non-kinetic tools—systems intended to affect people while leaving little or no conventional forensic evidence. The existence and continued development of this gear is itself solid proof that governments and militaries know RF, wireless, magnetic, and microwave emanations can produce real physical effects on the body. They would not have spent decades researching, testing, and deploying such systems if they believed these fields were biologically inert. The same applies to the medical and commercial sectors that have developed tools for remote sensing, stimulation, and influence. The mere existence of the hardware demonstrates knowledge of physical effects.

For the last 20–30 years, medical, military, and commercial sectors have studied in detail how to sense, communicate with, and influence the human body remotely through RF, wireless, magnetic, and optogenetic-related pathways. IEEE 802.15.1 through 802.15.6 (Bluetooth, coexistence, high- and low-rate WPAN, mesh, and Body Area Network standards) define short-range wireless networks in which the human body itself functions as a node and as the essential backbone of the system. These networks are designed for full-duplex communications between human bodies and users, gear, and technology. Without living bodies serving as the nodes and backbone, the systems do not function as designed. This has been done under the labels of SMART systems, IoT, and Internet of Bodies without ever clearly telling the public that the architecture depends on living human bodies as the network medium. This absence of disclosure and consent is the central problem. Every person is being treated as a node in these networks without permission. I have attached many .pdf's with this submission. They are in no particular order, but clearly demonstrate the sheer volume of data studying, developing and advancing the tech that uses human bodies as comm nodes. Several of the files are compilations of the many disciplines that make use of bodies as nodes with hyperlinks to studies/documentation; the balance are specific studies, news articles, and two pdf's on cognitive warfare - one written from staff at John Hopkins University; one from NATO – both making use of IoB.

I have not been able to find clear, independent studies that demonstrate the long-term effects—or the absence of effects—of continuous low-level wireless, magnetic, and body-area network use on cellular energy metabolism, molecular processes, photonic processes, or overall health. The human body did not evolve inside an artificial wireless and magnetic environment. Anything occurring in the body requires cellular energy, molecular reactions, and photonic actions. This concern is reinforced by the work of Robert O. Becker, M.D., an orthopedic surgeon who served in the U.S. Army Medical Corps and later headed orthopedic surgery at the Veterans Administration Hospital in Syracuse while researching bio-electricity. In The Body Electric and related publications, Becker documented the body's intrinsic DC electrical system—currents of

injury, piezoelectric properties of bone, and a perineural/glial control network involved in growth, healing, and regeneration—and showed that this system is sensitive to external electromagnetic and magnetic fields at levels far below thermal thresholds. His findings indicate that the body operates as an electrical and electromagnetic organism whose normal control processes can be influenced by ambient fields. Given that evidence, the question becomes even more pressing: are there rigorous studies showing that the constant presence of these signals—when the body itself is used as the communications node and backbone—does not disrupt those innate electrical control systems or contribute to suboptimal health, fatigue, disease, or mental effects over decades?

Every person within range of the expanding sensor and wireless infrastructure (telemedicine, advertising, 'human productivity', patents for mining crypto off of human activity, the "Trillion Sensor Network", etc.) should be informed of all aspects of its use, including the role of the human body as a network node and backbone. Every person should also have a practical ability to opt out of having their own body wirelessly, remotely, magnetically or otherwise accessed or used as a network element by any person or entity—military, governmental, private, public-private partnership, medical, or otherwise—when no onboard or near-body gear or medical device is present and no consent has been given.

I appreciate that Secretary Kennedy and HHS have opened this request for information. It is decades overdue. If the administration's stated goal of Making America Healthy Again is to be taken seriously, then fair, thorough, and dedicated examination of RF, magnetic, wireless, optogenetic and related radiation exposures—including the use of the human body itself as network infrastructure—must be included alongside dietary and traditional medical factors.

Regards,



Melanie Wise