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To: US Federal Department of Health and Human Resources

Re: Docket - HHS-OASH-2026-0397, Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure

I wish to submit comments to Docket HHS-OASH-2026-0397.

Question 2 – I am an individual consumer. I am a retired financial executive with over 30 years' financial experience and I am an inactive Certified Public Accountant. During my working years I did considerable work on evaluating and establishing proper internal controls. Some of that experience comes from external audit work at Coopers & Lybrand, NY, in the 1980's and other projects in Fortune 100 companies implementing the COSO Internal Control Integrated framework in the 1990's, as well as implementing the initial implementation of Sarbanes Oxley 404 requirements in the early 2000's. I began studying this issue (EMF's) when a fellow Sarasota resident asked me to look into the smart meters that Florida Power and Light was installing in Florida. I led the imitative to try and get the Florida Power and Light opt out fees reversed through Florida Public Service Commission docket #130223 in 2014. We failed, and EMF disabled residents in Florida are forced to pay a fee to keep a harmful device off their homes.

Question 3 – I have no known reactions to EMFs, but I also have avoided exposures since 2012. I was diagnosed with thyroid cancer in 2007 and my thyroid was removed. It should be noted that from 2000-2006 I was a heavy user of a Blackberry for work. It was always on my person, usually kept in my right suit jacket pocket. Two years ago, I was diagnosed with osteoporosis in my right hip. It is unknown whether these illnesses were caused by my exposure to EMF's while using the blackberry.

As a leader of the smart meter opt out initiative in Florida, I have spoken to hundreds of Floridians affected by the EMFs from smart meters. I can say the issue is complicated and varies – unique to each individual. Some developed symptoms when the meter went in and when they got it removed went back to normal. Others were less fortunate and continued to get worse and reacted to other devices (wireless laptops, phones, etc.) which they never had a problem with before. The three most common reactions reported to me were sleep disruption, headaches and ringing in the ears. Although uncommon I know of some that are more serious such as grand mal seizures and Urinary incontinence.

I will also note that for some they could handle cell phones but not wifi and vice a versa. Again, it varied by the individual. Many of the seriously affected by EMF's were seen and diagnosed by specialists, one even had EMF exposure listed in his approved Social Security Disability hearing documents.

Question 5 – My understanding is that all need to follow the FCC RF emission guidelines under federal law. The industry is trying to sell a global harmonized RF emission standard. I do not support this initiative, The US should coordinate and collaborate with international bodies, but should remain in full control of the standards that protect its citizens.

In addition, my understanding is that the US has never develop standards for RF emissions, that we only have "guidelines" which carry a different weight in scientific terms. This needs to change. We are on over 30 years of going from nothing wireless to everything wireless, from 1G to 6 and 7 G, it is time to develop standards.

Question 5n - What scientific, technical, or regulatory changes by federal health agencies, if any, would improve the assessment, disclosure, and regulation of wireless radiation exposure?

The single most important initiative HHS should do is perform the internal control assessment on the current process and report your findings to Congress. If you did the assessment, you would find many significant and material internal control deficiencies that unless changed will continue to lead to less than optimum protection to the public. Let me explain.

Congress gave the FCC authority over the RF emission limits. The problem is that the FCC is a bunch of telecommunication engineers and technicians, they do not have biological expertise to assess human health and they often openly admit that. In fact, every time they are questioned about the health effects they respond with "the FCCis not a health agency but we consult with other federal health agencies". See https://youtu.be/rk6Oy-Mw0bk?si=ANXqk2EC8PZwG2Sk as an example.

So what is the FCC policy and procedure for consultation with other health agencies? Who are the identified health agencies? Did they set up a committee? Do they meet regularly? I queried the FCC on 10/29/18 since no federal health agency had a comment letter on the then open Docket 13-84. I was told by Howard Griboff, Special Counsel to the FCC Office of Engineering and Technology that these health agencies were not required to answer the questions posed by the FCC in their NOI. They could pick and choose what they wanted to address. He also told me that the advice they received was not subject to FOIA disclosure rules but known as "the deliberative process privilege," stating the exception from FOIA disclosure for intra-agency memorandums or letters. He also said he couldn't tell me whether or not the FDA sent a comment letter to them on this subject. Is it proper for an agency with no known competence in a subject manner, to take advice and keep such advice secret from the public? How does the public perform redress on these issues?

I then FOIA'd the FDA to get their comment letter for the questions raised in the NOI in Docket 13-84. You can refer to FDA FOIA request 2018-9344. The FDA's radiological group had a massive back log in FOIA requests. After 3 years of waiting, I did not get a proper response. After a back and forth, a representative stated in an e-mail "As you have stated, the FDA did not respond to the Notice of Inquiry."

And if the FCC is taking advice from various health agencies, what policy and procedure are they using for possible conflicting answers? What if the FDA responds one way and the EPA responds another? Do they have a pecking order of which advice they use? Do they flip a coin? Use a dartboard? Do you see the problems with their process on such an important issue?

When you are given responsibility for an important role and don't have the required competence to perform that task you need to do something to mitigate the lack of competence. You can hire individuals with the experience to perform the role; or you can hire an independent consultant firm to perform that role; or better you can identify the agencies in the federal government with the competence and establish a committee. The committee should be given on-going policies and procedures to follow. They should meet minimally once a year to review the status of the topic. They should be required to conduct formal in-depth evaluations every 5-10 years. They should develop and oversee a research program to fill any gaps. Their decisions regarding the RF limits for health purposes should be adopted by the FCC. Their meetings and deliberations should be made public and transparent.

Finally, definitions are very important to make sure everyone is on the same page. I highly recommend that HHS work with all parties involved and define "harmful" and "adverse effects on human health". It may sound silly, but I believe sometimes we are talking past each other because our definitions are different.

If you queried the average American and told them a product might cause headaches, ringing in the ears or sleep disruptions but that was not "harmful" or an "adverse" effect, what percentage would agree with that statement? I think very few. Losing the "sounds of silence" is a traumatic event for most people. But I believe, based on my investigation, the engineers building these systems believe if you don't immediately drop down dead, it is ok.

Three examples:
Microwave hearing -

> See ICNIRP official explain at the 10 min mark – https://youtu.be/i7rTumGdxlw
> "So what evidence do we have of harm. Well unfortunately, curiously, we have still the effects of elevated temperature. We knew this very early on and we still know that. There is this phenomenon of microwave hearing, this hissing and popping sound that you can sometimes hear with pulsed fields. And we know at the lower end of the RF frequencies you can have actually stimulation of nerves and muscles. And also you can have very high fields electroporation. So there, as far as we are concerned, are the four intraction mechanisms that we have to deal with. Now I am going to take them almost in reverse order and do the last of those three first because we don't think we are

> actually going to base the guidelines on them. We have talked about guidelines, we have already talked about microwave hearing in our guidelines before, we now actually feel that having a hissing or popping sound actually does require very very quiet conditions to hear it and is clearly a very localized thermal effect. As far as we can tell it is the fields are absorbed by tissues close to or in the inner ear and it sets up a pressure wave which is interpreted by the brain as actually being a sound. So again you hear this hissing clicking popping noise. But what we don't consider is its harmful. So we are not going to have any specific restrictions based upon the avoidance of that noise."
> Zenon Sienkiewicz, ICNIRP: A long and winding road: update of the ICNIRP draft HF guidelines, ITU Workshop on Human Exposure to Electromagnetic Fields (EMF), December 5, 2017, Warsaw, Poland. (emphasis added)

In the EPA comment letter to FCC Docket 93-62, Margo T Oge, Director Office of Radiation and Indoor Air on page 6 states :

> "Conditions under which the auditory effect can be invoked in people with normal hearing should be avoided according to the National Radiological Protection Board (NRPB) draft recommendations for workers and the public. In contrast to this recommendation, the 1992 ANSI/IEEE standard states that the human auditory effect is clearly not deleterious; it recommends a limit for pulsed radiation that is well above the threshold for auditory effect." (emphasis added)

Headaches:
Consider this quote from Dr. Gro Harlem Brundtland, former Prime Minister of Norway, Former Director of the World Health Agency, and a medical doctor to boot:

"There is unfortunately no doubt in the research on this. There are definitely negative aspects to the radiation that affects us humans as a consequence of all the new devices we are using. "Are we underestimating it? Well I guess we have to have hope and I do hope.. That this doesn't turn out too seriously… "I could not hold the phone next to my head. Never, … I can't have the radiation close to my head. If I do, I immediately get a headache. …"Well this technology has had such an enormous breakthrough in society everywhere it is almost unthinkable that one could stop it for health reasons". (emphasis added)
https://youtu.be/ISsQSwiWI2E

So, is the FCC ignoring consumers complaining of headaches and tinnitus because they don't consider the effects harmful? Please find out. Please define harmful.

Question 5o – Regarding additional research I would also like you to evaluate the internal controls. Who is responsible for the research? Is it the FDA? Is it the FCC? From my investigation, it appears that no one in the US government is responsible. Since the 1996 Telecommunication Act was passed, research in this area of EMF's has virtually come to a stop.

Major international studies were conducted, such as the Interphone Study, and the US failed to participate. It seems the USA is waiting for the research fairies to drop it in their laps.

Regarding research, many are quick to answer with the common response – there just wasn't money to conduct it in the budgets. For that I say nonsense. If there was ever an area where money was flowing, it is RF. The FCC has been auctioning off the public airspace, called spectrum auctions, for over 30 years. It has raked into the public coffers hundreds of billions of dollars. How much of that revenue was requested by the FCC to spend toward needed research? Do the analysis. What money, if any, was requested by the FCC or industry to be spent from the proceeds? I remember industry getting nearly $1Billion to replace Chinese equipment that the rural MVNO's placed on the network. No one dared ask the obvious question as to how Chinese equipment was allowed to be inserted into our network in the first place. As long as I am alive, they have always been our communist enemies and their equipment considered a national security risk.

Could it possibly be that there are no studies to show harm because we did not do them?

I would recommend the HHS start off by looking at past efforts to determine research gaps and investigate whether the lists developed in the past were completed, and if not, why not. For example, in 2008 the FDA had the National Academies organize a team to identify research needs and gaps in knowledge of biological effects and adverse health outcomes from exposure to EMF's. You can find their report here
https://www.nationalacademies.org/read/12036/chapter/1

How many of these items were worked on and completed by the FDA or other federal health agencies? If nothing was done and the gaps still exist nearly 20 years later, can you spot the internal control deficiencies? Where are the monitoring controls? Will you compile a new list into a report that will sit in the file cabinet too? I pray not.

There is a saying "Those who ignore history are doomed to repeat it." Include the review of historical performance in your current project.

Question 6 – I will refer you to the Bioinitiative Report https://bioinitiative.org/ , and Dr. Joel M. Moskowitz's website where he has been cataloging EMF studies for years
https://www.saferemr.com/2022/06/recent-research-on-wireless-radiation.html
And finally, my favorite, The National Toxicology Report
https://ntp.niehs.nih.gov/research/topics/cellphones

I will add it is a disgrace that the FDA can nominate EMF's to the NTP stating it is important for assessing human health, then when the report comes out they state it does not have impact on human health. Also, they claim it was not done right even though they were briefed throughout the 15 year process. And a further disgrace that the NTP can state it is going to do more study and then do an about face and drop further research because it's too complicated. Do you understand why Americans overwhelmingly have lost faith in our government agencies?

Question 8 – Current methodologies only protect the public from acute short term thermal effects. We need to consider long term effects, accumulated exposure, multiple exposures, peak exposures not just “time averaged”, sensitive populations like children, elderly and chronically ill individuals. Additionally, we need to learn more about the high frequency transients (“Noise” or “dirty electricity”) that is travelling on our electric wires throughout our homes due to the amount and type of modern devices and equipment deployed by the electric and telcom companies as well as the public.

Question 9 – It is disgraceful that the telcom companies can test a cell phone at a distance from the ear where it is used and then bury the warnings in terms and conditions consumers do not read under “legal”. If people understood that this is “energy” that may have harmful effects depending on exposure, they would make different choices. It is sickening to watch you tube videos of toddlers holding Alexis next to their ovaries and singing twinkle, twinkle, little star. If mothers knew and understood more, this would not happen.

Question 10 – I know of no surveillance systems monitoring adverse effects associated with EMF’s for the general public. Yes, they should be developed and implemented pronto.

Question 12 – see question 6

Question 17 – You need to select a leader and then form a committee/team. The leader is responsible for developing a procedure to ensure a scientific, independent procedure/process. Request funding from the next FCC spectrum auctions and ask Congress to pass a law that x% of proceeds from each auction be dedicated to research to ensure public health needs are ensured.

Lastly, all need to start coordinating with the military research groups. They are the ones that initially develop these technologies and use them first. Their work needs to be reviewed and all studies that may sit beyond the paywall, under “classified” status, need to be declassified and release to the public and the federal health agencies.

I thank you for initiating this project and hope you will consider the above views.

Sincerely,

Marilynne Martin