

SUBMISSION TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Office of the Assistant Secretary for Health (OASH)

Request for Information (RFI): Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Communications

Date: October 2, 2026

I am submitting this comment as an individual citizen who has been forced by circumstance to undertake formal study and training in the field of EMF exposure and reduction.

My perspective is shaped by two things: the lived reality of having my life turned upside down by modern electromagnetic pollution, and years of reviewing the peer-reviewed literature to understand why.

Response to Question 1 & Question 2

Regulatory bodies frequently mischaracterise Electromagnetic Hypersensitivity (EHS) as an intrinsic medical defect or vulnerability unique to the individual. I want to explicitly correct this narrative for the record: **I am not "sensitive to EMF."**

Natural, non-polarised, non-coherent electromagnetic fields are fundamental to life. When I am away from man-made electrical pollution—living in a remote cabin in the woods—I have no illness at all. My health is robust, and I have the vitality to split wood and wield a 14lb sledge hammer with ease.

When I am exposed to man-made electrical pollution, the result can be so damaging that I am assumed by doctors to have something akin to Multiple Sclerosis, and have difficulty combing my hair without pain and extreme fatigue.

My illness is triggered exclusively by man-made electromagnetic pollution.

Think of a healthy person who wants to swim in a river. If that river is chemically poisoned, they will get sick. They aren't "sensitive to rivers"—they are reacting normally to a polluted environment. I am exactly like that. Because society has allowed our collective environment to become saturated with artificial, polarised, and coherent radiation, I am forced to live like a recluse. Society has become intolerable for my biology.

HHS should look to international regulatory frameworks that already recognise this distinction. Thanks to the pioneering work of **Professor Olle Johansson, Sweden recognises EHS as a functional impairment, not a medical disease.** The problem is explicitly defined as an environmental barrier—the environment is broken, not the person. The impairment exists solely because the modern infrastructure is inaccessible to normal human biology.

Furthermore, because many health agencies refuse to recognize this impairment, individuals completely fall through the structural cracks. There is no financial or disability assistance

available when someone becomes too ill to work within an EMF-saturated workplace. Out of sheer survival, people are forced to keep working while experiencing their bodies being actively harmed by man-made EMF. This is not simply a matter of a mild, passing headache. The peer-reviewed research of **Professor Dominique Belpomme in France** has objectively demonstrated that EHS can involve severe, measurable biological pathology—including the presence of **autoantibodies against O-myelin**.

This places an unimaginable physical and psychological burden on a human being. To know that your body has a deeply dysregulated immune response to a specific environmental toxin, yet to be forced to enter spaces containing that exact toxin day in and day out just to pay for food and shelter, is a form of structural violence. The psychological toll of being trapped between physical destruction and financial ruin is immense and completely ignored by current health agencies.

Response to Question 3 & Question 8

My health degrades based on the cumulative, day-to-day burden of modern electrical infrastructure and wireless devices. The specific environmental pollutants which affect me and which HHS must evaluate include:

- **Radiofrequency (RF) Radiation:** The constant, pulsed fields from Wi-Fi routers, mobile phones, Bluetooth devices, and cellular infrastructure.
- **Dirty Electricity:** High-frequency voltage transients riding along standard building wiring. This is typically a form of static in the kilohertz range.
- **Extremely Low Frequency (ELF) Fields:** Both magnetic and electric fields from standard household wiring and proximity to High-Voltage Power Lines (HVPL).

This RFI must account for the long-term, historical baseline shifts in public health since electrification began. The groundbreaking epidemiological work of **Dr Samuel Milham** in his book *Dirty Electricity* clearly correlates the introduction of the electrical grid—and specifically high-frequency voltage transients—with the rise of modern "diseases of civilization," including cardiovascular disease, diabetes, and cancer. While I applaud Sec. Kennedy's work in addressing foods (such as seed oils) that contribute to these diseases, and know he will have some success in doing so, I can also predict based on the work of Dr Milham that Sec. Kennedy's efforts will ultimately fall short until the issue of man-made electricity is addressed.

Furthermore, **Arthur Firstenberg's** historical analysis in *The Invisible Rainbow* painstakingly details how major leaps in public chronic illness have historically mirrored structural shifts in the global electromagnetic envelope—from early telegraph lines to worldwide wireless networks. It is worth consulting.

Response to Question 11 & Question 16

For decades, the telecommunications and power industries have hidden behind the claim that there is "no known causal mechanism" to explain how non-thermal EMF damages human biology. This claim is completely obsolete, and HHS cannot allow it to protect industry interests any longer.

The independent scientific literature has clearly identified the mechanism. Unlike natural EMF, man-made fields are characteristically **polarised and coherent**. This forces unnatural oscillations on the free ions inside our cells, causing massive biological disruption:

- **Dr Martin Pall** has proved the role of Voltage-Gated Calcium Channels (VGCCs). His work shows that man-made EMF causes a pathological influx of calcium into cells, leading to oxidative stress, nitric oxide depletion, and cellular damage.
- **Dr Dimitris Panagopoulos** has detailed the exact biophysics of this destruction. I urge the panel to review his 2023 book, *Electromagnetic Fields of Wireless Communications: Biological and Health Effects*, as well as his definitive 2025 paper, *"A comprehensive mechanism of biological and health effects of anthropogenic extremely low frequency and wireless communication electromagnetic fields."*

The mechanism is determined. There is no longer any scientific ambiguity for corporate interests to hide behind.

Response to Question 18

We have been polluting our electromagnetic environment for more than 140 years, and it has to stop. We must find a safer, better way to power our lives and communicate with each other.

This inquiry represents a profound test for HHS leadership, specifically for Sec. Kennedy, to see if the department can truly confront decades of agency capture by the telecom and utility industries. If the goal is truly to end the chronic disease epidemic, HHS must act on the following:

1. **Adopt the Functional Impairment Model:** Follow the precedent established by Sweden and Professor Johansson, classifying environmental barriers—not the biological victims—as the issue requiring mitigation.
2. **Provide Diagnostic and Financial Safety Nets:** Recognize the biomarkers identified by researchers like Prof. Belpomme so that individuals suffering from EHS can access disability support and workplace accommodations.

3. **Update Safety Standards:** Move past obsolete thermal-only guidelines and officially recognize the biological damage caused by the polarization and coherence of man-made EMF.
 4. **Establish True EMF Safe Zones:** Protect geographically isolated areas from wireless and alternating current pollution, ensuring that ecologically displaced individuals have a safe, habitable place to live.
 5. **Mandate Hardwired Infrastructure:** Incentivize a national shift away from wireless networks toward safer, shielded, hardwired fibre-optic and Ethernet connections, and mandate strict grid filtering to eliminate high frequency voltage transients (aka dirty electricity).
 6. **Fund Biocompatible Innovation:** Direct federal research toward developing alternative, biocompatible methods of power and data transmission that do not disrupt the basic bio-electrical foundations of living organisms.
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CONCLUSION

Thank you, Secretary Kennedy, for this opportunity to contribute my experiences and suggestions to the public record.

For too long, the biological effects of man-made electromagnetic pollution have been ignored. This inquiry represents a vital step toward true regulatory integrity and the protection of public health.

As an individual who has lived through health challenges that most people can only imagine, I am fully prepared to assist the Department with any further experiential evidence that may be required.

With thanks,

William Barlow