

Before the
Department of Health and Human Services
In the Matter of: HHS Request for Information on Electromagnetic Fields,
Radiofrequency Radiation, and Wireless Radiation Exposure.
Docket: HHS-OASH-2026-0397

COMMENTS AND SUBMISSION OF EMPIRICAL EVIDENCE REGARDING NON-THERMAL BIOLOGICAL EFFECTS OF BASE STATION INFRASTRUCTURE

The undersigned submits these formal comments to the official record of **Docket No. HHS-OASH-2026-0397** to request that the Commission review and update its radiofrequency (RF) radiation exposure guidelines based on recent, peer-reviewed empirical medical data showing clear biological effects below current thermal thresholds.

This filing introduces two significant bodies of peer-reviewed scientific literature tracking health markers relative to base station proximity, alongside a documented first-hand account of occupational and residential exposure symptoms matching these exact clinical indicators.

I. STATEMENT OF PERSONAL EXPERIMENTAL OBSERVATION AND SYMPTOMATOLOGY

The undersigned submits the following specific, first-hand account detailing acute physiological responses to localized wireless infrastructure. This account serves as a direct, real-world case study validating the non-thermal biological effects documented in the attached scientific literature.

1. Occupational Exposure and Onset of Acute Symptoms

Following the installation of a 5G cellular antenna approximately 25 to 30 feet from a single-pane glass window adjacent to my upper office primary workspace, I experienced the sudden onset of severe headaches, episodic vertigo, and debilitating ocular migraines. On multiple occasions, the onset of the headaches turned into ocular migraines and caused transient vision loss.

Because of the severity and sudden escalation of these symptoms, I sought emergency medical evaluation to rule out an acute cerebrovascular event (stroke). Diagnostic imaging, including a cranial CT scan and MRI, ruled out an active stroke or neurological pathology, concluding the episodes were severe ocular migraines. Comprehensive

ophthalmic examinations also confirmed no underlying structural or optical abnormalities capable of triggering these visual disturbances.

A thorough review of my environmental variables confirmed that no lifestyle, dietary, or internal workspace changes had occurred; the sole environmental alteration was the deployment and activation of the adjacent cell tower.

2. Remediation via Proximity Displacement

To test the hypothesis of localized radiofrequency interference with my health, I permanently relocated my desk from the window directly adjacent to the antenna to an office space situated significantly farther away within the building core. Other than moving to a different office farther away, I changed no other variables like chair, posture, lighting or hours working. Following this physical displacement from the RF source, the localized headaches, vertigo, and ocular migraines completely ceased.

3. Residential Wi-Fi Exposure and Hardwired Mitigation

Concurrently, I began experiencing identical clusters of headaches and dizzy spells while working from my residential space, after prolonged exposure to wireless routers during extended video-conferencing (zoom) sessions (which had not occurred previously). Had I become sensitive from the over-exposure of r/f from the cell tower at my office?

Applying the same environmental mitigation strategy used at my office, I modified my residential network: I deactivated the local Wi-Fi transmitter, swapped the hardware for a low-emission modem, and transitioned the home office entirely to hardwired Ethernet connections. I changed no other variables like lighting, position of desk to window, hours working.

Following this systemic elimination of ambient residential RF radiation, the headaches and vertigo resolved entirely, allowing me to engage in multi-hour video conferences without any recurrence of symptoms.

4. Correlation with Established Scientific Literature

My clinical presentation, environmental triggers, and successful remediation through exposure reduction perfectly replicate the diagnostic criteria for **Electromagnetic Hypersensitivity (EHS)** and **Microwave Syndrome** as documented in the attached filings (*López et al., 2021; Hardell & Nilsson, 2024*). My experience proves that current FCC thermal safety thresholds fail to protect individuals from severe, disruptive, and reproducible non-thermal neurological and physiological distress.

EXHIBIT A: PHOTOGRAPHIC RECORD OF OCCUPATIONAL PROXIMITY

Below is a direct photographic record documenting the physical proximity of the wireless infrastructure relative to my primary occupational workspace.



Figure 1: Visual confirmation of the mobile phone base station/antenna installed approximately **25–30 feet** from the single-pane workspace window. This photo illustrates the lack of structural shielding between the high-frequency RF radiation source and the occupant's desk, directly correlating with the onset of the acute neurological symptoms detailed in this filing. Location of office 2741 Welton St Denver, Co.

II. PEER-REVIEWED SCIENTIFIC LITERATURE SUBMITTED FOR THE RECORD

To support the factual nature of the symptoms detailed above, the following peer-reviewed scientific studies are formally entered into the administrative record:

1. **The Pre-5G Environmental Baseline Study (Madrid)**

López, I., Félix, N., Rivera, M., Alonso, A., & Maestú, C. (2021). What is the radiation before 5G? A correlation study between measurements in situ and in real time and epidemiological indicators in Vallecas, Madrid. Environmental Research, 194, 110720.

- **Finding:** Established a statistically significant correlation between localized base station radiation levels and neurological impairments—including intense headaches (p < 0.001) and acute sleep disruption (p < 0.001).

2. **The 5G Post-Deployment Clinical Analysis (Sweden)**

Hardell, L., & Nilsson, M. (2024). Summary of seven Swedish case reports on the microwave syndrome associated with 5G radiofrequency radiation. Journal of Environmental Science and Public Health, 8(2), 01-08.

- **Finding:** Tracks the immediate onset of acute "microwave syndrome" symptoms (including profound insomnia, fatigue, tinnitus, headaches and vertigo) in previously healthy individuals exposed to 5G infrastructure deployment adjacent to living and working spaces.

Conclusion and Request for Action:

The Commission's current regulatory framework relies on the assumption that RF radiation is only harmful if it causes tissue heating. The attached studies and first-hand clinical timeline explicitly falsify this premise by documenting severe, repeatable, and reversible symptomatology strictly at non-thermal, ambient exposure levels. The commenter formally requests that the FCC integrate these findings into its active rule review and update federal safety standards to incorporate non-thermal biological indicators.

Respectfully submitted,

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