Re: Public comment on potential adverse health effects associated with RF/EMF exposure

Dear Department of Health and Human Services:

I am writing in response to your request for public comment. I hope my experience will help inform your questions about reported health effects, real world exposure, and research priorities.

My experience (Question 3, items a–g)

In 2001, while using a cell phone daily, I began experiencing pain on the left side of my head, particularly around my temple. I sought medical evaluation numerous times and underwent testing, but the doctors I saw did not identify a cause. Over time, I noticed that the pain would often appear shortly after I used my cell phone.

As wireless technology became more widespread, I also began reporting symptoms around Wi-Fi and wireless hotspots. In addition to the temple pain, I experienced brain fog and episodes of rapid heart rate. These symptoms continued for many years, disrupted my life, and threatened my ability to work. I consulted multiple doctors while trying to understand and manage what I was experiencing.

I obtained RF meters to help identify areas with higher and lower readings. In my experience, my symptoms tended to lessen in places with lower readings and worsen in places with higher readings. This repeated pattern was meaningful to me, although I cannot establish from those observations alone what caused my symptoms or quantify a dose–response relationship. I would welcome research that tests experiences like mine with standardized exposure measurements and health assessments.

My medical records and any exposure measurements I still have may provide additional documentation. I am willing to provide relevant records if there is an appropriate way to submit them.

Exposure assessment and disclosure (Questions 5, 7–9)

I ask federal health agencies to study exposure as people actually experience it: from devices close to the body, wireless networks in homes and workplaces, and multiple sources operating at once. Distance from a source, duration of exposure, and exposure during sleep deserve particular attention. People also need clear, practical information about their devices and the ways they can reduce exposure if they choose.

Research and surveillance (Questions 10–13 and 16–18)

Please create a way for people to report symptoms and the circumstances in which they occur, while protecting their privacy. Longitudinal studies could examine whether symptoms change when measured exposure changes. Such research should include people who report sensitivity to wireless environments, as well as children and workers who may have frequent exposure. It should examine newer technologies and combined exposures

without assuming that my experience proves a cause or that unexplained symptoms should be dismissed.

For many years, I struggled with symptoms that I associated with wireless exposure while medical testing offered no explanation. People in that position need to be heard and supported. I urge federal agencies to investigate these reports carefully, improve public disclosure, and review whether current standards adequately address real world patterns of exposure. Families should have the information they need to make informed choices, especially for their children.

Sincerely,

Harrison Barritt