

HHS Public Comment Submission Re: Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure **Document Number:** 2026-19252 **Docket:** HHS-OASH-2026-0397 **Respondent:** Anonymous **Perspective:** Individual / patient (Question 2)

To the Department of Health and Human Services:

Basis of Response This comment relies on direct personal observation and clinician documentation. The medical records are withheld to protect personal privacy on this public docket.

Introduction (Question 3, Question 11.f, Question 11.g) I am submitting this comment regarding personal experiences with adverse health effects associated with RF/EMR exposure. I live with clinician-documented Electromagnetic Radiation Syndrome (EMR-S), also described in international literature as electromagnetic hypersensitivity (EHS). A treating clinician has additionally documented preexisting vulnerabilities that increased my sensitivity to RF/EMR. I ask HHS to recognize individuals with EMR-S as a population for whom current siting and exposure practices are unworkable, as they cannot safely remain in or travel through ordinary communities once new RF sources are added.

Sources of Continuous Residential Exposure (Question 3.a, Question 3.b, Question 13.k, Question 15) The principal exposure sources have been communication-enabled smart meters on immediately adjacent neighboring properties, followed by a wireless infrastructure installation (permitted as 5G) serving the only practical travel route in my rural area. Exposure at home became continuous once the neighboring meters were energized. The meter on my own dwelling remained a non-radio analog meter.

Onset and Types of Adverse Health Effects (Question 3.c, Question 3.d) Before mid-February 2025, my home environment was carefully managed. I regularly obtained 8 to 10 hours of uninterrupted sleep and conducted one-on-one counseling sessions by video from home without physical crashes. No other major changes in medication, infection, or the housing environment coincided with the mid-February 2025 onset of symptoms.

Following the activation of the emitting smart meters on neighboring properties, I experienced an immediate, severe decline. Effects included:

- Relentless insomnia, including a period of seven consecutive days with no sleep.
- Persistent headaches, nausea, dizziness, and severe brain fog.
- Significant eye pain, episodes of severe visual disturbance that temporarily made vision unusable, and a marked decline in reading comprehension.
- Heart arrhythmia previously experienced twice yearly, occurring daily after the meters were installed and increasing over time to several daily events.
- Four acute episodes experienced as adrenal flares in late October 2025, early November 2025, late May 2026, and late September 2026, driven by the cumulative physiological drain of continuous exposure.

Steps to Reduce Exposure and Subsequent Changes (Question 3.f) After I physically shielded the nearby meters, sleep improved marginally to about four hours of interrupted sleep per night. After one neighboring meter was relocated to a rear alley, sleep increased to about five inconsistent hours. However, headaches, nausea, heart arrhythmia, and cognitive impairment continued.

Regarding the meter on my own dwelling: a municipal utility sought, through legal action, to replace my non-radio meter with a transmitting smart meter. I retained the non-radio meter only for the duration of that dispute. Remaining in the home would have ultimately meant accepting an emitting meter.

Professional Impact Chronic sleep loss and energy depletion forced me to turn away new counseling clients and severely reduced my work capacity. This constitutes a direct loss of livelihood from an involuntary exposure inside my own home.

Infrastructure Expansion, Loss of Community Access, and Relocation (Question 15.b) I have actively managed my EMR-S by avoiding 5G infrastructure. Brief encounters, such as three hours in an equipped city, produce cognitive impairment, severe headaches, and exhaustion that leave me bedridden for weeks.

I chose a highly isolated rural residence. Because of the remote geography, several widely separated small towns function interdependently to provide a single service area for groceries, administration, and community life. For years, this arrangement allowed me to obtain essentials without 5G exposure.

In March 2026, a new 5G tower was placed in service adjacent to the only practical highway connecting these communities. The resulting exposure completely severed my ability to travel safely between these interdependent towns. Confined to my immediate neighborhood and facing continuous ambient exposure from the neighboring smart meters, the residence became unlivable. I sold the home and will complete a short post-sale occupancy in fall 2026 before relocating outside the United States to seek a living environment free from 5G deployment. I describe this relocation only to document the severity of the functional impact, not to request HHS administration of the move.

Practical Accommodations Requested (Question 11) I ask HHS to treat people with EMR-S as a population for whom ordinary siting and exposure practice is not workable, including people who have had to identify the condition themselves because a clinician was unwilling or unable to document it (Question 11.g). The same attention should extend to people with preexisting conditions that increase vulnerability to RF/EMF (Question 11.f). A clinician's documentation is useful where it exists. It should not be the entry requirement. Practical recommendations to policymakers should include the option to retain a non-emitting meter with manual reads, and siting of wireless infrastructure should account for people who cannot safely travel or remain at home once ordinary community RF sources are added.