

PUBLIC COMMENT TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES Docket HHS-OASH-2026-0397

Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure

Submitted by: Robin Wenz | Individual consumer | October 16, 2026

Question 2: Perspective

I submit this response as an individual consumer interested in transparent, evidence-based public-health guidance. I do not claim that RF/EMF exposure has caused a personal medical condition. My comments draw on published scientific literature and federal reports, not personal exposure measurements or professional scientific expertise.

Questions 5, 6, and 12: Exposure standards and evidence

I ask HHS to explain how it evaluates national and international RF/EMF exposure guidelines, particularly whether their scientific assumptions address the exposure patterns and health outcomes covered by the published literature. Evidence from animal experiments, human observational studies, and controlled human studies should be considered according to the strengths and limitations of each design rather than treated as interchangeable.

For example, the National Toxicology Program's 2018 Technical Report 595 reported clear evidence of carcinogenic activity in male rats exposed to specified 900 MHz, whole-body radiofrequency radiation regimens. That animal finding deserves consideration, but does not establish comparable cancer risks from ordinary wireless-device use in humans. Separately, Karipidis and colleagues' 2024 systematic review of human observational studies concluded that mobile-phone RF exposure likely does not increase the risk of several extensively researched brain cancers. HHS should explain how such results are weighed, including differences in exposure, outcome, design, and certainty of evidence [1, 2].

In evaluating alleged effects below existing federal limits (Question 12), I request that HHS specify whether studies actually measured exposure, whether findings were replicated, whether exposure-response patterns were demonstrated, and whether observed biological changes amount to adverse health outcomes. Uncertainty should be explained, not presented automatically as proof of either harm or safety.

Questions 8 and 11: Real-world exposure and potentially sensitive populations

Please identify which exposure assessment methods are reliable for realistic device use and for situations involving proximity to the body, duration, simultaneous sources, and cumulative exposure. When evaluating children, pregnant people, older adults, people with implanted medical devices, and workers with higher exposure, HHS should distinguish demonstrated differences in risk from plausible but unconfirmed concerns. Where evidence does not establish a need for population-specific limits, HHS should explain why.

Questions 16-18: Federal research priorities and public information

I request that HHS (1) prioritize reproducible research on longer-term, well-characterized exposure and non-cancer outcomes; (2) improve coordination among NIH, FDA, CDC, and other relevant agencies; (3) disclose the evidence and uncertainty underlying guidance in plain language; (4) identify practical exposure-reduction measures only where their effectiveness and relevance are supported; and (5) periodically update public assessments as better evidence becomes available. Any public-health recommendations should be proportional to the evidence and explicit about their limitations.

The objective should be neither a presumption of harm nor an assurance without explanation. It should be a rigorous, publicly understandable assessment that responds to relevant scientific findings and identifies what further research would materially improve decision-making.

References

[1] National Toxicology Program. (2018). NTP Technical Report 595, whole-body 900 MHz RF radiation in Sprague Dawley rats. <https://doi.org/10.22427/NTP-TR-595> ; abstract: <https://ntp.niehs.nih.gov/publications/reports/tr/tr595>

- [2] Karipidis K, et al. (2024). The effect of exposure to radiofrequency fields on cancer risk in the general and working population: A systematic review of human observational studies - Part I. *Environment International*, 191, 108983.
<https://doi.org/10.1016/j.envint.2024.108983>
- [3] HHS. (2026). Request for Information, 91 FR 59792 (September 21, 2026), FR Doc. 2026-19252.
<https://www.govinfo.gov/content/pkg/FR-2026-09-21/html/2026-19252.htm>