Docket ID: HHS-OASH-2026-0397

RE: Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure and Human Health Outcomes

Filer Category: Private Citizen
Submitted by: Impacted Individual

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SUMMARY:

Disclosure of Witness Identity And Onset of Severe Symptoms

Before the events described in this submission, I lived in my home for over a decade and had not experienced the severe, recurring combination of neurological, vestibular, cardiovascular, internal-organ, sensory, pain, involuntary weight loss and sleep symptoms that I now suffer during both waking and sleeping hours. The symptoms began suddenly in late 2024 after my identity was disclosed to a drug trafficking organization I had reported anonymously through the "See Something, Say Something" channel. The events following my identity disclosure include the onset of retaliatory symptoms which have persisted, escalated, and affected my ability to live safely and carry out ordinary daily activities and are central to this submission. These symptoms and their cumulative effect have been severe.

Police Response, Documented Complaints, And Retaliation

I sought assistance from the Norristown Police Department of Pennsylvania making fifteen documented requests for assistance and filing two formal police reports. The Department suppressed my complaints, diverted my Right-to-Know requests and issued a written response that "No action was taken in this case". On April 28, 2026, I served the Chief of Police with a Notice of Intent to Sue the Department. I experienced an escalation in the disturbances and symptoms making it impossible for me to remain safely in my home.

Technology-based retaliation housing interference and elder endangerment forced my involuntary displacement to a friend in Middletown, New York, Relocation did not resolve the problem. I encountered the same drug trafficking patterns. Multi-state drug trafficking corridor operations there re-exposed me to identical environmental vectors and the exact symptoms in Middletown.

I have undergone extensive medical evaluation through Penn Medicine, including CT imaging of my abdomen, pelvis, chest, and head; ultrasound; X-rays; colonoscopy; electrocardiograms; blood testing; and specialist evaluations. Further testing on October 5, 2026, also failed to identify any medical explanation for my symptoms.

Technology-Based Environmental Disturbance

I have concerns about radiofrequency, low-frequency sound or infrasound, and other environmental factors. Government research, law-enforcement testing, and technical assessments provide a basis for federal review of what particular systems can detect, how they operate, what emissions they produce, and what safeguards govern their use. These technology-based systems present an active and ongoing health and safety hazard and raise urgent public health questions. The capabilities of these systems also raise privacy, permissible use, oversight, records of access, and the ability of people affected by their use to obtain an independent assessment.

Federal scientific and investigative authorities document interior-penetrating sensing technologies include through-wall radar, ultra-wideband radar, radiofrequency presence detection, microwave and millimeter-wave systems, acoustic and vibration-based detection, and vehicle-mounted low-frequency acoustic emitters. These systems produce cranial pressure, inner-ear pain, vestibular disruption, neurological irritation, vibration sensations, heat sensations, sleep-state interference, and autonomic activation. These mechanisms match my medically documented symptoms.

I request urgent federal attention to a serious, unresolved health and emerging environmental hazard involving sophisticated sensing technologies and through-wall surveillance systems and other technology-based environmental exposures; persistent symptoms with recuring debilitating pain; and the absence of an effective pathway for independent environmental assessment, clinical evaluation, and public-health intervention.

This submission exposes an urgent national public health concern. Police access to advanced sophisticated sensing technologies, including radar, radiofrequency-based presence detection, acoustic and infrasound systems, and smart-building sensor arrays, is expanding rapidly across United States municipalities, but oversight, disclosure, and accountability mechanisms have not kept pace.

These emerging technologies and devices are being covertly deployed in civilian homes without public health frameworks, civil rights safeguards, or municipal disclosure requirements. As a result, civilians have no protective pathway when exposure appears connected to state-actor retaliation, municipal agencies lack any framework for evaluating environmental harm caused by advanced sensing tools, civilians have no medically recognized diagnostic or protective pathways and no medical remedies for technologically mediated environmental exposure, and civilians have no investigative pathway when medically unexplained exposure symptoms arise inside the home. This gap is reflected in this case. The absence of diagnostic, investigative, and protective pathways constitutes a constitutional crisis at the intersection of technology, public health, and civil rights.

This case sits squarely within national public health priorities regarding technology governance and surveillance accountability, environmental exposure science and public health protection.

The Governance Gaps

This submission highlights systemic failures within the current United States healthcare infrastructure that the Department of Health and Human Services should address under Docket HHS-OASH-2026-0397:

1. Lack of Independent Public Health Intervention: When an individual is subjected to unauthorized technology-mediated, retaliatory environmental emissions and hazards due to criminal or documented local police corruption networks (consistent with patterns identified in Department of Justice Office of Justice Programs and Government Accountability Office report GAO/GGD-98-111), no health agency is empowered to independently deploy radiofrequency or acoustic data-logging equipment to audit and secure the civilian's home;

2. Absence of ICD Diagnostic Coding: Frontline medical providers possess no standardized billing codes, diagnostic parameters, or specialized triage protocols to formally catalog illnesses induced by non-thermal radiofrequency, electromagnetic field, or low-frequency acoustic exposure, leaving impacted individuals structurally isolated within the medical system;

3. The Forensic Documentation Void: Because these advanced energy vectors leave no classic chemical or anatomical traces, physicians lack specialized forensic instruments and standardized diagnostic markers necessary to quantify exposure levels for legal or medical documentation.

Recommendations

This case documents a vulnerable witness subjected to technologically mediated environmental harm and elder endangerment. My symptoms exhibit temporal correlation with external technological disturbances and align with federal scientific literature on non-thermal RF, microwave, acoustic, and infrasound exposure.

The absence of diagnostic pathways, environmental standards, investigative jurisdiction, and protective mechanisms constitutes a critical federal blind spot requiring immediate action. HHS must recognize this emerging environmental hazard and initiate public-health intervention and inter-agency referral. I am asking HHS to establish environmental assessment, diagnostic protocols, a credible process to identify and measure relevant exposures using validated instruments development, and qualified independent personnel for determining what exposures are occurring, what are the reported symptoms, and what protective or clinical measures are appropriate.

This submission provides the factual basis, clinical evidence, environmental correlation, scientific alignment, constitutional analysis, and federal precedent necessary for immediate federal response.

Technology-Based Retaliatory Environment: How Unregulated Sophisticated Interior-Penetrating Sensing Technologies And Through-Wall Surveillance Are Misused Against Residents To Detect Activity Inside Their Homes Without Entering To Cause Physical Harm To Occupants

Advanced interior-penetrating sensing and surveillance technologies originally developed for military and intelligence operations have been adopted by local law enforcement to obtain information about the interior of the home that the government could never obtain without entering the residence.

These systems are restricted to government, military, and law enforcement entities. Civilians cannot buy, possess, or operate them, as established by L3 CyTerra RangeR Export Restrictions and United States Department of Commerce Export Administration Regulations 0A987.

These devices are small, portable, handheld units, approximately seven inches by five inches by two inches, weighing under one pound, easily carried in a patrol vehicle or backpack, as confirmed by manufacturer specifications in the L3 CyTerra RangeR product sheet.

These interior-penetrating sensing devices are deployed by local law enforcement in residential neighborhoods from a parked police car outside a home, from the roadway, or from a neighboring yard to direct radiofrequency or acoustic energy inside the residence through the exterior wall. These devices read movement, posture, stillness, micromovements, and basic interior activity inside the residence and cause serious physical harm without entering the residence.

A national investigation published by USA Today on January 20-22, 2015, titled Secret Use of Radar Devices Raises Privacy Concerns, revealed that at least fifty police departments secretly purchased and deployed RangeR through-wall radar systems to detect activity inside private homes without warrants and without informing courts or defendants. PBS NewsHour reported on February 3, 2015, in Police Use of Military Radar Raises Privacy Concerns, that police departments used these devices covertly, and judges were never told that interior-penetrating technology had been used to gather evidence.

These systems include through-wall radar, ultra-wideband radar, radiofrequency occupancy detection systems, microwave and millimeter-wave energy systems, acoustic and vibration-based detection systems, and vehicle-mounted emitters capable of producing low-frequency acoustic and infrasound effects. Scientific and military authorities document that interior-penetrating sensing systems are used by law enforcement and are capable of penetrating common building materials, detecting human presence, and locating individuals inside a structure without entering.

These capabilities are documented by the United States Army Research Laboratory in Ultra-Wideband Radar for Through-Wall Detection, ARL-TR-6383 (2013); DARPA in VisiBuilding and Sense Through the Wall Program Overview, DARPA Technical Brief (2007); the National Institute of Justice in Through-the-Wall Sensors for Law Enforcement, NIJ Journal Number 264

(2009); and the United States Government Accountability Office in Law Enforcement's Use of Advanced Surveillance Technologies, GAO-12-961 (2012).

These systems detect occupants, detect movement patterns behind walls such as standing, sitting, lying down, and remaining still, identify posture changes and small body movements, register micromotions such as breathing and heartbeat, and map interior movement such as walking through rooms, approaching doors or windows, and retreating to interior spaces. They detect occupancy timing, including when the home is occupied, when the occupant leaves or returns, and when the occupant is immobilized. They detect responses to external events, reactions to noise, responses to stress, interactions with household fixtures, whether the person is asleep or distressed, and patterns of interior activity including movement toward or away from disturbances.

The Government Accountability Office confirms the lack of oversight and judicial disclosure, noting that law enforcement uses advanced sensing technologies, courts are often not informed, and oversight is inadequate. Police departments do not disclose possession of these devices, do not list them in public inventories, and conceal them under unrelated equipment categories to avoid judicial oversight.

Interior-Penetrating Technologies Also Violate Controlling Supreme Court Precedent

When these technologies are used not only to detect presence but to deliver harmful energy into the home, the intrusion becomes both a constitutional violation and a public-health exposure event. Kyllo v. United States (2001) held that the government may not use sense-enhancing technology to obtain details of the home that would previously have been unknowable without physical intrusion. Carpenter v. United States (2018) held that technological surveillance revealing intimate details of a person's life triggers Fourth Amendment protection. Florida v. Jardines (2013) held that use of enhanced sensory tools at the home's perimeter to learn what is inside constitutes a search. These three U.S. Supreme Court cases establish a controlling rule: when the government uses advanced or sense-enhancing technologies to detect presence, movement, breathing, occupancy, routines, or other interior details of a home without physical entry and without a warrant, it conducts an unconstitutional search. This is the type of interior information the Supreme Court has held the Fourth Amendment protects strongly. No officer may obtain such information without a warrant or use such technology covertly against a private home. The conduct described in this submission—warrantless interior sensing, environmental intrusion, and the use of advanced technologies to monitor and harm me inside my home—falls squarely within the category of unconstitutional searches prohibited by the Supreme Court.

Because these penetrating energy injury agents cause immediate, reproducible physiological harm, and because no federal exposure thresholds or diagnostic criteria exist, HHS should act now. Delay leaves vulnerable civilians exposed to ongoing injury with no protective pathway.

Although the devices described are restricted to law enforcement, the deployment of these restricted sensing and environmental-altering equipment is an unregulated, unmonitored environmental hazard. Because these devices produce non-thermal radiofrequency, microwave, acoustic, and infrasonic energy directly into homes without public health safety thresholds, they represent a novel, unmonitored class of indoor environmental hazard and pollutants affecting vulnerable civilian populations. These harmful emissions constitute unregulated indoor environmental exposure. Because no federal agency has established safety thresholds, sampling standards, or civilian diagnostic protocols for these energy vectors, their deployment creates a serious public health hazard independent of any criminal or civil rights implications.

The intersection of improper law enforcement involvement and unregulated advanced sensing technologies creates a profound public health and governance gap that falls under the scope of this RFI within HHS's authority to establish the objective health baseline and exposure standards for these unmonitored environmental hazards.

Protected Activity and Onset of Technology-Based Harm

This submission concerns the medically unexplained advanced technology-enabled symptoms and severe harm I have been experiencing after I filed an anonymous report pursuant to the government's see something, say something encouragement, identifying a drug trafficking organization operating near my home. My identity was subsequently disclosed to the drug trafficking organization. My health changed thereafter and I was immediately subjected to retaliation. I developed sudden, severe unexplained symptoms coinciding with intimidation and environmental disturbances associated with drug trafficking activity.

The symptoms include debilitating pain to my brain with intense cranial pressure, stabbing internal organ pain, chest pain, cardiac pressure, and racing heart, internal and structural vibration pain and sensations, sharp eye pain, deep ear pain, migraines, vertigo, sudden teeth pain, heat sensations at the ear, rapid involuntary weight loss, and sleep fragmentation. These symptoms have no medical explanation despite extensive testing.

Symptoms have strong environmental triggers and intensify with the sustained idling or running engines of drug trafficking heavy or modified vehicles outside my home which direct harmful infrasound energy into my home. Symptoms disappear when drug trafficking triggers leave.

The Norristown Police Department refused to intervene despite credible evidence, fifteen documented requests for help, and two formal police reports I filed. My complaints were suppressed, my Right to Know records requests were diverted, and no protective action was taken. The police department issued a written response stating that "In this case no action was taken". I am experiencing an absence of police protection.

The physical pain, sensory symptoms, and structural anomalies escalated sharply immediately before and after I served the Chief of Police with a formal Notice of Intent to Sue the Norristown Police Department on April 28, 2026. That same evening, a heavy metal dart-like object was

propelled into my yard. Interior-space anomalies inside my home intensified consistent with harmful technology and environmental exposure—changes I could feel but could not explain—coincided with the escalation and designed to induce forced housing displacement.

Interior-penetrating systems are portable, rapidly deployable, activated on demand, used for targeted monitoring, and documented in federal reports as being used in retaliation contexts. My symptoms escalated immediately before and after April 28, 2026, the date I served the Norristown Police Department with my Notice of Intent to Sue.

Forced Displacement to Middletown, New York and Multi-State Continuity of Technology-Based Danger

Penn Medicine documented the risk of further health deterioration, the inability for me to safely remain in my home, involuntary displacement, and escalating symptoms. My displacement is evidence of ongoing environmental disturbance, ongoing interior sensing and surveillance, and ongoing symptom escalation. This case is part of a documented national pattern of undisclosed technological intrusion into private residences requiring HHS's intervention because no medical diagnostic pathway exists, no investigative agency exists, no regulatory oversight exists, no forensic trace exists, no civilian detection method exists, and no administrative remedy exists.

Escalating technology-based retaliation housing interference, and elder endangerment forced my involuntary displacement to a friend in Middletown, New York, where I encountered the same drug trafficking patterns. Multi-state drug trafficking corridor operations re-exposed me to identical environmental vectors.

The same technology-based symptoms and harm continued daily in Middletown. Displacement forced me directly into another active narcotics corridor, not a safe environment.

Public reporting shows matching narcotics activity in Middletown and Norristown, confirming a continuous multi-state corridor:

Norristown, Pennsylvania:

Operation Cocaine Goldmine in July 2025 involved a multi-agency bust confirming Norristown, as a major cocaine and crack distribution hub. Investigators dismantled three interconnected drug trafficking organizations responsible for flooding the region with cocaine, with 35 people charged, 28 arrested, and 7 remaining wanted. Traffickers described Norristown as a goldmine, a crack and coke mine. Seizures included seventeen firearms, seven pounds of cocaine and crack, and $138,000 in cash. Agencies including the Montgomery County District Attorney, Drug Enforcement Administration, and FBI. News outlets documented extreme saturation, drug trafficking proliferation, and associated shootings, consistent with my observations. Investigators noted traffickers expanded operations without regard for violence or community harm.

Middletown, New York:

Operation Slow Motion on April 29, 2026, documented a tri-state narcotics corridor and multi-state narcotics movement and drug trafficking activity consistent with Norristown patterns. The Organized Crime Drug Enforcement Task Forces seizure included sixteen kilograms of narcotics, seventeen firearms, $250,000 in cash, and seventeen arrests.

The painful technology-based symptoms and harm appeared only during periods of retaliation and occurred equally in both Pennsylvania and New York, following the exact timing and pattern of escalation. After two months in Middletown, I returned to my home which is targeted in a neighborhood consistent with real-estate-based drug-trafficking organization money laundering. My home remains unsafe due to an organized crime retaliation pattern of advanced technology-based harm, environmental-altering technologies, state-created danger, and attempts at forced displacement.

For the past two years, I have been subjected to daily targeted retaliatory harm which I believe is delivered through law enforcement-restricted sensing technologies illicitly deployed into my residence. The multi-state pattern of technology-based retaliation presents an active and ongoing health and safety threat and raises urgent public health questions.

Clinical Presentation and Objective Medical Exclusion

My clinical record establishes an invariant, non-random pattern: the severe symptoms occur simultaneously, target my exact organs, intensify when drug trafficking organization-linked vehicles or mechanical units are active, and mitigate when those external vectors leave.

My clinical history documents a long-term baseline of total physiological and systemic homeostatic stability. I have maintained a stable body weight for over fifty years and occupied my primary residence since 2015 without any occurrence of neurological, vestibular, visceral, cardiovascular, psychiatric, chronic pain, or sleep disorder symptoms, or environmental sensitivities. I was medically stable for decades until my identity was disclosed after my narcotics report.

Exhaustive diagnostic evaluations at Penn Medicine, including CT scans of the abdomen, pelvis, chest, and head, ultrasounds, X-rays, colonoscopy, electrocardiograms, blood panels, and specialist assessments found no organic cause or medical explanation for my symptoms, no medical solutions, and no available treatment. Subsequent blood panel testing performed on October 5, 2026, again showed no organic finding for the pattern and nature of my symptoms, documenting a clear temporal relationship between technological disturbances and the severe daily harm I am experiencing. The absence of medical findings, combined with the precise temporal and spatial relationship between symptoms and environmental triggers, indicates a non-medical, external source of harm.

My physician's medical findings, combined with my documented pain, environmental triggers, and forced displacement chronology, indicate a pattern of harm that is not explained by any

known medical condition, not attributable to psychiatric causes, and not consistent with random environmental exposure.

The pattern of my symptoms aligns with technology-based environmental intrusion, causing severe physical pain, and digital obstruction. It also parallels territorial enforcement behaviors described in federal reports on anomalous health incidents, organized criminal retaliation, and housing displacement.

The symptoms exhibit a precise, reproducible, and immediate temporal relationship with external low-frequency acoustic, warrantless radiofrequency/microwave, vibration sources, infrasound, and heat-intensity interference penetrating my residence, consistent with federal scientific literature. Penn Medicine's exhaustive negative workups, combined with objective physiological markers, prove an external, physical vector of harm.

These technologies operate in a regulatory vacuum and produce neurological, vestibular, and sensory disruptions consistent with federal scientific findings on directed radiofrequency, microwave, and millimeter-wave exposure documented by the United States Army Research Laboratory (ARL-TR-6383), DARPA Sense Through the Wall Program, National Institute of Justice (NIJ Journal Number 264), United States Department of Commerce EAR 0A987, and 28 C.F.R. Section 124.7.

My clinical presentation aligns with objective criteria established by the Intelligence Community Experts Panel on Anomalous Health Incidents (2022) and the National Academies of Sciences, Engineering, and Medicine regarding non-thermal biological coupling of pulsed electromagnetic and acoustic energy. First, acoustic-vestibular sensory phenomena, where I simultaneously experience localized head pressure, vertigo, and ear pain matches the core characteristics defined by federal experts investigating pulsed electromagnetic energy and directed radiofrequency exposure. Literature confirms these symptoms are genuine and cause early elevations in biomarkers suggestive of nervous system cellular injury. Second, non-thermal biological mechanisms, where neuroscientific and biophysical models demonstrate that pulsed high-power radiofrequency energy induces severe neurological changes, cognitive deficits, and altered neuronal activity via mechanical stress pathways, bypassing standard thermal heating laws, as detailed in PMC10508825 (2023). Third, autonomic failure and functional disruption, where long-term exposure to targeted external vectors induces persistent postural-perceptual dizziness, fatigue, and objective sleep degradation, as documented in National Institutes of Health Clinical Center Cohort Studies (2024).

Federal scientific bodies, including the National Academies of Sciences (2020), JAMA Neurology (2018), Government Accountability Office reports, National Institute for Occupational Safety and Health acoustic and infrasound literature, IEEE radiofrequency literature, and peer-reviewed studies on vestibular and autonomic effects, have documented that radiofrequency, electromagnetic field, and acoustic exposures produce cranial pressure, ear pain,

vestibular disruption, disorientation, sleep disturbance, autonomic symptoms, and internal discomfort.

Penn Medicine clinical evaluations documented that my symptoms intensified when preparing legal documents, attempting to prepare meals, eat, rest, or sleep, and when using my kitchen and bathroom sinks. These intensification periods correspond to interior activities detected by through-wall radar, ultra-wideband sensing, radiofrequency presence detection, and acoustic vibration systems. Symptoms occurred throughout my home, indicating whole-structure intrusion that aligns with Army Research Laboratory, DARPA, and National Academies of Sciences findings on whole-structure resonance, radiofrequency propagation, vibration-acoustic coupling, and interior detection fields. Whole-home intrusion constitutes a whole-home search under the Fourth Amendment.

Federal scientific authorities document symptom profiles identical to those observed by my doctors at Penn Medicine. The JAMA case series on United States Embassy personnel documented head pressure, ear pain, vertigo, sleep disruption, and cognitive difficulties. The National Academy of Sciences 2020 report identified directed, pulsed radiofrequency energy as the most plausible mechanism. The Government Accountability Office 2024 report detailed head pain, tinnitus, blurry vision, vertigo, and cognitive difficulties.

Law enforcement-restricted interior-penetrating systems detect posture, stillness, fine motor activity, desk-level movement, micromovements associated with writing and typing, and concentration periods. DARPA and Army Research Laboratory document detection of these interior activities. My symptoms intensify during legal document preparation because interior-penetrating systems detect precisely that type of interior activity. Interior-penetrating systems also detect respiration, stillness, sleep states, and micromotions associated with falling asleep. My symptoms intensify when attempting to sleep because interior-penetrating systems target stillness and respiration. Furthermore, interior-penetrating systems detect movement toward household fixtures, plumbing vibration, water-flow signatures, and predictable routines. DARPA and Army Research Laboratory confirm detection of vibration signatures and movement patterns associated with sinks and plumbing, where location-specific environmental disturbance means sensing systems target specific interior locations inside a home because those locations produce distinct vibration and radiofrequency signatures.

Federal scientific literature explains that directed radiofrequency, microwave, millimeter-wave, acoustic, and vibration-based energy produce rapid pressure changes in cranial and inner-ear structures, vestibular disruption, neurological irritation, thermal micro-sensations, vibration-like sensations, sharp stabbing internal pain, sleep-state interference, and autonomic nervous system activation. These mechanisms directly correspond to my symptoms of severe cranial pressure, deep ear pain, stabbing internal organ pain, vertigo, vibration sensations, heat sensations, disorientation, and sleep disruption.

Cross-State Vehicle Retaliation and Infrasound Effects

I documented numerous deliberate incidents of heavy truck idling, vehicles with modified engines engaged in sustained revving, diesel vibration, and prolonged revving of motorcycles causing severe pain, including intense head pressure, internal vibration, and sharp organ pain. Symptoms occur when specific Pennsylvania, New Jersey, and New York vehicles are near my home or my location with engines running continuously. The symptoms stop when those vehicles depart.

My symptoms align with documented effects of heavy truck idling, sustained engine revving, diesel vibration, low-frequency acoustic output, and infrasound resonance penetrating structures. Army Research Laboratory report ARL-TR-6383 and DARPA confirm that low-frequency acoustic energy, engine-based vibration, and structure-borne resonance produce cranial pressure, inner-ear pain, vibration sensations, disorientation, nausea, and internal organ pain—matching my medically documented symptoms.

Absence of Diagnostic Tools and Investigative Jurisdiction

Federal agencies confirm civilians cannot detect, diagnose, or investigate technologically mediated exposure. The Environmental Protection Agency has no environmental sampling standards for these vectors, the Centers for Disease Control and Prevention and National Institutes of Health have no clinical guidelines, the Government Accountability Office 2024 report confirms no federal agency has jurisdiction to investigate anomalous health incidents affecting civilians, and the National Academies of Sciences confirms no validated medical tests exist. These technologies leave no burns, no marks, no residue, no structural damage, and no conventional forensic evidence, explaining normal imaging despite severe symptoms.

National Pattern of Technology Abuse to Inflict Retaliatory Environmental Harm with No Oversight, No Remedy, And No Accountability

FLOCK Safety / ALPR Abuse and Targeting:

Investigations in 2026 into Flock Safety's automated license-plate reader (ALPR) systems and recent Federal oversight data confirm that advanced automated surveillance platforms, tracking technologies, and wireless sensing loops are subject to severe personal abuse, unauthorized targeting, and retaliatory stalking by individual operators to map targets without public health or legal safeguards.

> Support: U.S. Senate Oversight Judiciary Records & National Investigative Disclosures (2026). Investigations have documented extensive criminal indictments of personnel utilizing automated AI-integrated license plate readers and tracking networks for personal stalking, unauthorized surveillance, and targeted harassment of private citizens without judicial warrants.

ALPR misuse is documented in ACLU ALPR Reports (2013–2024); State Auditor Reports (CA, CO, VA); FLOCK Safety Technical Documentation

My experience mirrors the national pattern of police misuse of FLOCK's camera networks to stalk civilians, retaliate against protected activity, and access surveillance systems without authorization. I experience real time surveillance of stalking. Drug trafficking organization-linked actors used ALPR systems to track my movements, locate my out of state residence, and continue retaliation after I fled to Middletown.

This ALPR-enabled targeting facilitated the multi-state delivery of hazardous indoor energy exposures and endangered my life.

The absence of exposure thresholds, diagnostic criteria, and surveillance leaves vulnerable civilians exposed to ongoing injury across state lines with no protective pathway.

My case is also part of an emerging national public health crisis and scientifically aligns with Ber v. Centers for Disease Control and Prevention, 8:26-CV-01822 (M.D. Fla., 2026). Dr. Ber and other plaintiffs experiencing symptoms attributed to Anomalous Health Incidents challenged the CDC and the NIH for failing to act, seeking a court order compelling recognition of civilian Anomalous Health Incidents, issuance of diagnostic guidance, establishment of a civilian surveillance system, equal access to NIH research and treatment programs, and public health alerts. My case reflects this exact institutional gap. My case is part of a growing national cohort of civilian whistleblowers and witnesses experiencing technologically mediated environmental symptoms who are left in a diagnostic vacuum with zero federal triage protocols.

HHS specifically requests public accounts regarding exposure to RF, EMFs, and wireless radiation. I experienced a structural change in my residential environment occurring immediately after my identity was compromised by local law enforcement to criminal suspects I reported. I presented with a rapid onset of severe, overlapping symptoms lacking conventional environmental or medical explanations. The clinical presentation tracks the physiological profile of external, targeted environmental forces rather than standard endogenous etiologies.

Clinical tracking documents persistent conditions: neurological and vestibular stability issues including acute, debilitating migraines with intense asymmetric cranial pressure, objective balance degradation, severe vertigo, and absolute sleep disruption; ontological trauma including intense inner ear pain, acoustic hypersensitivity, and persistent localized auditory distress; somatic decline and autonomic distress including chronic chest discomfort, deep internal organ pain, and profound treatment-resistant sleep deprivation; and rapid cachexia involving marked, rapid, unexplained weight loss correlating directly with residential environmental anomalies.

Public-Health Recommendations

HHS should:

- establish diagnostic criteria

- create exposure thresholds
- develop environmental sampling protocols and monitoring standards
- initiate a national surveillance framework for technologically-mediated residential energy exposures and hazards
- conduct RF/EMF, infrasound, vibration, and structural resonance testing

Inter-Agency Jurisdiction and Formal Referral Structure

HHS is being asked to evaluate the hazardous indoor energy exposure itself. To ensure proper jurisdictional alignment, it is respectfully requested to formally refer all enforcement matters in this case for investigation to DOJ, FBI, OIG and HUD.

Conclusion

This case documents a vulnerable witness subjected to technology- mediated environmental harm, interior-penetrating intrusion, ALPR-enabled targeting and elder endangerment. My symptoms exhibit temporal correlation with external technological disturbances and align with federal scientific literature on non-thermal RF, microwave, acoustic, and infrasound exposure.

My symptoms are medically documented, have no physical cause, correlate directly with environmental triggers, correlate directly with drug trafficking organization activity, occur equally across multiple states, disappear when triggers leave, reappear when triggers return, and match federal directed-energy injury patterns. This reveals a critical blind spot in United States public health and safety that allows organized criminal retaliation, environmental interference, directed-energy harm, elder displacement, multi-state pursuit, and institutional suppression.

HHS must recognize that the unauthorized deployment of environmental-altering technologies against civilian whistleblowers constitutes an urgent public health hazard.

The absence of diagnostic pathways, environmental standards, investigative jurisdiction, and protective mechanisms constitutes a critical federal blind spot requiring immediate action. HHS should recognize this emerging environmental hazard and initiate public-health intervention, diagnostic development, environmental assessment, and inter-agency referral.

This submission directly addresses the purpose of HHS's Request for Information by documenting a medically verified, environmentally triggered pattern of harm that reveals critical blind spots in federal public health surveillance.

I request that the federal review distinguish the public-health questions from the separate questions of lawful authority, surveillance, and civil-rights compliance, while ensuring that relevant evidence can be referred to the appropriate authorities.

This submission provides clinical evidence, environmental correlation, scientific alignment, constitutional analysis, and federal precedent necessary for immediate federal response.

Respectfully submitted,

Impacted Individual