

Comment on Docket HHS-OASH-2026-0397: Request for Information on EMFs, RF Radiation, and Wireless Radiation Exposure

Submitted by Jennifer Pawlitschek, New York, NY, October 2026

Question 2 — Perspective

I am submitting this comment as an individual consumer and resident of New York City. I am not affiliated with any organization.

Question 3 — Personal experience of potential adverse health effects

3(a) Source of exposure. In 2019, four cellular antennas were installed on the roof of the building immediately adjacent to the one I lived in at the time. Based on their position relative to my apartment, they were approximately ten feet from my bedroom. They initially operated as 4G transmitters. In December 2019, T-Mobile activated 5G service on the same site.

3(b) Nature, duration, and timing. I slept roughly eight hours a night in the room closest to the antennas, so my exposure was nightly and long-duration. I was not notified of the installation and did not learn the antennas were there until after my symptoms had begun. I stopped sleeping in the apartment in January 2020 and formally moved out in April 2020.

3(c) Health effects experienced. After the antennas were installed and began 4G operation in 2019, I began experiencing intense tinnitus, frequent headaches, and noticeable hair loss. In December 2019, when 5G service was activated, a new symptom appeared: burns on my ears with no apparent cause, with no sun exposure, no heat source, and no contact with anything that could account for them.

3(d) Timing of onset relative to exposure. I had none of these symptoms before 2019. The tinnitus, headaches, and hair loss began after the antennas were installed and operating on 4G. The ear burns did not appear during the 4G period; they appeared specifically when 5G was activated in December 2019, and had never occurred before. So there were

two distinct changes in exposure at that site, and each was followed by a distinct change in my symptoms. The hair loss and burns eventually resolved after I left. The tinnitus and headaches have persisted, with varying intensity, to the present day.

3(e) Medical evaluation. I showed the ear burns to my primary care physician, who had no explanation and asked whether I had been on vacation, though sunburn confined to the ears made no sense and I had not traveled. No cause was identified, no workup was done, and no diagnosis was given. The tinnitus and headaches were never evaluated. Through my own research I later learned that localized skin burns are a recognized effect of sufficiently intense RF/microwave exposure, and that cell transmitters at very close range were a plausible source in my case. I want HHS to understand that when I sought medical help, the clinician had no framework for even considering RF exposure as a possibility. That is itself a gap worth addressing (see Question 4(m) and Question 16 below).

3(f) Steps taken to reduce exposure and resulting changes. Once I learned the antennas were there, I stopped sleeping in my bedroom and slept in my kitchen, the room farthest from the antennas. By January 2020 I had stopped living in the apartment altogether, and I moved out formally in April 2020. After leaving, my tinnitus and headaches improved substantially, but they have never fully resolved. They also recur strongly whenever I am near a source of RF emissions, and subside again when I move away. In other words, my symptoms have tracked my proximity to RF sources consistently since 2019. Being driven out of my own bedroom and then my home, with no recourse, was a serious hardship.

3(g) Supporting documentation. I have dated photographs of the ear burns taken in December 2019 and can provide them to HHS staff on request.

Question 13(a) — 5G and cumulative exposure

My experience bears directly on this question. The 4G antennas alone were associated with tinnitus, headaches, and hair loss. Adding 5G to the same site, at the same distance, was followed by a new and different effect on my skin that had not occurred under 4G alone. HHS should treat the addition of 5G to existing sites as a change in exposure in its own right, not merely an incremental increase.

Question 15 — Evidence relevant to wireless infrastructure

15(a) and 15(d) — Proximity to homes and small-cell deployment. My situation illustrates a gap in how rooftop and small-cell antennas are sited. Antennas were placed roughly ten feet from a bedroom in a neighboring building, with no notice to me and no assessment of

exposure at the nearest occupied residential space across the property line. Compliance evaluations typically address the host rooftop and ground level, not a bedroom at antenna height a few feet away in the next building. I urge HHS to recommend that exposure evaluation for new infrastructure, and for upgrades such as adding 5G to an existing site, specifically consider the nearest occupied living and sleeping spaces in adjacent structures, and that cumulative nighttime residential exposure be studied as its own category.

Question 9 — Disclosure to residents

Residents should be notified before antennas are installed or upgraded within a short distance of their homes, and should be able to obtain the operating frequencies, power output, and measured or modeled power density at their own dwelling. I had no way to learn any of this when the antennas went up, no notice when 5G was added, and no way to find out afterward. I only discovered the antennas existed after I had already been experiencing symptoms for some time.

Question 4(m) and Question 16 — Clinical awareness and research priorities

My physician had no way to evaluate what I presented with. HHS should prioritize (1) clinical guidance so that primary care providers can at least take an exposure history when a patient presents with unexplained localized burns, new-onset tinnitus, or headaches following nearby antenna installation or upgrade; (2) research on long-term residential exposure to rooftop 4G and 5G infrastructure at very close range, including dermal effects, tinnitus, and headache, and on why symptoms persist and recur after exposure ends; and (3) a standing adverse-event reporting mechanism (Question 10(f)) so experiences like mine are collected systematically rather than only when an RFI happens to be open.

I appreciate HHS asking directly for the experiences of people who have lived next to this infrastructure. I am willing to provide further detail to HHS staff on request.