

RESPONSE TO REQUEST FOR INFORMATION

Osman-Hakan Guven · Docket No. HHS-OASH-2026-0397

October 21, 2026

Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

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Re: Request for Information on Electromagnetic Fields (EMFs),
Radiofrequency (RF) Radiation, and Wireless Radiation Exposure, 91 FR
59792 (September 21, 2026)

Osman-Hakan Guven
a Californian
in care of 510 Ortega Street
San Francisco, California

I respond as a Californian; I am an individual consumer and head of household. I speak against the rollout of smart meters and 5G, which added transmitters to homes and streets without consent, without warning labels, and without premarket long-term safety testing. My answers are based on peer-reviewed research and government reports, named with each answer.

Question 2 (perspective).

Individual consumer and head of household.

Question 3 (experiences).

My household, like every household, is exposed every day, without consent and without warning labels, to wireless radiation from phones, Wi-Fi, and nearby antenna infrastructure. None of it can be declined. I am not submitting personal health records to a public docket.

Question 5 (standards and frameworks).

The FCC's 1996 limits and the ICNIRP guidelines protect against heating only, and the scientific evidence shows those assumptions are invalid (ICBE-EMF, Environmental Health 21:92, 2022; Melnick et al., Environmental Health 25:42, 2026). Federal health agencies should evaluate health-based limits derived from the actual animal and human data (Uche & Naidenko, Environmental Health 20:84, 2021). A classification system should account for frequency, modulation, pulsing, duty cycle, duration, distance from the body, and simultaneous exposures, not power alone (Lai & Levitt, Electromagnetic Biology and Medicine 41:230-255, 2022). The largest research gaps are chronic low-level exposure, effects on children, and cumulative real-world exposure.

Question 6 (evidence on current limits).

The National Toxicology Program's two-year studies found evidence of carcinogenic activity in male rats and DNA damage from lifetime exposure beginning in the womb (NTP Technical Reports 595 and 596, 2018). The Ramazzini Institute found the same tumors at cell-tower exposure levels (Falcioni et al., Environmental Research 165:596-603, 2018). Studies of residents near base stations report increased health risks (Balmori, Environmental Research 214:113851, 2022). The current limits do not protect against these findings.

Question 9 (disclosure).

Consumers should receive clear exposure labels on devices and packaging at the point of sale, including the separation distances already printed in the manuals. Residents should be able to see antenna locations and actual measurements, including for smart meters on their own homes, and should be told plainly what those meters emit and when. Schools, healthcare providers, and local governments should receive real exposure data rather than assurances.

Question 11 (sensitive populations).

Yes. Children absorb more radiation into their brains than adults (Fernández et al., Environmental Research 167:694-699, 2018). Stricter assessment is warranted for children, pregnant women, people with implanted medical devices, people with preexisting conditions, and workers with high

occupational exposure.

Question 12 (effects below current limits).

Oxidative stress and DNA damage (Panagopoulos et al., International Journal of Oncology 59:92, 2021; Weller et al., Frontiers in Public Health 13:1613353, 2025), altered brain neurotransmitters (Hu et al., Frontiers in Public Health 9:691880, 2021), thyroid effects (Alkayyali et al., Cureus 13(8):e17329, 2021), and reproductive harm (Lamzouri et al., Middle East Fertility Society Journal 30:42, 2025) are reported at levels below the current limits. Harm below the limits is documented.

Question 13 (cumulative exposure).

Each technology adds transmitters: 5G (Question 13a) densifies small cells on residential streets and adds beamformed, pulsed signals; communication-enabled smart meters (Question 13k) put an always-on pulsed transmitter on the side of the home; 6G, Wi-Fi, satellite constellations, IoT, wearables, and smart homes add still more always-on sources; wireless medical devices add exposure for the sickest patients. Smart meters and 5G were never premarket tested for chronic exposure. No system today measures a person's combined exposure. That must be built.

Question 14 (environmental evidence).

A 2024 systematic review and meta-analysis associates EMF exposure with reduced insect abundance, including pollinators (Thill et al., Reviews on Environmental Health 39:853-869, 2024); EMF is identified as a driver factor in insect decline (Balmori, Science of the Total Environment 767:144913, 2021); a mechanism for disruption of animal navigation is published (Panagopoulos et al., Scientific Reports 14:30053, 2024). Wildlife-protective standards and monitoring are available (Levitt et al., Frontiers in Public Health 13:1693873, 2025). The microbial world is affected too: millimeter-wave and Wi-Fi-band exposure alters bacterial growth, membrane properties, and antibiotic susceptibility in peer-reviewed studies (Torgomyan & Trchounian, 2013; Taheri et al., 2017; Amani et al., 2020), and no federal study has ever examined what chronic ambient millimeter-wave exposure does to bacteria and viruses in public space.

Question 16 (priority research gaps).

Chronic low-level non-thermal effects; children and development; pregnancy outcomes; long-term human studies; measurement of personal cumulative exposure; wildlife and ecosystem effects.

Question 17 (coordination).

FDA should require premarket and routine post-market testing of wireless devices. NIH and NIEHS should run the mechanistic research and evaluate radiofrequency radiation for the National Toxicology Program's Report on Carcinogens. CDC should run surveillance and public guidance. The agencies should coordinate in the open, with published funding and conflict-of-interest safeguards.

Question 18 (additional information).

Disclose the military lineage of millimeter-wave technology: DARPA's Millimeter Wave Digital Arrays program builds the same phased-array technology for Department of Defense systems; 100 megahertz of military mid-band spectrum (3.45-3.55 GHz) was released for commercial 5G; and the Active Denial System, a 95 GHz millimeter-wave weapon, shows this band family acts on living bodies. Federal health agencies should fund the never-conducted studies of chronic ambient millimeter-wave exposure on bacteria, viruses, and public-health ecology before densification continues. The only published claim that 5G produces coronaviruses was retracted for peer-review manipulation; the absence of any credible study is the finding that matters. The Department should also join the moratorium that more than 180 scientists and doctors from 36 countries have demanded since September 13, 2017 (the 5G Appeal): suspend further millimeter-wave densification, carry service on the established 4G bands, and support a domestic ban on directed-energy weapon deployment against civilians.

I ask the Department to treat wireless radiation as the public health question the science shows it to be, and to protect children first.

Osman-Hakan Guven, a Californian
October 21, 2026