

PUBLIC COMMENT TO THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Docket HHS-OASH-2026-0397 | October 21, 2026

Submitted by: Anura F. Lawson

Parent of six | Public school educator, 24 years of service | Los Angeles, California

To the Department of Health and Human Services:

I submit this comment in response to the September 21, 2026 Request for Information (91 Fed. Reg. 59792–59794). I request a rigorous, independent, transparent review of RF and other non-ionizing electromagnetic-field exposures, with particular attention to children, educational environments, real-world exposure assessment, and practical public guidance. My response addresses Questions 2, 5–18. I speak only for myself, not for my employer or a medical or scientific organization.

1. Perspective and reported experiences — Questions 2–4

As a parent and educator, I have observed the increasing use of wireless-connected laptops, tablets, and networks in educational settings. This is an observation about technology use, **not** a clinical finding. I am not submitting a personal medical diagnosis, attributing a particular illness to RF exposure, or presenting clinical data. HHS should evaluate reports of possible health effects using standardized exposure and outcome information while protecting individual privacy.

2. Standards, evidence, and risk assessment — Questions 5–6 and 12

HHS should compare the scientific basis and scope of U.S. exposure limits with relevant international frameworks, including distinctions among whole-body exposure, localized specific absorption rate (SAR), and power-density metrics. It should clearly identify which outcomes and exposure scenarios are covered, how uncertainty is handled, and where evidence remains limited. The National Toxicology Program reported carcinogenic findings in certain high-exposure rodent experiments; these findings merit consideration but are not directly equivalent to ordinary human exposure. A 2024 systematic review of human observational studies reported more reassuring findings for several cancer outcomes. HHS should evaluate evidence across designs, with attention to confounding, exposure error, replication, study quality, and applicability. Neither observed biological effects nor exposure below a regulatory limit alone establish the presence or absence of a specific health risk.

3. Measurement, real-world use, and disclosure — Questions 7–9

HHS should recommend reproducible protocols for personal and environmental exposure measurement. Assessments should report frequency, transmit power, power control, duty cycle, modulation, beamforming, proximity, duration, and uncertainty where relevant. Environmental field measurements should not be conflated with absorbed dose. Laboratory compliance procedures should be evaluated against reasonably foreseeable use, including close-to-body devices and simultaneous radios. Consumers, schools, workers, and local governments should receive understandable information about applicable standards, test conditions, and the practical meaning and limitations of measurements.

4. Public health surveillance and sensitive populations — Questions 10–11

HHS should examine the value and limitations of longitudinal cohorts, disease registries, occupational monitoring, and representative environmental measurements. Any new surveillance program should use validated exposure indicators, appropriate comparison groups, privacy safeguards, and methods to avoid confusing temporal associations with causation. Children, pregnant individuals, older adults, people with implanted medical devices, and workers with

elevated occupational exposure may require distinct assessment approaches. In schools, studies should consider students of different ages and body sizes, device placement, classroom activity, and patterns of use over time. Multiple devices in a room do not by themselves demonstrate elevated or harmful exposure.

5. Technologies, smart meters, and cumulative patterns — Question 13

HHS should assess actual exposure patterns from Wi-Fi, cellular technologies including 5G and emerging 6G systems, wearables, Internet of Things devices, satellite communications, and communication-enabled smart meters (Question 13(k)). For smart meters, research should distinguish meter model, transmission interval, duty cycle, installation location, distance from occupied spaces, and other nearby sources. Presence of a smart meter does not establish excessive exposure. The analysis should also avoid summing unlike frequency-specific exposure measures without a scientifically valid method. HHS should publish representative measurement datasets and transparent methodologies so findings can be independently evaluated.

6. Environmental effects and wireless infrastructure — Questions 14–15

HHS should review the quality of evidence concerning potential effects on wildlife and other environmental endpoints, distinguishing laboratory findings from demonstrated field effects. Studies of wireless infrastructure should characterize exposure near homes, schools, childcare facilities, healthcare facilities, and workplaces, considering antenna characteristics, small-cell deployment, source density, distance, and measured neighborhood exposure. Siting proximity alone is not a substitute for measurement or a finding of harm. Any recommendations should weigh scientific evidence, uncertainties, feasibility, and possible unintended effects.

7. Research priorities and federal coordination — Questions 16–18

I request priority for (a) prospective human studies with improved individual exposure characterization; (b) reproducible studies of developmental, neurological, sleep, reproductive, and other noncancer outcomes; (c) independent validation of device testing under realistic configurations; (d) representative school and household exposure studies; (e) critical evaluation of environmental research; and (f) evaluation of practical, low-cost exposure-reduction approaches, including possible unintended consequences. FDA, NIH, CDC, and relevant federal partners should publish a coordinated research agenda, methods, funding and conflict-of-interest disclosures, and periodic evidence updates. HHS should make clear which conclusions are established, which are emerging, and which remain uncertain.

8. Requested actions

I respectfully ask HHS to: **(1)** publish a balanced systematic assessment of RF/EMF health evidence; **(2)** explain the strengths and limits of current exposure standards; **(3)** develop transparent, reproducible real-world measurement protocols; **(4)** evaluate children and other potentially sensitive populations explicitly; **(5)** assess smart meters and wireless infrastructure using measured, technology-specific exposure data; **(6)** examine appropriate privacy-protective surveillance methods; **(7)** develop clear guidance for families, schools, and local governments; and **(8)** establish an independent, coordinated research program with public updates.

Wireless technology offers meaningful educational and social benefits. Public health oversight should be equally meaningful. As a parent of six and a longtime educator, I ask HHS to give children's long-term interests careful, evidence-based consideration without either unsupported alarm or unwarranted reassurance.

Respectfully submitted,

Anura F. Lawson

Los Angeles, California

Selected references

1. U.S. Department of Health and Human Services. Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure. 91 Fed. Reg. 59792–59794 (Sept. 21, 2026), FR Doc. 2026-19252.

<https://www.govinfo.gov/content/pkg/FR-2026-09-21/html/2026-19252.htm>

2. National Toxicology Program. Toxicology and Carcinogenesis Studies in Hsd:Sprague Dawley SD Rats Exposed to Whole-Body Radio Frequency Radiation (900 MHz). Technical Report 595 (2018). <https://ntp.niehs.nih.gov/go/tr595>

3. Karipidis K. et al. The effect of exposure to radiofrequency fields on cancer risk in the general and working population: A systematic review of human observational studies. *Environment International* 191 (2024):108983. <https://doi.org/10.1016/j.envint.2024.108983>