

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

Posted by the **Department of Health and Human Services** on Sep 20, 2026

Question #2.

I am a concerned citizen, a concerned consumer, and I'm also becoming affected by Electro sensitivity as well. I am also a member of several patient support groups, both locally and nationally.

I am long retired now, but I worked as an architect in my younger years. The health effects of the built environment was the focus of my professional interests.

I also carried out a survey of handicapped access on the UC Berkeley campus, which my supervisor told me was used as a model for such surveys in colleges and universities all across the country, in response to requirements for the Americans with Disabilities Act of 1990.

If I carried out such a survey today, I would have included electromagnetic radiation as part of the survey, by measuring levels of radiation in four categories: electrical, magnetic, radio frequency, and so called "dirty electricity" carried in wiring in buildings. All the buildings and outdoor areas of campus, where students, professors, and or staff could be affected, should be regularly monitored.

I believe that those who are especially sensitive to electromagnetic radiation should not be ignored and excluded from access to the benefits of an education or employment at UC Berkeley or any other campus, or any other buildings, anywhere.

(see my answers to the questions below for more information on this topic)

Question # 7: scientific methods currently available for measuring RF radiation exposure.

Question # 8: exposure assessment methodologies. .

[<https://buildingbiologyinstitute.org/>](https://buildingbiologyinstitute.org/)

The **Building Biology Institute** offers classes and certificate programs, training individuals to assess radiation exposure and individual buildings, most often homes, most often for especially electrically sensitive individuals.

At the present time this is the only reliable organization in this country that I know of that is offering the technical information of how to test and remediate safety problems in individual buildings. Graduates of these programs can identify problems, and recommend fixes to improve safety in existing individual buildings. They are usually consulted by families with one or more electrically hypersensitive individuals, or those who have children who have become ill, or who want to protect their children from becoming ill in the future

The methods that they have developed are very appropriate to be employed on a larger scale. They focus on cumulative exposures of all devices, as well as exterior sources. This is in real world situations, in the field.

This is what is needed to serve our country as a whole, in the planning for the needs of our the general population. This should be informing our building codes and planning departments.

They have also developed a table of exposure standards that are more realistic in real world situations. These standards are based on real world experience with real people, in real buildings.

Their standards also include a stricter set of standards to protect especially sensitive populations.

The standards include four different kinds of radiation that needs to be measured: electrical, magnetic, radio frequency, and so-called dirty electricity in buildings wiring.

We need maximum total exposures for every location, and not averages, but maximums in terms of spikes in exposure as well.

Question # 11--E, F, and G:

#11--G: special populations with special needs -- Electro hyper-sensitivity :

There is a growing population of individuals who have become electrically hypersensitive, and experience severe harm at lower levels than the general population. These individuals definitely need special standards to accommodate them, and specific areas where they will be accommodated. This includes buildings, but also outdoor spaces, such as highways and roads which are now seriously problematic. This also applies to public transportation, such as the BART system here in the San Francisco Bay Area, which is way too high at the present time for anyone with any special sensitivity.

Of course this would also apply to individuals with other pre-existing medical conditions (question #11--F), and workers with elevated occupational exposure (question #11--E).

We need even tighter safety regulations to accommodate the especially electrically sensitive population, in order to allow equal access access to our society.

This has already been officially declared a **disability**, and legally -- according to the **Americans with Disabilities Act of 1990** -- should be protected according to our national laws about disability access. All citizens should have safe access to safe places to live, shop, and work, as well as schools, hospitals, and government buildings, and even public transportation.

We are all American citizens, even those with special medical problems.

Question # 15--A,B: proximity to homes etc, and cumulative neighborhood exposure.

I have attached a report that is a very rough draft of **proposed safety guidelines** for electromagnetic radiation, to guide building codes and planning departments.

So far, it has taken too long to produce appropriate scientific testing to set official guidelines. There is a desperate need for safety regulations blue guide planning and building decisions now. So far there is nothing official in order to fill this present gap, since we are lacking guidance and adequate safety regulations by federal, or state governments, or by industry self-regulation.

For this reason I joined a group of volunteers who met weekly online to produce a first draft of suggested building guidelines.

This group of volunteers were assembled under the leadership of Odette Wilkins at the National Call for Safe Technology. As we developed these guidelines we relied for technical expertise on the standards developed in the Building Biology Institute (see my answer to question #7 and 8) about exposure assessment modalities.

We also drew on the many such guidelines that have been proposed by ad hoc groups all over the country, such as by parents concerned for safe schools for their children, by some local governments, and by other special needs organizations that have come together, in order to help guide the rest of us who do not have this technical expertise as individuals.

The guidelines that we developed have several sections that propose health and safety performance standards for devices like cell phones, for individual buildings suitable for updating building codes and planning codes for local governments, and also went into more detail about the special needs of schools, government buildings, low-income housing projects, libraries, and hospitals.

The extremely short time allowed to produce this submittal, given the complexity of the subject, made it impossible for me to complete the first draft of this report.

For this reason I have attached a very rough draft, very much in process. A later draft includes more information about hospitals and ambulances.

CONCLUSIONS:

The Commission should make exposure reduction a design goal, not merely an individual burden. It should support fiber, wired networks, and Li-Fi compatibility—especially in schools, childcare, health-care settings, and government buildings—so modern connectivity does not require continuous RF transmission everywhere.

I ask the Commission to:

1. Complete every issue identified in the 2021 remand through a reviewable Commission-level order and publish a firm timetable.
2. Conduct or commission an independent, health-protective risk assessment that addresses cancer, reproduction, development, chronic exposure, and susceptible populations rather than relying only on acute heating.
3. Modernize compliance testing for realistic use, children, body contact, simultaneous transmitters, waveform characteristics, and cumulative multi-source exposure.
4. Restore sustained federal research and surveillance, including independent replication and transparent conflict-of-interest safeguards.
5. Adopt exposure-reduction and safer-infrastructure policies, including fiber, wired networking, and Li-Fi compatibility where practical.

A standard built around short-term heating cannot be assumed to protect a lifetime of biological signaling, development, reproduction, and chronic multi-source exposure. Please complete the remand with an independent, transparent, and health-protective review.

ICBE-EMF Webinar 9_30 2026_261002_113724

EMRS_Prospectus_v4_2026 Building Biology Institute

s12940-026-01288-6

--Exposure limits to radiofrequency EMF do not account for cancer risk or reproductive toxicity assessed from data in experimental animals