

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

Docket No. HHS-OASH-2026-0397

Submitted by Alex Garcia-Osuna, L.Ac., Milford, Pennsylvania, October 2026

Question 2. Perspective

I respond as an individual consumer and family member. I am also a Licensed Acupuncturist. I studied aeronautical engineering at Brooklyn Technical High School and have used technology heavily for more than 30 years. My response draws on peer-reviewed research, government reports, and my own experience measuring and reducing RF exposure at home.

Question 3. Experiences

(a) Sources

The main sources in our home were cell phones, computers, a Wi-Fi router, a smart TV, printers, a wireless thermostat, a wireless weather station, and a smart washing machine. Our community has also faced two cell tower proposals near the center of town, described under Question 15.

Our water utility uses a meter module that, as far as I know, transmits only when the meter reader requests a reading, and the utility has said it has no current plans to change that. Our electric utility, Pike County Light & Power, has begun installing smart meters on an advanced metering infrastructure network. We chose to opt out and now pay \$42 per month to do so. Households that choose to limit their exposure should not have to pay a recurring fee to keep a non-transmitting meter. I ask HHS to consider whether opt-out fees create a barrier to reducing avoidable exposure, and to include smart meter emissions, including how often and how long they transmit, in its review of cumulative household exposure (see also Question 13 k).

(c, e) Effects and medical evaluation

I have noticed mild anxiety, subtle discomfort, and palpitations when holding wireless devices close to my body, more so since reducing my overall exposure. I recognize these are subjective observations, and I have not been diagnosed with any condition. I have not sought a medical evaluation. I do not know of a physician in my area who evaluates symptoms that people associate with RF exposure. I have not found a clear local pathway for evaluating these symptoms or reporting them for research. HHS should explain where patients and clinicians can turn, how other possible causes should be assessed, and how reports can contribute to research without assuming that RF exposure caused the symptoms.

(f) Steps taken to reduce exposure

I installed an Ethernet network over our existing coaxial cable using MoCA adapters, after finding that running new Ethernet cable through our home would cost more than we could

justify. Our internet-connected devices, including our cell phones, now use wired connections at home. We turned off the wireless functions of our computers, smart TV, and printers. We replaced our wireless thermostat and weather station with wired models, and we disconnect our smart washing machine from power when it is not in use. Wireless functions under our control stay off unless needed, and on most days they stay off entirely. We no longer buy devices that cannot work over a wired connection.

These changes took research, technical knowledge, time, and money. Cable technicians visited our home two or three times and were surprised by what I was doing. One told me that, as far as he knew, only about a dozen customers in his territory used this approach.

I have shown friends, relatives, and neighbors the changes we made, walked them through each step, and shown them readings from my RF meter. As far as I know, none of them changed their own use of wireless devices. I know only one person who does not own a cell phone by choice. Wireless devices are deeply embedded in daily life. Reducing reliance on them requires more than awareness. In our home, it took technical knowledge, research, money, time, and sustained effort. People who have little experience with wired alternatives may find the transition especially difficult. Public guidance should recognize these barriers and make alternatives easier to understand, afford, and use.

(g) Measurements

Using a consumer RF meter (Safe and Sound Pro II, about 200 MHz to 8 GHz),[\[1\]](#) I measured RF levels in two ways, with our wireless devices on and then off or replaced by wired connections. The meter's color scale is set to precautionary levels far below the FCC's limits, so its colors describe exposure relative to those precautionary levels, not to federal limits.

1. **Throughout the house.** With all wireless devices on, readings while walking through the house ranged from tens of thousands to millions of $\mu\text{W}/\text{m}^2$, the meter's two highest bands. After our changes, readings fell to its solid green range, about $10 \mu\text{W}/\text{m}^2$ or less. That is a reduction of at least 1,000 times, and more than 100,000 times at the highest readings. Readings in the millions are near the top of the meter's range and should be treated as approximate.
2. **A few inches from individual devices.** Our cell phones and wireless router produced readings in the millions of $\mu\text{W}/\text{m}^2$, near the top of the meter's range, while transmitting. In a test on October 16, 2026, my phone reached a peak of about $1,050,000 \mu\text{W}/\text{m}^2$ when I turned off airplane mode and its Wi-Fi and cellular radios reconnected. With wireless functions off, readings dropped to the low end of the scale.

These are informal readings from a consumer RF meter, not a calibrated exposure assessment. Results depend on device activity, meter position and orientation, frequency, and distance. Measurements a few inches from a device do not establish absorbed dose and are not directly comparable to FCC compliance measurements. I include them to document the changes I observed when wireless functions were enabled or disabled. They do not establish that an exposure was harmful or that reducing it caused any change in symptoms.

Question 5. Existing standards and frameworks

HHS should consider four frameworks side by side: the FCC's limits, the ICNIRP 2020 guidelines, the IEEE C95.1-2019 standard, and Switzerland's precautionary installation limits.

The FCC's limits rest on a heating threshold. The 1996 rule took a whole-body absorption rate of 4 watts per kilogram, the level linked to behavioral disruption in animals, and applied a safety factor of 50 to set the general-public limit of 0.08 W/kg.^[2] The FCC kept that basis in 2019.^[3] Protection against heating is necessary, but the limits were not designed around long-term, low-level exposure that begins in childhood.

Switzerland takes a different approach. Alongside internationally harmonized limits that apply everywhere, it sets precautionary installation limits for places where people stay for long periods, such as homes. These are about ten times stricter in field strength, roughly 5 V/m compared with about 50 V/m. The Swiss environment agency states that these limits are precautionary, set on technical and economic grounds, and that meeting them does not rule out all harmful health effects.^{[4][5]} That candor is itself a useful model.

(n) Changes that would improve assessment, disclosure, and regulation

1. **Test phones in contact with the body or at no more than 5 millimeters.** In 2012, the Government Accountability Office found that the FCC did not test phones against the body and recommended reassessing both the testing and the limit. GAO lists both recommendations as not implemented.^[6] In 2019, a Chicago Tribune investigation using an FCC-accredited laboratory found that most phones tested exceeded 1.6 W/kg at 2 millimeters, and the manufacturers disputed the results.^[7] The FCC retested only at manufacturers' chosen distances of 5 to 15 millimeters.^[8] Europe has required body tests at no more than 5 millimeters since 2016.^[9]
2. **Give HHS a formal role in reviewing the limits.** The FCC sets the limits but relies on health agencies for health expertise. HHS should provide, and publish, a substantive health assessment, so that responsibility does not fall between agencies.
3. **Consider precautionary installation limits for homes and schools,** similar to Switzerland's, while research continues.

(p) What a classification system should account for

A classification system should account for proximity to the body, peak versus average power, duty cycle and pulsing, simultaneous sources, and cumulative exposure over time. My own readings show why proximity and peaks matter. A few inches from my phone, the meter showed a peak of about 1,050,000 $\mu\text{W}/\text{m}^2$ as its radios reconnected, while room-level readings in our home now stay at about 10 $\mu\text{W}/\text{m}^2$ or less. Averaged room-level figures can hide how much exposure occurs close to the body.

Question 9. Information that should be disclosed

In my experience, information alone has not led the friends, relatives, and neighbors I have spoken with to change their wireless habits, even after I explained our changes and showed

them meter readings. That experience suggests that disclosure should be paired with practical alternatives and accessible controls. Each group below needs specific information.

Consumers. Phones and other body-worn devices should disclose the absorption rate measured in contact with the body, not only at the manufacturer's chosen test distance, along with that distance. Devices should ship with easy-to-find controls for turning off each wireless function, and lower-power settings should be enabled by default where they do not impair function. Few consumers know that low-emission options exist. Some routers, for example, can lower transmit power and stop transmitting when no device is connected.

Residents and local governments. When a tower is proposed, residents and officials should receive projected RF levels at nearby homes, schools, and businesses, including the assumptions used in those calculations. They should also receive a plain-language explanation of what compliance establishes. The FCC's RF compliance provisions assess emissions against human exposure limits; they do not specify separate RF limits for wildlife.[\[10\]](#) HHS should explain the evidence supporting protection against long-term exposure and identify any remaining uncertainties.

Utility customers. Utilities installing smart meters should disclose how often and for how long the meters transmit. Opt-out programs should not carry recurring fees. My family pays \$42 per month to keep a non-transmitting electric meter. A fee like that discourages people from limiting their exposure.

Schools. Schools should receive guidance on wired and optical alternatives to Wi-Fi, along with their costs and limits. In 2020, the majority of New Hampshire's state commission on 5G recommended that schools and libraries move to wired or optical connections within five years of funding becoming available.[\[11\]](#)

Healthcare providers. Clinicians need basic guidance on how to evaluate patients who report symptoms they associate with RF exposure, and where to refer them. Today, people who suspect a sensitivity have few places to turn.

Question 10. Data sources and surveillance

HHS should identify existing systems that collect reports of symptoms people associate with RF exposure, explain their coverage and limitations, and provide clear instructions for submitting reports. It should also identify federal programs that measure everyday RF exposure and publish their findings. Where existing systems leave gaps, HHS should develop coordinated reporting and monitoring programs.

(c) Environmental monitoring. HHS, working with the FCC, should support routine public measurement of RF levels in homes, schools, and public spaces, with results published online. France's national frequency agency already publishes antenna locations and RF measurements on a public map.[\[12\]](#) Consumer meters like mine can show large differences, but only calibrated measurements can establish real-world exposure across a population.

(d) Longitudinal cohort studies. Long-term studies of children and adults should combine personal exposure measurements, network operator records, and validated exposure models, rather than relying only on self-reported phone use. Each method captures different aspects of

exposure and has limitations. In the 2018 Foerster study of Swiss adolescents, the association with figural memory was stronger in the subset with operator-recorded usage, although the observational findings do not establish causation.[\[13\]](#) Future studies should improve exposure assessment and account for other factors that may affect health outcomes.

(f) Adverse event reporting. HHS should provide a clear way for individuals and clinicians to report suspected RF-related symptoms, using an existing system or a new one where needed. Reports should record the suspected source, distance, duration, timing of symptoms, any exposure measurements, and whether symptoms changed when exposure changed. Self-reports cannot establish causation or population prevalence, but consistent reporting could help identify questions for controlled research. HHS should explain how it would account for reporting bias, expectation, and other possible causes.

The main challenge is separating real effects from expectation and chance. Reporting systems and cohort studies should include objective exposure measurement and, where feasible, blinded testing. That would make the results credible to everyone, including people who doubt that effects exist.

Question 11. Sensitive populations

Exposure assessment should account for differences in anatomy, development, health status, implanted medical devices, and exposure patterns. HHS should determine whether these differences warrant additional protections for particular populations and explain the evidence and uncertainties for each group.

(a) Children. Children's heads are smaller, their skulls thinner, and their lifetime exposure will begin earlier and last longer than any previous generation's. In 2014, Morgan, Kesari, and Davis argued that children absorb more microwave energy than adults.[\[14\]](#) Dr. Davis founded Environmental Health Trust, an advocacy organization, and I note that affiliation so HHS can weigh it. In 2018, Foerster and colleagues followed Swiss adolescents for one year. Higher estimated brain dose from phone use was associated with lower figural memory scores. The association was uncertain in the full sample, stronger in subgroups with better exposure data, and the authors called for confirmation.[\[13\]](#) Neither study proves harm, but together they show why children's dosimetry and cognitive effects deserve dedicated study.

Current phone testing uses a standard adult-sized head and allows a gap between the phone and the body. Children often carry phones in pockets and hold tablets in their laps. HHS should assess whether testing represents children's actual use.

In 2020, the majority of New Hampshire's state commission on 5G recommended moving schools and libraries to wired or optical connections, and warning the public about exposure, with attention to newborns, young children, and pregnant women. A minority of members dissented, including representatives of the Business and Industry Association and CTIA, the wireless industry association.[\[11\]](#)

(b) Pregnant women. Phones and laptops may be carried or used close to the abdomen. HHS should assess fetal exposure under foreseeable conditions of use and explain whether current testing procedures and exposure limits adequately account for pregnancy. It should also

evaluate practical exposure-reduction measures and provide clear guidance that distinguishes established risks from precautionary choices.

(d, f) Patients in healthcare settings. Hospitals and other healthcare settings are adding wireless technology quickly, from patient monitors to tablets and Wi-Fi throughout patient rooms. These settings gather the people who are least able to avoid exposure, including the seriously ill, newborns, older adults, people with implanted medical devices, and anyone who reports sensitivity to RF exposure. Patients cannot leave their rooms or turn off nearby equipment. Electromagnetic interference with medical equipment is already a recognized concern that hospitals manage. HHS should also assess the cumulative exposure patients receive in healthcare settings. HHS should evaluate opportunities to reduce unnecessary RF exposure in healthcare settings while preserving reliable monitoring, communication, and patient care. It should also develop a process for assessing accommodation requests from patients who report sensitivity, drawing on the Access Board-funded report and other relevant evidence.

(g) People who report sensitivity to RF exposure. The U.S. Access Board has recognized that electromagnetic sensitivities may qualify as disabilities under the ADA when they substantially limit major life activities.[\[15\]](#) An indoor environmental quality report prepared by the National Institute of Building Sciences with Access Board funding recommends considering accommodations case by case. Examples include turning off cell phones and computers in a meeting space.[\[15\]](#) These accessibility concerns warrant research into reported symptoms, reliable evaluation methods, and practical accommodations. I describe my own experience under Question 3.

Question 12. Evidence of effects below current federal limits

HHS should distinguish evidence of effects below current federal exposure limits from findings at higher experimental exposures. The studies below inform the broader assessment of potential harm, but their relevance to exposure below federal limits depends on the exposure measure used, absorbed dose, study design, and applicability to humans.

Ramazzini Institute study (Falcioni et al., 2018). Rats were exposed to a 1.8 GHz cell-tower-type signal at 5, 25, or 50 V/m, 19 hours a day, from before birth until natural death. The researchers reported a statistically significant increase in heart schwannomas in male rats at 50 V/m, along with non-significant increases in heart Schwann cell hyperplasia and malignant glial tumors.[\[16\]](#) All three external field strengths were below the FCC's general-public field-strength limit of about 61 V/m at this frequency. However, the researchers estimated whole-body SAR at the highest exposure as 0.1 W/kg, above the FCC's general-public whole-body SAR limit of 0.08 W/kg.[\[16\]\[18\]\[26\]](#) The study therefore shows a tumor increase below the federal field-strength limit, but not below the whole-body absorption limit. It remains relevant to assessing lifetime exposure, but extrapolation from rats to people requires careful evaluation.

National Toxicology Program (2018). NTP found clear evidence of carcinogenic activity in male rats, based on malignant heart schwannomas. It also reported increased cardiomyopathy, a form of heart muscle damage, in certain exposed groups. DNA-damage findings were mixed: some results were positive or equivocal, while others were negative, and one positive finding

depended on the scoring method.[\[17\]](#) The two-year study used whole-body SAR exposures of 1.5, 3, and 6 W/kg, above the FCC's general-public whole-body limit of 0.08 W/kg.[\[26\]](#) It therefore does not directly demonstrate harm below that limit. Its heart tumor findings nevertheless warrant comparison with the Ramazzini results, which involved the same tumor type in male rats at substantially lower absorbed doses, using a different laboratory and exposure design.[\[16\]](#)

Systematic review (Mevisen et al., 2025, corrected in 2026). This review, part of a WHO project, rated the animal evidence for increased heart schwannomas and brain gliomas in male rats as high certainty. Its 2026 corrigendum retained those ratings.[\[18\]](#) Germany's Federal Office for Radiation Protection challenged the review's methods, including its handling of inconsistent findings, multiple testing, and risk of bias.[\[19\]](#)

Japanese and Korean studies published in 2026 subsequently reported no statistically significant tumor increases in male rats exposed to 900 MHz CDMA signals at a whole-body SAR of 4 W/kg. These studies tested one exposure level, compared with NTP's three levels of 1.5, 3, and 6 W/kg, and used 70 animals per group rather than 90.[\[27\]\[28\]](#)

Melnick, Moskowitz, and Héroux, writing on behalf of ICBE-EMF, challenged the interpretation of those results. They argued that fewer animals, a single exposure level, and omission of NTP's highest dose reduced the studies' ability to detect rare tumors and prevented dose-response trend analysis. They concluded that the newer studies cannot reasonably refute the NTP findings.[\[29\]](#) HHS should evaluate these methodological objections alongside the original studies and follow-up results, and explain how they affect its assessment of the evidence.

Male fertility review (Cordelli et al., 2024, corrected in 2025). This systematic review examined experimental studies in non-human mammals and human sperm exposed in vitro. Its corrected assessment rated the evidence for reduced pregnancy rates after male exposure as high certainty, and the evidence for reduced sperm counts as low certainty.[\[20\]](#) The authors' 2025 corrigendum notes that one study, Saunders et al. (1983), used a whole-body SAR of 43.4 W/kg, more than 500 times the FCC's general-public whole-body SAR limit of 0.08 W/kg.[\[26\]](#) They report that excluding this study reduced the pooled odds ratio from 1.68 to 1.32, with a confidence interval that included no effect.[\[20\]](#) The authors therefore questioned whether the pregnancy-rate findings apply to exposure levels relevant to human populations. HHS should assess these reproductive findings while distinguishing evidence of effects under experimental conditions from evidence of harm below current federal limits.

Classification. In 2011, the International Agency for Research on Cancer classified RF electromagnetic fields as possibly carcinogenic to humans (Group 2B).[\[21\]](#)

What HHS should do. Evaluate the NTP and Ramazzini findings alongside the published Japanese and Korean studies and the methodological criticisms of those studies. Explain how differences in dose, exposure duration, animal numbers, and statistical power affect the conclusions. Fund an independent replication of the Ramazzini lifetime-exposure design, with adequate numbers of animals and multiple exposure levels. Publish a clear assessment distinguishing findings in experimental animals from conclusions about human risk, particularly at exposures below federal limits.

Question 13. Cumulative exposure from specific technologies

I cannot offer peer-reviewed evidence on most of these technologies, but I can describe how they added up in one home.

(c, g) Wi-Fi and smart home devices. Before our changes, our home had a Wi-Fi router, cell phones, computers, a smart TV, printers, a wireless thermostat, a wireless weather station, and a smart washing machine, all able to transmit. With everything on, readings while walking through the house ranged from tens of thousands to millions of $\mu\text{W}/\text{m}^2$. After we switched to wired connections and turned off wireless functions, readings fell to about $10 \mu\text{W}/\text{m}^2$ or less (see Question 3 g).

(k) Smart meters. Our electric utility is installing smart meters on an advanced metering network, and we pay \$42 per month to opt out (see Question 3 a). HHS should include how often and how long smart meters transmit when assessing household exposure.

Household exposure comes from many sources at once, and most of them can be reduced. HHS should assess combined exposure from all sources in typical homes, rather than evaluating each device alone.

Question 14. Environmental effects

Federal RF limits were designed for people, and they should not be assumed to protect birds, insects, and plants.

In 2014, the Department of the Interior, the federal agency responsible for migratory birds, raised concerns about the effects of communication tower emissions on birds. Its letter separated collision hazards from possible RF effects. It cited European field studies reporting associations between tower emissions and harm to nesting birds, and laboratory research on chicken embryos. It also stated that no independent field studies had been done in North America.[\[22\]](#) In 2021, the D.C. Circuit faulted the FCC for failing to respond to that letter.[\[23\]](#)

In 2021, Levitt, Lai, and Manville reviewed the research on rising environmental RF levels and wildlife.[\[24\]](#) In 2020, the majority of New Hampshire's state commission on 5G recommended developing RF safety limits that protect trees, plants, birds, insects, and pollinators, noting that these are often closer to antennas than people are.[\[11\]](#)

The FCC's RF compliance provisions evaluate emissions against human exposure limits. Its environmental rules also address threatened and endangered species and certain other wildlife concerns, but do not specify separate RF exposure limits for birds, insects, or plants.[\[10\]](#) A tower proposed near my home is undergoing review of its possible effects on historic properties. I ask HHS, working with the FCC and wildlife agencies, to clarify how potential RF effects on wildlife are assessed and what evidence supports any conclusion that human exposure limits also protect other species.

HHS should work with the Fish and Wildlife Service and the Environmental Protection Agency to identify research gaps and decide which agency is responsible for them. The absence of North American field studies is a research gap, not evidence that no effects occur.

Question 15. Wireless infrastructure near homes and schools

In 2024, Verizon proposed an 80-foot cell tower behind Borough Hall on Catharine Street, in the middle of our small town, Milford Borough, Pennsylvania. The site was near homes and businesses, and within about two blocks of one of the town's two large playgrounds. I started a petition and helped organize community opposition. At the public hearing, many residents, property owners, and business owners spoke against it, and the Borough Council voted not to proceed. Verizon now plans a 170-foot monopole, 174 feet with antennas, which its consultant calls "Milford Central." It would stand on a wooded hillside just across the Borough line in Dingman Township, about a third of a mile from the center of town. Within about half a mile are the public library, a pediatrician's office and other healthcare offices, a church, and many homes and businesses. An animal boarding facility sits beside the access road, and Milford Knob, a popular local hiking destination, is on the hill directly above the site.

Each time, residents learn that federal law bars state and local governments from regulating the placement, construction, or modification of personal wireless service facilities on the basis of the environmental effects of RF emissions when those facilities comply with FCC emissions rules.^[25] Local officials retain authority over other matters, subject to federal law, but cannot use RF health concerns to impose stricter exposure requirements on a compliant facility. This makes the adequacy of federal RF standards especially important to communities like mine.

In evaluating infrastructure, HHS should consider distance to homes, schools, childcare facilities, and healthcare facilities. It should also consider cumulative exposure from multiple antennas and small cells, and long-term exposure for people who live and study nearby. Projected RF levels at nearby homes and schools should be disclosed to residents before a tower is approved.

Question 16. Highest-priority research gaps

1. **Replication of the lifetime animal studies.** Independently replicate the Ramazzini lifetime-exposure design using multiple exposure levels and enough animals to detect rare tumors. Evaluate the published Japanese and Korean studies alongside the NTP findings and the ICBE-EMF critique. Identify what further research is needed to resolve the conflicting results, including studies at absorbed doses below federal limits.
2. **Exposure close to the body.** Measure what phones and wearables actually deliver when carried in a pocket or held in a lap, at 0 to 5 millimeters, for adults and children.
3. **Children's dosimetry and development.** Study how children absorb RF energy and whether long-term exposure affects cognitive development, using measured exposure rather than self-reported use.
4. **Long-term cumulative exposure.** Run cohort studies that measure exposure from all sources over years, including phones, Wi-Fi, smart meters, and nearby towers.
5. **Reported sensitivity.** Carry out carefully designed studies, including blinded testing, of people who report symptoms near wireless devices, so that real effects can be separated from expectation.

6. **Environmental effects.** Fund North American field studies of RF effects on birds, pollinators, and plants near towers.
7. **Ways to reduce exposure.** Evaluate practical measures such as wired connections, lower-power defaults, and distance, for how well they work and what they cost, so that guidance to families and schools rests on evidence.

Question 17. Coordination among federal health agencies

The FCC sets RF exposure limits and relies on health agencies for scientific expertise. Several HHS agencies already have roles. FDA has authority over radiation-emitting electronic products, requested the National Toxicology Program studies, and has reviewed the cancer research. The National Toxicology Program, an interagency program based at NIH's National Institute of Environmental Health Sciences, conducted major two-year RF exposure studies in rats and mice at FDA's request. HHS should build on these efforts through a coordinated research agenda, regularly updated assessments, and clear public reporting.

HHS should name a lead office to coordinate its contribution to RF health assessment and research. It should also publish a plan assigning responsibilities among its agencies and explain how their findings will inform FCC decisions. The plan should include milestones and a public process for addressing unresolved questions.

- **FDA** should update its review of the evidence to include non-cancer effects and the 2025 and 2026 studies discussed above, and work with the FCC on testing in contact with the body.
- **NIH** should fund the long-term, children's, and replication studies listed in Question 16.
- **CDC** should develop the symptom-reporting and environmental monitoring systems described in Question 10.

HHS should also coordinate with the FCC, the EPA, and the Fish and Wildlife Service on environmental effects.

Respectfully submitted,

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References

1. Safe Living Technologies, Safe and Sound Pro II RF Meter, product page.
<https://www.safeandsoundrf.com/product/safe-and-sound-pro-ii-rf-meter/>
2. FCC 96-326, Guidelines for Evaluating the Environmental Effects of Radiofrequency Radiation (1996). <https://docs.fcc.gov/public/attachments/FCC-96-326A1.pdf>
3. FCC 19-126, Resolution of Notice of Inquiry and Second Report and Order (2019).
<https://docs.fcc.gov/public/attachments/FCC-19-126A1.pdf>
4. Swiss Federal Office for the Environment (FOEN/BAFU), Électrosmog, valeurs limites.
<https://www.bafu.admin.ch/fr/electrosmog-valeurs-limites>
5. Swisscom, 5G and the NIS ordinances.
<https://www.swisscom.ch/content/dam/assets/about/news/swisscom-aktuell/documents/5g-and-nis-ordinances.pdf>
6. U.S. Government Accountability Office, Telecommunications: Exposure and Testing Requirements for Mobile Phones Should Be Reassessed, GAO-12-771 (July 2012).
<https://www.gao.gov/products/GAO-12-771>
7. Sam Roe, We tested popular cellphones for radiofrequency radiation. Now the FCC is investigating, Chicago Tribune (Aug. 21, 2019).
<https://www.chicagotribune.com/2019/08/21/we-tested-popular-cellphones-for-radiofrequency-radiation-now-the-fcc-is-investigating/>
8. FCC Laboratory, Results of Tests on Cell Phone RF Exposure Compliance, Report No. 19TR1005 (Dec. 10, 2019). <https://docs.fcc.gov/public/attachments/DOC-361473A1.pdf>
9. ANSES, Exposure to mobile telephones carried close to the body (Oct. 21, 2019).
<https://www.anses.fr/en/content/exposure-mobile-telephones-carried-close-body>
10. 47 C.F.R. § 1.1307. <https://www.law.cornell.edu/cfr/text/47/1.1307>
11. New Hampshire Commission to Study the Environmental and Health Effects of Evolving 5G Technology, Final Report (Nov. 1, 2020), Recommendations 2, 4, and 14, Minority Report, and membership list.
<https://gc.nh.gov/statstudcomm/committees/1474/reports/5G%20final%20report.pdf>
12. ANFR (Agence nationale des fréquences), Cartoradio public map of antennas and RF measurements. <https://www.cartoradio.fr>
13. Foerster et al. (2018), A prospective cohort study of adolescents' memory performance and individual brain dose of microwave radiation from wireless communication, Environmental Health Perspectives. <https://doi.org/10.1289/EHP2427>
14. Morgan, Kesari, and Davis (2014), Why children absorb more microwave radiation than adults, Journal of Microscopy and Ultrastructure.
<https://www.sciencedirect.com/science/article/pii/S2213879X14000583>
15. National Institute of Building Sciences, Indoor Environmental Quality project, prepared with funding from the U.S. Access Board, Introduction and Recommendations for

- Accommodations. <https://www.access-board.gov/research/building/indoor-environmental-quality/>
<https://www.access-board.gov/research/building/indoor-environmental-quality/recommendations-for-accomodations/>
16. Falcioni et al. (2018), Report of final results regarding brain and heart tumors in Sprague-Dawley rats exposed from prenatal life until natural death to mobile phone radiofrequency field representative of a 1.8 GHz GSM base station environmental emission, Environmental Research. <https://doi.org/10.1016/j.envres.2018.01.037>
 17. National Toxicology Program, Technical Report 595 (2018).
<https://ntp.niehs.nih.gov/go/tr595abs>
 18. Mevissen et al. (2025), Effects of radiofrequency electromagnetic field exposure on cancer in laboratory animal studies, a systematic review, Environment International, 199, 109482. <https://doi.org/10.1016/j.envint.2025.109482>. Corrigendum published in 2026: <https://doi.org/10.1016/j.envint.2026.110368>.
 19. German Federal Office for Radiation Protection (BfS), Spotlight on Mevissen et al. (2025). https://doris.bfs.de/jspui/bitstream/urn:nbn:de:0221-2025070953051/2/SL_Mevissen_2025_EffectsOfRadiofrequency_Eng.pdf
 20. Cordelli et al. (2024), Effects of radiofrequency electromagnetic field (RF-EMF) exposure on male fertility: A systematic review of experimental studies on non-human mammals and human sperm in vitro, Environment International, 185, 108509. <https://doi.org/10.1016/j.envint.2024.108509>. Corrigendum published in 2025: <https://doi.org/10.1016/j.envint.2025.109449>.
 21. International Agency for Research on Cancer, Press Release No. 208 (May 31, 2011). https://www.iarc.who.int/wp-content/uploads/2018/07/pr208_E.pdf
 22. U.S. Department of the Interior, letter to NTIA on communication towers and migratory birds (Feb. 7, 2014). https://www.ntia.gov/files/ntia/us_doi_comments.pdf
 23. Environmental Health Trust v. FCC, 9 F.4th 893 (D.C. Cir. 2021). <https://law.justia.com/cases/federal/appellate-courts/cadc/20-1025/20-1025-2021-08-13.html>
 24. Levitt, Lai, and Manville (2021), Effects of non-ionizing electromagnetic fields on flora and fauna, Part 1, Reviews on Environmental Health. <https://doi.org/10.1515/reveh-2021-0026>
 25. 47 U.S.C. § 332(c)(7)(B)(iv). <https://www.govinfo.gov/content/pkg/USCODE-2024-title47/html/USCODE-2024-title47-chap5-subchapIII-partI-sec332.htm>
 26. 47 C.F.R. § 1.1310, Radiofrequency radiation exposure limits. <https://www.law.cornell.edu/cfr/text/47/1.1310>
 27. Imaida et al. (2026), The International Collaborative Animal Study of mobile phone radiofrequency radiation carcinogenicity and genotoxicity: the Japanese study. <https://doi.org/10.1093/toxsci/kfag002>

28. Kim et al. (2026), The International Collaborative Animal Study of the carcinogenicity and genotoxicity of mobile phone radiofrequency radiation: the Korean study. <https://doi.org/10.1093/toxsci/kfag001>
29. Melnick, Moskowitz, and Héroux (2026), Conflicting views in experimental carcinogenesis: a commentary on design and methodological deficiencies in the follow-up validation studies on radiofrequency radiation. <https://doi.org/10.1186/s12940-026-01324-5>