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HHS Docket HHS-OASH-2026-0397

October 21, 2026

Purpose and Scope

I submit this public comment in my individual capacity as a Connecticut resident, drawing upon firsthand RF/EMF field measurements and observations documented over the past five years.

My PRIMARY POLICY RECOMMENDATION is to require mandatory, independently verified cumulative RF exposure assessments BEFORE approval of new telecommunications towers, substantial modifications to existing towers, additional transmitting antennas, and small wireless telecommunications facilities (SWTFs) installed on utility poles or other structures.

These assessments must evaluate the **combined exposure from relevant existing RF transmitters and proposed equipment**, including sources operated by different providers, rather than considering only the applicant's proposed installation. They should include transparent public reporting, independent verification, post-activation measurements and clearly assigned responsibility for ongoing monitoring.

My additional priorities include electromagnetic exposures within automobiles and appropriate manufacturer protections; cumulative RF exposure from wireless utility meters, particularly concentrated meter banks in multifamily residential buildings and the recent trend to high density housing; potential interactions between RF/EMF exposure and other environmental stressors; and independent scientific investigation of neurological and other potential health effects.

I request that HHS consider my documented field observations, supporting photographic exhibits and historical scientific references in developing recommendations that address the actual, cumulative exposure conditions experienced by individuals in their homes, vehicles, workplaces and communities.

1. Firsthand observations and field measurements (RFI Questions 2, 3, 7 and 8) (RFI Questions 2, 3, 7 and 8)

On September 11, 2026, while traveling as a passenger in an older automobile with no cell phone on, I experienced an immediate sensation in my left lower eyelid and subsequently observed a visible sore in that area the next day that has been visible and painful . Using the same RF meter, I recorded a reading of 134.5 mW/m² near the installation. To my knowledge, the automobile did not have built-in 5G connectivity.

In addition, during the prior year on May 20, 2025, I publicly had documented an RF measurement at a utility-pole-mounted wireless telecommunications installation along Newtown Turnpike in Westport, Connecticut - same location. Using my RF meter, I recorded a displayed peak power density of 243.4 mW/m². Photographs of the installation and meter reading were included in my publicly dated post, reproduced in Exhibit B with the residential street number redacted. Very soon after this exposure I suffered cold like symptoms - was it coincidental or causal that is the question. I understand from the Public Utility Regulatory Authority dockets I read how the people opposed this placement citing health concerns and were ignored. As you can see and it is known to happen these devices modulate at varying levels so it is not unusual and families or passer buys are confronted with pulsed modulated radiation.

These measurements, documented more than a year apart, were field observations rather than controlled exposure assessments. They do not establish which transmitters contributed to the readings, whether exposure conditions were comparable, or whether RF exposure caused my physical symptoms. Nevertheless, I believe these observations warrant independent investigation, including verification of the installation's transmitting equipment, operating characteristics and cumulative RF exposure in the surrounding residential environment.

During my observations along Newtown Turnpike in Westport, Connecticut, I estimated that the utility-pole-mounted wireless installation was approximately 50 feet from a nearby residence in a predominantly residential area. This raises a significant question: What cumulative RF exposure assessment was performed before the installation was approved, particularly concerning the occupants of the adjacent home?

Importantly, this situation is not unique in Connecticut. Over the past five (5) years, I have personally observed wireless telecommunications installations at similarly close distances to residences and recorded comparable—and, in some instances, higher—RF meter readings at other locations throughout the state. These repeated observations reinforce the need for independent, site-specific cumulative RF exposure assessments before additional wireless infrastructure is approved near occupied homes.

I request that HHS examine whether existing siting and approval procedures adequately evaluate RF exposure at nearby residences, including bedrooms and other occupied areas, before new wireless facilities are authorized. Such assessments should account for antenna orientation, transmitting characteristics, existing RF sources, potential long-term exposure and the addition of future transmitting equipment.

The proximity of this installation, together with my documented field measurements, illustrates why transparent, independently verified cumulative exposure assessments should be required before telecommunications equipment is installed near occupied homes.

2. PRIMARY POLICY RECOMMENDATION — cumulative RF assessment BEFORE approval (RFI Questions 5–10 and 15)

The critical decision point is BEFORE an installation or modification is authorized. A compliance showing for the proposed antennas alone does not establish the combined RF exposure environment that will exist after deployment. Existing FCC procedures address multiple RF sources in specified circumstances; my concern is that communities need a transparent, site-specific, independently verified assessment of all relevant existing and proposed sources, rather than a narrow applicant-only presentation.

I request that HHS recommend, in coordination with the FCC and responsible authorities, a mandatory cumulative assessment for every proposed new tower, substantial modification of an existing tower, addition of transmitting antennas, or installation of an SWTF. Before approval, the assessment should (1) inventory relevant existing transmitting sources, including other providers' equipment; (2) document baseline conditions using representative measurements; (3) model combined exposure with the proposed equipment under appropriately conservative operating assumptions; (4) assess accessible locations including nearby homes, schools, workplaces and public areas; (5) disclose frequencies, power and antenna assumptions, methods, uncertainty, and findings to the public; and (6) obtain independent technical verification. After activation, measurements should confirm predictions, with reassessment when equipment is added or materially changed. Responsibility for verification, public reporting and ongoing monitoring must be explicitly assigned.

This is a REQUESTED POLICY CHANGE, not a claim that present federal law already mandates every element. Existing FCC RF rules, including 47 CFR § 1.1307(b), address multiple-transmitter exposure in certain contexts; they should not be mistaken for the broader baseline-to-post-installation community assessment requested here. Exposure estimates must distinguish site-specific simultaneous aggregate compliance from long-term personal exposure across different locations and times. The central principle: BEFORE adding transmitters, determine and publicly disclose the combined exposure that will result—not simply the contribution of the proposed equipment in isolation.

Additional recommendation — independent drive testing and empirical demonstration of need vs the vendors propagation maps: Before approving a new wireless installation or substantial modification, require independently verified drive testing and coverage analysis to document any claimed substantial service gap, its geographic extent, methodology and reasonable alternatives. This is a proposed policy requirement, not a claim that a substantial-gap test is universally mandated under current federal law. After activation, measurements should verify predicted combined RF exposure, with

reassessment whenever equipment is added or materially changed. Responsibility for verification, public reporting and ongoing monitoring must be explicitly assigned.

3. Automobiles: an increasingly complex exposure environment (RFI Questions 12–15)

Automobiles are now mobile environments containing numerous radio transmitters and other electromagnetic sources. Depending on vehicle model and options, these may include embedded cellular telematics modems, Wi-Fi hotspots, Bluetooth connections, wireless smartphone integration, tire-pressure monitoring systems, keyless-entry systems, radar sensors, and vehicle-to-everything communications. The mere presence of a technology does not establish that it transmits continuously or creates high occupant exposure. But consumers generally lack a clear, model-specific account of what is installed, when each system operates, and which functions remain active when a dashboard setting is turned off.

HHS should commission independent measurements inside representative gasoline, hybrid and battery-electric vehicles, including older and newer models. Testing should cover driver and passenger positions, adults and children where appropriate, stationary and moving vehicles, strong and weak cellular signal conditions, connected and disconnected phones, wireless hotspot on/off, Bluetooth on/off, navigation, software updates, remote services, and parked or charging states. Studies should report frequencies, transmitter duty cycles, peaks, time averages, antenna placement and spatial variation, not merely one aggregate number.

Cabin geometry requires measurement rather than assumption. Metal body panels, glass and coatings, antenna placement, reflections, occupants' devices, and changes in cellular signal strength can alter field distributions. Studies should compare exposure with a phone inside the vehicle, with built-in connectivity alone, and with both active. Vehicle radar and other directional transmitters should be characterized separately from in-cabin communication systems, with attention to their location and operating conditions.

Hybrid and electric vehicles also produce lower-frequency magnetic fields associated with electric motors, inverters, power electronics, wiring and charging. These are not interchangeable with RF exposure and should be measured and evaluated using appropriate frequency-specific instruments and metrics. Wireless charging, where fitted, requires its own characterization. A credible vehicle study should separate these categories before evaluating combined real-world conditions.

Consumers should receive a standardized wireless disclosure at purchase and in the owner's manual: a list of installed transmitters, approximate frequency bands, normal transmission circumstances, antenna locations where disclosable, data and remote-service functions, what operates while parked, and exactly which systems each OFF control disables. Where technically practicable and compatible with legally required emergency or safety functions, manufacturers should provide meaningful opt-outs, hardware-level or

verifiable OFF controls, and wired alternatives. A display that says “Wi-Fi off” should not imply that cellular telematics is also off if it remains active.

The purpose of this request is not to presume that modern automobiles are unsafe. It is to establish reliable exposure information, examine relevant biological questions, and allow informed consumer choices in a setting where occupants may spend many hours and where children may be regular passengers.

Additional personal roadway observations. On multiple occasions, while traveling on public roadways, I observed increased readings or spikes on a separate broadband RF meter (my green meter) as newer automobiles passed nearby. I am not assigning a numerical value to those readings here, and the observations do not establish which transmitter caused any particular spike. They raise a testable question about the contributions of connected vehicles, occupants’ devices and roadside infrastructure to the electromagnetic environment encountered by travelers.

Separate historical millimeter-wave observation. On September 18, 2024, I photographed a Safe and Sound Pro mmWave broadband RF meter, specified for 20–40 GHz, during an automobile-related field observation. The display showed a peak of 514 μW/m² (0.514 mW/m²) and an average below 5.00 μW/m². This was a different instrument and event from my September 11, 2026 Westport observation. The photograph does not identify the transmitting source and should not be treated as proof that a nearby vehicle produced the signal.

I therefore ask HHS to study not only wireless equipment installed in a person’s own automobile but also contributions from nearby connected vehicles and roadway installations, with source-resolved measurements, documented meter bandwidth and uncertainty, peak and time-averaged results, and realistic traffic conditions.

Vehicle manufacturers must provide a shielding for each car if they are implementing these high tech 4G/5G, Bluetooth and or any other future technology since passengers based on my personal measurements appear to be present at dangerous levels.

Vehicle Manufacturer Responsibility for Passenger RF/EMF Protection

I request that HHS recommend mandatory independent RF/EMF exposure assessments and appropriate protective engineering measures for automobiles equipped with 4G/5G cellular connectivity, Bluetooth, Wi-Fi, wireless charging, radar and future wireless technologies.

Vehicle manufacturers should be required to evaluate cumulative electromagnetic exposure within the passenger compartment under realistic operating conditions, including simultaneous operation of onboard systems and exposure from nearby vehicles and roadside telecommunications infrastructure.

Where measurements identify elevated exposure or potential health concerns, manufacturers should be required to implement effective protective measures,

including appropriately designed shielding, antenna relocation, reduced transmission power, improved system isolation and other exposure-reduction technologies. Such measures must be independently tested to ensure they actually reduce occupant exposure without inadvertently increasing emissions or interfering with essential vehicle safety systems.

Consumers should receive clear disclosure of installed wireless technologies, independently verified exposure measurements and meaningful controls to disable nonessential wireless functions without compromising essential vehicle operations.

My own field measurements have raised concerns about the electromagnetic environment experienced by automobile passengers. I therefore request that HHS investigate whether existing vehicle designs adequately protect occupants, including children and individuals who may be particularly susceptible to environmental exposures.

4. Evidence, biological variability and research integrity (RFI Questions 4, 6, 11, 16 and 17)

I ask HHS to review animal, mechanistic, human epidemiological, occupational and clinical evidence using transparent quality criteria, including negative and conflicting findings. The National Toxicology Program reported tumor findings under specific experimental RF exposure conditions; these warrant evaluation without assuming equivalence to ordinary human exposures. Of particular concern is whether RF/EMF exposure may act as an environmental cofactor alongside established or suspected neurotoxic stressors, including lead, mercury, pesticides, air pollution and endocrine-disrupting chemicals as well as vaccines both childhood and adult. HHS should investigate potential additive, synergistic or other interactions, particularly during pregnancy and childhood and among people with preexisting conditions. Autism spectrum disorder, developmental delays, cognitive impairment and other neurological conditions are appropriate outcomes for well-designed studies of environmental co-exposures; existing evidence does not establish RF/EMF exposure as a cause of autism. Studies should characterize actual exposures, timing, duration and frequency, account for genetic and other confounding factors, and test proposed mechanisms such as oxidative stress and neuroinflammation without treating hypotheses as established effects.

Independent funding, preregistered protocols where appropriate, reproducible instrumentation, transparent methods and publication of negative as well as positive results are essential. HHS should also provide an accessible, privacy-protected process for reporting observations with dates, locations, symptoms, photographs and measurements without requiring claims of proven causation.

I also request that HHS include historical federal research in its scientific review, particularly the September 1976 Naval Medical Research Institute publication by Zorach R. Glaser, Patricia F. Brown and Maire S. Brown, *Bibliography of Reported Biological Phenomena ('Effects') and Clinical Manifestations Attributed to Microwave and Radio-Frequency Radiation*. This government-produced compilation identified more than 3,700

references concerning reported biological responses to RF and microwave radiation through May 1976.

The existence of this extensive historical literature demonstrates that questions concerning biological responses to RF exposure predate modern cellular telecommunications by decades. I request that HHS systematically examine relevant historical studies alongside contemporary research, evaluating their exposure conditions, methodologies, reported findings, limitations and applicability to present-day cumulative and long-duration exposures.

Wireless Smart Meters, Concentrated Meter Banks and Multi Family Residential Exposure

I request that HHS specifically investigate cumulative RF exposure from wireless utility meters, including smart electric, gas and water meters installed in single-family homes, apartment complexes, condominiums, multifamily and high density residential developments.

My concern extends beyond individual wireless meters. In Trumbull, Connecticut, I have documented a bank of utility meters installed together at a residential property. The accompanying photograph illustrates the concentration of meters that can occur at a single location. The number of meters, their communications capabilities and actual RF emissions should be independently verified.

As municipalities approve larger residential developments, including apartment complexes with 200 or more units, an important question arises: **How are cumulative RF exposures evaluated when numerous wireless utility meters are installed together, potentially near occupied apartments, bedrooms or common areas?**

Depending on the equipment and network design, multiple meters may transmit independently, at overlapping times or through coordinated communications systems. HHS should investigate peak and time-averaged exposures, transmission frequency and duration, modulation characteristics, potential reflections within buildings and the combined contribution of other wireless infrastructure.

I request that HHS recommend:

1. **Mandatory cumulative RF exposure assessments** before large wireless meter banks are installed, particularly in multifamily residential developments.
2. Independent measurements at nearby occupied spaces, including apartments sharing walls with meter rooms, and at locations where children and other potentially susceptible occupants may spend extended periods.
3. Transparent disclosure of meter models, operating frequencies, transmission power, duty cycles and communications configurations.

4. Evaluation of lower-exposure alternatives, including wired metering systems, equipment relocation, appropriately engineered shielding and meaningful options for residents to reduce nonessential wireless exposure.
5. Post-installation verification and reassessment when meters or communications equipment are added or materially modified.

Residents should not be subjected to an increasingly complex electromagnetic environment without transparent exposure information, independent verification and meaningful consideration of cumulative exposures.

Specific Requests to HHS

1. **Firsthand Observations:** Establish a standardized, privacy-conscious process for documenting and evaluating firsthand RF/EMF exposure measurements and associated health observations without requiring individuals to establish causation.
2. **Community Measurement Standards:** Publish practical measurement guidance addressing instrumentation, frequency ranges, measurement units, peak and average readings, instrument settings, uncertainty, exposure duration and repeatability.
3. **PRIORITY 1 — Mandatory Cumulative RF Assessment and Professional Drive Tests Before Approval:** Recommend that federal authorities require publicly accessible, independently verified cumulative RF exposure assessments before approving new telecommunications towers, substantial modifications, additional transmitting antennas and small wireless telecommunications facilities (SWTFs). Assessments must account for relevant existing transmitters together with proposed equipment, including potential exposures at nearby residences, schools and other occupied locations.

   Require independently verified drive testing and appropriate coverage or capacity analyses to substantiate the need for additional infrastructure and evaluate reasonable alternatives. Following activation, require measurements to verify exposure predictions, with reassessment whenever equipment is added or materially modified. Responsibility for independent verification, public reporting and ongoing monitoring must be clearly assigned.

4. **Automobile Exposure Research:** Fund independent, vehicle-specific investigations that separately characterize RF transmissions and lower-frequency electromagnetic fields under realistic driving and passenger conditions, including contributions from onboard equipment, nearby vehicles and roadside infrastructure.
5. **Automobile Technology Disclosure and Consumer Control:** Require standardized disclosure of installed wireless systems, transmission characteristics, accurate OFF-state descriptions and feasible wired or non-wireless alternatives.
6. **Vehicle Occupant Protection:** Recommend enforceable exposure-reduction requirements for automobiles incorporating 4G, 5G, Bluetooth, Wi-Fi and future wireless technologies. Where warranted by independent exposure assessments,

require manufacturers to implement effective passenger and driver protection, including appropriately engineered shielding, antenna placement, power management and other verified exposure-reduction measures that do not compromise vehicle safety.

7. **Smart Meters and Multifamily Residential Exposure:** Investigate cumulative RF exposure from wireless utility meters, particularly concentrated meter banks serving apartments, condominiums and other multifamily developments. Recommend pre-installation assessments, independent measurements in adjacent occupied spaces, disclosure of transmission characteristics and evaluation of wired alternatives and other exposure-reduction measures.
8. **Neurological Health and Environmental Cofactors:** Prioritize independent research into long-term, cumulative and mixed RF/EMF exposures, including possible interactions with environmental toxicants and other biological stressors. Examine neurodevelopmental and neurological outcomes, including autism spectrum disorder, while distinguishing established findings from hypotheses and accounting for confounding factors.
9. **Research Integrity and Scientific Transparency:** Support independent funding, reproducible methods, appropriate preregistration and publication of negative, positive and conflicting findings. Publish an accessible evidence map distinguishing established conclusions, suggestive findings, conflicting evidence and unanswered questions.

Conclusion

I ask HHS to treat citizen observations as information worthy of scientific evaluation—not as proof of causation, but neither as evidence to be disregarded.

My firsthand measurements and observations raise questions about the cumulative electromagnetic environment experienced by individuals in their homes, vehicles, workplaces and residential communities.

Before additional RF-emitting infrastructure is approved or deployed, the public deserves transparent cumulative exposure assessments, independent verification, meaningful exposure-reduction measures and clearly assigned responsibility for ongoing monitoring.

I respectfully request that HHS prioritize research reflecting actual conditions of daily life, including involuntary and overlapping exposures, potential interactions with other environmental stressors and the protection of children and other potentially susceptible populations.

I submit these observations and recommendations in good faith for consideration in this RFI.

Respectfully submitted,

Paska Nayden
Connecticut
Submitted in my individual capacity
October 21, 2026

Exhibit A — September 18, 2024 meter photograph (20–40 GHz): peak 514 µW/m²; displayed average <5.00 µW/m². The photograph is a record of the instrument display, not source attribution.



Exhibit B — May 20, 2025 Publicly Documented RF Measurement

Newtown Turnpike, Westport, Connecticut. Screenshot of a May 20, 2025 public post documenting a utility-pole-mounted wireless installation and an RF meter displaying a peak reading of 243.4 mW/m². The street number has been redacted to protect the privacy of the adjacent residence; the road name and original meter display are retained. The peak reading is not a time-averaged exposure measurement, and the photograph alone does not establish which transmitter contributed to the reading. The address has been redacted.

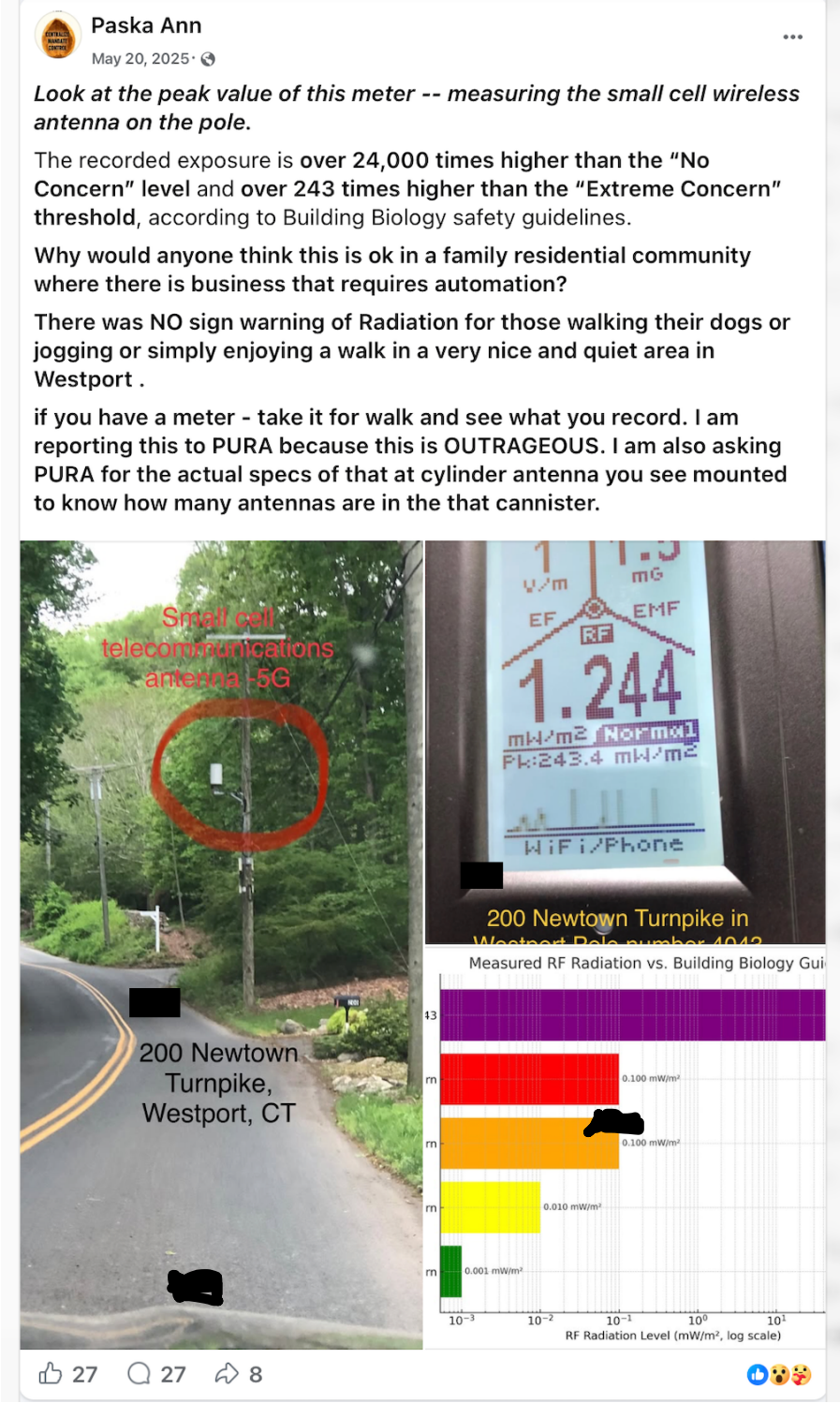
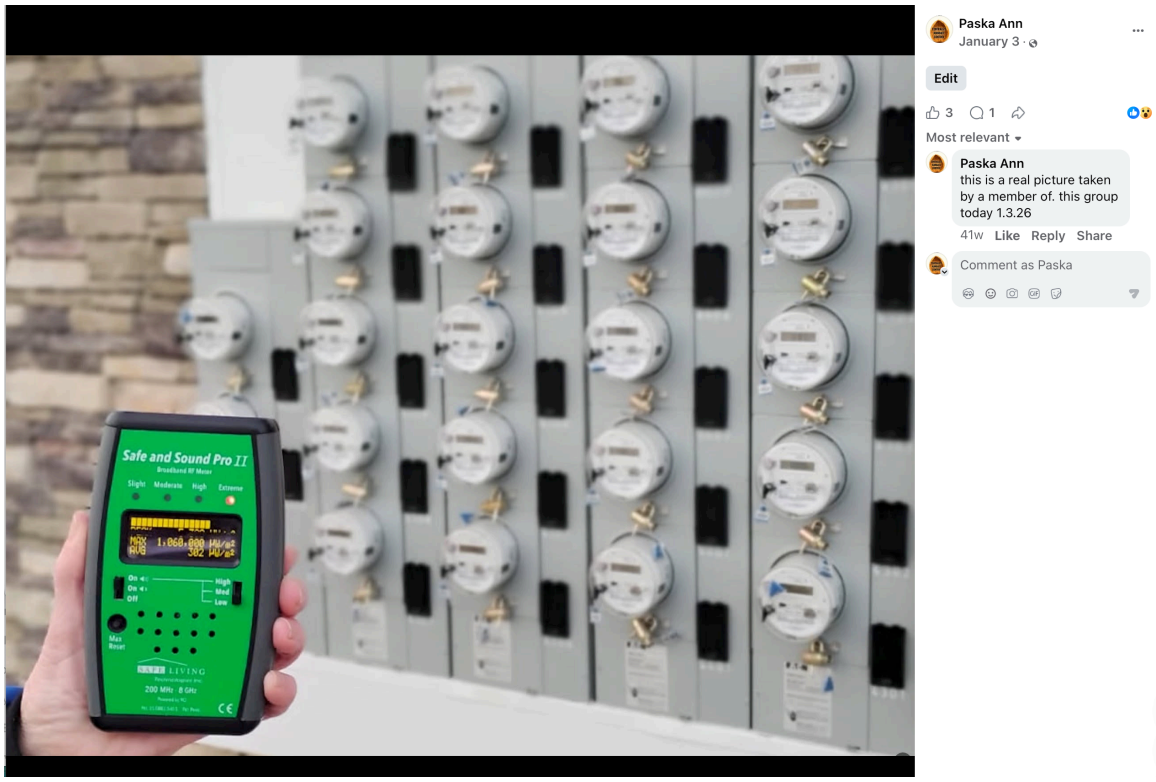


Exhibit C — Firsthand RF Field Measurement at a Concentrated Utility Meter Installatio n, Trumbull, Connecticut.



Selected source documents

- HHS, Request for Information on Electromagnetic Field Exposure and Human Health, Docket HHS-OASH-2026-0397. https://www.regulations.gov/docket/HHS-OASH-2026-0397
- National Toxicology Program, Technical Report 595, Toxicology and Carcinogenesis Studies of Whole-Body Radio Frequency Radiation in Hsd:Sprague Dawley SD Rats (2018).
- Environmental Health Trust v. FCC, 9 F.4th 893 (D.C. Cir. 2021).

Additional Historical Scientific Reference

Glaser, Z. R., Brown, P. F., & Brown, M. S. (1976). *Bibliography of Reported Biological Phenomena ('Effects') and Clinical Manifestations Attributed to Microwave and Radio-Frequency Radiation: Compilation and Integration of Report and Seven Supplements.* Naval Medical Research Institute, Naval Medical Research and Development Command, September 27, 1976.

Relevance: This U.S. Navy bibliography compiles more than 3,700 historical scientific references concerning reported biological responses to radio-frequency and microwave

radiation. It is provided to support a comprehensive HHS review of historical research alongside contemporary scientific evidence.