

October 20, 2026

U.S. Department of Health and Human Services (HHS)

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

Docket Number: HHS-OASH-2026-0397

Introduction and Organizational Background

This statement is submitted by Elöverkänsligas Riksförbund (Swedish Association for the Electrohypersensitive), a nationwide Swedish disability rights organization and a member of the Swedish Disability Rights Federation (Funktionsrätt Sverige). We work to raise awareness of issues affecting hundreds of thousands of people in Sweden who live with symptoms associated with Electromagnetic Hypersensitivity (EHS), or electrohypersensitivity. Our organization currently has just under 2,000 members, largely because issues related to EHS receive little attention in the media and because it is difficult to engage younger people in membership-based organizations.

We welcome HHS's initiative to conduct this broad scientific review and wish to contribute data, public health statistics, and clinical experience from our work.

In Sweden, EHS is officially recognized as an environmentally related functional impairment, with statements affirming that people with EHS have the same rights as people with other disabilities. Unfortunately, these rights are not always upheld, as authorities refer to the lack of an established link between EMF and EHS.

The organization receives government funding because EHS is classified as a disability. The grant is intended, among other things, to finance an administrative office and the membership fee for the umbrella organization representing disability rights organizations, the Swedish Disability Rights Federation.

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Health Experiences and Clinical Observations (Patient Stories)

The collective experiences of our members demonstrate a direct link between exposure to electromagnetic fields (EMFs) and both acute and chronic health symptoms.

- **Clear patterns during exposure:** The first symptoms often appear when using mobile phones or computers, or when wireless infrastructure is installed in a person's home, school, or workplace.
- **Effect of elimination (reversibility):** The clearest evidence in everyday life is that, at an early stage, symptoms often decrease or disappear completely within 3–4 days when the individual stays in environments with very low radiation levels (low-radiation zones), only to return immediately upon renewed exposure.
- **Occupational ill health:** Among our members are many people from the technology and IT sectors, including engineers from Ericsson, who have developed severe EHS as a result of occupational exposure to GSM, Wi-Fi, and other wireless systems.

Characteristic Symptom Profile of EHS and the Consequences of Living with EHS

People with EHS display a complex but well-defined symptom profile that is described in research as a neurological disorder or a chronic multisystem illness (CMI). Among our members, the following symptoms are most frequently reported:

- **Neurological and cognitive:** Sleep disturbances, unusual exhaustion and fatigue, severe headache or migraine, concentration and memory problems, dizziness, numbness, and tingling.
- **Sensory:** Tinnitus or ringing in the ears, eye problems, sensitivity to light (including daylight), and sensitivity to sound.
- **Cardiovascular and dermatological:** Pressure or tightness in the chest, irregular or elevated heart rate (cardiac arrhythmias), burning sensations in the skin, skin rashes, and joint and muscle pain. Within the framework of what is known as "microwave syndrome," these symptoms are directly linked to measured radiofrequency fields.

The Association has described the consequences that living with EHS can have for everyday life. Using a four-level scale, we illustrate how a person's life may become increasingly restricted as the condition becomes more severe. These severity levels were developed to show the considerable variation in how EHS may affect daily life.

Measurement of Exposure, Hidden Diagnostic Codes, and Inadequate Public Health Surveillance

We are critical of the way in which data concerning EHS are hidden and excluded from official statistics, preventing accurate public health surveillance.

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- **Unused ICD-10 codes:** Since 2000, the Nordic Council of Ministers and the Swedish National Board of Health and Welfare have established guidelines for the diagnostic coding of EHS within ICD-10. Symptoms should be coded under R68.8 (Other specified general symptoms and signs) in combination with environmental cause codes such as W90 (Exposure to other non-ionizing radiation, including electric, magnetic, and radiofrequency fields).

In 2025, only 31 people were registered with the external cause code W90, many of whom were children or young people.

Although these codes exist, they are systematically underused in healthcare because adequate specialist expertise is now lacking in Sweden. There were previously around ten specialist clinics in Sweden. The last of these were closed in the early 2010s. As a result, affected individuals do not appear in official health statistics.

- **Removed survey questions:** In 2007, an official survey by the Swedish National Board of Health and Welfare showed that approximately 3.2% of the Swedish population considered themselves electrohypersensitive, corresponding to more than 330,000 people today. In the Swedish Public Health Agency's 2015 Environmental Health Survey, as many as 10.6% stated that electromagnetic fields affected their health "very negatively."

Instead of following up this alarming development during the rollout of 5G and the installation of smart electricity meters, the authorities have chosen to remove questions concerning electrohypersensitivity and electromagnetic fields entirely from environmental health surveys from 2023 onward.

This represents a serious deficiency in the monitoring of a growing public health problem. The Swedish Public Health Agency defines a public health problem or common disease as one affecting more than one percent of the population.

- **Diagnostic evidence:** It is now possible to measure biomarkers in the blood for inflammation and oxidative stress, as well as to use fMRI and brain imaging (cerebral tomography) to diagnose EHS and distinguish it from psychosomatic conditions.

Information/links:

Medical consensus reports (Belpomme et al.):

<https://pubmed.ncbi.nlm.nih.gov/32168876/>

<https://pubmed.ncbi.nlm.nih.gov/35537497/>

Smart Electricity Meters and the Acute Housing Crisis for People with EHS

We particularly wish to draw HHS's attention to the serious health consequences caused by the introduction of so-called smart electricity meters. In Sweden, these meters have been made mandatory through government regulation rather than legislation passed by Parliament.

- **No exemptions:** The Swedish Government has decided that the precautionary principle in environmental legislation shall not apply to smart electricity meters. This means that, from 2025 onward, people with EHS are denied exemptions from having these meters installed and are not permitted to retain their old analog meters. Exemptions were previously available.
- **Severe symptoms and financial burden:** Following the installation of smart electricity meters, an increasing number of members report acute and severe neurological and cardiovascular symptoms. Although individuals spend considerable financial resources on electricity filters and shielding, such measures are often insufficient.
- **Forced from their homes:** This policy has resulted in a humanitarian crisis in which many families including people with EHS have been forced to leave their homes. Others remain trapped in unhealthy environments because of the complete lack of alternative low-radiation housing.

Exposure Limits, Independent Research, and the Need for a New Cancer Classification

The current federal exposure limits in the United States, Sweden, and international guidelines (ICNIRP) protect only against immediate heating effects (thermal effects) from short-term exposure. This leaves the population unprotected against long-term effects.

- **Biological effects below current limits:** Major research reviews, such as the BioInitiative Report, show that genetic damage, neurological effects, and oxidative stress occur at levels thousands of times below current exposure limits.

There are also published case studies showing that 5G radiation directly causes microwave syndrome and results in significantly higher exposure than previous generations of wireless technology.

- **Reassessment of WHO's cancer classification:** In 2011, WHO's cancer agency, the International Agency for Research on Cancer (IARC), classified radiofrequency radiation as Group 2B (possibly carcinogenic to humans).

An overwhelming majority of the world's independent research groups that are not funded by the telecommunications industry emphasize that the scientific evidence is now sufficiently strong that radiofrequency radiation should urgently be reclassified as Group 1 (carcinogenic to humans), alongside asbestos and tobacco.

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Conflicts of Interest and the Need for Independent Expertise in Risk Assessment

We wish to emphasize the importance of ensuring that the scientific literature is reviewed by researchers who are entirely independent of the telecommunications and energy industries.

- **ICNIRP's dominance and industry funding:** The International Commission on Non-Ionizing Radiation Protection (ICNIRP) recommends international reference levels. However, several reviews and studies indicate that ICNIRP is characterized by a closed circle of researchers, many of whom have clear links to industry-funded research.
- **Institutional conflict of interest in Sweden:** This problem is deeply rooted at the national level as well. Sweden has several experts serving on the Swedish Radiation Safety Authority's scientific council who also hold, or have previously held, positions within ICNIRP.

This creates a situation of institutional conflict of interest, in which the same group of researchers that establishes the insufficient exposure limits internationally also controls and approves the scientific assessment nationally. As a result, independent research is systematically ignored.

Recommendations to HHS

The Swedish Association for the Electrohypersensitive recommends that HHS, FDA, NIH, and CDC urgently take the following measures:

- **Apply the precautionary principle to exposure limits:** Drastically reduce national exposure limits in accordance with the precautionary principle. New limits must be based on the levels at which biological, non-thermal effects have actually been observed in independent research, rather than on industry calculations of heating effects.
- **Intensify public health information:** Initiate comprehensive government information campaigns for the public concerning radiation risks and safe exposure levels for wireless technology.

Such information must be intensified and specifically adapted for biologically sensitive groups such as children, young people, pregnant women, and older people.

Information should also raise awareness among people who already experience symptoms associated with EMF but have not yet realized that wireless technology may have contributed to their ill health.

The information should furthermore make clear that symptoms associated with EMF are real and are not caused by psychological factors, although psychological effects may arise secondarily as a consequence of severe health symptoms.

- **Highlight the wide variation in severity:** Emphasize the considerable range of severity among people experiencing symptoms that can be attributed to radiofrequency radiation.

As one example, our Association has developed a classification for members that provides a basis for contacts with healthcare services, elder care, and other institutions, illustrating the consequences for everyday life at different levels of severity.

- **Ensure analog alternatives and exemptions:** Guarantee legal rights for the population to choose analog alternatives without wireless transmission, such as analog electricity meters and wired communication, in order to prevent digital exclusion and forced internal displacement from people's own homes.
- **Establish low-radiation zones:** Create zones with low radiation levels in public environments, schools, hospitals, and public transportation in order to ensure fundamental human rights and accessibility for people with EHS.
- **Follow international medical protocols:** Implement standardized clinical guidelines for the investigation and treatment of EHS within healthcare, such as the EUROPAEM Guideline 2016 and the Austrian Medical Association's EMF guidelines, and ensure that the ICD-10 codes for EMF exposure (R68.8 and W90) are used correctly.
- **Include independent research groups in expert panels:** Ensure that future expert panels and committees for risk assessment and regulation include a majority of independent researchers.

Researchers with financial conflicts of interest or links to ICNIRP should be prevented from dominating such reviews, in order to guarantee an impartial assessment of the biological state of knowledge.

Sincerely,

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