Questions for HHS: What remains uncertain about chronic, multi-source RF/EMF exposure? How can studies test reported sensitivity and possible oxygen-handling effects? What exposure information and practical options should be available in homes, schools, workplaces and vehicles?

I respond as an individual consumer and family member in the UK, not as a clinician or scientist. My attachment, *Where Can They Hide?*, provides sources. [P] means peer-reviewed research, [G] official/legal material and [L] lived experience.

Imagine a grandchild asking what we did when people reported illness in wireless environments. I cannot say RF/EMF is established as the cause. I ask HHS to listen without prejudging, measure exposure better and fund independent research.

Experiences (Q3) [L]. I associate neurological and mood changes with RF/EMF exposure, particularly disproportionate anger or irritability, including while driving. Family and friends report different symptoms they associate with exposure: neurological problems, severe skin inflammation sometimes cracking or bleeding, eye pain and cardiac symptoms. Some report improvement after suspected sources, including Wi-Fi, were switched off. Friends said their six-week-old baby slept through for the first time after both parents switched off phones and Wi-Fi overnight; a family member reported similar sleep improvement. These uncontrolled reports do not prove causation: exposure was not measured, several sources changed together and other explanations remain possible.

Evidence and uncertainty (Q5, Q6, Q12, Q16) [P/G]. RF heating is established and central to current limits. ICNIRP's 2020 guidelines reflect the mainstream view that heating is the only substantiated adverse effect in its assessment; this deserves fair consideration. Yet chronic, multi-source exposure and individual responses should be tested. The 2021 *Environmental Health Trust v FCC* ruling required the FCC to address issues it had not adequately explained; it did not find limits unsafe or decide the science. Controlled human provocation reviews have not established a consistent RF trigger for reported symptoms, but individual-level questions remain.

Oxygen handling (Q12, Q16) [P/O]. Laboratory studies report changes in haemoglobin oxygen affinity or deoxygenation under particular conditions (Mousavy, 2009; Muehsam, 2013; Chowdhury, 2021). A small 2025 wearable study reported differences in estimated overnight oxygen saturation with and without a nearby phone. Neither proves that everyday RF lowers arterial oxygen saturation or causes tissue hypoxia; these endpoints need independent replication. Redmayne's 2022 newsletter case reported a teenager's skin improving after Ginkgo biloba, but measured neither RF exposure nor oxygenation. These observations raise a question, not a conclusion.

Priorities (Q7–13, 15–18): (1) Fund preregistered studies co-designed with people reporting sensitivity, using verified exposure/sham conditions, blinding, clinical assessment and independent replication. (2) Test whether frequency, modulation, intensity and duration affect haemoglobin, red-cell function, arterial oxygen saturation or tissue oxygen delivery,