HHS-OASH-2026-0397 Comment

Questions not available on my submission webpage. So I have copied and pasted them here. In RED are my answers to each question, below. Thank you.

ACTION:

Notice of Request for Information (RFI) on electromagnetic field (EMF) exposure and human health.

SUMMARY:

Consistent with the Department of Health and Human Services' emphasis on evaluating environmental factors that may affect human health, particularly among children and other potentially vulnerable populations, HHS seeks information on electromagnetic field (EMF) emissions and exposure, particularly RF and wireless, and human health. RF radiation and other forms of non-ionizing electromagnetic (EMF) exposure, will hereafter be referred to as “RF/EMF.” Responses will help identify and assess the current state of the scientific evidence on RF/EMF exposures and health outcomes, compare existing domestic and international safety standards and regulatory approaches, identify research gaps and priority areas for future study, and inform practical, evidence-based recommendations for policymakers, public health stakeholders, families, schools, and communities. HHS welcomes input from researchers, clinicians, public health professionals, industry, standards organizations, educators, advocacy groups, and members of the public to clearly distinguish established evidence from emerging findings and areas of uncertainty, and supports transparent, science-informed decision-making.

DATES:

Comments on this notice must be received no later than October 21, 2026.

ADDRESSES:

RFI Docket : You may examine the RFI docket at *regulations.gov* under HHS-OASH-2026-0397. The docket contains this RFI and all comments received to date. To submit a response, click the “Comment” button inside Docket: HHS-OASH-2026-0397and follow all instructions.

FOR FURTHER INFORMATION CONTACT:

Victoria Marshall, Office of the Assistant Secretary for Health, *OASH-RFI@hhs.gov.*

SUPPLEMENTARY INFORMATION:

Electromagnetic fields (EMFs) are energy fields produced by moving electrically charged particles and electrical currents. EMFs occur across a broad range of frequencies, including low radiofrequency (RF) associated with power systems and household appliances, as well as higher RF and microwave exposures associated with wireless communication technologies. HHS is conducting this request for information under 21 CFR subpart J.

Public concern about potential health effects from RF/EMF exposure has increased, particularly in relation to children, schools, and long-term cumulative exposure. At the same time, scientific literature is extensive, technically complex, and not always easy for policymakers or public health stakeholders to interpret. Exposure standards and regulatory approaches also vary across jurisdictions. HHS is interested in clear, balanced, and evidence-informed information about RF/EMF

exposure that can support decision-making, identify research priorities, and inform practical strategies to reduce unnecessary exposure where appropriate.

Request for Information

For this RFI, HHS is seeking input from the public, including individuals, families, caregivers, healthcare professionals, public health practitioners, researchers, organizations, equipment or product manufacturers, service or infrastructure providers, and other interested stakeholders that have knowledge of or experience with RF/EMF emission and exposure. Please identify whether your response is based on peer-reviewed research, government reports, industry data, clinical observations, or other sources. If you rely on existing exposure guidelines, regulatory frameworks, or scientific assessments, please identify the specific framework(s) and explain how they inform your response. Respondents are encouraged to include supporting facts, research, datasets, technical reports, and other evidence in their comments, including citations to the published materials referenced, and active hyperlinks, where available.

Instructions

1. Responses submitted at *regulations.gov/deregulation* should follow the format provided there. You may respond to one or more of the questions listed below and please include question numbers provided in the response. Each responding entity (person or organization) should submit only one response. Unless submitted anonymously, responses should include the name(s) of the person(s) or organization(s) submitting the comment. If a comment is submitted on behalf of an organization, the individual respondent's role in the organization may also be provided. In your response, please describe which perspective(s) your comments represent: individual consumer, patient, family member, or caregiver; healthcare professional; equipment or product manufacturer; service or infrastructure provider; business; industry group; government; research entity; or another type of organization or perspective.

This RFI is voluntary, and responses may be submitted anonymously. Please do not submit proprietary, classified, confidential, or sensitive information, to include personally identifiable (PII) or personal health information (PHI), in response to this RFI.

This RFI should not be construed as a policy, solicitation for applications, or as an obligation on the part of the government to provide support for any ideas in response to it. Comments submitted will become public on *regulations.gov* . The information provided will be analyzed and may appear in anonymized reports, on HHS websites, or otherwise released publicly. Respondents are advised that the government is not obligated to acknowledge receipt of submissions. Those submitting responses are solely responsible for all expenses associated with response preparation. HHS will use the information submitted in response to this RFI at its discretion and will not comment on any respondent's submission. However, responses to this RFI may be reflected in future solicitation(s) or policies.

Questions

Public Experiences and Reported Potential Adverse Health Effects

2. In your response, please describe which perspective(s) your comments represent: **individual consumer**

3. We invite individuals, families, caregivers, healthcare professionals, and organizations to share **experiences reported by healthcare professionals and organizations.**

a. The type(s) of wireless technology or RF/EMF source(s) involved (*e.g.,* **mobile phones, Wi-Fi, smart meters, wireless infrastructure, wearable devices, occupational equipment**). **Implanted/ingested/injected/inhaled**

b. The nature, duration, frequency, and approximate timing of the reported exposure(s).**2020-2026**

c. The potential adverse health effects experienced. **Varied, and in general of 4 types. See attached document Oct192026Final.PDF**

d. When potential adverse health effects first appeared relative to when exposure began and whether any changes in exposure coincided with potential adverse health effects. **N/A**

e. Whether medical evaluation or treatment was sought, including any diagnoses received (if the respondent chooses to share them). **N/A**

f. Whether steps to reduce or eliminate exposure were taken and, if so, whether any subsequent changes in potential adverse health effects were observed. **N/A**

g. Any supporting documentation, including scientific reports, exposure measurements, or other relevant information. **See attached document Oct192026Final.PDF**

4. We invite healthcare professionals, researchers, and public health practitioners to describe observations from clinical practice, occupational settings, or research that may help identify patterns, if any, of reported potential adverse health effects associated with RF/EMF radiation and exposure. In describing these observations, please include where available:

h. The types of potential adverse health effects reported. **See attached document Oct192026Final.PDF**

i. Onset of potential adverse health effects. **N/A**

j. Characteristics of the individuals or populations involved. **See attached document Oct192026Final.PDF**

k. Any observed exposure: nano Beltran1 and 2 Kingston injection/aerosol either targeted or chemtrail general area spraying mosquito tick /microneedle/ ingested via bioengineered food or agricultural sprays patterns. **See attached document Oct192026Final.PDF**

l. What standardized methods were used to assess exposure or potential adverse health effects, if any were used.

m. Recommendations for future research or surveillance. **See attached document Oct192026Final.PDF**

Exposure Standards and Risk Assessment

5. What existing national and international exposure standards, guidelines, or regulatory frameworks should federal health agencies consider when evaluating the potential adverse health effects of human exposure to RF/EMF? **See attached document Oct192026Final.PDF in which is reference for paper by Sahu et al., 2021, regarding EMF, 5G and Health. India.**

n. What scientific, technical, or regulatory changes by federal health agencies, if any, would improve the assessment, disclosure, and regulation of wireless radiation exposure? **1)Cumulative impact of all forms of EMF/5G/6G/wireless/satellite to simulate real life use or real work use – all energies together and individually (rationale: some EMF/RF impact one type of body tissue/systems, some impact other body tissue/systems.) 2)Proximity testing standard moved to 0mm distance from body to source of energy 3) Agency enforcement officers and testing officers have testing equipment sophisticated enough (and trained to use it effectively) to read the variety, strength, origin etc.**

o. Is additional research needed to develop, test, and evaluate the effectiveness of procedures and techniques for minimizing exposure to electronic product radiation? Where are the largest gaps, if any, in knowledge? What research is needed to appropriately evaluate current or future national and international exposure standards, guidelines, or regulatory frameworks. **Once safety limits have been established – as in the 2021 federal court order to FCC – measure the following exposures: 1) Data center proximity to schools, workplaces, and homes. 2) home data center (as in Nvidia/Pulte proposals) exposures and proximities. 3) cell tower proximity and total neighborhood saturation of totality of energies 4) cell tower proximity and total neighborhood+school exposures.**

p. How, if at all, should a classification system account for exposure-related characteristics, including operating frequency, power density, specific absorption rate (SAR), electric- and magnetic-field strength, modulation and pulse characteristics, duty cycle, beamforming, **no comment**

6. What scientific evidence exists about potential adverse health effects caused by current exposure limits? **See attached document Oct192026Final.PDF as well as the document by Sayer Ji which contains 1009 peer-reviewed professional journal articles https://open.substack.com/pub/theofficialmahareport/p/secretary-kennedy-asked-for-the-evidence**

Measuring Human Exposure and Public Health Surveillance

7. What scientific methods are currently available for accurately characterizing individual and population-level RF radiation exposure? **no comment**

8. What, if any, improvements in exposure assessment methodologies are needed to better evaluate real-world exposure conditions? **no comment**

9. What, if any, technical and exposure-related information should be disclosed to consumers, residents, workers, schools, healthcare providers, and local governments? **ALL**

10. What **data sources** or **surveillance systems** currently exist to monitor potential adverse health effects associated with RF radiation exposure? **not known to me**

Should additional data sources or surveillance systems be developed? **No. I believe we have plenty of data. We lack moral compass.**

Please discuss the benefits and challenges of the following data sources and surveillance systems, as relevant:

a. disease registries. **1) It is dependent on medical professionals filling out information on the registry (see VAERS). 2) It depends on whether or not there is punitive use of these registries-which there invariably is. 3) Data leaks happen. 4) WHY is this needed unless for tracking, sequestering or otherwise punishing 5) PATIENT DOCTOR relationship should be sufficient 6) if this includes a medical code issued by WHO or other database owners that is "Vaccine Hesitancy" "Unvaccinated" or similar - that is totally unacceptable. A label should never suffice to cover a patient's health treatment plan rather than the actual presented symptoms.**

b. occupational monitoring. **YES only in reference to EMF/RF etc. exposure**

c. environmental monitoring. **YES ABSOLUTELY (AIR nano contents, EMF RF Satellite and others). And publicly report all contents.**

d. longitudinal cohort studies. **NEEDED but not used to delay remedies for what is already known.**

e. biomonitoring. **ABSOLUTELY NOT**

f. adverse event reporting. **It's dependent on medical professionals filling out information on the registry (see VAERS), and the discouraging/ punitive actions of superiors and administrations and professional organizations and boards**

g. disease or illness clusters. **YES**

h. Other. **BIOSURVEILLANCE IS KIN TO BIO HACKING WHO WILL HAVE THE DATA WHAT PRIVACY IS ALLOWED DATA CENTERS ARE NOT THE ANSWER TO THIS**

11. Should exposure assessment or risk evaluation differ for sensitive populations such as those noted below? Please explain.

a. children. **YES beginning in the womb, and particularly throughout the childhood vaccine schedule period. Professional literature and organizations have shown that the totality of EMF/RF wireless and other directed energies impact children strongly**

b. pregnant women. **YES data and reports by OB/GYN professionals show damage beginning with pre-pregnancy (for inability to conceive, fertility issues with the father and mother), monitoring for child in the womb, and particularly throughout the childhood vaccine schedule period, when shedding from the child and constant contact. See attached document Oct192026Final.PDF**

c. older adults.

d. individuals with implanted medical devices. **POSSIBLY**

e. workers with elevated occupational exposure. **YES**

f. individuals with preexisting medical conditions. **POSSIBLY**

g. Other populations that may uniquely experience potential adverse health effects in response to RF radiation. **POSSIBLY**

Existing Evidence

12. What scientific evidence exists regarding potential adverse health effects associated with RF radiation exposure at levels below current federal exposure limits? **See attached document Oct192026Final.PDF Particularly both Beltran video reports.**

13. According to scientific evidence, how do the technologies below affect cumulative exposure patterns?

a. 5G. **because safety limits have not been set since 1996, when most of today's technology did not exist for consumer use, I would not have confidence it was based on useful information.**

b. 6G. **because safety limits have not been set since 1996, when most of today's technology did not exist for consumer use, I would not have confidence it was based on useful information.**

c. Wi-Fi. **because safety limits have not been set since 1996, when most of today's technology did not exist for consumer use, I would not have confidence it was based on useful information.**

d. Satellite-based communications. **because safety limits have not been set since 1996, when most of today's technology did not exist for consumer use, I would not have confidence it was based on useful information.**

e. Internet of Things (IoT). **because safety limits have not been set since 1996, when most of today's technology did not exist for popular use, I would not have confidence it was based on useful information.**

f. Wearable technologies. **because safety limits have not been set since 1996, when most of today's technology did not exist for popular use, I would not have confidence it was based on useful information. If this category also covers insertable/injectable/inhalable/ingestable technologies, See attached document Oct192026Final.PDF Particularly both Beltran video reports, Dr. Kingston video reports.**

g. Smart homes/appliances. **because safety limits have not been set since 1996, when most of today's technology did not exist for popular use, I would not have confidence it was based on useful information. A place to begin, once safety limits are established would be 1) totality of EMF/RF etc in the home and surrounding neighborhod (for ex: Nvidia/Pulte home data centers, 2) nature of EMF RF and other directed energies such as satellites or drones There were RESIDENTS video REPORT MAUI FIRES, CALIFORNIA FIRES BEGAN WITH EXPLODING METERS. One resident home security camera on Maui captured what appeared to be a light beam from very high up striking and beginning one fire. A subsequent video reported the timing of a particular satellite just over that point.**

h. Smart cities. **No comment**

i. Autonomous vehicles. **See attached document Oct192026Final.PDF one video report notes excessive dangers of being in an enclosed car at the same time as using technology**

j. Wireless medical devices.

k. Communication enabled smart meters. **Unknown to me**

14. What scientific evidence exists regarding potential adverse environmental effects associated with RF radiation? Dane Wigington has reported extensively on this. Also wherever graphene oxide is found there will be risk of heightened RF/EMF activation. Also, I understand glyphosate dampens melatonin production, and melatonin protects our bodies from RF (see **See attached document Oct192026Final.PDF particularly Dr. Henry Ealy video)**

15. What types of scientific evidence should be considered when evaluating RF exposure associated with wireless infrastructure? Please comment on:

a. proximity to homes, schools, childcare facilities, healthcare facilities, and/or workplaces. ALL

b. cumulative neighborhood exposure. ALL

c. antenna density. ALL and NUMBER OF RF TYPES ON EACH ANTENNA

d. small-cell deployment. Whatever that is - ALL

e. livestock. ALL

Federal Research Priorities

16. What are the highest priority research gaps regarding EMF and RF radiation and public health that the federal health agencies should address? 1) The interaction and/or activation of substances in the mass dispensed pharma injectables/ ingestables/ inhalables/ insertables that harm any of the body systems or tissues or mind/brain function causing ill health. 2) And the clearing of such activations and harms by traditional medicine or by alternative methods or identifying best combination of both. **See attached document Oct192026Final.PDF**

17. How can federal health agencies improve coordination of EMF and RF radiation research? Please comment on potential roles for federal health agencies including, but not limited to:

a. HHS Food and Drug Administration (FDA). Ingestible nano tech in food identified, labelled and potential for RF/EMF activation studied **and removed if activation is found.**

b. HHS National Institutes of Health (NIH). **Therapeutic and otherwise injectibles/micro needled/inhaled/aerosolized – every vector of delivery and subsequent research of its** INTERACTION / ACTIVATION by EMF/RF/wifi/satellite and all directed energy and all combinations thereof.

c. HHS Centers for Disease Control and Prevention (CDC).

Additional Information

18. Please identify any additional scientific evidence, technical information, data, or recommendations that federal health agencies should consider when evaluating potential adverse health effects associated with RF/EMF radiation exposure.

SAHU 5G Health
https://he02.tci-thaijo.org/index.php/sirirajmedj/article/view/251852 The Influence of Electromagnetic Field Pollution on Human Health: A Systematic Review. Sahu et al. summarized the adverse health effects of 5G mobile networking technology under real-life conditions Regarding the cumulative effect of real life directed energies.

Sayer JI Electromagnetic Field Harms database
https://greenmedinfo.com/problematic-action/electromagnetic-field-harms 1009 peer-reviewed published journal articles on EMF Harms

His substack discusses and organizes them by topic:
https://open.substack.com/pub/theofficialmahareport/p/secretary-kennedy-asked-for-the-evidence

https://theemfguy.com/op/summit/ EMF Hazards Summit 2026