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Public Comment on Docket (HHS-OASH-2026-0397)

Submit: Written Comment to U.S. Department of Health and Human Services

Federal Register: Notice of Request for information on Electromagnetic Fields (EMFs),
Radiofrequency (RF) Radiation, and Wireless Radiation Exposure.

Attention; Secretary Robert F. Kennedy, Jr.

From: Jean A. Lemieux, President, Massachusetts Association for the Chemically Injured, Inc.

RE: Comment from the Massachusetts Association for the Chemically Injured, Inc. to the
Department of Health and Human Services, Federal Register: Notice of Request for information
on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation
Exposure.

Dear Secretary Robert F. Kennedy Jr.,

On behalf of the members of the Massachusetts Association for the Chemically Injured (MACI), a volunteer, non-profit statewide support, education and referral organization for people with Multiple Chemical Sensitivity (MCS), I, the President of the organization, am offering public comment on Federal Register: A Notice by the Health and Human Services Department on 9/21/2026 in the request for information on electromagnetic field experience and human health. In view of our experience, I am providing comment in the health experience category and will address the vulnerable and sensitive populations that we represent. HHS must address, review, and acknowledge the current state of research and scientific information pertaining to the biological effects of non-thermal non-ionizing radiation, not just the health effects that are caused by the "heating of tissue", the thermal limits that the FCC has continued to base their guidelines on (See my reference and comments on the FCC given in MACI's testimony to our state legislature and to the Commonwealth's Departments of Utilities). The FCC basis for limits of exposure based on thermal effects is an outdated guideline not protective of human health that proponents of industry hide behind as a standard, and, unfortunately, our Department of Public Utilities and others across the country use as a benchmark. We ask that your Department's investigation correct the inadequacies, injustices and failure of our Federal Agency, the FCC, to conduct a thorough review of all the research inclusive of the growing body of scientific research on the biological effects of non-ionizing radiation on human health. Mr. Secretary, I also want to draw your attention that there is a growing body of research on EMFs and wireless (RF) technology and potential health effects from EMF and RFR exposure for vulnerable segments of the population, including those living with Multiple Chemical Sensitivity/Chemical Intolerance and those who are electrically sensitive (EHS)/EMR-S. The Massachusetts Association for the Chemically Injured requests that our Federal Department of Health and Human Services must take responsibility for:

- 1). A thorough review of the current state of the scientific research and evidence inclusive of the growing body of scientific research on the biological effects of non-ionizing radiation on human health;
- 2). A call for and commitment to conducting more research on the human health impacts of EMFs and wireless technology;
- 3). Address by directing research to cover the gaps found that need immediate attention;
- 4). Provide Government Funding for research;
- 5) An acknowledgement by HHS that there exists a segment of the population who are most vulnerable to the effects of EMFs and RFR exposure;
- 6). Take the necessary steps through one or more of our federal agencies under HHS to establish a medical diagnostic code for physicians for both MCS/CI and EHS/EMR-S. This is an essential requirement to enable progress in the area of epidemiological studies and patient care to be achieved.

Secretary Kennedy, we look to you to provide the necessary leadership that is required and demanded and to position, front and center, a "health effects" direction by your administration with attention to move the issue forward and to provide the call for government funding that will address this environmental pollutant and human health.

MACI offers the following comment with special reference to a segment of the population who have experienced health effects and real-life, lived, experience. Following the vast amount of scientific research already known and information from the researchers, public health and medical professionals, and the public that this Notice receives, a call to action is required from our Federal Government.

MACI was founded in 1994 to assist those who suffer with multiple chemical sensitivity (MCS), a condition in which a person develops greatly increased sensitivity/intolerance to chemicals and other irritants. This acquired complex multisystem chronic illness results in multiple symptoms such as headaches, burning of the eyes, nose, throat, dizziness, respiratory difficulties, gastrointestinal problems, fatigue, musculo-skeletal pain, cardiac problems, and neurological deficits such as memory loss, concentration difficulties and cognitive dysfunction that limit one's ability to function in today's environment.

The frequency of environmentally triggered illnesses is escalating, as is the toll on human health, health care costs and employer's costs. Findings of several population surveys indicate that while MCS appears to afflict 4% to 6% of the population, 15% to 30% of the general population perceive themselves as "especially" or "unusually" sensitive to common everyday chemicals. Results of a recent study by Dr. Anne Steinemann, "National Prevalence and Effects of Multiple Chemical Sensitivities" published in the *Journal of Occupational and Environmental Medicine* (2018), "provide evidence that MCS is widespread and increasing in the US population: an estimated 25.6 million adults are diagnosed with MCS, and an estimated 51.8 million adults report chemical sensitivity. Using the same criteria to assess MCS and chemical sensitivity as prior US national prevalence studies, this represents an increase of 300% in diagnosed MCS and 200% in self-reported chemical sensitivity in a little more than 10 years."(16) Some people who

had mild sensitivities for many years report a gradual progression of symptom severity and impairment until they reached the point of being disabled.

Many people who suffer from chemical sensitivities are concomitantly vulnerable to the effects of electromagnetic fields (EMF) and radio frequency radiation (RFR). A population survey of Hypersensitivity to Electromagnetic Fields in CA found chemical sensitivity to be an important risk factor for hypersensitivity to EMFs. In 2020 Belpomme and Irigaray published an article on their study referencing their database of more than 2000 electrohypersensitivity (EHS) and/or multiple chemical sensitivity (MCS) self-reported cases. They wrote: "This database shows that EHS is associated in 30% of the cases with MCS, and that MCS precedes the occurrence of EHS in 37% of these EHS/MCS-associated cases." (2) The real-life experience of people living with these environmental exposure conditions reinforces the fact that the combination of sensitivities is quite disabling and puts their ability to work or live in their residences at greater risk. With the broad deployment of smart meters and other wireless devices and infrastructure that is taking place across our state and the country, this issue will continue to grow for MCS and EHS sufferers.

McCredden, McLean, and Steinemann published a short communication online in March 2026 titled "Wireless sensitivity and co-morbidities: A prevalence study in Australia, Canada, and the United States." [<https://www.sciencedirect.com/science/article/pii/S3050475926002745>] They wrote: "The study investigated the prevalence of wireless sensitivity in the general population of the United States, Australia, and Canada. It also investigated co-prevalences between wireless sensitivity and other conditions: chemical sensitivity/MCS, asthma/ARC, autism/ADS, and fragrance sensitivity." (14, p.2) The main findings for those who reported either or both wireless sensitivity/EHS for the U.S. was 14.3%. For those with wireless sensitivity/EHS and the co-morbid condition of chemical sensitivity/MCS the result was 80.6%. For those reporting the co-morbid condition of chemical sensitivity/MCS 39.7% also reported wireless sensitivity/EHS. (14 p.2) Along with the study prevalence results another point that the authors stated that I consider relevant on the EMF/RFR issue: "This study contributes to sustainability knowledge and practice by providing population-based estimates of the prevalence of reported health effects from exposure to wireless radiation. Sustainability initiatives increasingly rely on wireless radiation to support, for instance, energy efficiency, digital connectivity, and smart infrastructure. However, to be truly sustainable, wireless systems also need to support human health." (14, p.2)

I mention in these comments and I did in MACI's organizational comment to our Department of Public Utilities and in testimony before our state legislature that in addition to the chemically and electrically sensitive subgroup of the population who are most vulnerable to the biological effects of EMS/RF exposure, one must also consider the other segments of the population who are among those most vulnerable to the health effects of such exposures and noted in the scientific literature. The Sage Associates Report *Assessment of Radiofrequency Microwave Radiation Emissions from Smart Meters* summarized that "People who are afforded special protection under the federal Americans with Disabilities Act are not sufficiently acknowledged or protected. People who have medical and or metal implants or other conditions rendering them vulnerable to health risks at lower levels than FCC RF limits may be particularly at risk. This holds true for other subgroups like children and people who are ill or taking medication, or are elderly, for they

have different reactions to pulsed RF...The elderly and those on some medications respond more acutely to some RF exposures.” (15, p. 8)

The mounting evidence as reported in the *Bioinitiative Report 2012* that the vast array of possible health effects resulting from chronic exposures to extremely low frequency (ELF) and/or radiofrequency radiation (RFR) should concern every consumer, but findings most pertinent to people living with MCS and EHS indicate that “EMF acts on the body like other environmental toxicants do (heavy metals, organic chemicals and pesticides). ...Where there is combined exposure the damages may add or even synergistically interact, and result in worse damage to genes.” (3: Conclusions Table 1-1, EMF and RFR Make Chemical Toxins More Harmful) For those with MCS already adversely affected by toxic environmental exposures there is the possibility of *increased* risk of a number of cancers (breast and leukemia amongst them) and neurodegenerative diseases. Other health effects noted are “altered immune function including increased allergic and inflammatory responses, miscarriage and some cardiovascular effects. Insomnia (sleep disruption) is reported in studies of people living in very low-intensity RFR environments with WI-FI and cell tower-level exposures. Short-term effects on cognition, memory and learning, behavior, reaction time, attention and concentration, and altered brainwave activity (altered EEG) are also reported in the scientific literature.” (3: Editors Notes, “Do We Know Enough to Take Action?”) Many of these are health effects the MCS and EHS sufferers experience on a daily basis. Studies on RFR exposures indicate these symptoms could be exacerbated or escalate to a disease state such as cancer requiring treatment that the MCS sufferer may not tolerate well due to hypersensitivity to chemicals.

The advanced meter infrastructure opt-out by our Commonwealth’s Department of Public Utilities acknowledges that “companies will be required to provide customers with an option to decline the installation of an advanced meter” and each docket calls for an opt-out tariff. However, within their plan, the disabled who are afforded special protection under federal and state laws are not acknowledged or protected from a punitive and discriminatory tariff/cost under the Department’s Orders. Also, cooperation, transparency and accurate information is missing but needed as this technology is being deployed across our Commonwealth. We need our Federal Government’s leadership and support to ensure the public’s safety and a fair and equitable solution for the necessary protections required by segments of the population.

The Massachusetts Association for the Chemically Injured has offered much testimony and public comment as mentioned earlier. From our public comment to DPU beginning in Docket 13-83 in 2013 through the many dockets where MACI provided public comment that followed in the Grid Modernization Dockets for the Commonwealth (present 2026) including my participation as the President of the Massachusetts Association for the Chemically Injured on the D.P.U.’s health and safety hearing panel on February 27, 2014 where I offered oral comment during the hearing record stating that I deal with real life experience, as a chemically sensitive individual myself and in my role in talking with our members and with the many people who contact our organization. I submitted a number of documents at the Hearing followed by a written Reply Comment. Similarly, I gave testimony from MACI before our state legislature on

the first Smart Meter choice bill in 2013/2014 and each successive legislative session's Smart Meter choice bill (opt-out of smart meters) including this 2025/2026 session. Our organization's involvement as well as other advocacy groups and individuals has been necessary especially due to a gap and absence in government leadership in protecting the general population. I and our organization believe that our Federal Government needs to provide leadership as the expansion of this technology continues to move forward unchecked in addressing the impact of health effects that these environmental exposures are inflicting upon the population contributing to the complex multisystem medical conditions and other chronic illness.

The inadequacy of FCC guidelines has been raised in public comment in the D.P.U. dockets and the recent court decision regarding the FCC's failures raise similar critical questions about the health, safety and environmental impacts of basing decisions on FCC guidelines. At the Hearing Panel on Health and Safety all panel members but one, Dr Peter Valberg, addressed the need for the D.P.U. to heed the growing body of scientific literature in setting policy. Dr. Valberg's position on non-ionizing radiation, however, was centered on the thermal effects – “the only kind of interaction it can have with matter is heating it, and it can heat it to various degrees.” (6) This position plays well for industry and industry groups. This Federal Register call for information on health impacts will be given a great deal of information on the growing body of science looking at non-thermal biological effects with health consequences for human beings which challenges this old dogma. New guidelines on radiofrequency radiation exposures are needed for what we are exposed to today and decisions that have wide public health implications must be based on today's science.

Why haven't the various state utility departments across the country addressed the issue of cost to those who must take the necessary steps to maintain their health in their home in a safe and fair way. Federal direction in protecting the general population is needed, but missing. The “lived experience” of customers in search of full disclosure interfacing with the deployment companies disclosure of what is being offered as the non-communicating meter is far from being transparent and acceptable. Customers have been told they have to give up their analog meter that they have been paying a tariff on. Disclosure, open and transparent information has been wanting in the process so far.

Our Department of Public Utilities nor the utility companies have taken the health effects issue seriously. We took issue with the Department's characterization of health concerns as “alleged.” Much public comment had been provided to the Department in the many previous dockets by individuals and professionals on the “lived experience” of members of the public who are among those vulnerable and those who became vulnerable to the health effects experienced from exposure to EMFs, wireless technologies and devices, and specifically the health impacts now occurring with the smart meter technology. I offer in these comments and I did in comment with our D.P.U. the statement by The American Academy of Environmental Medicine (AAEM), an international organization of physician and scientists in support of a “Wireless Smart Meter Case Series” (Lamech). The AAEM statement highlights that:

“The symptoms reported in this case series closely correlate not only with the clinical findings of environmental physicians, but also with the scientific literature.”

“It is critically important to note that the data in this case series indicates that the “vast majority of cases” were not electromagnetically hypersensitive until *after* installation of smart meters.” (1)

MACI offers as an attachment the published study by Lamech mentioned in the AAEM statement as well as a document on results of two questionnaire surveys providing reliable data which reinforce our real-life experience and evidence on smart meters and health effects and documenting the fact that others in the population developed health effects after the installation of smart meters. Dr. Conrad in response to a question about his survey responded: “The survey results provide very strong evidence that smart meters are causing painful and debilitating new symptoms in many previously normal healthy people, causing them to become electrically sensitive to a whole range of electronic devices including Wi-Fi, cell phones and computers.” (4, p. 10)

We found our D.P.U. position deficient in their failure to understand the basic needs and basic human rights of a most vulnerable segment of the population. Federal Government support and backing is needed. Chemically and electrically sensitive individuals take steps in their lives to reduce personal chemical exposure and personal use of wireless devices and technology in order to protect their health status, a basic human health right. A person’s home is the one environment where the person has a measure of control over environmental exposures and placing a utility ‘smart’ meter into the person’s “safe space” would impact his/her daily health and subsequent ability to function in society. Proposed fees/tariffs to opt-out of smart meters for many in the population most in need of avoiding wireless radiation exposure is a financial burden that is punitive and will add to the financial load and crisis that many of our members and the elderly live with in their daily lives. Too many individuals are and will be put out of what has been their “safe” home. **This is real life experience.**

Taking into consideration the court order which calls into question the FCC’s guideline and accordingly questions the “benchmark” that the Department of Utilities references in Grid Modernization Orders, the Massachusetts Association for the Chemically Injured requested that the Department’s plans to move forward with a full deployment of AMI meters, a platform based on “wireless” technology be put on hold. The Department needs to revisit for a full review the body of scientific, technical, and health related data that has accumulated in the D.P.U. Record covering the Grid Modernization dockets since 2013. Also, a full accounting of the financial burden being imposed on the customers needs to be assessed on the delivery of a basic service of electricity to the citizens of the Commonwealth and other States. The additional financial burden to a segment of the customers is not “price signals” as the term used in the docket (implication is to gain compliance with AMI metering functionality) but is a discriminatory punitive fee/tariff levied to the most vulnerable population for an opt-out meter. As noted in the McCreeden, et.al. national prevalence study: “Our findings have clear implications for sustainability. Environmentally, wireless radiation may be considered an environmental pollutant, and

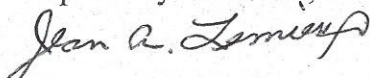
population-level wireless sensitivity may act as a sentinel health response, providing an early warning of broader environmental stress. Socially, with nearly one in seven adults affected, wireless sensitivity raises equity and accessibility concerns, as wireless dependent environments can unintentionally exclude affected individuals from workplaces, services, and public life. Economically, at this scale, wireless sensitivity entails hidden costs, including workforce participation and productivity and increased healthcare costs, that may not be captured in traditional cost-benefit analyses.” (14, p3). In the face of uncertainty our decision makers on issues that will have such a large public health impact must take a precautionary approach in their setting of policy. The various State Departments of Public Utilities must listen carefully to the concerns of the public.

In conclusion, our Federal Government must listen carefully to the concerns of the public, the researchers, the public health professionals, medical practitioners and medical professional groups who are providing input in this Federal Register request for information on electromagnetic fields, RF radiation and wireless radiation exposure and human health. It is imperative, Mr. Secretary, that as our Government’s top Health Department with the different Agencies such as the NIH, NIEHS, CDC and ATSDR base decisions and direction on the best science and on the most current body of the evidence.

No one wants to look back in hindsight, when the body count, can no longer be denied - and have to answer “How did this happen? We had sufficient evidence to take a safer course.” Or, “Who is responsible?” And, ultimately, address the question: “Why didn’t we listen?!”

Thank you for the opportunity of providing comment under this proceeding.

Respectfully submitted,



Jean A. Lemieux

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12. MACI's statement outlining a section of the Reply Comment from the Massachusetts Association for the Chemically Injured, Inc. to the Department of Public Utilities on D.P.U. 12 76 on two questionnaire surveys on smart meters and health effects.
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Websites:

The Massachusetts for Safe Technology: <https://www.ma4safetech.org/>

<https://www.ma4safetech.org/resources>

Environmental Health Trust: <https://sites.google.com/site/understandingemfs/utility-smart-meters>,

<https://ehtrust.org/educate-yourself/health-risks-posed-by-smartmeters/>,

<https://ehtrust.org/in-historic-decision-federal-court-finds-fcc-failed-to-explain-why-it-ignored-scientific-evidence-showing-harm-from-wireless-radiation/>

Attachments:

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