

Electro-Hypersensitivity Does Not Exist

Document 7 — Supplementary Information: Research Gaps, Research Coordination, Total Exposure, and Propaganda

Comment submitted in response to the U.S. Department of Health and Human Services (HHS) *Request for Information on Electromagnetic Fields (EMFs), Radiofrequency (RF) Radiation, and Wireless Radiation Exposure*, FR Doc. 2026-19252, Docket HHS-OASH-2026-0397.

Questions addressed: 16; 17; 18.

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The subjects addressed in this document are part of an open publication, intended to receive further testimonies and contributions.

Abstract

This document answers three summary questions. The first concerns the highest-priority research gaps. Documents 2 to 6 identified several, which we group into six priorities: measuring the real and total exposure of individuals; studying the non-thermal and long-term effects of current signals; giving electro-hypersensitivity tools for diagnosis and follow-up; conducting field studies on fauna and flora; assessing every new technology before its deployment; and guaranteeing independent funding. The main U.S. federal program of animal studies on radiofrequency radiation has ended, and the signals it tested no longer represent the technologies in service. The second concerns the coordination of research among federal agencies: device testing, biomedical research, and surveillance make sense only when brought together in a common program, independent of industry. The third invites any additional information. We retain two points. The first governs all the others: emissions add up. An individual's exposure, particularly at night, depends not only on antennas but also on Wi-Fi left on, the phone placed near the head, the cordless phone base, connected devices, and the meter. Acting on antennas without acting on these sources, or the reverse, leaves part of the exposure untouched. To this end, we bring together the reference values in force or proposed, from 61 V/m to 0.006 V/m, with their status. The second concerns the way information on radio waves is produced and transmitted: experts linked to ICNIRP in the World Health Organization's assessment, studies whose results follow their funding, information files handed to mayors by operators, a guide for physicians produced with industry support, and a press that announces a harmlessness the agency it cites does not assert. What we call propaganda lies less in falsehood than in selection and omission. The document sets out eight recommendations.

1. Purpose

Question 16 of the Request for Information asks which research gaps are the highest priority for the federal health agencies to address. Question 17 asks how these agencies can better coordinate research. Question 18 invites the identification of any other scientific evidence, technical information, or recommendations to be considered. The gaps specific to the medical profession are detailed in Document 8; those concerning measurement, sensitive populations, technologies, and the environment, in Documents 3 to 6, to which we refer the reader.

2. Methods and Sources

This document draws on the findings of Documents 1 to 6 and 8, to which it refers, and adds sources of three kinds: web pages and fact sheets of public bodies (the U.S. National Toxicology Program, the Swiss Federal Office of Public Health), consulted directly; recommendations and precautionary values published by European organizations and by the Council of Europe; and private building biology (Baubiologie) standards, whose position is stated. The guideline of the European Academy for Environmental Medicine (EUROPAEM) was consulted in its French translation. The 2023 opinion of Anses (French Agency for Food, Environmental and Occupational Health & Safety) and the 2023 press release of the French National Frequency Agency (ANFR) were read directly; Council of Europe Resolution 1815, in its adopted text. The French law of February 9, 2015, is cited from a presentation of its content; its text is examined in Document 3. The sources in Section 6 are public documents, whose position is stated: the 2025 press article and the 2021 information file were analyzed; the GSMA report was read in full on October 15, 2026; the 2023 World Health Organization public notice, the GHUP guide, and the 2025 Anses press release were consulted directly; the interview published by Infosperber, in its German version; the review by [Huss et al. \(2007\)](#), from its abstract, and its update ([van Nierop et al., 2010](#)), in its full text; the training offered by the FMK, the presentation of the Informationszentrum Mobilfunk, and the Wikipedia article, from our files. Quotations in English are reproduced as written. Quotations from French and German sources are our translations; the original wording appears in the French version of this document.

3. Priority Research Gaps (Question 16)

3.1 Measuring Real and Total Exposure

What an individual actually receives is not known. Measurement protocols verify compliance with the limits at one point, at one moment, with personal devices switched off (Document 3, Sections 3 and 4). No regulatory protocol measures an individual's cumulative exposure over twenty-four hours, inside the home, domestic sources included; the body-worn exposimeters used in research studies are not employed routinely. Beamforming antennas, under which compliance with the reference level no longer guarantees compliance with the basic restriction, escape current methods (Document 3, Section 4.3). The low frequencies of the power line communication used by smart meters remain outside the protocols (Documents 3 and 5).

3.2 Studying the Non-Thermal and Long-Term Effects of Current Signals

The limits are based on tissue heating (Document 2). Effects at lower levels, documented in animals and plants (Document 6) and reported by the electro-hypersensitive (Documents 4 and 8), have not been the subject of a public program commensurate with the population's exposure. In the United States, the National Toxicology Program concluded in 2018 that there was “Clear evidence of an association with tumors in the hearts of male rats”; it now states: “NIEHS has no further plans to conduct additional RFR exposure studies at this time,” on the grounds that the follow-up work, conducted with a small-scale exposure system, proved “technically challenging and more resource intensive than expected,” and it specifies that its exposure system does not represent recent technologies, 4G or 5G ([National Toxicology Program, 2026](#)). In France, Anses recommends studying the 1 kHz to 30 MHz range, that of smart meters, whereas the additional tax on the flat-rate tax on network companies (IFER) that funded the annual “Radiofrequencies and Health” research program was abolished in 2019 ([Anses, 2023](#), pp. 22–23; Document 5, Section 3.9). Real-world signals—modulated, pulsed, multiple, beam-steered—and the lifetime exposure of children remain the main unknowns.

3.3 Giving Electro-Hypersensitivity Tools for Diagnosis and Follow-Up

Electro-hypersensitivity has no diagnostic code of its own, no registry, and no validated criteria (Document 4). Provocation studies, on which the negative conclusions rest, test short exposures and immediate perception, whereas the electro-hypersensitive describe delayed and cumulative reactions (Document 8). The search for biological markers, cohort follow-up, and protocols based on the removal of exposure, rather than on its conscious detection, are priorities.

3.4 Conducting Field Studies on Fauna and Flora

The institutions that conclude there is no evidence of harmful effects themselves note the scarcity of high-quality field studies; no limit exists for non-human life (Document 6). The most probative study designs have been those that remove exposure: shielding, switching off an antenna, before-and-after comparison.

3.5 Assessing Every New Technology Before Its Deployment

The framework for 6G is being set before any health assessment of the bands it will use; smart meters were deployed while there was “virtually no scientific literature” on their specific effects ([Anses, 2023](#), p. 19); to our knowledge, no health study has been devoted to satellite constellations, which are as a general rule exempt from environmental review (Documents 5 and 6). Research should precede deployment, not follow it.

3.6 Guaranteeing Independent Funding

The authors of the reference studies often belong to networks linked to ICNIRP or to industry, and their position is stated in our documents (Documents 2 and 3). Stable public funding and governance with no ties to operators and manufacturers are the condition for the credibility of the results, in either direction.

4. Research Coordination (Question 17)

Question 17 asks how the federal health agencies can improve the coordination of research, and what roles the Food and Drug Administration (FDA), the National Institutes of Health (NIH), and the Centers for Disease Control and Prevention (CDC) can play in it. We answer on the basis of European experience, without claiming to know the internal workings of these agencies.

FDA (17a). Exposure depends first of all on the devices worn in contact with the body. In France, it was the post-market testing of the specific absorption rate (SAR) of devices sampled from retail outlets, measured in contact with the body, that led in September 2023 to the suspension of sales of a widely distributed phone model (ANFR, 2023; Document 3, Section 3.5). An agency responsible for products could in the same way test the phones, wearable devices, and wireless medical devices on the market, publish the results, and require settings that reduce exposure by default.

NIH (17b). The program of animal studies on radiofrequency radiation has ended, and the signals it tested no longer represent the networks in service (Section 3.2). It falls to biomedical research to resume experimental and mechanistic studies on current signals, to build cohorts, children included, and to fund studies on electro-hypersensitivity based on the removal of exposure (Document 8).

CDC (17c). Only what is named can be monitored: in the absence of a diagnostic code, no registry of electro-hypersensitivity exists (Document 4, Section 5). A public health agency could organize the collection of symptoms attributed to exposure, the follow-up of case clusters, and the cross-referencing of health data with exposure data, including antenna maps and measurements.

Coordination. The three roles make sense only when brought together in a common program, with a shared research agenda, public data, and governance with no ties to industry. This program should work with the authority that sets the limits, the Federal Communications Commission (FCC), which in September 2026 opened its own consultation, parallel to that of HHS (Document 6, Section 6), and with the agencies responsible for wildlife (Document 6).

5. Electromog: The Sum of All Sources (Question 18)

5.1 An Exposure That Adds Up

The term electromog refers to all the artificial electromagnetic fields to which a human being is exposed at a given moment. These fields add up: the neighborhood base station antenna and its small cells, satellites, the neighbors' Wi-Fi and one's own, the cordless phone base, the mobile phone, Bluetooth, connected devices, the smart meter and the power line communication signal it injects into the wiring, including in homes that have no smart meter (Documents 1, 3, and 5). The user's own phone often dominates the dose received by the head, and the weaker the network, the more it emits (Document 3, Section 4.1). Domestic sources are also those closest to the body, and they remain so at night.

A phone that is switched on stays connected to the network and transmits periodically, even when no call is in progress. The base of an ordinary DECT cordless phone emits even when idle; according to the Swiss Federal Office of Public Health, “In standby mode, without a phone call, the base station emits a short pulse every 10 ms,” whereas “In Eco mode, the base station does not radiate at all”; it recommends activating this mode and keeping bases without ECO mode at least 50 cm away from places of rest or work occupied for long periods (FOPH, 2016).

A practical consequence follows, which is also our main supplementary recommendation. Focusing on antennas alone makes no sense if Wi-Fi stays on in homes, if the phone sleeps next to the head, and if the DECT base emits from the nightstand; and protecting one’s home is not enough if the nearby antenna, the small cell on the street, or the satellite exposes the entire territory. Both actions stem from the same principle: reducing exposure at the source, whether public or domestic.

5.2 What the Texts Already Recognize

France has accepted the principle for the youngest children. The law of February 9, 2015, prohibits Wi-Fi in spaces dedicated to the care, rest, and activities of children under three years of age, and requires that it be switched off in primary school classrooms when it is not being used for digital teaching activities (Maire-info, 2015). Council of Europe Resolution 1815 recommended, as early as 2011, giving preference to wired connections for children, particularly at school (Council of Europe, 2011, § 8.3.2). The Swiss Federal Office of Public Health recommends the ECO mode of cordless phones (Section 5.1). These measures concern domestic and school sources: they show that reducing exposure also involves the interior of buildings.

5.3 Reference Values

The table below brings together the values in force or proposed for radiofrequency radiation, with their status. Power densities are converted to electric field strength using the relation $S = E^2/377$; dividing the field by ten corresponds to dividing the power density by one hundred.

Reference	Value	Status
1999 European Recommendation, adopted in France	36 to 61 V/m depending on frequency for mobile telephony (61 V/m above 2 GHz)	Regulatory limits in several countries, including France; based on heating (Document 2)
Switzerland, Ordinance on Protection against Non-Ionising Radiation	4 to 6 V/m per installation, in places of sensitive use; elsewhere, ICNIRP values	Installation limit values, as a precaution (Document 2)
Council of Europe, Resolution 1815 (2011)	0.6 V/m, then 0.2 V/m in the medium term, indoors, for long-term exposure	Recommendation to States (Council of Europe, 2011, § 8.2.1)
EUROPAEM (2016), mobile telephony and DECT, peak values	100 $\mu\text{W}/\text{m}^2$ during the day (0.19 V/m); 10 $\mu\text{W}/\text{m}^2$ at night (0.06 V/m); 1 $\mu\text{W}/\text{m}^2$ for sensitive populations (0.02 V/m)	Precautionary guideline values for places occupied more than twenty hours per week (Belyaev et al., 2016)

Reference	Value	Status
EUROPAEM (2016), Wi-Fi, peak values	10 $\mu\text{W}/\text{m}^2$ during the day (0.06 V/m); 1 $\mu\text{W}/\text{m}^2$ at night (0.02 V/m); 0.1 $\mu\text{W}/\text{m}^2$ for sensitive populations (0.006 V/m)	Same as above
Building biology, sleeping areas, peak values, per source	No concern below 0.1 $\mu\text{W}/\text{m}^2$ (0.006 V/m); slight concern up to 10 $\mu\text{W}/\text{m}^2$ (0.06 V/m); severe concern up to 1,000 $\mu\text{W}/\text{m}^2$ (0.6 V/m); extreme concern above	Guideline values of a private German standard, applicable to each source taken individually, based on experience and the precautionary principle (IBN, 2008)

Between the regulatory limit of 61 V/m and the value of 0.06 V/m, which is the EUROPAEM nighttime value for mobile telephony and DECT and the threshold of severe concern in building biology, the electric field is divided by a thousand, and the power density by a million. It is within this interval that the controversy lies: regulatory limits protect against heating; precautionary values target effects reported at far lower levels, notably by the electro-hypersensitive.

6. Expertise, Communication, and Propaganda (Question 18)

Question 18 also invites the identification of any other useful information. The federal agencies will receive many comments that repeat the same reassuring conclusions, attributed to the World Health Organization, to ICNIRP, or to national agencies. We consider it useful to show, on the basis of public documents, how these conclusions are produced and transmitted. By propaganda we mean here communication that presents as settled a question that its own sources regard as open, or that conceals the interest of the party disseminating it.

6.1 The Reference Assessment

The World Health Organization (WHO) is completing a monograph on radiofrequency fields in its *Environmental Health Criteria* series. In the public notice presenting its task group, six of the twenty-one experts report, in their own biographies, a present or past link with ICNIRP; the notice states that the declared interests will be published later (WHO, 2023). The first author of the WHO-commissioned review on cancer in human beings sits on the ICNIRP Main Commission (Document 2, Section 4.4). The toxicologist who led the review on cancer in animals, which concludes with a high level of certainty that cancers increase in exposed animals (Document 2, Section 4.2), stated in January 2026: “Research is very political, and we are constantly confronted with the attitude that there must not be any health risks” (Sigg, 2026). In October 2026, before the monograph was published, the global association of mobile network operators wrote: “Countries can use this opportunity to harmonize with international radio-frequency electromagnetic field (RF-EMF) policy good practice,” that is, with the ICNIRP limits (GSMA, 2026).

6.2 Funding and Results

A systematic review of 59 experimental studies on the effects of mobile phones compared their results according to their funding. Studies funded exclusively by industry were the least likely to

report a statistically significant result: the odds ratio was 0.11 (95% confidence interval: 0.02 to 0.78) compared with studies funded by public agencies or foundations, with no notable change after adjustment for the number of outcomes reported and for study quality. The authors conclude: “The interpretation of results from studies of health effects of radiofrequency radiation should take sponsorship into account” (Huss et al., 2007).

The same authors updated their review in 2010, covering 75 studies published from 2005 to 2009: “Previous findings were confirmed: industry-sponsored studies were least likely to report results suggesting effects” (van Nierop et al., 2010). Across all 134 studies from 1995 to 2009, adjusted for year of publication, the odds ratio for industry-funded studies was 0.20 (95% confidence interval: 0.05 to 0.85); for the 2005–2009 period alone, it was 0.33, without being statistically significant. None of the industry-funded studies, nor any of those with an author affiliated with the telecommunications industry, declared a conflict of interest. Studies that did not report their funding more often reported effects, and the proportion of studies reporting an effect fell from 63% to 36%, regardless of funding.

6.3 Information for Mayors and Physicians

In France, an operator planning an antenna gives the mayor a municipal information file (Document 3, Section 5.1). In the file one operator prepared in February 2021 for an antenna in the Moselle department, five of the forty pages, under the heading “Health opinions,” bring together excerpts from agencies in several countries, selected and translated by the operator, all of which conclude that there is no established risk below the ICNIRP limits; they immediately precede the operator’s commitments (Free Mobile, 2021). The mayor, who cannot oppose the project on health grounds (Document 2, Section 3.3), thus receives health information from the operator itself.

In Germany, the Society for Hygiene, Environmental Medicine and Preventive Medicine (GHUP) distributes to physicians a guide entitled *Was sage ich meinen Patienten?* (“What do I tell my patients?”), subtitled “Guide for dealing with patients who feel affected by mobile communications.” The guide, dated June 2020, bears the statement “With the kind support of the Forum Mobilkommunikation (FMK)” (GHUP, 2020); the FMK describes itself as “a voluntary interest group representing the Austrian mobile communications industry” (FMK, 2026). In 2014, the FMK offered all Austrian physicians an online training course from the Informationszentrum Mobilfunk, certified for two continuing medical education credits (FMK, 2014); this platform is supported by four German operators, Telekom Deutschland, Telefónica Germany, Vodafone, and 1&1 (IZMF, 2026).

6.4 The Press and the Encyclopedia

On December 3, 2025, a French national weekly presented an Anses report released a week earlier as follows: “A new Anses report confirms the harmlessness of mobile phone waves” (Seznec, 2025). Anses concluded that no causal link had been established between exposure to radio waves and the onset of cancers; it maintained “its recommendations of caution, in particular for children,” and did not rule out “that future work may bring new evidence” (Anses, 2025). The word “harmlessness” (*innocuité*) does not appear in its press release. The article itself quotes these two reservations, as phrases that would sustain unfounded fears. Built on an interview with a single expert, it presents

electro-hypersensitivity as “an epidemic of beliefs” and likens the International Agency for Research on Cancer’s classification of radiofrequency radiation to that of coffee. Online, the French-language Wikipedia article on electromagnetic sensitivity cites, in its section on research results, no scientific publication later than 2012 ([Wikipedia, 2026](#)); more recent criticism of the method of provocation studies (Document 8, Section 4) does not appear in it.

6.5 What These Examples Have in Common

None of these documents contains a false figure. Each one selects: concurring opinions rather than reservations, the conclusion rather than its limitations, one expert rather than the debate, older studies rather than recent ones. The propaganda we describe lies less in falsehood than in selection and omission. It has a direct consequence for the electro-hypersensitive: the physician who has read the guide, the mayor who has read the file, and the reader who has read the headline conclude that the question is closed, and that the symptoms described to them have no external cause.

7. Discussion

The research gaps and the addition of sources stem from the same cause: exposure is assessed source by source, against limits designed for heating, whereas the body receives it as a whole. A health policy confined to antennas would leave the domestic share of exposure untouched; a policy that left each individual to deal with their own devices would leave untouched the exposure imposed by infrastructure. The priority research is therefore research that measures the total exposure of individuals and studies its long-term effects, and public information must cover all sources at once.

The end of the U.S. animal study program shows the limits of research that follows technologies instead of preceding them: by the time an exposure system has been designed, the signals studied are no longer those of the network. An assessment conducted before deployment, not after, is the only one that can protect.

The propaganda described in Section 6 makes these gaps lasting: as long as the information reaching physicians, elected officials, and the public presents the question as closed, the research described in Section 3 does not appear necessary.

8. Limitations

The ranking of priorities is our own; it relies on the findings of Documents 2 to 6 and does not exhaust the possible gaps. The EUROPAEM and building biology precautionary values are not demonstrated safety thresholds: they rest on clinical experience and on the precautionary principle. The building biology standard cited is the 2008 version of its guideline values, the only one read for this document. The 2015 law is cited from a presentation of its content. The examples in Section 6 are documented cases, not a survey. The toxicologist’s testimony is a statement to the press: it describes pressures; it does not prove them. The review by [Huss et al. \(2007\)](#) and its update

(van Nierop et al., 2010) cover studies published up to 2009; the update analyzes only the abstracts of the articles.

9. Recommendations (Questions 16, 17, and 18)

1. Make the measurement of the real and total exposure of individuals, over twenty-four hours and inside homes, domestic sources included, the first research priority.
2. Re-establish a public program of studies on non-thermal and long-term effects, covering the signals actually in service and the exposure of children, funded and governed with no ties to industry.
3. Conduct every health and environmental assessment of a new technology before its deployment.
4. Inform the public about all sources, public and domestic: Wi-Fi switched off when not in use and at night, wired connections, the phone kept away from the bed and switched off at night, corded phones or, failing that, cordless phones in ECO mode.
5. Require manufacturers and internet service providers to provide settings that reduce exposure by default: Wi-Fi that can be easily disabled and scheduled, wired ports, ECO mode activated out of the box on cordless phones.
6. Bring the FDA, the NIH, and the CDC together in a common research program—testing of devices on the market, experimental studies and cohorts, symptom surveillance—with public data, governance with no ties to industry, and coordination with the FCC.
7. Adopt, for sleeping areas and places of prolonged occupancy, precautionary values on the order of those of the Council of Europe, EUROPAEM, and building biology; reduce exposure at the source accordingly throughout the territory; and preserve the white zones that remain, while re-creating others.
8. Require disclosure of the funding and conflicts of interest behind all health information on radio waves intended for the public, elected officials, and physicians; exclude all industry funding from continuing medical education on this subject; and examine the WHO monograph in light of its authors' declared interests, whose publication has been announced, and of the method by which its experts were selected.

Glossary

Term	Meaning
4G, 5G, 6G	Fourth, fifth, and sixth generations of mobile telephone networks. 6G has not yet been deployed.
ANFR	Agence nationale des fréquences (French National Frequency Agency): French public body responsible for managing radio frequencies and monitoring public exposure, including the SAR of phones sold in France.

Term	Meaning
Anses	Agence nationale de sécurité sanitaire de l'alimentation, de l'environnement et du travail (French Agency for Food, Environmental and Occupational Health & Safety): French public body, under the supervision of five ministries, responsible for health risk assessment.
Beamforming	Technique by which an antenna concentrates its signal in the direction of the user instead of emitting it uniformly.
Bluetooth	Short-range radio link between devices, around 2.4 GHz.
Building biology (Baubiologie)	Discipline born in Germany, devoted to the effects of housing on health; its guideline values are published by the Baubiologie Maes office and the Institut für Baubiologie + Ökologie (now Institut für Baubiologie + Nachhaltigkeit), which are private bodies.
CDC	Centers for Disease Control and Prevention: U.S. federal agency for public health and epidemiological surveillance.
Continuing medical education	Physicians' obligation to undergo training throughout their practice, validated by credits awarded to accredited courses.
Council of Europe	Intergovernmental organization of 46 European states, distinct from the European Union; its Parliamentary Assembly adopted Resolution 1815.
DECT	Standard for household cordless phones, around 1.9 GHz; the base transmits even when idle, except in ECO mode.
ECO mode	Mode of DECT cordless phones in which the base stops transmitting, or transmits only very weakly, when no call is in progress.
Electro-hypersensitivity, electrosensitivity	Electrosensitivity refers to a sensitivity to electromagnetic fields shared, to varying degrees, by all human beings; electro-hypersensitivity, to its highest degrees. We regard it as a syndrome, not as a disease (see Document 4, Section 3.1).
Electrosmog	All the artificial electromagnetic fields to which a human being is exposed at a given moment.
Environmental Health Criteria	Series of World Health Organization monographs devoted to assessing the health risks of an agent.
EUROPAEM	European Academy for Environmental Medicine, which in 2016 published a guideline on the prevention, diagnosis, and treatment of disorders related to electromagnetic fields.
FCC	Federal Communications Commission: U.S. federal agency that regulates telecommunications and sets the limits for exposure to radiofrequency radiation.
FDA	Food and Drug Administration: U.S. federal agency responsible, among other things, for radiation-emitting products.
Federal Office of Public Health (FOPH)	Bundesamt für Gesundheit (BAG): the Swiss federal public health authority.
FMK	Forum Mobilkommunikation: voluntary interest group representing the Austrian mobile communications industry.

Term	Meaning
GHUP	Gesellschaft für Hygiene, Umweltmedizin und Präventivmedizin: German medical society for hygiene, environmental medicine, and preventive medicine.
GSMA	Global association of mobile network operators.
Hertz (Hz, kHz, MHz, GHz)	Unit of frequency: one kilohertz equals one thousand hertz, one megahertz one million, one gigahertz one billion.
IARC	International Agency for Research on Cancer, an agency of the World Health Organization; in 2011 it classified radiofrequency radiation as “possibly carcinogenic to humans” (Group 2B).
IBN	Institut für Baubiologie + Ökologie, now Institut für Baubiologie + Nachhaltigkeit: private German building biology institute, on whose behalf the Baubiologie Maes office established the discipline's testing standard and guideline values.
ICNIRP	International Commission on Non-Ionizing Radiation Protection: a private-law association registered in Germany, whose guidelines underpin European exposure limits.
Informationszentrum Mobilfunk (IZMF)	German information platform on mobile communications, supported by four operators.
Municipal information file (dossier d'information mairie)	File that the operator gives the mayor before any planning application for an antenna, under the law of February 9, 2015.
NIEHS, National Toxicology Program	National Institute of Environmental Health Sciences, an institute of the U.S. National Institutes of Health; it hosts the National Toxicology Program, which conducted the animal studies on radiofrequency radiation published in 2018.
NIH	National Institutes of Health: the group of U.S. federal biomedical research institutes.
Odds ratio	Measure of association: a ratio below 1 indicates that an outcome is less frequent in one group than in the other.
Peak value	Maximum value of a signal over the duration of the measurement, as opposed to its average value.
Power line communication	Data transmission by superimposing a signal of a few tens of kilohertz on the electric current of the existing wiring.
Propaganda	In this document, communication that presents as settled a question that its own sources regard as open, or that conceals the interest of the party disseminating it.
Reference level, basic restriction	The basic restriction limits the energy absorbed in the body; the reference level limits the field measurable outside the body and is supposed to guarantee compliance with the former.
Resolution 1815	Resolution adopted on May 27, 2011, by the Parliamentary Assembly of the Council of Europe on the potential dangers of electromagnetic fields and their effect on the environment.
SAR	Specific absorption rate: power absorbed per unit mass of tissue, in watts per kilogram; it is used to verify the compliance of devices worn close to the body.

Term	Meaning
Small cell	Low-power, short-range antenna installed close to the ground, on street furniture or building facades, and connected to the operator's network like a base station; "small-area wireless access point" in European Union law (see Document 5, Section 4.1).
V/m, $\mu\text{W}/\text{m}^2$	Units of field intensity: the volt per meter measures the electric field, the microwatt per square meter the power density; $S = E^2/377$ converts one into the other.
WHO	World Health Organization.
Wi-Fi	Wireless local area network, around 2.4, 5, and 6 GHz.
Wikipedia	Online encyclopedia written by volunteer contributors, most often anonymous.

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