

## The electrical sensitivity skeptic's questions and answers



*Picture credit: Shutterstock*

**Skeptics who doubt that electrical hypersensitivity (EHS) is a genuine disease raise many good questions. Here we respond to these issues and explain what can appear to be contradictions and inconsistencies, but really are not.**

*Keyword: electrical sensitivity, electromagnetic hypersensitivity, EHS, FAQ, questions*

**“She says she is ‘allergic’ to Wi-Fi, but here she is in a restaurant with Wi-Fi.”**

She had probably checked where the transmitter was and got seated as far away as possible. People with EHS have “strong” days where more radiation is tolerated than a regular day. She probably went on a “strong” day.

EHS places a lot of restrictions on life; sometimes we just rebel to have a sense of normalcy, even if there may be a fall-out afterwards. Many regular people defied the Covid-19 restrictions for the same reasons, even though that could cause people to die.

**“They have too many different symptoms for EHS to be a real disease.”**

A 2021 study in the *Lancet* reported no less than 203 symptoms spanning ten organ systems reported in people with Long Covid. Auto-immune diseases can also cause diverse symptoms that come and go. Same for mastocytosis and mast cell activation.

Cigarettes can cause more than two dozen health effects, from low birth weight to hardened arteries to emphysema, various cancers, and prematurely aging skin.

**“They can’t tell the difference whether a cell phone is on or off.”**

There have been studies where the people with EHS didn’t know whether they were exposed to EMF or not. Some felt sick simply because they thought they were exposed. That is called the nocebo effect. But regular people do this too, so that doesn’t prove anything. In a famous 1983 British study, 120 people believed they got chemo drugs when they got a placebo. 31% lost their hair, 35% had nausea. There have been several other studies with similar results, all done with healthy people.

It is not reasonable to demand people with EHS are “better” than other people.

Pharmaceutical companies spend millions to control this problem in their drug trials. The EHS studies were all low budget, and poorly controlled.

Only a couple studies on EHS patients weeded out those prone to the nocebo effect. They did show that people were better at detecting whether things were on or off.

Those studies were also well-designed against the many other difficulties (see below).

**“It’s a simple enough test, one that could be designed by a 12-year-old.”**

Not exactly. Doing such a test is actually very difficult, and most studies were done sloppily, which can explain why most of them fail. People with EHS are not all sensitized to the same frequencies (just as people with allergies are not all allergic to the same things). Also, the time before symptoms start and end varies a lot, which messes up studies with multiple challenges on the same day.

Most of these studies were done in places that had other types of radiation, such as from computers. They were like placing someone with asthma in a room with a cigar smoker, and then asking them to tell whether there is also a cigarette smoker there or not.

**“Nobody has been found to have EHS with double-blind testing.”**

Not true. The strongest example is a study by McCarty, Marino and colleagues, who tested one person 485 times. If something is believed impossible, it takes only one example to prove it is possible.

The 1991 study by William Rea and colleagues shows the same for 25 people, but with fewer repetitions.

**“They should go to a psychiatrist.”**

Psychiatry doesn’t help, which is not surprising since EHS is not a psychiatric disease.

Psychologists and psychiatrists may sometimes be able to help with the *effects* of living with EHS, which can mean loss of job, savings, family, and friends. That is stressful for anyone, and can cause depression and anxiety.

Of course there are people with EHS who also have serious psychiatric problems, just as there are among the general population. Since they are the EHS cases that show up at psychiatrists’ offices, some psychiatrists have come to believe they represent the larger EHS community.

**“It is mass hysteria caused by the media.”**

Many people have never heard about EHS before they noticed it hurts to use a cell phone or computer. The media usually falsely portrays EHS as a psychological problem. That should not encourage people to think they have EHS.

There are reports of EHS from before electronic media, such as telegraph operators. A scientist named Clarence Wieske documented two cases in 1963.

“Mass hysteria” is a sexist term. A more polite term is “mass psychogenic illness.” That mostly happens to teenagers, while EHS mostly happens to adults.

**“An entire industry has emerged to capitalize on these fears.”**

There is indeed a lot of charlatans out there selling very dubious things that supposedly protect against EMF. When people are sick and the doctors are not helpful, they look for answers elsewhere. Desperate people are easy prey for charlatans. Some also flock to well-meaning physicians who try to help, even though their treatments are not proven by science.

That is not new at all. The same was seen during the AIDS crisis and the tuberculosis epidemic. There was even some of that during the Covid-19 epidemic.

**“Doctors say it is all psychological.”**

One of the most vocal doctors who say that, Dr. James Rubin, also claim food sensitivities are psychosomatic. And that the people with severe EHS or chemical sensitivities *want* to live like hermits!

Another psychiatrist, Dr. Joseph Pierre, postulates that EHS patients often believe crackpot ideas about government control via radiowaves.

These psychiatrists see a few people with EHS who also have psychiatric problems in their offices and then think that is how all people with the disease are.

Of course, there are also plenty mainstream psychiatrists who believe EHS is psychosomatic, but they are influenced by these loudmouths who are cruelly mistaken.

Doctors used to believe migraines, asthma, eczema, hives, stomach ulcers, celiac, endometriosis, auto-immune diseases, TMJ, Long Covid, Lyme disease, and much else was “all in their head” too. For years they smugly said that “catching a cold” had nothing to do with being chilled. They still have not learned to be more cautious with their condemnations.

**“Scientists agree there are no health effects.”**

Not true at all. It is just that dissenting voices are not invited unto the various stacked panels. There have been several appeals by hundreds of independent scientists to take these health effects seriously. The largest and best known are the Freiburger Appeal and the International EMF Scientist Appeal.

There have also been statements from the Austrian Medical Association, American Academy of Pediatrics, Council of Europe (Resolution 1815) and others.

**“EHS is more pronounced in people with no decent and fulfilling life.”**

This writer has met many accomplished people who had their careers ruined by EHS: doctors, physicists, engineers, college professors, etc.

Look up Gro Harlem Brundtland, who was prime minister of Norway for ten years and then the head of the World Health Organization, until EHS forced her to retire.

**“I suspect this phenomenon affects technophobes exclusively.”**

See the reply to the previous assertion.

**“They talk about cell towers and phones, but not microwave ovens, radio, etc.”**

The popular media focuses on the towers and phones. They always simplify things. All electronic equipment can be a problem for people with EHS.

Cell phones and towers are hazards imposed upon people with EHS, while microwave ovens and other equipment in the home are things they can avoid if they need to.

**“But they use computers and watch television.”**

Televisions and computers without wireless connections radiate a lot less than wireless devices. Sitting back from a television is less exposure than sitting at a computer.

The level of tolerance varies a lot. Some people can use these things for hours a day, some much less, some hardly at all. There may be some recovery time afterwards, which is best done where the electromog is as low as possible. People do this to not be so isolated. That is worth some discomfort.

**“Those frequencies and intensities already exist in nature.”**

False. The levels of electromagnetic radiation is thousands of times stronger in cities than they are in remote natural areas. That is easy to verify with instruments costing a few hundred dollars.

In a remote area, a quality gaussmeter should show about 0.001 milligauss (0.1 nanotesla). In an ordinary household the readings are often around 1 milligauss (100 nanotesla).

A radio-frequency meter should show below 0.01  $\mu\text{W}/\text{m}^2$  in a remote area, and at least 1000  $\mu\text{W}/\text{m}^2$  in a city (and sometimes above 100.000  $\mu\text{W}/\text{m}^2$ ).

The radiation from the sun and the cosmic background is much, much less than these numbers.

**“Nobody ever proved EMF affects people.”**

EMF is routinely used by physicians to heal fractured bones. Those devices are approved for use by health authorities, based on studies. They are not controversial.

There are also the Frey Effect and Transcranial Magnetic Stimulation.

These all work at higher levels than mobile phones, but also for much shorter exposure times. And they affect all people, not just people sensitized to EMF.

Cancer from cell phones were found by several studies, most notably the large NTP study in the United States, the Ramazzini Institute study in Italy, and the Hardell studies in Sweden.

**“They’ve studied this for fifty years and found nothing.”**

There are literally thousands of studies that find biological effects in humans, animals, insects and plants. Biological effects do not necessarily mean disease, but there are many studies finding that too, including cancers.

The cell phone industry had a program to study health effects in the 1990s. It was shut down when the results became too embarrassing for their corporate sponsors.

Multiple studies show that the majority of science funded by industry finds no effects from EMF. The majority of independently funded science do find effects. This “funding effect” is in many other fields of study too, including drug research, climate change research, tobacco research and studies of chemicals.

**“There is no science supporting their claims.”**

Virtually all research assumes people are healthy adults and ignore fetuses, children, old people and those with health conditions such as heart disease, autism and EHS. You won’t find anything if you never look.

There are studies supporting the existence of EHS, such as the brain scans by Irigaray and Belpomme in France, and Heuser in Los Angeles. Also the studies by Marino and Rea mentioned earlier. Much more research is needed, but funding is not available.

**“The mobile industry pays for studies, but they do not control the results.”**

Unfortunately, it is very well documented that whoever pays for a study also influences the results. This especially goes for pharmaceutical research, but also other fields, such as EMF health effects.

In 2006 the editor of the prestigious *BMJ* (British Medical Journal) wrote:

*This is a disturbing finding. It suggests that far from conflicts of interest being unimportant in the objective and pure world of science where method and the quality of data is everything, it is the main factor determining the results of studies.*

**“If EMF was dangerous, how come people live longer today?”**

There have been tremendous improvements in sanitation, antibiotics, clean drinking water and medical treatments. That makes people live much longer.

The jury is still out whether people would live even longer with less EMF. The rates of cancer are rising, even among younger people. Brain cancer is on the rise in many countries. That could all have other causes, such as the toxic soup of chemicals most people live in every day. It can't be explained away by better screening or that there are more older people.

**“Fewer people are dying of cancer today.”**

True, but that is because the treatments are better. More people get cancer than before, even among younger people. Treating cancers is big and profitable business, preventing cancer not so much.

**“This is not normal.”**

Correct, it is not normal. EHS is an outlier, but so are people who do not tolerate mold, pollen, fragrances, sunlight, chemical fumes, or noise. Or people who get



seizures looking at strobe lights or spinning wind turbines. Or people who have real mental illnesses.

They are all just regular people who got a difficult disease through no fault of their own. They have a right to live too.

## **Notes**

Most of the comments we answered were common misunderstandings and based on little reliable information. It is difficult for outsiders to understand what living with EHS is like, just as it is difficult for a young person to comprehend what old age is like. Or for a healthy person to understand what it means to be disabled.

A lot of us think we understand these things, until we actually land in that situation ourselves.

Doctors are guilty of that too. We see physicians making all sorts of generalizations, which typically are based on very few patients visiting their offices, and an echo chamber with their colleagues who also have a limited view of reality.

Popular media is a common source of myths. The journalists write about a disease they know hardly anything about and do not have the time to investigate properly, but they still have lots of opinions. They also need to make their story “interesting” so they focus on the extreme cases and on the controversies. Popular media is for entertainment, but it shapes a lot of opinions.

There is a lot we do not understand about EHS. Most studies are based on the assumption that the people are simply mentally ill. It is nearly impossible to get research funding looking outside that box.

We found these skeptical voices on social media, popular media, and one book written by a journalist. They are real statements, which we sometimes edited to make them clear and concise.

We intentionally wrote the answers to be short and simple, without references. If you want the longer answers and the references, follow the link below.

## **More information**

For more information about EHS; what life with this disability is like; what science is available and more, go to: [www.eiwellspring.org/intromenu.html](http://www.eiwellspring.org/intromenu.html)