PHiRE
Physicians' Health Initiative for Radiation and Environment

Electromagnetic Hypersensitivity (EHS) Fast Facts

How common is electromagnetic hypersensitivity?
5% to 30% of the general population may be mildly affected, 1.5% to 5% moderately affected, and up to 1.5% severely affected.

1. Symptoms: Headache, sleep disturbance, dizziness, tinnitus, palpitations, skin rashes and dysaesthsias and many more. The effects are multisystemic.

2. Triggers: Classically pulsed, modulated radiofrequency radiation (RFR), e.g. from mobile phones and base stations, Wi-Fi routers and computers, cordless landlines, smart meters, and Extremely Low Frequency (ELF) emissions from household wiring, appliances, electrical infrastructure and transportation, etc.

3. Is the reaction physical or psychological? Physical reactions have been shown under double-blind conditions and some are disabled by severe symptoms. As with any chronic illness or disability, there can be secondary mental health impact.

4. Can it be cured? Central medical management is reduction of exposure. If this is done in the early stages of EHS then rapid symptomatic resolution can occur. Often, those with EHS need long-term support, including provision of low-EMF environments. This is increasingly challenging due to the widespread proliferation of emitting technology.

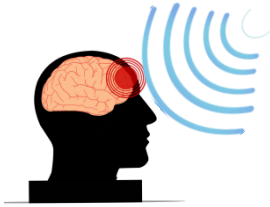
5. Are any other illnesses associated with EHS? Persons with EHS have a tendency to be sensitive to chemicals / foods and there can be multiple sensory upregulation so some may also experience auditory, olfactory and/or visual sensitivity, for example. Some may also become photosensitive.

6. Are any other illnesses associated with EMF exposure? RFR is shown to cause oxidative stress in over 200 studies and links have been made in peer-reviewed publications with multiple disease endpoints, including cancer. RFR and ELF are currently classified as Group 2B possible human carcinogens and animal studies have corroborated the human evidence of increased risk.

7. Are any other groups especially vulnerable to negative health effects from EMF exposure?. Children, pregnant women the elderly and infirm may be at greater risk, e.g. owing to differences in their anatomy, absorption characteristics, and repair capacities. Additionally, those whose exposures are highest – such as workers with high occupational EMF levels or those with heavy wireless device use, may also carry greater risk. Those with body metalwork which can conduct and reflect EMFs may also be more vulnerable.

8. Is there peer-reviewed published science regarding EHS? Links below cite many papers explaining how EMFs can affect health (including EHS). Find relevant citations at:

5gappeal.eu
appel-de-paris.com
bioinitiative.org
ehtrust.org/science-on-electromagnetic-sensitivity/
emfscientist.org
icbe-emf.org
mdsafetech.org
orsaa.org
phiremedical.org



Most countries also have support groups, such as es-uk.info here in the UK

To learn how to reduce EMF exposures, download and print our trifold leaflet on 'Radiofrequency Radiation Reduction' at:

Radiofrequency Radiation Reduction: 'How to' Guide (under 'Resources' at PHIREmedical.org)

Electromagnetic Hypersensitivity (EHS)
Positive Progress

9. Has EHS been legally recognised? Yes. Multiple legal actions have led to compensation, pension, and low-EMF disability accommodation of people with EHS.

10. Do medical doctors recognise EHS? Yes. An increasing number of doctors are diagnosing EHS. However, unfortunately most doctors have not yet been taught how to recognise or manage EHS, and it can be hard to find a specialist. GPs who have researched the condition are able to diagnose it and CME accredited courses are available for medical professionals who wish to know more.

11. What can I do to help someone with EHS? Listen to them and ask what they need. Reduce your EMF emissions, as per the leaflet cited above. People with severe EHS can face obstacles such as:

- **Disbelief / ignorance** of their medical condition
- **Homelessness** because there is nowhere to live where EMFs are low
- **Poverty** due to inability to work or access adequate financial support
- **Hunger and thirst** if they are severely ill, living rough and unable to access shops/services due to EMFs
- **Unable to travel** due to EMFs in cars and public transport
- **Isolation** due to lack of understanding / unwillingness of others to reduce emissions, communication limitations and inability to access most areas
- **Severe ill health** due to the reaction and also inability to access medical services for support with these symptoms or other health issues
- **Loss of independence** leading to pressure on personal relationships and emotional distress.

Many people with EHS are reliant on family and friends to support their basic needs as society has not yet adapted to accommodate them.

Loss of this kind of support can lead to feelings of hopelessness and despondency, and there have been multiple preventable suicides.

Even if you are unable to give a person with EHS what they need, **your support, understanding and credible witness to their suffering and needs could prove life saving**.

12. Is there anything good?
Although this reaction can cause great suffering, related learning and EMF-lowering can reduce risk for not just those with EHS but also those they connect with, such as family members, friends, colleagues and professionals who become involved. Lowering of man-made EMF exposure is important for the health of not just humans but *all* planetary life; and EHS may be the catalyst which ultimately facilitates the protection of many species harmed by man-made EMFs.

Thank you from
Physicians' Health Initiative for Radiation and Environment (PHIRE): PHIREmedical.org

Endorsed by: Environmental Health Trust and British Society for Ecological Medicine