

Confirming Electromagnetic Hypersensitivity (EHS)

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Scientific evidence confirming EMF sensitivity (non-thermal)		Date First Noted
Biomarkers, Imaging		
Biomarkers	Dephosphorylation, demyelination, histamine, melatonin, cataracts	1869
Imaging	Rouleaux blood effect, brain damage (fMRI), cerebral blood perfusion	1946
Mechanisms, Pathways		
Mechanisms	Ferritin (iron), heavy metals (mercury), magnetite, radical pair mechanism	1975
Pathways	Blood-brain barrier, cryptochromes, oxidative stress, voltage-gated channels	1974
Symptoms: Short-term and Long-term		
Conscious	Anxiety, brain fog, depression, forgetfulness, headaches, insomnia, rashes	1733
Subconscious	Cancers, cardiovascular harm, hypersensitivity, infertility, and neurological harm	1746
Diagnosis, Cancer Classifications		
Diagnosis	Reports, surveys (ecological, masts), tests (negation, threshold, transition)	1871
Cancer	IARC: 2B possible. Known carcinogen: FDA/ NTP (2018), WHO (2025)	2001
Genetics, Genotoxicity		
Genetics	DNA repair, fertility, GSMT1/GSTT1 null, myelin, NR2B, thyroid SNPs	1999
Genotoxicity	DNA damage, irreversible genomic damage near masts	1994
Human-made Sources		
Devices	Generators, masts, mobile phones, power lines, smart meters, Wi-Fi	1733
Occupations	Workers with telegraph, electricity, radio, computers, mobiles, and MRI	1871
Natural (Native) EMFs, Wildlife		
Geomagnetic	Biological effects from non-thermal atmospheric and solar disturbances	1799
Wildlife	Animals, bacteria, and plants affected by non thermal human made EMFs	1896

Michael Bevington of Electrosensitivity UK advocates for recognising the health and environmental impacts of human-made electromagnetic fields (EMFs), citing both historical and legal acknowledgement as well as scientific research linking EMFs to various symptoms

Symptoms of sensitivity to [human-made electromagnetic fields \(EMFs\)](#) were first described in 1733, and the condition now known as [Electromagnetic Hypersensitivity \(EHS\)](#) was identified by 1746. Both claims have been supported by extensive scientific research. Furthermore, EHS has been legally and practically recognised. However, the Western military-industrial complex continues to deny this well-documented evidence.

Scientific evidence confirms EHS symptoms

Many biophysical mechanisms and [pathways of EMF sensitivity](#) are now established, along with biomarkers, imaging, and genetic factors (Table 1). These confirm the long-term adverse effects from EMFs, including non-thermal radiofrequency (RF), such as cancers, cardiovascular and neurological harm, and infertility. Scientific research has also confirmed short-term conscious symptoms, like headaches, brain fog, depression, and insomnia, as in the mainstream Scientific Consensus International Report of 2021 by 32 worldwide experts on physiological EHS. Convincing and consistent scientific evidence also confirms non-thermal adverse effects on wildlife.

Other evidence confirming EMF sensitivity (non-thermal)		Date First Noted
Legal Recognition		
Judicial	Compensation or fines for failures in non-thermal EMF safety	2001
Rights	Disability, equality, health, human (including the foetus)	1968
Safety Regulations		
Adjustments	EHS disability accommodations: shielded workplace and home	2000
Prohibitions	Bans on mobile phones and Wi-Fi for children	2011
Guidelines	Non-thermal limits; exclusion zones; sensitive, night and day limits	1935
Research Centres		
Research	Royal Society, Breakspear, EMC Dallas, DARPA, ARTAC, CES Moscow	1730
Underwriting		
Insurance	Non-thermal RF excluded, or high risk, like asbestos, causing cancer	1990s

Table 2. Other evidence confirming sensitivity to EMFs.

Other evidence confirms EHS

There is substantial evidence supporting non-thermal electromagnetic field (EMF) sensitivity, as outlined in Table 2. This includes legal compensation and fines for failing to protect individuals with electromagnetic hypersensitivity (EHS), as well as the establishment of non-thermal safety limits and prohibitions. Additionally, some underwriters either refuse EMF insurance or classify it as high risk. Furthermore, there are disability rights and accommodations available for people with Electromagnetic Hypersensitivity.

Invalidated denial of Electromagnetic Hypersensitivity

Invalidated attempts at denying non-thermal adverse EMF effects, including EHS and its symptoms, have been made since 1953. That year, RF was found to cause cancer and was first used in warfare (Table 3). This 72-year denial, longer than for smoking, is one of

the longest denials of confirmed evidence in the history of science.

Methods

(a) Misinformation conspiracy

Professor Robert Becker in 1990 called this misinformation – propagating unscientific denials of confirmed adverse non-thermal EMF effects – a ‘conspiracy’. Similar misinformation, without proof, invalidly confuses two separate conditions, physical EHS and psychological electrophobia.

(b) Research bias

Groups ‘captured’ by the wireless industry typically produce biased research denying harm. However, there is a paradigm shift on EMF sensitivity in the US, with DARPA studying pilots suffering EHS symptoms like spatial confusion from radar and jammers.

(c) Media control

Some biased internet search engines and websites suppress confirmed scientific evidence for EHS but highlight spurious denials. Some authorities arbitrarily ban information posters and media reports on confirmed EHS. Wireless companies can threaten advertising revenue.

Motives

(a) The military-industry complex: secret warfare and profits

In 1984, Professor Nicholas Steneck described the US’s EMF thermal limits as ‘a military-industry’ standard aiming ‘to maximise opportunities to expand the use of RF technology’. From 1953, the US, unlike Eastern countries, adopted Schwan’s invalidated thermal hypothesis, that RF causes harm only through heating. Thermal limits prevent a temperature rise of 1°C based on continuous RF exposure. This heating hypothesis was disproved in 1962, when the same incident level of continuous and pulsed RF energy averaged over one hour produced the same intraocular increase of 5.8°C; however, only pulsed, not continuous RF, caused cataracts.

Military pressure from 1953 protected secret non-thermal RF warfare. Cost-cutting avoided buying land for non-thermal radar safety zones.

Industry and governments prioritised profits and tax revenue. Since EHS symptoms are non-thermal, those denying non-thermal effects also deny the existence of EHS. In 2004, the World Health Organization, subject to the United Nations’ economic growth agendas, arbitrarily denied that EMFs caused EHS symptoms, although this cause was established in 1733 and for RF in 1889.

Invalidated denials of confirmed sensitivity to EMFs (non-thermal)		Date From
Methods		
Misinformation Conspiracy	Invalidated denial of adverse non-thermal EMF effects	1953
	Arbitrary, unproven, confusion of EHS with IEI-EMF (nocebo)	2004
Research Bias	'Captured' industry and government funding: denial bias	1990
Media Control	By some governments and internet sources, advert revenue	1990s
Motives		
Military	Secret EMF weapons for anti-personnel warfare; cost-cutting	1953
Financial	Maximising profits for the electricity and wireless industries	1979
	Taxes from mainly unrestricted, unsafe electricity and wireless	1990
Psychological	Addiction to unsafe wireless use, despite confirmed harm	1990s

(b) Wireless addiction

Some people are addicted to unrestricted wireless use. They ignore confirmed evidence of non-thermal harm and mistakenly assume that governments protect them. However, under military- industry influence, some governments prioritise taxes and profits over health, non-thermal limits and preventing EHS.

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