



A lot of medical doctors don't understand the meaning of "functional impairment" and furthermore they have been conditioned during their medical studies, as well as biologists, to think that all persons who don't fit in the "norm" are "sick" individuals or suffer from health disorders. Variability among individuals, diversity among our species, *Homo sapiens*, seems to be an unknown data to the majority of physicians.

Like you, I have been interested in environmental medicine for many years. I discovered the environmental syndroms (and not pathologies) during an international conference "Chronic Diseases' Health Crisis: Emerging Environmental Diseases Alert Us" at the French national parliament in October 2014. Already in 2012, I have been interested in environmental toxicology, heavy metal poisoning in particular (vaccines adjuvants, dental fillings...).

- All the medical doctors and therapists that I have heard or met in conferences or in associations confirm the reversibility of the symptoms as well as the reversibility of the biomarkers, when the source of the EMFs emission is removed or the person withdraws, which excludes *de facto* the fact that we are dealing with a pathology.

We must not confuse the symptoms, the clinical perception, triggered by these EMFs with the biological effects at the cellular and molecular level which are insidious and imperceptible. Everyone, as well as all living organisms as a whole, is impacted by these radiations, regardless of whether they consciously feel them or not, as thousands of scientific studies published in peer-reviewed journals have shown. But the pain caused is different from one individual to another, as are, for example, the differences in sensitivity to cold and heat.

#### A few details and clarifications:

- The statement that all individuals are not biologically equal (when you refer to electro-chemical hypersensitivity for example) seems to me to be false.

The EHS/MCS persons are different. They have a bigger detection capacity of magnetic, EM and electric fields (and chemical products) than the average of the population. This means it is a faculty/hability and not a weakness.

The avoidance behaviors are healthy reactions towards a toxic physical agent (the radiations).

This means persons are electromagnetic-hypersensitive from birth. Their electromagnetic-hypersensitivity is revealed to them due to the EMFs-polluted environment, most of the time following an involuntary overexposure to pulsed microwaves (e.g. through the implementation of wifi at workplace). If we were living in an unpolluted environment, these persons would not be aware that they are EHS.

The EM-perceptive persons are often healthier than electromagnetic-**hypo**sensitive persons since, thanks to this natural EMFs-alarm system, they avoid as much as they can polluted areas, they wear protective clothes and they don't use (or rarely) wireless devices. Most of the EMP persons I met had a moderate use of their mobile phones. A minority canceled their mobile phone subscription in order to be consistent to their knowledge of living things and their fight against electrosmog – this is also the case for me and my partner, an IT engineer. We have always been wired for our internet connection and for our local network inside our home.

- False statements borrowed to theoretic concepts from immunology heard among people (EHS and non-EHS persons): wave allergy, breach of the tolerance threshold to EMFs.

The EHS persons are not "*allergic to waves*".

In the same way, we cannot speak of “breach of the tolerance threshold to EMFs” for EHS persons. *Homo sapiens*, like all the other living beings, is not endowed to defend itself against these radiations. Electricity didn't exist before the 19<sup>th</sup> century. Our organism as well as the one from other species has evolved since millions of years (billions, hundreds of millions of years since the appearance of the first microorganisms on the planet) without any pollution.

- I question the concepts of “predisposition” or genetic/epigenetic (or physiological/anatomical...) “susceptibility” that I learned during my academic experience because it implies that it is the individual who has a problem or a difference in comparison to the “norm”, whereas we should rather focus on the environment, especially on environmental toxicology.

Some EMP persons can indeed be sick, like anybody else. Notably, one part of the persons I met in the associations suffered from a heavy metal poisoning. The latter one amplifies the symptoms caused by EMFs and generated others (e.g. chronic bacterial and/or fungal infection or viral infection). This heavy metal poisoning and these microorganic infections have the effect of delaying the reversibility of the symptoms due to an EMFs exposure.

### The question of accepting one's physical difference:

Personally, I consider myself lucky to have this ability, it's a bit of a superpower, even if I suffer every day from this pollution (and social exclusion). It has enabled me to protect my health (and that of my non-EHS partner). It has enabled me to do research in biophysics, to increase my knowledge in different fields, to complete my *disindoctrination* from the teaching or rather the cramming received at the university and to become more autonomous in the management of my health. This allowed me to become more critical of this techno-capitalist civilization and thus to question several societal choices, especially in the technological field.

It seems that I am not the only one who assumes my difference. I quote a 13 year old English teenager (from a PDF document of the association PHIRE for "*Physicians' Health Initiative for Radiation and Environment*") from August 2022:

*"EHS has dramatically affected my life, but **maybe not in the ways you might think**. Of course there are places I can't go, or things I don't have, but I live a very "normal" life in most ways. I can message my friends through email or Skype on a hardwired system as long as I don't spend too long and I can go to school now that I have one without Wi-fi and mobile phones. [...] I can feel things and sense things most people can't. **This has protected my health, and I like to think of it as a superpower**. Of course sometimes, when I can't sleep, or can't go to school, it doesn't feel like that, but in my stronger states, **I recognise that it is kind of amazing.**"*

I even feel proud to be EHS, because it has allowed me to go beyond my limits. It is indeed a challenge to fully assume one's self when one is electromagnetic hypersensitive and has given up the use of cell phones in an ultra-connected society. The manufacturers and the complicit authorities have done everything possible to make people dependent on wireless gadgets. Indeed, it takes a lot of courage and willpower to be comfortable with oneself and resist societal pressure. It is also necessary to be curious and to be interested in alternative technical solutions.

As a result, I have not had any problems coming out as an EHS person to my acquaintances and/or chance encounters. This is an opportunity to explain EM-perceptivity, to raise awareness about the toxicity of wireless technologies and to encourage them to reduce their "consumption".

Unfortunately, I notice that EMP persons who are comfortable with themselves represent a minority. The situation has even worsened in recent years due to the very strong social pressure to be "all connected, all

the time" (reinforced with the roll-out of 5G) and at the same time the standardization of individual behavior (amplification of the phenomenon of blind conformity accentuated/worsened by social networks).

Indeed, among the EMP people I met in the associations and those who answered me during my survey, some of them told me that they did not feel comfortable with the fact that they were electrohypersensitive or did not accept it, in spite of my scientific explanations and the positive image I gave of it. Some are ashamed of their physical difference. Most of these people always had their cell phone and had a very hard time living with the fact that they were rejected by society (family, friends, colleagues, loss of job or a less well-paid and less interesting job, etc.). I found that men often had more trouble dealing with this than women. Not all individuals have the will and strength to fight against social pressure, as it was unfortunately demonstrated during the "*corona-circus*".

However, it is scandalous and unacceptable that an association administrator who lives badly with his own condition (and/or who has financial difficulties) involves all his members in a strategy that is dangerous for the fate of EHS persons and counterproductive in terms of reducing electromagnetic pollution, such as asking the authorities to recognize electromagnetic hypersensitivity as a pathology. This opens the door to medical (including psychiatric) treatments, but also to the forced internment of EHS persons, as has been done in the past for people with mental disabilities or as is unfortunately still done for autistic persons or those considered undesirable by society. Once people are declared irresponsible, they lose all their civil rights.

Make EHS persons look like sick people is a clever sleight of hand which prevent anykind of legal action against the manufacturers and the complicit authorities. The latter will be able to continue developing and imposing their deadly merchandise on the population in order to achieve their goal of a fully digitalized society (and Planet) in less than 10 years (Agenda 2030 from the European Commission).

Some EHS persons, more easily influenced, can also be manipulated by the doctor's discourse, all the more so if the latter is a "Professor"...

The authorities have to recognize EMFs, especially pulsed microwaves, as a major environmental pollution.

Asking for official recognition of EHS as a functional impairment does not change the situation of individuals if it is not accompanied by an obligation to enforce accessibility measures in spaces open to the public. I've been living in Sweden for almost two and a half years, and I've noticed that the situation of EHS persons is worse than in France (no accessibility measures, rights permanently violated, financial aid from the State, via the regions and the municipalities, in sharp decline for many years...). EHS persons are made even more invisible in Sweden than in France. I have had this unpleasant experience, my partner and I were shocked by the apparent ignorance of the population and their lack of interest in us, as well as by their ignorance of the toxicity of artificial EMFs. We can ask ourselves what the Swedish associations have been doing for the last 20 years...

Facing the extreme suffering of EHS persons, their very difficult living conditions, facing the deleterious health effects (including mental ones) on the rest of the population, facing the destruction of other living species, facing the social, humanitarian, health and ecological emergency, the precautionary principle is completely outdated, society must take immediate and firm measures. This must include a ban on wireless technologies, just as it was done for the ban on smoking in public places.

If the most concerned population, especially the victims of wireless technologies, cannot even count on a minority of politicians (and doctors) to set up a dismantling plan, then these citizens will do it themselves with the help of a few supporters, as it has already been seen in the countryside in several countries, with the risk of being subjected to reprisals from the authorities and the rest of the population. The passivity of politicians and doctors is not only reprehensible but irresponsible.

The creation of white zones is by no means a solution for EHS persons. Not only could they turn into ghettos, but they could also become concentration camps, if they are provided with a medical center. The article by Jutta Lindert, Yael Stein et al. "*The Role of Psychiatrists and Physicians in Nazi Programs from Exclusion to Extermination, 1933-1945.*" (Public Health Rev 34, 8 (2012) - <https://doi.org/10.1007/BF03391660>) clearly shows us and reminds us how events played out for Jews and other minorities persecuted by the Nazis, moving from isolation, ostracisation, insults, to the ghetto, then to the concentration camp and finally to the extermination camp (see table p. 11-13).

It seems to me that for several years we have been witnessing a sequence of events, of which EHS persons are the new victims, that bear a striking resemblance to those that took place for Jewish persons in the first half of the 20th century. It is high time to put an end to this sinister scenario.

Like you, I believe that health care facilities, including doctors' offices, should be the first places to set an example by banning wireless technologies in order to make them accessible to EHS persons. Physicians should set an example for their patients (signage indicating a healthy environment, free of wireless technologies and information sheet on EMFs toxicity). Their behavior should also be exemplary in their private lives, which would increase their credibility. Many doctors suffer as much as their patients from a strong dependence or addiction to wireless gadgets. I think that the taboo should be broken on this subject.

I hope that we will have the opportunity to discuss the subject in more detail.

Sincerely yours,

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