

Electro-Hypersensitivity Does Not Exist

Document 4 — Recognition of Electro-Hypersensitivity and Sensitive Populations: A Syndrome Without a Code, Case-by-Case Recognition, Documented Vulnerabilities

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: 10 (10a to 10e, 10g, 10h; Question 10f is addressed in Document 8); 11 (11a to 11g; Question 11g is developed in Document 1).

Authors: Independent researchers, Europe (Belgium, France, Luxembourg). October 2026.

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

Abstract

Electro-hypersensitivity does not appear in the International Classification of Diseases (ICD-11) of the World Health Organization (WHO). Without an entity or a code, no registry is possible; without a registry, prevalence is known only through self-report surveys, whose results range, according to Anses, from 0.7% to 13.3% depending on the country and the year, and vary with the place of the subject in the public sphere. In Europe, recognition is advancing by way of disability rather than by way of disease: in 2009, the European Parliament invited the Member States to follow the Swedish example, and French and German courts and administrations have recognized, case by case, the incapacity and the disadvantage suffered, without settling the scientific question of the cause; in occupational matters, at least two French courts have accepted a legal link between exposure at work and the condition. European labor law already recognizes workers at particular risk from electromagnetic fields—individuals with implanted medical devices, pregnant women—without covering long-term effects. Recent dosimetric studies show that the child absorbs more energy than the adult, to the point of possibly exceeding the basic restriction when the external field reaches the reference level. The document sets out seven recommendations, the first of which calls for reducing exposure at the source for the entire population.

1. Purpose

The Request for Information asks what data sources and surveillance systems exist to monitor the possible adverse effects of radiofrequency exposure, and whether others should be developed: disease registries (10a), occupational (10b) and environmental (10c) monitoring, longitudinal cohorts (10d), biomonitoring (10e), adverse event reporting (10f), case clusters (10g), and other sources (10h) (Question 10). It also asks whether exposure assessment or risk evaluation should differ for sensitive populations: children (11a), pregnant women (11b), older adults (11c), individuals with implanted medical devices (11d), highly exposed workers (11e), individuals with preexisting conditions (11f), and other populations that may experience particular effects (11g) (Question 11).

The recognition of electro-hypersensitivity governs the answer to both questions: only what is named can be monitored, and a sensitive population is protected only if it is identified. We therefore address recognition first, then surveillance, then sensitive populations.

2. Methods and Sources

The sources are of four kinds: official texts and resolutions (European Parliament, Council of Europe, European directive, the WHO classification and its mapping tables), checked against their text or their official summary; court decisions and ministerial answers, known from our files, with the exception of the judgment of the Cergy-Pontoise administrative court and the 2025 ministerial answer, checked against their text on October 20, 2026; peer-reviewed publications, read in full unless otherwise stated; and publications of institutions and associations, whose position is indicated. The studies by Schreier et al. (2006) and Byun et al. (2013), as well as the description by Schliephake (1932), are cited from the documents that report them; of [Fernández et al. \(2018\)](#), [Hillert et al. \(2002\)](#), [Divan et al. \(2008\)](#), and [Johansson \(2015\)](#), only the abstract was read. The German and Swiss sources (diagnose:funk, MedNIS), the report of the Danish association, and the Basta! investigation are reported 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. A Syndrome Without an Entity (Questions 10a, 11g)

3.1 What the Institutions Say

In our view, every human being is electrosensitive to one degree or another, and electro-hypersensitivity designates its highest degrees; we regard it as a syndrome, a set of reactions of the body to an external source, and not as a disease.

The WHO fact sheet of December 2005, still online, regards the symptoms as real and links the syndrome to the broader category of “idiopathic environmental intolerance”: “The symptoms are certainly real and can vary widely in their severity. Whatever its cause, EHS can be a disabling problem for the affected individual. EHS has no clear diagnostic criteria and there is no scientific basis to link EHS symptoms to EMF exposure.” ([WHO, 2005](#)). In France, the 2018 report of Anses

(French Agency for Food, Environmental and Occupational Health & Safety) concludes that “no solid experimental evidence currently makes it possible to establish a causal link” between exposure and symptoms, while acknowledging that the suffering expressed corresponds “to a lived reality”; it considered the available prevalence data, ranging from 0.7% to 13.3%, to be unreliable, noted that the most recent data clustered around 5% (from 1.2% to 8.8%), with no study in the French general population, and recommended asking the Haute Autorité de santé (French National Authority for Health) to examine whether recommendations for care should be issued ([Anses, 2018](#)). In an Anses publication, three researchers distinguish, under the same name, an ability to perceive fields, an organic susceptibility, and a specific disorder; regarding the second, they write that nothing makes it possible to rule out that certain individuals, too few to be significantly represented in epidemiological studies, have a particular susceptibility to electromagnetic fields, while adding that the available analyses provide no lead for research ([Benamouzig et al., 2017](#)).

3.2 The Absence of a Code

We checked version 2026-01 of the ICD-11: no entity in it corresponds to “electromagnetic hypersensitivity,” “electrosensitivity,” or “idiopathic environmental intolerance” ([WHO, 2026](#)). An author who is directly affected describes the consequence: “WHO’s position, and the lack of an ICD code, leaves EHS individuals in medical limbo” ([Ashton, 2025](#)). In the absence of an entity, the European Academy for Environmental Medicine (EUROPAEM) proposes that physicians code the symptoms, then R68.8 (“Other specified general symptoms and signs”), with Z58.4 (exposure to radiation) and, for occupational exposure, Z57.1 ([Belyaev et al., 2016](#)). According to the WHO tables, these ICD-10 codes correspond to ICD-11 codes MG4Y, QD70.4, and QD84.Y; the last is a residual code (“Other specified occupational exposure to risk-factors”) that does not name radiation. They make it possible to document a case file; they do not make it possible to count.

3.3 A Self-Reported Prevalence

The available figures come from surveys in which respondents themselves report attributing their symptoms to electromagnetic fields. In Stockholm County, in 1997, 1.5% of the respondents to a survey of 15,000 residents reported being hypersensitive to electric or magnetic fields, the highest proportion being among women and in the 60–69 age group ([Hillert et al., 2002](#)). In Switzerland, a representative telephone survey conducted in 2004 found 5% of the population suffering from symptoms attributed to “electrosmog,” of whom only 13% had consulted their family doctor (Schreier et al., as cited in [Belyaev et al., 2016](#)). The German Federal Office for Radiation Protection puts the figure at about 1% and speaks of a “Selbstzuschreibung,” a self-attribution ([BfS, 2026](#)). In Taiwan, the same survey went from 13.3% in 2007 to 4.6% five years later; the authors note comparable declines in the Netherlands and Germany, suggest that “media reports affecting public awareness may partly explain the trend,” and calculate by meta-analysis an overall prevalence of 6.0% (95% confidence interval: 5.0 to 8.0%), higher among women ([Huang et al., 2018](#)).

These figures measure attribution, not the condition itself: they count together all individuals who link their symptoms to electromagnetic fields, whether or not they have obtained a diagnosis, and leave out those who present the same symptoms without ever linking them to their exposure. The

variation over time can be read in both directions—some of those affected recognize themselves only once the subject is known, and some of the reports may stem from the attention paid to the subject. No current data make it possible to decide.

4. Recognition in Europe: The Disability Route

4.1 The European Institutions

On April 2, 2009, the European Parliament adopted, by 559 votes to 22 with 8 abstentions, a resolution that calls on the Member States to “follow the example of Sweden and to recognise persons that suffer from electrohypersensitivity as being disabled so as to grant them adequate protection as well as equal opportunities” ([European Parliament, 2009](#)). Sweden does indeed treat electro-hypersensitivity as a functional impairment: it is the environment that is inadequate, and not the individual who is declared ill ([Johansson, 2015](#)). On May 27, 2011, the Parliamentary Assembly of the Council of Europe called on States to “pay particular attention to ‘electrosensitive’ people who suffer from a syndrome of intolerance to electromagnetic fields and introduce special measures to protect them, including the creation of wave-free areas not covered by the wireless network” ([Council of Europe, 2011](#), § 8.1.4). None of these texts is binding.

4.2 France: Case-by-Case Recognition

In France, recognition is obtained case by case, on the basis of an individual medical file. In 2015, the Toulouse disability litigation tribunal (tribunal du contentieux de l'incapacité) recognized an electro-hypersensitive woman as having an 85% incapacity rate, entitling her to the disabled adult allowance ([Toulouse Disability Litigation Tribunal, 2015](#)); in 2018, a social security tribunal (tribunal des affaires de sécurité sociale) recognized a workplace accident ([Yvelines Social Security Tribunal, 2018](#)); in 2019, an administrative court ordered a public institution to recognize the electro-hypersensitivity of one of its employees as service-connected, finding a “sufficient probability” of a link with the employee’s professional activity, while noting the absence of medical consensus on the causal link ([Cergy-Pontoise Administrative Court, 2019](#)); several courts have ordered, on medical grounds, the removal of smart meters or the installation of filters (from our files). Questioned in Parliament, the government replied on February 11, 2025, that the legal definition of disability allows the MDPH, the departmental disability centers, to “take into account the consequences of an individual’s state of health on their usual activities and their participation in social life, regardless of the diagnostic label” ([Assemblée nationale, 2025](#)). No court has ruled on the scientific question of the link between electromagnetic fields and symptoms; the two decisions cited in occupational matters accept a legal link between exposure at work and the condition, without basing it on a medical consensus. Conversely, the right to rehousing in a white zone has been refused, according to our files, and in 2025 a court of appeal relied on the Anses report to overturn the judgment that had allowed an electro-hypersensitive individual to remain in a white zone ([Aix-en-Provence Court of Appeal, 2025](#); see Document 1).

4.3 Germany, Switzerland, and Belgium

In Germany, social law defines disability through the interaction with attitudinal and environmental barriers; a radiation-protection advocacy association infers from this that electromagnetic fields constitute environmental barriers for the electro-hypersensitive ([diagnose:funk, 2025a](#)). According to a counselor at a disability counseling service, degrees of disability of up to 80% have been recognized, depending heavily on the assessment of the case officer; a letter written on behalf of the federal government's commissioner for disability matters states that a degree can be set even if electro-hypersensitivity is not named in the assessment scale ([diagnose:funk, 2025b](#)). In Switzerland, the consultation network mandated by the Federal Office for the Environment offers the patient a certificate “notfalls mit einer Beschreibung der funktionellen Impotenz anstelle der EHS-Diagnose, da nicht anerkannt”—if necessary with a description of the functional incapacity in place of the diagnosis, since it is not recognized ([MedNIS, 2026](#)). In Belgium, no specific recognition is documented; our own disability, at a rate above 66%, was recognized there (see the deposit text).

5. Surveillance Systems (Question 10)

Registries (10a). To our knowledge, there is no European registry of the electro-hypersensitive, and the absence of a code makes such a registry impossible within medical information systems. Cancer registries do exist; the trend they show for brain tumors is debated, with some studies reporting an increase in the incidence of certain tumor types in England and Sweden ([Frank et al., 2025](#)).

Occupational monitoring (10b, 11e). Directive 2013/35/EU on the protection of workers against electromagnetic fields requires a risk assessment and names workers at particular risk: those who carry implanted medical devices, such as cardiac pacemakers, or insulin pumps, and pregnant women; according to the official summary of the European Parliament, it “does not cover suggested long-term effects” ([European Parliament, 2013](#)). France transposed it through Decree No. 2016-1074 of August 3, 2016 ([French Republic, 2016](#)). For technicians who work on towers, a procedure for switching off the antennas exists, but a journalistic investigation reports that it is not always applied ([Basta!, 2013](#)). To our knowledge, the first symptoms described in staff working at short-wave transmitters—exhaustion, restless sleep, headaches, depressed mood—date back to 1932 (Schliephake, as cited in [Belyaev et al., 2016](#)).

Environmental monitoring (10c). See Document 3.

Cohorts (10d). We know of no European cohort following electro-hypersensitive individuals and controls over time, with measurement of their exposure. Large general cohorts provide signals: in the Danish National Birth Cohort, among 13,159 children, mobile phone exposure during pregnancy and after birth was associated with behavioral difficulties at the age of seven (odds ratio 1.80; 95% confidence interval: 1.45 to 2.23), an association that the authors acknowledged might not be causal ([Divan et al., 2008](#)).

Biomonitoring (10e). No biomarker has been validated (see Document 8). An Inserm study found in the skin fibroblasts of the 26 volunteers describing themselves as electro-hypersensitive, without exception, a delay in the nuclear migration of the ATM protein after irradiation, characteristic of

radiosensitivity, as well as two subgroups matching, at 64%, two profiles derived from a questionnaire analyzed blind; the authors themselves point out the small size of the cohort and a possible “group effect,” the volunteers belonging to the same association ([Sonzogni et al., 2025](#)).

Adverse event reporting (10f). See Document 8.

Case clusters (10g). Testimonies report symptoms appearing in several residents of the same building or the same neighborhood after an antenna was put into service. We know of no public mechanism responsible for investigating these reports, for example by measuring exposure before and after the installation; they remain unverified testimonies, which no body investigates.

Other sources (10h). Associations of the electro-hypersensitive produce surveys of their members, which are not representative: in 2019, the Danish association estimated, on the basis of a survey of its members, that the cost of electro-hypersensitivity to society would reach €136.8 million over ten years ([Den Danske EHS Forening, 2019](#)). The electro-hypersensitive are themselves a source: they detect, often before any official measurement, changes in their electromagnetic environment.

6. Sensitive Populations (Question 11)

Children (11a). For the same external field, the child absorbs more. In a simulation using four anatomical models, “children show 1.5–1.9 times higher whole-body SAR than adults at all sub-6 GHz frequencies”; at 2,140 MHz, a field set at the ICNIRP reference level brings the model of a six-year-old boy to 93% of the whole-body basic restriction on average and to 145% in the least favorable orientation, and the model of an eight-year-old girl to 122%, while “the adult phantoms stay below the restriction in every configuration”; the authors specify that these values correspond to the reference level and that, at the highest level measured in the environment, the least favorable configuration for the six-year-old model remains four thousand times below the basic restriction ([Wydaeghe et al., 2026](#)). Exposed to the base station antennas of Seoul, the brain of a six-year-old child absorbs about 28% more than that of an adult, and up to 50% more at 2 GHz ([Lee and Choi, 2023](#)). According to the authors of a modeling study, phone compliance testing has relied since 1997 on an adult male head phantom, whereas “young eyes and brains absorb substantially higher local radiation doses than adults” ([Fernández et al., 2018](#), based on the abstract). Since 2015, French law has prohibited Wi-Fi in childcare spaces for children under three years of age, and Resolution 1815 recommends giving preference to wired connections in schools (§ 8.3.2).

Pregnant women (11b). European labor law classifies them among workers at particular risk (Directive 2013/35/EU). The Danish cohort cited above concerns prenatal exposure.

Older adults (11c). Data are scarce. In the Stockholm survey, the proportion of respondents reporting hypersensitivity was highest between the ages of 60 and 69 ([Hillert et al., 2002](#)).

Individuals with implanted medical devices (11d). European law recognizes the risk for workers who carry cardiac pacemakers or insulin pumps. We have found no equivalent binding provision for the public, even though those who carry these devices live in the same electromagnetic environment.

Highly exposed workers (11e). See Question 10b above.

Individuals with preexisting conditions (11f). EUROPAEM links electro-hypersensitivity to chronic multisystem illnesses of environmental origin, together with multiple chemical sensitivity, chronic fatigue syndrome, and fibromyalgia, and proposes grouping them in the ICD-11 (Belyaev et al., 2016). Interactions have been reported: among more than 2,400 Korean children, an increased risk of attention deficit hyperactivity disorder associated with phone use was observed only in children whose blood lead level was high (Byun et al., as cited in [Deutscher Bundestag, 2023](#)). The radiosensitivity found in the Inserm study (Section 5) points to another individual susceptibility to be explored.

Other (11g). The electro-hypersensitive themselves, and in particular the “wave refugees” (*réfugiés des ondes*); see Document 1.

7. Discussion

Electro-hypersensitivity is caught in a circle: without a recognized entity, no code; without a code, no registry; without a registry, no data; without data, no recognition. Europe partially escapes it by way of disability: Sweden, the European Parliament, and French and German administrations recognize the disadvantage suffered without settling the scientific question of the cause. This route protects individuals; it does not produce knowledge, since each recognition remains isolated, and it does not reduce exposure, which concerns the entire population (Recommendation 1). The notion of workers at particular risk further shows that European law already accepts that certain categories are exposed to particular risks from electromagnetic fields; it limits this recognition to work and to short-term effects. Dosimetric studies on children indicate that the reference level does not guarantee, for child models, compliance with the whole-body basic restriction around 2 GHz.

8. Limitations

Some of the prevalence data cited are old, and all rely on self-reporting. Several court decisions are known from secondary sources, and the favorable decisions do not represent all the decisions handed down. The Inserm study covers 26 volunteers, and its controls come from an earlier collection of the laboratory. The German and Swiss recognitions are reported by a radiation-protection advocacy association and by a consultation network, not by official statistics.

9. Recommendations (Questions 10, 11)

1. Reduce exposure at the source, before any other measure, throughout the territory and for the entire population, all human beings being electrosensitive to varying degrees: relocate or remove the antennas that expose homes, schools, and care facilities, connect everything that is fixed by cable or fiber, and abandon the objective of full mobile coverage of the territory (Documents 1 and 5).

2. Enable registration: use the existing codes without delay (MG4Y with QD70.4 or QD84.Y in the ICD-11) to document case files, pending a dedicated code, and create a voluntary registry of individuals reporting symptoms attributed to electromagnetic fields, linked to measurements of their exposure.
3. Conduct representative and repeated prevalence surveys, with a standardized questionnaire, that also record symptoms without asking respondents to attribute them.
4. Establish a prospective cohort of electro-hypersensitive individuals and matched controls, with measurement of exposure and of biomarkers, including the independent replication of the findings on radiosensitivity.
5. Establish a public protocol for investigating clusters of symptoms reported after the installation of a transmitter, with measurements before and after.
6. Extend to the public the notion of populations at particular risk—individuals with medical implants, pregnant women, children—and carry out compliance testing on child models.
7. Recognize electro-hypersensitivity as a functional impairment giving entitlement to accommodations (housing, school, hospital, work), and preserve the white zones that remain and reconstitute others, as recommended by Council of Europe Resolution 1815 (§ 8.1.4).

Glossary

Term	Meaning
ADHD	Attention deficit hyperactivity disorder.
Administrative court	French administrative court of first instance.
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.
ATM, RIANs	The ATM protein takes part in DNA repair; RIANs (radiation-induced ATM nucleoshuttling) refers to its migration to the nucleus after irradiation, a delay in which is the signature of radiosensitivity.
Biomarker	Measurable biological parameter, in blood, urine, or a tissue, that provides information on a state or a process of the body.
Biomonitoring	Measurement, in the body, of substances or biological effects indicative of an exposure.
Blood lead level	Concentration of lead in the blood.
Case cluster	Grouping, in one place or period, of cases of the same disorder that are more numerous than expected.
Chronic fatigue syndrome	Myalgic encephalomyelitis: an illness characterized by disabling fatigue made worse by exertion, which the IOM proposed in 2015 to rename “systemic exertion intolerance disease.”

Term	Meaning
Chronic multisystem illnesses	Category proposed by EUROPAEM for disorders of environmental origin affecting several systems of the body: multiple chemical sensitivity, chronic fatigue syndrome, fibromyalgia, electro-hypersensitivity.
Cohort	Group of individuals followed over time to observe the occurrence or the course of a disorder.
Council of Europe	Intergovernmental organization of 46 European states, distinct from the European Union; its Parliamentary Assembly adopted Resolution 1815.
Directive 2013/35/EU	European directive of June 26, 2013, laying down the minimum health and safety requirements regarding the exposure of workers to electromagnetic fields.
Disability litigation tribunal, social security tribunal	Former French social courts (tribunal du contentieux de l'incapacité, tribunal des affaires de sécurité sociale), competent respectively for disability and for social security, abolished on January 1, 2019, and replaced by the social divisions of the courts.
Disabled adult allowance (AAH)	French social benefit (allocation aux adultes handicapés) that guarantees a minimum income to adults with disabilities.
Dosimetry	Assessment, by measurement or by calculation on anatomical models, of the energy absorbed by tissues.
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 Section 3.1).
Electrosmog	All the artificial electromagnetic fields to which a human being is exposed at a given moment.
EUROPAEM	European Academy for Environmental Medicine, which in 2016 published a guideline on the prevention, diagnosis, and treatment of disorders related to electromagnetic fields.
EUTB	Ergänzende unabhängige Teilhabeberatung: German independent counseling services intended for individuals with disabilities.
Fibroblast	Connective tissue cell; skin fibroblasts are easy to culture and are used for radiosensitivity tests.
Fibromyalgia	Syndrome combining widespread pain, fatigue, and sleep disorders, with no validated biological marker.
Functional impairment	Swedish conception of disability, which locates the obstacle in an unsuitable environment rather than in an illness of the individual.
German Federal Office for Radiation Protection	Bundesamt für Strahlenschutz (BfS): German public agency responsible for protection against radiation.
Haute Autorité de santé	French National Authority for Health: French public authority responsible, among other tasks, for drawing up good practice guidelines for health professionals.
HHS	Department of Health and Human Services: U.S. federal health department, to which this contribution is addressed.

Term	Meaning
ICD-10, ICD-11	International Classification of Diseases of the WHO, tenth and eleventh revisions. In it, R68.8 designates “Other specified general symptoms and signs,” Z58.4 exposure to radiation, and Z57.1 occupational exposure to radiation; MG4Y, QD70.4, and QD84.Y are the corresponding ICD-11 codes, in force since 2022.
ICNIRP	International Commission on Non-Ionizing Radiation Protection: a private-law association registered in Germany, whose guidelines underpin European exposure limits.
IEI-EMF	Idiopathic environmental intolerance attributed to electromagnetic fields (IEI-CEM in French): term adopted by the WHO and Anses; “idiopathic” means that the cause is unknown.
Inserm	Institut national de la santé et de la recherche médicale (French National Institute of Health and Medical Research): French public body for biomedical research.
IOM	Institute of Medicine, now the National Academy of Medicine: U.S. academy that advises the federal government on health matters.
MDPH	Departmental disability centers (maisons départementales): French public offices that assess disability situations and open the corresponding entitlements.
MedNIS	Swiss medical advisory network on non-ionizing radiation, set up in 2023 under a mandate from the Federal Office for the Environment.
Meta-analysis	Statistical analysis that combines the results of several studies.
Multiple chemical sensitivity	Syndrome of symptoms affecting several organs upon exposure to various chemical substances at concentrations well below those that affect the general population.
Odds ratio, confidence interval	Statistical measure of the association between an exposure and an effect; a value greater than 1 indicates an association, and the 95% confidence interval gives the range of values compatible with the data.
Prevalence	Proportion of a population presenting a disorder at a given time.
Radiosensitivity	Increased sensitivity of an individual or of their cells to ionizing radiation.
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.
Service connection (imputabilité au service)	In French civil service law, recognition that an illness or an accident results from the performance of one's duties; for public employees, the equivalent of an occupational disease.
SGB IX	Ninth Book of the German Social Code (Sozialgesetzbuch), devoted to rehabilitation and to the participation of individuals with disabilities.
White zone	In territorial planning, an area without mobile coverage, which public policy aims to eliminate; for the electro-hypersensitive, a place almost free of artificial radiation, which must be preserved (see Document 1).

Term	Meaning
WHO	World Health Organization.
Wi-Fi	Wireless local area network, around 2.4, 5, and 6 GHz.

References

- Aix-en-Provence Court of Appeal. (2025, April 29). Judgment [Cour d'appel d'Aix-en-Provence; from our files]. [back to text](#)
- Ashton, D. (2025). Self-diagnosing electromagnetic hypersensitivity—A case study. *Frontiers in Public Health*, 13, 1535513. <https://doi.org/10.3389/fpubh.2025.1535513> [back to text](#)
- Basta! (2013). *Antennes-relais : les techniciens qui installent la 4G mettent-ils en danger leur santé ?* [Base station antennas: Are the technicians who install 4G putting their health at risk?] [article relayed by Edcom on December 9, 2013]. <http://www.bastamag.net/article3546.html> [back to text](#)
- Belyaev, I., Dean, A., Eger, H., Hubmann, G., Jandrisovits, R., Kern, M., Kundi, M., Moshhammer, H., Lercher, P., Müller, K., Oberfeld, G., Ohnsorge, P., Pelzmann, P., Scheingraber, C., & Thill, R. (2016). EUROPAEM EMF Guideline 2016 for the prevention, diagnosis and treatment of EMF-related health problems and illnesses. *Reviews on Environmental Health*, 31(3), 363–397. <https://doi.org/10.1515/reveh-2016-0011> [back to text](#) : 1, 2, 3, 4
- Benamouzig, D., Cathébras, P., & Dieudonné, M. (2017, May). La définition de l'hypersensibilité électromagnétique [The definition of electromagnetic hypersensitivity]. *Les Cahiers de la Recherche. Santé, Environnement, Travail*, 9, 37–38. Anses. HAL anses-01785174. <https://anses.hal.science/anses-01785174> [back to text](#)
- Cergy-Pontoise Administrative Court. (2019, January 17). Judgment No. 1608265 [Tribunal administratif de Cergy-Pontoise]. <https://cergy-pontoise.tribunal-administratif.fr/Media/mediatheque-ta-cergy-pontoise/import/f-1608265> [back to text](#)
- Council of Europe, Parliamentary Assembly. (2011). Resolution 1815 (2011), *The potential dangers of electromagnetic fields and their effect on the environment*, text adopted May 27, 2011. [back to text](#)
- Den Danske EHS Forening. (2019, September 15). *Electromagnetic hypersensitivity in Denmark – A challenging handicap* (English version of September 2021) [read on ehsf.dk, from our files]. <https://ehsf.dk> [back to text](#)
- diagnose:funk. (2025a). *Sozialstaatliche Fürsorge* [Welfare-state support] [page of the diagnose:EHS website, as of August 17, 2025]. <https://diagnose-ehs.org/startseite/fursorge-und-vernetzung/sozialstaatliche-fursorge/> [back to text](#)
- diagnose:funk. (2025b). *kompakt*, No. 1/2025, pp. 12–14 [interview with an EUTB counselor; from our files]. [back to text](#)
- Divan, H. A., Kheifets, L., Obel, C., & Olsen, J. (2008). Prenatal and postnatal exposure to cell phone use and behavioral problems in children. *Epidemiology*, 19(4), 523–529. <https://doi.org/10.1097/EDE.0b013e318175dd47> — abstract consulted on EMF-Portal: <https://emf-portal.org/en/article/15935> [back to text](#) : 1, 2
- European Parliament. (2009, April 2). Resolution on health concerns associated with electromagnetic fields, 2008/2211(INI). Official summary: <https://oeil.europarl.europa.eu/oeil/en/document-summary?id=1074023> [back to text](#)
- European Parliament. (2013). Summary of Directive 2013/35/EU of the European Parliament and of the Council of June 26, 2013, on the minimum health and safety requirements regarding the exposure of workers to the risks arising from physical agents (electromagnetic fields). English version: <https://oeil.europarl.europa.eu/oeil/en/document-summary?id=1285898> ; French version: <https://oeil.europarl.europa.eu/oeil/fr/document-summary?id=1285898> [back to text](#)
- German Federal Office for Radiation Protection (BfS). (2026). *Diskutierte Wirkungen hochfrequenter Felder* [Discussed effects of high-frequency fields] (as of January 30, 2026). <https://www.bfs.de/DE/themen/emf/hff/wirkung/hff-diskutiert/hff-diskutiert.html> [back to text](#)
- Fernández, C., de Salles, A. A., Sears, M. E., Morris, R. D., & Davis, D. L. (2018). Absorption of wireless radiation in the child versus adult brain and eye from cell phone conversation or virtual reality. *Environmental Research*, 167, 694–699. <https://doi.org/10.1016/j.envres.2018.05.013> [back to text](#) : 1, 2

- Frank, J. W., Moskowitz, J. M., Melnick, R. L., Hardell, L., Philips, A., Héroux, P., & Kelley, E. (2025). The systematic review on RF-EMF exposure and cancer by Karipidis et al. (2024) has serious flaws that undermine the validity of the study's conclusions. *Environment International*, 195, 109200. <https://doi.org/10.1016/j.envint.2024.109200> [back to text](#)
- French Agency for Food, Environmental and Occupational Health & Safety (Anses). (2018, March). *Hypersensibilité électromagnétique ou intolérance environnementale idiopathique attribuée aux champs électromagnétiques* [Electromagnetic hypersensitivity or idiopathic environmental intolerance attributed to electromagnetic fields]. Anses opinion and collective expert appraisal report, Request No. 2011-SA-0150. <https://www.anses.fr/fr/system/files/AP2011SA0150Ra.pdf> [back to text](#)
- French National Assembly (Assemblée nationale). (2025, February 11). Answer of the ministry responsible for autonomy and disability to written question No. 946 (17th legislature), *Journal officiel*, p. 794. <https://questions.assemblee-nationale.fr/dyn/17/questions/QANR5L17QE946> [back to text](#)
- French Republic. (2016, August 3). Decree No. 2016-1074 of August 3, 2016, on the protection of workers against the risks arising from electromagnetic fields. [back to text](#)
- German Bundestag (Deutscher Bundestag). (2023, February 14). *Mögliche gesundheitliche Auswirkungen verschiedener Frequenzbereiche elektromagnetischer Felder (HF-EMF)* [Possible health effects of different frequency ranges of electromagnetic fields (HF-EMF)]. TAB report, Drucksache 20/5646. <https://dserver.bundestag.de/btd/20/056/2005646.pdf> [back to text](#)
- Hillert, L., Berglind, N., Arnetz, B. B., & Bellander, T. (2002). Prevalence of self-reported hypersensitivity to electric or magnetic fields in a population-based questionnaire survey. *Scandinavian Journal of Work, Environment & Health*, 28(1), 33–41. <https://doi.org/10.5271/sjweh.644> [back to text](#) : 1, 2, 3
- Huang, P.-C., Cheng, M.-T., & Guo, H.-R. (2018). Representative survey on idiopathic environmental intolerance attributed to electromagnetic fields in Taiwan and comparison with the international literature. *Environmental Health*, 17, 5. <https://doi.org/10.1186/s12940-018-0351-8> [back to text](#)
- Johansson, O. (2015). Electrohypersensitivity: A functional impairment due to an inaccessible environment. *Reviews on Environmental Health*, 30(4), 311–321. <https://doi.org/10.1515/reveh-2015-0018> [back to text](#) : 1, 2
- Lee, A.-K., & Choi, H.-D. (2023). Dosimetric assessment in the brain for downlink EMF exposure in Korean mobile communication networks. *Environmental Research*, 234, 116542. <https://doi.org/10.1016/j.envres.2023.116542> [back to text](#)
- MedNIS. (2026). *Facharztkonsultation* [Specialist consultation] [undated page, accessed October 16, 2026; from our files]. <https://www.mednis.ch/de> [back to text](#)
- Sonzogno, L., Al-Choboq, J., Combemale, P., Massardier-Pilonchéry, A., Bouchet, A., May, P., Doré, J.-F., Debouzy, J.-C., Bourguignon, M., Le Dréan, Y., & Foray, N. (2025). Skin fibroblasts from individuals self-diagnosed as electrosensitive reveal two distinct subsets with delayed nucleoshuttling of the ATM protein in common. *International Journal of Molecular Sciences*, 26(10), 4792. <https://doi.org/10.3390/ijms26104792> [back to text](#)
- Toulouse Disability Litigation Tribunal. (2015, July 8). Judgment [Tribunal du contentieux de l'incapacité de Toulouse; from our files]. [back to text](#)
- World Health Organization (WHO). (2005, December). *Electromagnetic fields and public health: Electromagnetic hypersensitivity*. Fact sheet No. 296. English version: <https://www.who.int/teams/environment-climate-change-and-health/radiation-and-health/non-ionizing/hypersensitivity> ; French version: <https://sfrp.asso.fr/wp-content/uploads/2023/07/8EHS-OMS-Aide-memoire-296-EHS-2005.pdf> [back to text](#)
- World Health Organization (WHO). (2026). *International Classification of Diseases, Eleventh Revision (ICD-11)*, version 2026-01, and mapping tables with ICD-10. <https://icd.who.int/browse/2026-01/mms/en> ; <https://icdcdn.who.int/static/releasefiles/2026-01/mapping.zip> [back to text](#)
- Wydaeghe, R., Stroobandt, B., Gallucci, S., Parazzini, M., Tognola, G., Wiart, J., Vermeeren, G., Guxens, M., Tanghe, E., & Joseph, W. (2026). Environmental and auto-induced RF-EMF adult and children far-field exposure simulations between 450 MHz and 26 GHz. *Physics in Medicine & Biology*, 71, 175006. <https://doi.org/10.1088/1361-6560/ae97ac> [back to text](#)
- Yvelines Social Security Tribunal. (2018, September 27). Judgment [Tribunal des affaires de sécurité sociale des Yvelines; from our files]. [back to text](#)

Sources cited from the publications above: Schreier, Huss, and Rösli (2006) and Schliephake (1932), from Belyaev et al. (2016); Byun et al. (2013), from Deutscher Bundestag (2023); Philips et al. (2018) and Hardell and Carlberg (2017), from Frank et al. (2025).

Non-binding document, drafted and transmitted with all reservations whatsoever.