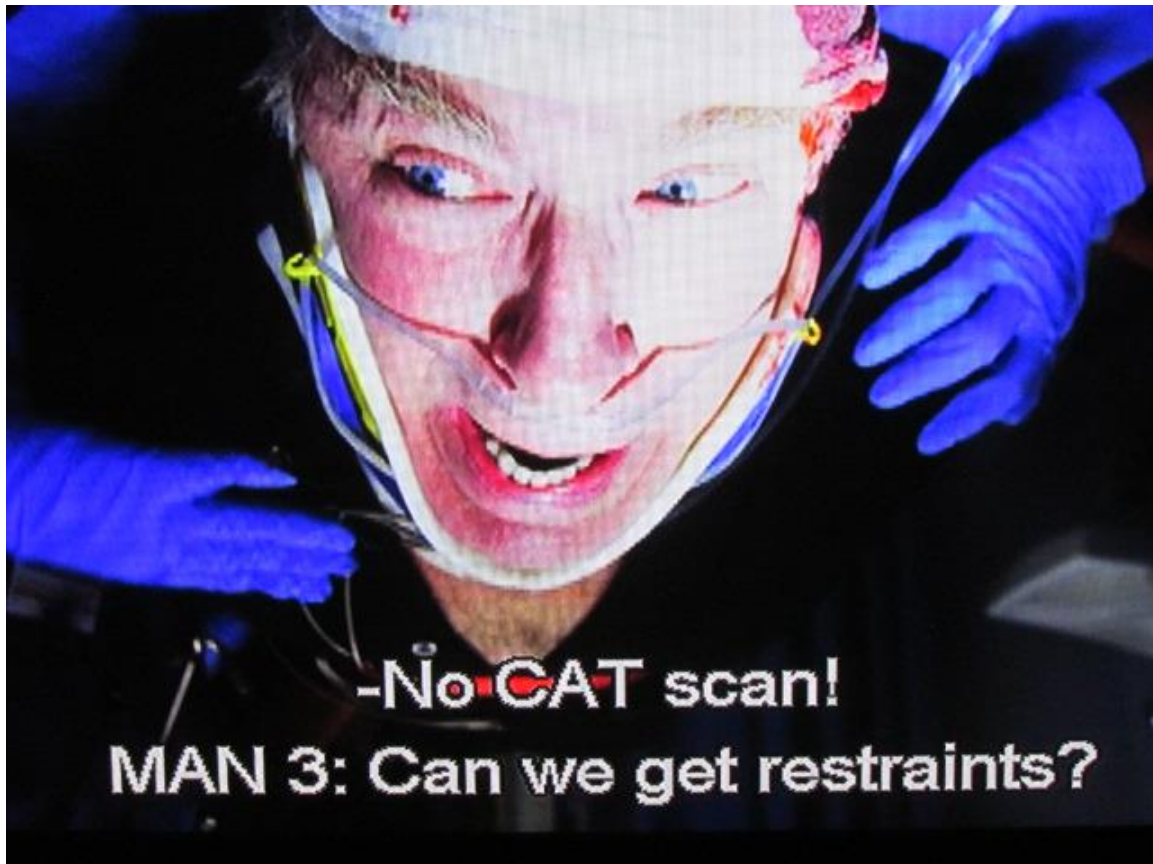


## **How to make a television series, comedy or novel about people with electrical sensitivity that is realistic, fair and entertaining**



**A television comedy or a novel is a great way to both entertain and educate people about minority groups. We show how to do it about people with electrical sensitivities (EHS).**

*Keywords: EHS, electrical sensitivity, television, film, comedy, novel*

### **A comedy about EHS?**

People with EHS encounter the same absurdities of life as everybody else – and a great deal more, which a general audience can understand if built up to.

Comedies can be a great way to both entertain the general public and at the same time help humanize people who are viewed unfairly. It has been done for gay men

(*Will and Grace*, *Modern Family*), Black people (*Cosby Show*), nerds (*Big Bang Theory*) and others.

It can be done for people with environmental illnesses, but it has to be done fairly and by well-informed script writers. This document shows how it can be both funny and fair.

For more on how film has helped gain acceptance for minorities, and how the media has harmed people with environmental disabilities, see the link at the end of this article.

### **About the picture**

The picture at the top is from the television series *Better Call Saul*. The character Chuck McGill has EHS, who in this scene is being forced into a medical scanner. The series dishes out a lot of disinformation about EHS, including claiming it is a mental illness, though it does have some realistic scenes as well. See the link at the end of this article for a detailed review.

### **The ethical question**

A program about a minority that is picked upon must walk a fine line. There are stereotypes that have some truth to them, but be careful.

The litmus test should always be whether the script would be acceptable if the character with EHS was instead from a more “accepted” minority, such as a Black person or someone in a wheel chair.

If you can’t help yourself and have to make it “interesting” by focusing on controversies and freaky scenes, please abandon the project. Totally. Go find some other victims. We don’t need more mean-spirited trash like the Netflix series *Afflicted*.

### **The characters**

EHS is a spectrum illness. The severely affected people are the ones who are totally disabled and have to make major changes in their life to exist – in some cases they flee to rural areas.

The media has focused on the most severe cases, since they are the most sensational. But it appears that the vast majority have the milder versions, where they can live a rather normal lifestyle, with some modifications. We do not have such data for EHS, but the severe cases are only about 3% of the people with MCS (Kreutzer 1999; Berg 2008).

A fair portrayal should not use characters who are so severe. Their situations are too far from normal people's life experiences so viewers cannot identify with them. They will simply be perceived as freaks. That dehumanizes everybody with the illness.

A much better choice is characters in the middle of the spectrum. They are people who are able to hold down a job and in many ways live normal lives, while there are still lots of situations to build stories around. There may actually be much more story material than there would be for the most severe cases, who tend to be forced into isolation (such as in *Better Call Saul* and *Elettra*).

People can have both MCS and EHS, or just one of them. More severe cases are more likely to have both illnesses, though one can be mild while the other is severe. Some scientists think that MCS and EHS really are two sides of the same underlying syndrome, but we don't really know. It is probably too complicated for a character to have both illnesses.

A severe case could be shown as a minor and occasional appearance in a television series – after all the concepts have been well established so the stretch is not as large. Perhaps a more distant relative, such as an uncle. (Better choose a male for this, as they are more “believable” in our culture.)

The program should portray the characters as normal people who happens to get sick, just as it is in real life. They look like other people, they come from all social backgrounds, from all races and cultures. They have the same character flaws as everybody else. There is no specific “personality” who gets EHS. The sufferers are just about evenly divided among the two sexes.

It is preferable to use characters who are respectable and can't be accused of “wanting” to be sick. Film director Todd Haynes featured a popular university professor to get Alzheimer's in his film *Still Alice*. Regrettably, he chose a self-deflating, anxious suburban housewife in *Safe*. It had worked much better with the professor getting MCS.

### **Their homes**

People with mid-level EHS will not have aluminum foil on their walls or live in trailers or other unusual ways.

They live in a normal house and use electricity. They may limit their use of computers and television, and use incandescent light bulbs.

The main telephone is on a landline and not cordless, but they'll have a mobile phone as a backup. There is no wireless network or it is just used sparingly.

The mobile phone may be powered down most of the time. It may also be a simple basic phone, as they radiate a lot less than smartphones.

The bedroom may be modified to reduce the radiation level, as that can be important for a restful sleep. The bed may be moved out from the wall, especially if there is electrical equipment or a breaker box on the other side, or electrical cables go through the wall. Electronics will be banned from the nightstand.

### **Shielding**

If living in an apartment, there will likely be a lot of radio waves coming through the walls from the neighbors.

Shielding against electromagnetic radiation is not used much, if at all, by people with mid-level EHS. They may use a shielding canopy over the bed or may shield the entire bedroom, as that is the most important place in the home to keep low-EMF.

Radio waves are shielded by very thin metal, such as aluminum, copper and silver. The canopies look like mosquito netting. One is shown in *Elettra*.

If they live next to a power line, they'll have to move if it is a problem. It is not realistic to shield that sort of radiation (it would require mumetal or heavy steel).

### **Not carrying a cell phone**

Mobile phones are bad news for people with EHS. Even those who can use one for short calls may not carry one, or just carry one that is fully powered down.

We know a story about an elderly man who wore a tuxedo in a fancy restaurant in Santa Fe. A lady at the next table had a phone that didn't work, so she asked if she could borrow his phone. She was totally incredulous when he said he didn't even own a cell phone. Three times she said, "You don't have an iPhone?" Flustered, she then said, "You're a white man in a tux and wearing a bow tie and you don't have an iPhone?"

For some reason that really agitated her, until his dinner companion explained that he had electrical sensitivity and couldn't use a cell phone. Fortunately that calmed the agitated woman down. True story.

## **The start of illness**

We don't know what causes EHS, though many people report that they first notice symptoms when using a mobile phone or a computer. Many of the early cases of EHS in the 1980s and 1990s were engineers and secretaries who used computers a lot.

Many people report that their first symptom was a sensation of warmth on the ear when using a mobile phone, or on the forehead or face when using a computer.

A tingling sensation in the hands or feet may be the next symptom, or headaches, perhaps migraines.

A few get flushed in their faces when exposed to electronics, but most have no visible effects.

The symptoms all appear to be neurological. They vary with the person, and wax and wane over time. Severe cases of EHS may get burning sensations on the skin, heart palpitations, chest pain and other symptoms.

People tend to be in their thirties or forties when they get sick, though it can start at any age, including very young children.

Some get both MCS and EHS, but they rarely start at the same time.

## **The spreading phenomenon**

Initially there may only be symptoms when using a mobile phone or a computer, but over time it could spread to other things, such as fluorescent lights and bluish "cold" LED lights, etc.

A study by Dr. William Rea in 1991 showed that people are sensitized to some frequencies but not all, which explains why people tolerate some gadgets and not others. Why this is so is a mystery, though it is similar to allergies, where people can be allergic to some types of pollen and not all of them.

Spreading is less of an issue for mild and mid-level EHS.

## **The symptoms**

The symptoms vary, though always seem related to the central nervous system. Mild cases may just get a headache after using a computer or mobile phone for some time. Perhaps also a mild sensation of warmth in the face or the ear.

For severe cases, the symptoms usually come on sooner, and are stronger. Besides headaches, there can be sensations in the chest and hands, feet or legs. These sensations can feel like a vibration, heat, pain or even as if the skin is on fire.

Brain fog is a common effect also.

Diverse symptoms are common when the central nervous system is affected. Long Covid can reportedly cause two hundred different symptoms.

### **Family life**

Lots of opportunity for drama here – the spouse and kids will likely resent if they are asked to use a corded computer instead of their smartphones.

We have heard a horror story where the dad had to use instruments to sweep the house every evening to turn off his rebellious son's wireless gadgets.

EHS appears to run in families so the children may have some problems too, though usually mild at that age. The parents may want their children to limit their exposures to prevent later sickness, but often they rebel.

Deciding on the family vacation can be contentious. The kids want to go to high-EMF Disney, while the parents want a remote cabin in the woods.

### **The health care system**

People with EHS need the health care system for the same ailments regular people use it for.

Hospitals and clinics can be a minefield to enter with their myriad of electronics and wireless gadgets. Some hospitals even place wireless monitors directly on each patient, and they are unlikely to accommodate requests to take them off.

Throughout history, physicians have refused to admit they did not know enough. Instead, they write off patients as psychiatric cases when they do not understand. They've done that to gay people and people with ulcers, migraines, Parkinson's, endometriosis, celiac and many more.

Nurses tend to be pragmatic and supportive of what keeps the patient comfortable. Some physicians go too far into medical politics, sheer arrogance, and narrow-mindedness. The existence of environmental illness threatens much medical dogma and many doctors blame the victim.

Physicians are generally revered in the media. However, many people with environmental illness have seen them having the same shortcomings as everybody else. About 100,000 Americans are accidentally killed by doctors each year, yet they refuse to even keep statistics on it (Sutcliffe 2019; Makary 2016).

Read the book *Unaccountable* by Marty Makary for a highly credentialed insider's candid depiction of their human flaws.

The television show *Better Call Saul* features several encounters with one arrogant, clueless, and reckless hospital physician. Some of what she does is so irresponsible that real-life physicians are unlikely to actually do the same, at least due to fear of lawsuits.

## **Gaslighting**

Friends and physicians will tend to tell the patient that she looks fine and downplay the symptoms. This is standard for all invisible diseases.

This can become absurd, where a friend repeatedly says, “but other than that, you are fine” to everything said (this happened in real life).

For an account of a woman who has autoimmune and post-Lyme diseases, see O'Rourke's book *The Invisible Kingdom*.

## **Treatments**

Since EHS is not officially accepted, there is no funding for research to treat it. There are many types of experimental treatments to try, but little science to support any of them. The people who suggest EHS is a mental illness tend to recommend psychological treatments, but there is no science to show those work either (not surprising, since EHS does not seem to be psychosomatic).

Patients navigate a jungle of alternative treatments, most of which is of very questionable value. But people can be desperate and many try to see if they are one of the lucky ones who are helped.

The 2014 Oscar-winning film *Dallas Buyers Club* displays a similar dilemma for AIDS patients before effective treatments became available. A film like that about EHS must wait until it is accepted as a genuine illness. Imagine how *Dallas Buyers Club* would come across if it was released twenty-five years earlier when gay people and AIDS were looked at quite differently.

For a more thorough description of how the gay community did their own medical experiments and weird treatments, the book *How to survive a plague* by David French is both poignant, informative, and entertaining.

The Netflix series *Afflicted* shows some of this treatment jungle, and it makes the patients look freaky.

This topic should be avoided. The world is not ready for it yet. A mainstream audience is used to doctors curing things with drugs and surgery. They cannot relate to the situation where the doctors have nothing to offer, unless they have been in that situation themselves. That goes double for screen writers and producers.

People with mid-level EHS are less likely to try a lot of alternative treatments than the severe cases, who are more desperate.

### **Nutritional supplements**

Virtually all people with EHS use supplements. They are rather cheap and easy to use, and each time a new one is tried, it is like a lottery ticket – maybe this one will be lucky. But there are literally hundreds that could plausibly be helpful and it is easy to keep trying, spend a fortune and fill the kitchen with the little bottles.

Some humor could come out of the names some of these products have and their careful wording of health claims without making explicit health claims.

### **A vicious circle**

EHS, and the doctors who try to help, are controversial because there is so little science to back them up. At the same time, funding agencies and scientists won't touch the subject precisely because it is controversial, as it may impact their all-important reputations. It's a vicious circle.

They essentially expect the sick people to patiently wait for science to come up with answers, rather than try various doctors and alternative treatments. But those same people may oppose any scientific studies by falsely claiming “EHS does not exist.”

### **Talismans**

A few people use talismans to “ward off” EMFs. They have been available since around the year 2000. Vendors come and go. Just one, Q-Link, seems to stay on the market.



These things are sold as “EMF protection” with very dubious scientific-sounding claims, and seem to simply be placebo devices. We’ve never heard of anyone with EHS who could live a normal life carrying such a device.

Talismans in many forms have been used since forever. We’ve read about airmen bombing Nazi Germany in World War II and GIs on the border with North Korea using them. Golf players are also said to use talismans. It’s weird, but not special to people with EHS. Viewers won’t know this, so don’t use them on the show.

### **There is no cure**

There are some treatments that have helped people, but they do not help everyone. And some of these treatments encourage patients to tell themselves and everybody around them that they are now well. But very few are actually able to return to work if they had to stop.

Having a character be “healed” provides a disservice to the sick, as viewers think it is easy.

In the comedy *Northern Exposure*, the person with MCS is cured by love! That may be a little too silly.

### **Lawsuits**

The vast majority of people with an environmental illness do not sue anyone. Lawsuits rarely succeed.

### **Disbelieved and ignored**

As it is for any other controversial and poorly understood disease, people with EHS are routinely disbelieved and ignored. If it is necessary to discuss the disease with someone, they are usually very polite. But their tone is a little off, and any promises they make are immediately forgotten – after all, it was just the ramblings of a crazy person, they think. It’s really no different than racism and sexism used to be.

### **The closet**

Some people with less-severe EHS keep it a secret to avoid stigma and harassment. Some consider it career-ending if their secret ever comes out.

There are no statistics or articles on this, we just know from personal contacts, such as patients met at clinics. And one testimony made at a public hearing about EHS in Sweden:

*I have friends who work in healthcare – I won't mention in which capacities – and when we meet in town we don't greet one another. People at their workplace, the general hospital, are unaware that they are electro-hypersensitive – and they don't dare mention it!*

### **You cannot trust a “normie”**

People with severe EHS learn the hard way that they cannot fully trust someone who doesn't have the illness to keep them safe. It is difficult to remember things when they are not a problem to one-self.

So, people with EHS will have to check for themselves (“Did you remember to turn off your phone?” or “Please leave your phone in the car”).

### **Cars**

Cars radiate a lot. People with severe EHS may need to sit in the back seat to be away from all the electronics and wire harnesses in the dashboard.

Older gas or diesel cars have fewer electronic gimmicks and are often preferred. Electric and hybrid cars are the worst, and may not be tolerable at all, in any seat (perhaps okay for a short ride).

People with mid-level EHS should be okay.

### **Workplace trouble**

People with mid-level EHS may be able to continue working, though they may need to modify their workstation. Their desktop computer may be modified to use a cabled network connection, and corded keyboard and mouse. Touchpads are not okay.

They may need to have a private office to get some distance from their colleagues and their electronic gadgets.

Asking people to power down their gadgets will be met with refusal or resentment. Such requests are likely to be sabotaged and lead to harassment.

Management is often reluctant to step in and solve the problem.

It can be really tough and some people simply have to change jobs, or become self-employed, or under-employed. Or give up and apply for disability.

People with professional degrees tend to fare much better, as they have more power, especially if they are self-employed. We know doctors and dentists who have been able to work their own practice. They tend to keep quiet about their disability to avoid the stigma. If a customer is too difficult to be around, they may be referred to a colleague.

## **Shopping**

A person with medium EHS has few or no problems in a grocery store. She may tend to go at times when there are few people yakking on their phones.

Some situations can be lining up at the cashier, and then a phone talker lines up behind. Then she may have to abandon her place in line, while acting as if she just forgot some item (to avoid causing a scene, or endure and get “fried”).

Another situation is to go through an aisle, but it is blocked by a phone talker who doesn't move. The solution is to back up, go down the next aisle to get around. But of course, now the phone talker moved to stand next to the item that is needed!

## **Passing as normal**

People with EHS get affected going out in public places with crowds, such as concerts, theaters, and sports events. Occasionally they may decide it is worth it to get a “hangover” in order to attend an event. Or it could be just acting out and do something without a plan when the social restrictions become too much one day.

Some use alcohol, caffeine, sugar, chocolate or other stimulants to pull it off, even though there may be consequences later on. It can be liberating to act like a normal person for a day, or just a few hours, despite the cost the next day.

This need for the occasional sense of normalcy is extremely hard for able-bodied people to comprehend, as they have little frame of reference.

Remember, they are human too. Just like the many people who got fed up with Covid-19 restrictions and refused social distancing and wearing a mask.

## **Friends**

Some friends will pull back. They simply can't accept the illness and become distant.

With mid-level EHS there shouldn't be a lot of problems with other people's electronic gadgets.

With severe EHS it is best to avoid other people's houses, as there are simply too many booby traps. It may be better to socialize by walking in the park and asking the friend to leave the phone in the car (safer than asking the friend to power down the phone – compliance can be spotty).

It may be fine going to a restaurant, especially when it is not busy and if getting seated furthest away from any Wi-Fi hub, and at a table with few neighbors.

### **Romance**

People who have the illness do not cease to be a normal person. Many want romantic relationships, but that is even more complicated than it is for regular folks.

A person with mid-level EHS can go on several dates without having to tell about the EHS, but when and how to tell? Will the other person freak out, walk away, or lecture based on what he saw on TV?

### **Have a baby?**

Having a baby is a big decision for anybody. It is even bigger with an environmental illness. EHS appears to have a genetic component. Will the bad genes be passed on to the baby?

The health care system is often unable and unwilling to accommodate EHS. Pregnancy, birth, and child care requires many doctor visits.

Should the baby be delivered at home with a midwife instead? How to find understanding health providers so the mother's needs are met?

Many people with an environmental illness simply choose not to have a baby. Or they may have had children before the onset of the illness, which rarely starts before the age of 30.

### **Showing the invisible**

EHS is an invisible disability. People usually don't look sick, which is one reason it is controversial.

Two excellent scenes showing severe electrical sensitivities are in *Better Call Saul* (both in the third season). In one, the character walks down the freezer aisle in a supermarket ("Slip" episode). In the other he tries to dodge a cell phone without

letting on he is electrically sensitive (“Chicanery” episode). These scenes are not appropriate for mid-level EHS.

A few people with electrical sensitivities have redness on their face, and sometimes elsewhere, when exposed to EMF, but that is not the norm. Symptoms can take from minutes to hours to develop.

It could be interesting to visually show the fog of radiation around transmitters, especially in cities. Individual phones also have this “fog” when people are talking on them or streaming video. If they do something less intensive, such as looking at websites, it will be a pulsing “fog.” A smartphone will intermittently send out signals when not actively used, depending on when an app is requesting information (such as current temperature). A basic phone will only pulse every 15 minutes or so, to check in with the nearest tower (more frequently if moving in a car or train).



*Scene from Elettra (2022). Avoid showing such an aluminum poncho.*

It is enticing to show a lot of aluminum sheets, either wrapped around the person or on the walls. Please don't. People don't actually wear these mylar ponchos. Some wear shielded clothing that is made to look totally normal, but even among the severe cases, most do not wear them.

## **Bring the audience along**

EHS is not known by a general audience. They will need guidance along the way to explain what they see. Ambiguity will leave the audience wondering, and most likely jumping to conclusions based on myths, stereotypes, and tribalism, as we see on social media.

## **The absolute no-no's**

There are some things that can happen to people with an environmental illness in real life, but should never be shown on television.

Chiefly among them is “the test,” where someone secretly exposes the person to see what happens. This is in the category of “don’t do this at home” and should not be shown at all. It is irresponsible to encourage people to do that. That would be like showing someone slipping a peanut into the food of someone wildly allergic to peanuts.

Unfortunately, the TV series *Better Call Saul* does it twice. The first time it is done by an irresponsible doctor in a hospital. Both “tests” were totally flawed anyway, but the script writers obviously didn’t know enough about EHS to see that.

Another no-no is to show major emotional distress. Having any life-altering illness often cause distress, whether it is cancer, loss of a limb, disfigurement, Alzheimers, or many other illnesses. The result can be depression or anxiety.

When film characters have illnesses and disabilities, the emotional effects are rarely shown. They are not in *Wonder* or *Still Alice*. So why should they for EHS? Since many people falsely believe EHS is “all in their head” it is unfair to reinforce such false beliefs, just as racist stereotypes are no longer shown on film.

And free us from any sort of “superpower” bestowed upon the environmentally ill. They do not have psychic powers or special super senses.

People with EHS rarely, if ever, have the ability to directly sense and home in on a source of radiation.

## **Clichés**

Please avoid overused and misleading clichés, such as “allergic to life” and calling them “the sensitives.”

EHS is not an allergy. Allergies have a specific medical definition and EHS is not included.

Referring to an environmental illness as an “allergy” or a “sensitivity” trivializes the true impact. Most people think of allergies as a minor inconvenience that is handled with a pill. Severe EHS can completely uproot someone’s life.

A “sensitive” person is a wimp. It takes courage to go out in a toxic world with EHS. They are not wimps.

### **Much more to learn**

There is much, much more to learn. This document only gives a brief overview of what life with medium or severe EHS is like.

This writer is often surprised by what outsiders think they “know” about EHS, but clearly do not. It is impossible for me to foresee what other misunderstandings there are out there.

The sage advice to all authors “write what you know” applies here, too. If you don’t live with the illness yourself, you really don’t know.

### **Source materials**

It is essential that the screenwriters are well informed about how people with the illness actually live and cope. That is not something that can be learned through a few interviews and cruising some websites.

Virtually all books, articles, and television focus on the most severely ill people. There is little material about the less “spectacular” and much more common mid-level and mild cases.

Most of what is published about EHS in the media is superficial, opinionated, and ignorant. It’s like watching an old Western film to learn about Native American culture. A particular bad example is journalist Stephen Kurczy’s book *The Quiet Zone* (see our review through the link at the bottom).

Living with severe EHS is like living in a very different culture, with other norms. The difference is just that these norms are largely imposed by the disease.

This is difficult for outsiders to understand. Becoming an insider requires living with the illness long term, everybody else is just a tourist. You don’t become an expert on French culture by spending a month in Paris.

This website (EI Wellspring) has science-based information about EHS and articles about how to cope with it (see link at bottom). Keep in mind that our focus is helping the severe cases; much of the material is not needed by the milder cases.

If the screenwriter doesn't live with the illness, it will take a real effort to get beyond the misleading stereotypes, just as for other minorities. Close cooperation with multiple consultants who themselves have the illness is essential. There is no responsible alternative.

As they say in the wider disability advocacy community:

*Nothing about us without us*

Please respect that.

### **Portraying severe EHS**

We strongly recommend against featuring characters with severe EHS, other than in minor roles and after the audience has been brought up to speed on the subject.

If you insist, you have a lot more work to do to inform yourself, and your audience.

### **Visiting physicians**

It is easy to find a physician who has strong opinions on people with EHS. Unless they specialize in helping people with the illness, they tend to have a highly distorted view, especially if they are psychiatrists.

Many physicians only see people with EHS under high-stress situations, which are not a good way to learn about them. Such situations include evaluation for disability, where a failure of approval would be catastrophic (a life in abject poverty). Or if they seek psychiatric help for dealing with the trauma caused by the consequences of the illness (making it easy for the psychiatrist to think the trauma's effects are a part of EHS).

American doctors are also notorious for cutting off patients.

Also keep in mind that in the early 1970s, about 90% of psychiatrists believed being gay was a psychiatric illness. They too only saw stressed-out people in their practices.



If you do seek the input of a physician, ask how many EHS cases he/she has actually seen, how many actually treated, for what reasons, and for how many office visits.

## **Learning about people with EHS**

Todd Haynes visited people with MCS in Los Angeles and Texas before he made *Safe*. He learned a lot; most details in the first half of the film are authentic. Drew Xanthopoulos also made such an effort when he filmed the documentary *The Sensitives*.

The film *Elettra* features a professional actor who actually has EHS herself. That film was made together with the Italian EHS support organization.

*Better Call Saul* shows some authentic scenes, but also promotes really dumb myths, such as that batteries radiate on their own (see our review).

Social media is not a good source. Here are lots of people who speak with great confidence about things they have no clue about. And those who know better have long given up correcting them – just like so many other places on social media. They are no more representative of EHS-culture than social media in general represents American culture.

The two books by author Jerry Evans tells his own story in detail, but that is an extreme case. (Be aware there are multiple authors of that name.)

The scientist Lennart Hardell tells the story of how one woman got sick when moving to a high-radiation office, but was able to continue working once moved to a low-radiation office (Hardell 2022).

Beware of the mistakes so many journalists make when visiting. They tend to be very judgmental, based on their limited understanding. They expect the sick people to be paragons, while not holding their critics to the same impossible standard.

Journalists also sometimes report what they see as “inconsistencies” in how people with EHS live. These usually have very reasonable explanations, which are not apparent to an outsider. ASK instead of assuming your interpretation is correct.

There is little solid information available about the illnesses, and medical authorities are suspect because they refuse to accept the illnesses. This means some patients get into wacky theories. This is unfortunate, but not a sign of craziness. This was common during the AIDS and Covid epidemics as well.

Just because someone has EHS doesn't mean they are an expert on how it works. Most just know how it affects them, and that varies with the person. A few other diseases such as lupus, Long Covid, mastocytosis and mast cell activation disorder are also highly individual and variable.

Many people with EHS are not willing to participate, since journalists tend to make people with these illnesses look like freaks. Some film journalists dishonestly claimed they were “different” and would portray them with “compassion” but certainly didn't. It will be hard to overcome these abuses and gain people's trust.

### **More information**

For science-based information about EHS, go to [www.eiwellspring.org/intromenu.html](http://www.eiwellspring.org/intromenu.html).

For detailed reviews of television and films featuring people with MCS or EHS, go to: [www.eiwellspring.org/filmreviews.html](http://www.eiwellspring.org/filmreviews.html).

For a discussion of the harm caused by the film industry's portrayal of MCS and EHS, go to [www.eiwellspring.org/media.html](http://www.eiwellspring.org/media.html).

There are a couple of stories about people with mid-level EHS (they both have full-time jobs) on [www.eiwellspring.org/facesandstories.html](http://www.eiwellspring.org/facesandstories.html)

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