

Right to Reply: Correspondence about Electromagnetic Hypersensitivity

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Our original letter [1] about the study by McCarty et al. [2] raised two questions. First, we noted that the authors had categorized symptoms as “none,” “mild,” and “more than mild.” We asked if “using this rating system in this manner was in the original analytic strategy or was it decided post hoc?” In their response, Marino et al. [3] acknowledge that post-hoc analysis with various iterations of the data can produce results with a variable range of *p*-values, but they do not answer our question.

Second, we noted that the paper described five symptoms as having been “particularly” pronounced and that these symptoms did not match up with the “none/mild/more than mild” categorization. In reply, Marino et al. explain that pronounced “meant symptoms greater than mild.” They do not explain how five of the “greater than mild” symptoms in table 3a were identified as *particularly* pronounced, while the other five were not.

We were also troubled by two comments that Marino et al. made about our own work. These had no bearing on our questions, nor were they accurate. First, they claimed that some researchers “blame [EHS] on a neurotic character flaw of the individuals who suffered from it,” while citing one of our papers as evidence [4]. Neither that paper, nor anything else we have written, can or should be used to suggest that we share this unhelpful, inaccurate view. We encourage others to read the paper if they wish to understand our real views on the possible relevance of psychological factors in electrosensitivity.

Second, Marino et al. claim that we have been “well-funded by sources for whom general acceptance of an association between environmental EMFs and human disease would be financially disadvantageous.”

They are wrong. Our previous funder (the Mobile Telecommunications and Health Research programme; www.mthr.org.uk) is the UK’s official expert body that was set up to distribute funds to researchers exploring the potential health effects of RF and to act as a robust firewall between researchers, government, and industry. Neither they, nor we, have any financial interest in the outcome of the research. We do, however, have an interest in helping patients who suffer from EHS. We also have an interest in trying to understand studies that are published in this field. That is why we asked Marino et al. to clarify their analyses and results, and that is why we are disappointed by their failure to do so.

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REFERENCES

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