Paul Doyon's EMF Refugee Story

Paul Doyon, Building Biology Certified Electromagnetic Radiation Specialist (EMRS), speaking to you from a "normal" wired pay phone in Upper Lake, CA

Most people remain unaware of the biological effects of man-made electromagnetic radiation — and many have even been conditioned to believe it is completely harmless. Those who question its safety are often dismissed as tinfoil-hat-wearing conspiracy theorists or Luddites, when nothing could be further from the truth.

In reality, thousands of studies point to measurable biological interactions with electromagnetic fields. And just as with X-rays — though you cannot see, hear, or feel them — that does not mean they are biologically inert or irrelevant.
A well-known analogy illustrates this perfectly: if you drop a frog into boiling water, it will leap out immediately. But place it in cool water and slowly raise the temperature, and it may never realize it's being cooked until it's too late. In the same way, when a hazard is invisible and exposure is gradual, a population unaware of the risk may misattribute its symptoms — fatigue, insomnia, headaches, cognitive difficulties, and more — to stress, aging, or other everyday causes, never suspecting the silent influence of their environment.

This pattern has been documented repeatedly in studies examining people living near mobile phone base stations. Field research in Egypt found that residents living closer to cell towers reported significantly higher rates of **headaches, dizziness, fatigue, sleep disturbances, memory and concentration problems**, along with changes in certain neurobehavioral measures, compared to control populations (Abdel-Rassoul et al., 2007). In Austria, researchers similarly observed increased **subjective symptoms and sleep problems**, as well as modest differences in cognitive performance, among residents exposed to higher levels of base-station radiation — while also noting the role of confounding variables (Hutter et al., 2006).

Local epidemiological investigations in Germany, including those surrounding the town of Naila, reported higher incidences of **sleep problems and headaches**, and raised questions — still debated — about cancer mortality patterns in areas closest to base stations (Eger et al.; Dode, 2011). Across India, multiple field surveys found that residents living within close proximity to towers more frequently reported **tinnitus, headaches, dizziness, fatigue, visual disturbances, scalp sensations, and memory difficulties** than those living farther away (Pachuau et al., 2013–2015). More recent population-level analyses continue to report higher prevalence of **headache, sleep disturbance, fatigue, and concentration or memory complaints** among individuals living closer to base stations, while acknowledging the influence of age, lifestyle, and mobile-phone use (Sailo et al., 2024/2025).

At the same time, laboratory provocation studies — most notably those conducted in the UK — have shown that under blinded, short-term exposure conditions, many participants cannot reliably detect radiofrequency exposure, and consistent acute physiological effects are not always observed (Eltiti et al., 2007). These findings are frequently cited by industry and regulatory bodies to argue against causation. However, such studies were never designed to assess **long-term, cumulative exposure**, delayed effects, or chronic neuroimmune stress.

Notably, the constellation of symptoms reported near base stations — **persistent fatigue, unrefreshing sleep, cognitive impairment ("brain fog"), headaches, dizziness, sensory sensitivity, and post-exertional worsening** — closely mirrors those described in **Chronic Fatigue Syndrome (CFS)**, also known as **Chronic Fatigue Immune Dysfunction Syndrome (CFIDS)**. CFS/CFIDS is a recognized but historically marginalized condition, precisely because it lacks a single biomarker and presents with non-specific, fluctuating symptoms. The overlap raises a legitimate scientific question: whether chronic environmental stressors, including electromagnetic exposure, may act as **triggers, amplifiers, or perpetuating factors** in biologically susceptible individuals.

The debate surrounding this research follows a well-documented pattern. As described in *Doubt Is Their Product*, industries facing inconvenient scientific findings have often emphasized uncertainty, funded counter-studies, and framed disagreement in ways that delay precautionary responses. This does not require conspiracy—only economic incentives and institutional momentum. Wireless technology is no exception.

To a degree, these dynamics extend into regulatory and advisory bodies themselves. While organizations such as the **World Health Organization** are composed of dedicated scientists and public-health professionals, they operate within governance structures that rely on member-state funding, industry consultation, and expert panels that have historically included individuals with industry ties. Critics have argued that this has, at times, resulted in a form of **regulatory capture**, or at least regulatory inertia, in which standards prioritize avoidance of acute thermal effects while giving less weight to emerging evidence of long-term, non-thermal biological impacts.

Accordingly, the WHO acknowledges that people living near base stations do report genuine symptoms, while maintaining that consistent causal evidence at typical exposure levels has not yet been conclusively established. This position reflects not only scientific uncertainty, but also the broader institutional

challenge of regulating ubiquitous technologies in the absence of absolute proof. History shows that similar patterns once delayed action on asbestos, lead, tobacco, and ionizing radiation — where population-level warning signs were visible long before regulatory consensus emerged.

My story is not about rejecting technology or progress. It is about **biology, thresholds, cumulative exposure, and what happens when a rapidly evolving technological environment quietly exceeds what some human nervous systems can tolerate**. It is the story of how lived experience, scientific literature, and professional training converged — and why I ultimately became, quite literally, an **EMF refugee**.

A New Job at Kyushu University

In August 2004, a promising new chapter seemed to begin when I received an offer to become an Associate Professor at Kyushu University, one of Japan's most prestigious institutions. At 42, with a bright future ahead, I had already built a strong foundation in the country: 15 years of residence, fluency in Japanese, a BA in Psychology, and two master's degrees—one in Teaching (TESOL) and another in Advanced Japanese Studies. I had also accumulated a solid record of publications.

Given this trajectory, the path forward seemed clear. Had things continued as expected, I would have likely pursued a Ph.D. or Ed.D. in Applied Linguistics or TESOL and, by now, secured a tenured position at a Japanese university. Unfortunately, that is not how events unfolded.

Shortly after moving into our Fukuoka apartment

Starting to Get Sick

In and around March of 2005, I began developing a wide range of troubling symptoms, and for six months I was extremely ill before I even became aware — let alone imagined — that the two cell towers located roughly 200 meters from my apartment (with another about 500 meters away), along with WiFi from neighboring units bleeding into mine, might have had anything to do with what I was experiencing.

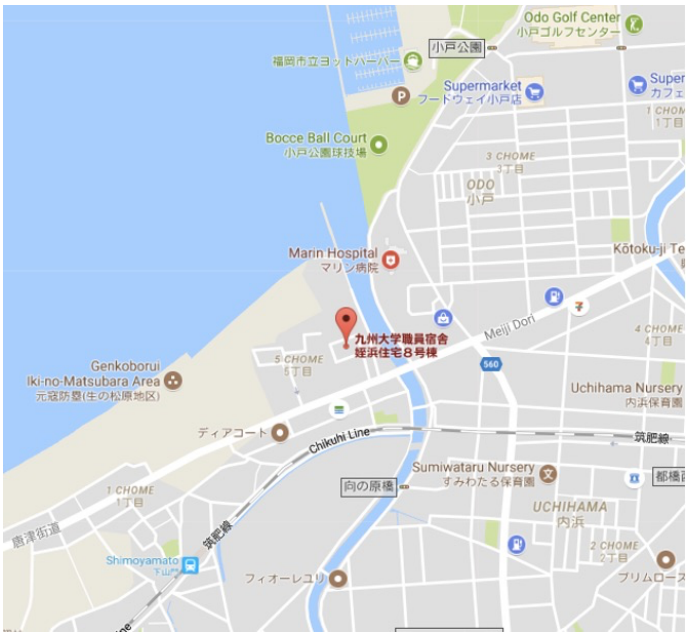
During that period, I suffered from **insomnia, anxiety attacks, loss of appetite, rapid weight loss, excessive thirst, swollen lymph nodes, intestinal disturbances, heightened sensitivities, a weakened immune system, and dry, irritated eyes**, among other issues. It was baffling to me. Since my teenage years I had been deeply interested in diet, nutrition, and exercise, and I was maintaining what most would consider an exemplary lifestyle: eating mainly organic fruits and vegetables, brown rice, tofu, healthy meats, drinking plenty of Japanese tea, practicing yoga every morning, and going to the gym three or four times a week.

In short, I was doing everything one is supposed to do to stay healthy — which made the onset of these symptoms all the more mystifying.

Kyushu University, *Ropponmatsu* Campus

Six months earlier, in November of 2004, I had started my new position as an Associate Professor at Kyushu University in Fukuoka, Japan. My family and I had

moved into the university's staff housing in the city of Fukuoka, where I lived with my wife and son — both of whom also developed health complaints, though not as severe as mine.



Map of Kyushu University Housing

I began waking up earlier and earlier until eventually I could no longer sleep at all. I developed an overwhelming, constant thirst — so severe that during breaks and between classes I would rush to the university vending machines and guzzle several bottles of water or oolong tea. Around the same time, I developed severe skin allergies, and my eyes became extremely red and irritated. My lymph nodes grew swollen and painful. I was exhausted almost all the time, and often felt nauseated.

I began experiencing heart pain and palpitations, and I would wake up in the middle of the night drenched in sweat. My digestion became erratic; I had to use the bathroom several times each night. My cognitive functioning also began to deteriorate — I developed brain fog, forgetfulness, and difficulty concentrating. Anxiety attacks started occurring in situations that had never bothered me before, such as stepping into an elevator, being alone, or driving through a tunnel.

On top of all this, I lost my appetite entirely and dropped about 20 kilograms (around 44 pounds) in a single month.

Chronic Fatigue Syndrome

I began searching my symptoms online and eventually concluded that what I was experiencing matched what the medical literature described as ***Chronic Fatigue Syndrome (CFS)***. I threw myself into the research, reading everything I could find. I studied Martin Pall's work on free radicals, Garth Nicolson's research on mycoplasma infections, Andrew Cutler's writings on heavy metal toxicity, and Michael Goldberg's work on Neurological Immune Endocrine Dysfunction and its connections to autism, ADHD, CFS, and Alzheimer's.

To be honest, there seemed to be at least a hundred different theories about the condition, and I joined every Yahoo group related to one or more of them. Eventually, I went to Kyushu University Hospital to consult with their CFS specialist. (Interestingly, while the literal Japanese translation of CFS is *manseihirōshōkōgun* [慢性疲労症候群], doctors in Japan actually refer to it as *jiritushinkei-shicchōshō* [自律神経失調症], meaning "autonomic nervous system disorder.")

The specialist ran tests for various viral infections, toxoplasmosis, and — at my request — mycoplasma. In the end, he told me there was very little he could do for me and that my condition would likely continue to worsen until I became essentially bedridden.

Kyushu University Hospital

When I saw the doctor, he suggested prescribing antidepressants or anti-anxiety medication. I declined. Instead, I asked for antibiotics, having recently read Dr. Garth Nicolson's work on mycoplasma infections. At the time, I suspected that might be the root of my symptoms — though I would later revise my understanding.

It wasn't until afterward that I came across research describing a condition identified by Russian scientists in the 1970s, known as "Microwave Sickness." The symptoms matched mine exactly, leading me to a very different conclusion about what I was experiencing.

Another striking connection I uncovered involves the timeline of symptom emergence in the United States. Notably, reports of these symptoms began rising noticeably in 1984 — the very same year the first commercial cellular network was launched nationwide.

At the time, the media referred to the condition as “Yuppie Flu.” And if you think about it, that label aligns with reality: yuppies were among the earliest adopters of personal computers and mobile phones. Coincidentally, 1984 also saw the debut of the Apple Macintosh and the expanded commercial use of MRI machines.

It wasn’t until 1988 — four years later — that the Centers for Disease Control and Prevention (CDC) formally named this cluster of symptoms: Chronic Fatigue Syndrome (CFS).

It’s the Electropollution, Stupid

My health had deteriorated so severely that I had to stop working. Desperate for answers, I scoured the web for any information that might explain my condition. At the time, I was following the blog of a man in Europe who suffered from both Chronic Fatigue Syndrome and Crohn’s disease. He wrote extensively about various scientific theories — until one day he shared a revelation that changed everything. In his words, roughly paraphrased:

> *“It’s the electropollution. I went to my parents’ house in the French countryside and all my symptoms vanished. When I returned, I measured the electromagnetic fields in my Amsterdam apartment—they were through the roof.”*

That hit me hard. It made me reconsider my own experiences. I realized I often felt slightly better at night, when cell phone use dropped — even though I still needed sleeping pills to rest. I also noticed I improved when I was out in the

countryside, away from the dense cell tower coverage of the city, though I never fully recovered.

Perhaps most telling was when I managed to link my intense anxiety attacks to peak cell phone usage hours in Japan. I had invited a technician — more of a PR representative — from Nippon Telephone and Telegraph (NTT) to measure the EMF levels in my apartment. The man himself appeared unwell, sweating profusely throughout the visit. Despite his clear discomfort, he disclosed the peak usage times for the local network. Sure enough, those windows aligned almost exactly with the periods when I felt the most acutely unwell.

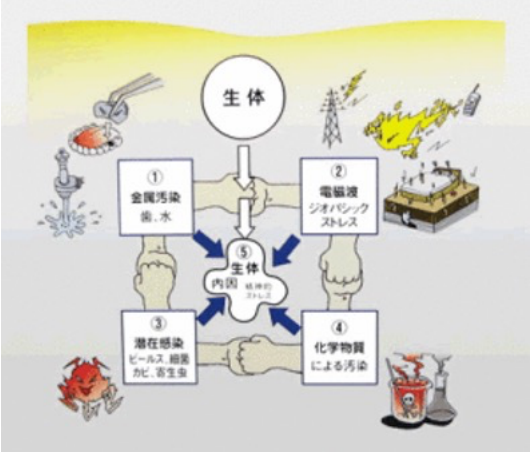
Dr. Yayama

Before we moved into the log house, while still living in staff housing at Kyushu University, my wife began calling around Japan in search of a doctor who performed chelation therapy. One doctor in Tokyo pointed us toward a Dr. Yayama in Yamato, Saga Prefecture, saying he was likely the best alternative medicine doctor in the country.

When we finally visited him, I picked up one of his pamphlets in the waiting room. In it, he outlined what he believed to be the root causes of modern illness:

1. Heavy metal toxicity
2. Electromagnetic pollution and geopathic stress
3. Pathogens—viruses, bacteria, fungi, and parasites
4. Chemical toxicity
5. The body's internal state, including psychological stress

Reading his list felt like a confirmation. Here was a respected physician naming electropollution openly — not as conspiracy, but as clinical fact.



Dr. Yayama's Theory of Chronic Disease

The moment we left Dr. Yayama's clinic, I saw our drive back to Fukuoka with new eyes. What had once been an ordinary landscape now revealed itself — cell towers dotted the landscape, one after another, lining the route like silent sentinels.

It was no longer just a road home. It felt like a map of the very thing he had named in his pamphlet: electromagnetic pollution, made visible.

Cell Towers in Japan

A Log House in the Saga Mountains

Once we began to understand that our health decline might be linked to constant wireless exposure, we started searching in earnest for a refuge. We eventually found a log house nestled in the mountains of Saga Prefecture, about thirty

minutes outside Fukuoka, located in what's known as a "white zone"—an area free of wireless signals.

We contacted the owners and asked to rent it for just a few days. They warned us upfront: there was no cell phone reception there. That was exactly what we needed to hear.

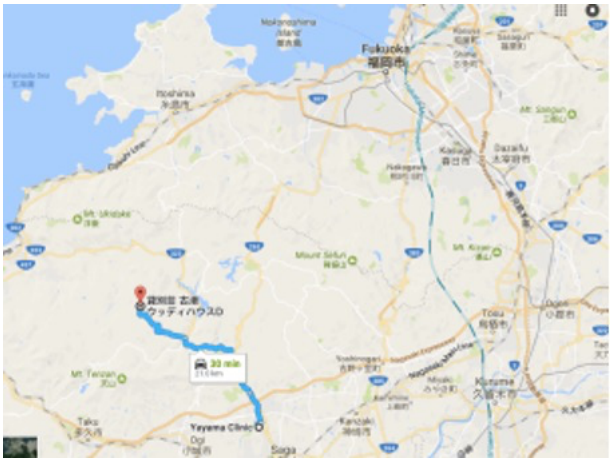
Within the first 24 hours of staying in that quiet, wooden house, I felt a shift. Roughly half of my symptoms simply faded—a relief so tangible it felt like a revelation. At that moment, I knew we were on the right path.

What began as a short retreat turned into a four-month stay. Slowly, steadily, my health returned. By the time I left, I'd recovered about 85 to 90 percent of my former well-being. In the silence of those mountains, without a signal to be found, my body finally remembered how to heal.

Our Log House for four months in the Saga Mountains

The convenience felt almost providential. Dr. Toshihiko Yayama's Clinic turned out to be located just 20 to 30 minutes from the log house — a quiet sanctuary already playing such a vital role in my recovery.

In the stillness of the mountains, I had found respite from the signals; and just a short drive away, the doctor who understood the full scope of this invisible burden was there to help guide the healing.



Not too far away from the Yayama Clinic

Over time, through a combination of chelation treatments — including homeopathy, Chinese herbal formulas, and intravenous EDTA therapy — I was able to significantly reduce the heavy metal burden in my body. This process was supported by the complete removal of metal dental work, a regimen of antioxidants and Transfer Factor supplements, and daily Qigong practice.

Gradually, my health improved and, importantly, my sensitivity to electromagnetic fields decreased. I became better able to tolerate EMF exposure without severe reactions.

Early in my treatment, Dr. Yayama had prescribed two of his own Chinese herbal formulations: one he named *Infekushion* ("Infection") and the other *Metaru* ("Metal"). These foundational formulas appeared to support my body's detoxification and resilience from the very start of my recovery.

Dr. Yayama

Electrosensitivity

I began to recognize my condition as a clear case of **electrosensitivity**. In the early stages of recovery, whenever I came within range of a cell tower or was around people using cell phones, many of my symptoms would resurge. I would feel an intense pressure in my head, waves of nausea, and palpable pain and swelling in my lymph nodes.

The chelation and supportive treatments, however, gradually reduced the intensity of these reactions. On a scale of 1 to 10 — where 10 represented the original debilitating intensity — my sensitivity dropped to around a 2. Over the following years, with continued care and avoidance strategies, my reactions diminished further. Many symptoms had disappeared entirely, and I was then experiencing only minimal sensitivity—what I would describe as a level 1. Now, as I rewrite this some twenty years later, all symptoms have disappeared.

At the time, though, the recurring symptoms were alarming, and the journey to reach this level of stability was both gradual and profound.

The Zero Search Machine

In my experience, Dr. Yayama — arguably Japan's most renowned alternative medicine practitioner — is nothing short of extraordinary. I consider him a true genius. Among his remarkable contributions is a diagnostic device he developed called the **Zero Search**.

He connects this apparatus to a German-made **Rayometer**, which measures frequencies based on the principle that every substance, pathogen, and even physiological process emits its own unique signature frequency. Using this system, he is able to identify imbalances, toxins, and infections in the body with a level of precision that conventional diagnostics often miss.

This innovative tool represented a pivotal part of my own diagnostic journey, offering insights that steered my treatment in a direction traditional medicine had overlooked entirely.

The Zero Search Device (right) with the Rayometer (left)

During my first visit, Dr. Yayama used his **Zero Search** system to conduct a swift assessment. In under ten minutes, he identified a troubling list of coexisting conditions:

1. Systemic candida
2. Mycoplasma infection
3. Toxoplasmosis
4. Epstein-Barr virus
5. Cytomegalovirus
6. Mercury toxicity
7. Aluminum toxicity
8. Lead toxicity

What he didn't know at the time was that several of these—mycoplasma, Epstein-Barr, and cytomegalovirus—had already been confirmed through blood tests at Kyushu University Hospital. His diagnostics aligned precisely with prior clinical findings.

Hidden In Plain Sight

Around the same period, my wife, who is Japanese, reached out to numerous media outlets across Japan. She hoped to raise awareness about the health effects we were

linking to wireless radiation—what we saw as a public health concern hidden in plain sight. Not a single outlet responded. For reasons that have since become clear to me, our story was one they would not touch.

EMF Refugee & "Denjiha Nanmin" (電磁波難民)

After four months in the log house, my health had improved dramatically — I'd regained about 85–90% of my well-being. Yet exposure to EMFs would still trigger symptoms. As our savings began to run low, we returned to our apartment in the city.

To create a safer space, we installed a shielded canopy over our bed and covered the windows with special EMF-blocking material. It wasn't a perfect solution, but it helped.

In early 2006, driven by the need for connection and support, I started two online communities: a Japanese Yahoo Group named **"Denjiha Nanmin"** (電磁波難民 – "Electromagnetic Wave Refugee") and its English counterpart, **"EMF Refugee."** Quickly, the English group had grown to over a thousand members. (Yahoo eventually shut down its Yahoo Groups and I moved the group to Groups.io [groups.io/g/emfrefugee].)

Before long, people from across Japan began reaching out — many sharing similar struggles with EMF sensitivity. Their stories mirrored my own. Eventually, we organized a meet-up at my apartment in Fukuoka. To my amazement, people flew in from all over the country to attend. For the first time, what had felt like an isolating condition became a shared journey.

Ad Hoc Publications

Around the same time I founded the support groups, I also began writing and self-publishing articles online to raise awareness about electromagnetic hypersensitivity and its potential links to chronic illness.

One paper, titled **"Do You Have Microwave Sickness?"** (originally published in February 2006), explored the biochemical pathways affected by microwave radiation. For example, I wrote:

> "Exposure to microwave radiation has also been shown to effect an abnormal increase in nitric oxide (NO). One theory holds that an abnormal increase in cellular calcium will also lead to an abnormal increase in cellular NO, which in excess produces a damage-producing free radical or oxidant called peroxynitrite."

The above became the centerpiece to Dr. Martin Pall's (whom I had contacted before he became involved in the movement after him a number of studies on how EMFs cause a plethora of free radicals) theory.

Another piece, **"Are Microwaves a Major Causal Factor in Chronic Fatigue Syndrome (CFS) and Myalgic Encephalomyelitis (ME)?"** (published in July 2006), examined the overlap between EMF exposure and symptoms associated with these poorly understood conditions.

Given my position as an associate professor at a leading Japanese university, these writings attracted considerable attention. The French news outlet **Next-up** picked up the story, and the Belgian newspaper **Le Libre** published an article titled **"Les micro-ondes liées à la fatigue chronique?"** ("Are Microwaves Related to Chronic Fatigue?"). Later, in 2009, the **Townsend Letter Group** featured my work in their newsletter under the headline **"Microwaves Role Examined."**

Though these publications were initially shared outside traditional academic channels, they helped spark international dialogue and offered validation to many who had felt overlooked by mainstream medicine.

Later in 2017 I published a scientific peer-reviewed paper in the journal *Medical Hypotheses* with Professor Olle Johansson, Ph.D. of the Karolinska Institute about how EMFs disrupt the immune system entitled, "Electromagnetic Fields may act via calcineurin inhibition to suppress immunity, thereby increasing risk for opportunistic infection: Conceivable mechanisms of action."

Looking for a Place to Live: Kunming, China

After exploring the possibility of starting an eco-village in Japan with the president of an IT firm — who himself had developed electromagnetic sensitivity — I ultimately concluded that the ambient EMF levels in Japan were still at the time too high for me to tolerate long-term. I began searching abroad for a more sustainable place to live.

I traveled throughout Southeast Asia — through Thailand, Myanmar, India, southwestern China, and Laos — seeking a location with lower background levels of electromagnetic fields. Along the way, I noticed a distinct pattern: I felt noticeably better in Thailand than in Japan, and better still in China. At the time, I attributed this to the differing stages of cellular network development: Japan was rolling out 3G, Thailand remained largely on 2G, and China enforced stricter regulatory limits on public EMF exposure.

In the end, I made the difficult decision to leave Japan, as my two-year non-renewable contract at Kyushu University was expiring. In 2006, I relocated to **Kunming**, in China's Yunnan Province, where I hoped the environment would allow me to live with greater health and stability.

The City of Kunming

Living in Kunming was a fascinating experience. I began studying Mandarin Chinese, worked at a local language school, and eventually secured a teaching position at **Yunnan Normal University**, where I spent a year.

My students at Robert's School of Languages in Kunming

After living there alone for six months, my wife and son joined me.

Having breakfast at Salvador's Coffee Shop in Kunming

Our year in Kunming was rich with discovery. Weekends and holidays often found us exploring the diverse landscapes and cultures of Yunnan Province.

A particularly surprising connection emerged when a man named Peter Monaghan contacted me in response to an ad I'd posted on a local community site. He mentioned that his mother was also a Doyon and that he was coming to Kunming to teach English at a university. It turned out his mother was my father's cousin—they had grown up together in the same small town in Quebec, St. Benoit—making Peter my second cousin. It was one of those remarkable, small-world moments.

From then on, we frequently spent our weekends together, exploring Kunming and taking trips to nearby cities, adding a unexpected layer of family and familiarity to our life in China.

Families Together on an Outing in Kunming

Auroville

After a year in Kunming, we decided to move again—this time to the intentional community of **Auroville** in India. Known for its progressive approach to nearly every facet of life, Auroville aligned closely with our values: alternative medicine, organic agriculture, natural building, holistic education, and notably, a clear electromagnetic policy.

One of the community's foundational rules was that **no cell towers could be built within its 20-square-kilometer limits**. Combined with its commitment to pesticide-free land, organic vegetarian food, and healing systems like Ayurveda, Chinese medicine, naturopathy, and homeopathy, it felt like a sanctuary. Even the buildings largely followed **Building Biology standards**, prioritizing non-toxic materials and healthy living environments.

In many ways, Auroville was designed to be a truly healthy place to live — and for us, it offered a rare balance of wellness, community, and intentional living.

Auroville, India

Before our move to Auroville, we took a wonderful trip through Thailand—a country I've always loved, though my body reacts strongly to the prevalent chemicals there. Ah, the irony!

On the island of Koh Chang, Thailand

In our Auroville House

Back to Thailand: ITM

While Auroville was a wonderful community, we ultimately lacked the funds to sustain ourselves there long-term. I needed to return to China for a training program I

had signed up for with the British Council in order to become a certified IELTS examiner.

However, due to a visa complication—my flight itinerary from Thailand to China included a layover in Laos, which Chinese immigration did not accept—I found myself stranded in Chiang Mai, Thailand.

Rather than see it as a setback, I decided to make meaningful use of the time. I enrolled in a four-week Thai massage workshop at the ITM school in Chiang Mai. Learning Thai massage was a wonderful experience—immersive, hands-on, and deeply enriching. Sometimes the unexpected detours lead to the most rewarding lessons.

ITM Massage Course, Chiang Mai, Thailand

Mae Fah Luang University: Chiang Rai

After my time in Chiang Mai, I secured a position teaching **English as a Foreign Language (EFL)** at **Mae Fah Luang University** in Chiang Rai, Thailand—a scenic region about two hours northeast of Chiang Mai.

The role offered a chance to return to academia in a quieter, more rural part of northern Thailand, where life moved at a gentler pace and the natural surroundings brought a renewed sense of calm.

Breakfast at the Doi Chang Cafe in Chiang Rai, Thailand

Allergies Gone Crazy

After living in Thailand for some time, I began to experience a gradual but relentless worsening of skin allergies. I believe it was a combination of triggers: dust, pollen, mold, smoke from seasonal field burning, pesticides, formaldehyde, chemical food additives, and even Wi-Fi exposure.

My skin became extremely itchy, red, and inflamed. The discomfort was so intense that I needed sleeping pills to get any rest—and even then, I'd often wake to find my sheets stained with blood from scratching unconsciously through the night.

As much as I loved Thailand, it became painfully clear that for someone with heightened sensitivities, the environment could be overwhelmingly toxic in too many ways. (Having said that, Thailand has recently seemingly gotten better with its use of chemicals.)

Not feeling so well.

Escape to Chiang Mai

My skin allergies eventually grew so severe that I had to leave my teaching position and seek help in Chiang Mai. I spent a month consulting various alternative health practitioners — acupuncturists, chiropractors, naturopaths, and others — but saw little improvement. As my condition persisted, we made the difficult decision to return to Japan.

Back to Japan: Dr. Sei Takahashi, an Amazing Acupuncturist

Back in Japan, I began daily acupuncture and medical qigong treatments with **Dr. Sei Takahashi** at his clinic, *Ishindo*. Alongside this, I incorporated daily far infrared sauna sessions and drank ample alkaline water. Within a month of this focused regimen, my skin had largely healed, and I felt almost completely back to normal. I remain deeply grateful for Dr. Takahashi's skillful care and the supportive therapies that guided my recovery.

Getting Acupuncture Treatment at *Ishindo*

Utsunomiya University

Within a month of returning to Japan, I applied for teaching positions at several universities and quickly secured multiple interviews. One application was to Utsunomiya University. On the very day of my interview, I had just arrived home when the director called. She expressed being impressed with my qualifications and offered me the position on the spot.

I accepted and, in March of 2010, moved to the city of Utsunomiya to begin the next chapter of my academic career.

Utsunomiya (Downtown Area)

Utsunomiya University

Utsunomiya & Fukushima

For a time, life in Utsunomiya settled into a positive rhythm. I enjoyed my job, liked my colleagues, made new friends, and appreciated exploring a new part of Japan. I also began working in Tokyo about twice a month as an IELTS examiner, which helped me rebuild savings and regain my footing in Japanese life.

By then, my sensitivity to EMFs had diminished significantly compared to five years earlier. I could tolerate much more than when I had originally left Japan, and it felt as though I had finally regained a sense of normalcy.

Fukushima & Escape to Europe

Then, in March 2011, the Fukushima nuclear disaster occurred. We were located only about 100 miles away — far too close for comfort. Despite the life I had rebuilt, we made the difficult decision to leave. Staying no longer felt safe.

Christmas Time in Utsunomiya (2010)

On March 11, 2011, a major earthquake triggered what would become one of the world's most severe nuclear accidents at Fukushima. We evacuated quickly to my wife's parents' home in Tajimi, roughly 350 miles southwest of the disaster site.

I contacted the university to request a leave of absence. When they refused, I submitted my resignation. In Tajimi, we were uncertain about what to do next. I emailed a colleague who was in Seoul awaiting a flight to France and invited her to stay with us. My wife wished to remain in Japan near her family, so I decided to take our son to Europe, where several people in the environmental and health movement had offered us refuge.

My son and I soon left for Europe, beginning our journey in France. Serge Sargentini of the environmental group **Next-up** sponsored a three-week stay for us at a retreat called **Charousse**, located in the French foothills near Crest.

Charousse, Drome Vally, Southern France

Arrival at the Valence Train Station

With Serge Sargentini in the Drome Valley

From France, we continued our journey to Sweden, where we had the opportunity to meet a number of Swedish individuals who also identified as EMF refugees. It was both grounding and affirming to connect with others who shared similar experiences and concerns.

Lake in Northern Sweden

From Sweden, we traveled to Ireland, where we stayed with **Dr. Simon Rees**, a British naturopath and homeopath, and his partner at the time, **Clover Kreger**. Their support and shared understanding provided both comfort and insight during that phase of our journey.

Clover, Simon, and Joshua in Ireland

Return to Japan and a Decision to Leave Again

After spending time traveling and staying with contacts across Europe, we made the decision to return to Japan. By then, the immediate nuclear hysteria had subsided—though the underlying dangers remained—and I was also developing allergies to something in the Irish environment. It was time to move on.

Back in Japan, I began applying for university positions, focusing on regions outside Tokyo and northeastern Japan. I submitted around fifty applications. Unfortunately, every single one was rejected.

With doors closing in Japan, I expanded my search internationally. I received offers from China, Turkey, and Chile. After careful consideration, I chose Chile for several reasons: having already lived and worked in Asia for 24 years, I was ready for a change; China presented its own set of challenges; and the salary offered in Turkey was comparatively low.

I accepted a position at the **Universidad Católica del Norte** in **Antofagasta**, a city in northern Chile, and prepared for the next chapter of my life abroad.

Theater at Meiji Mura, Japan

A Year Plus in Chile

I arrived in Chile in December 2011 and stayed until March 2013. Before starting work in March 2012, I spent time traveling and getting to know the country. Chile was beautiful, and I truly enjoyed the people and my students.

However, I encountered workplace politics that felt all too familiar — similar to what I had experienced in China and Thailand. I had been promised a tenured position after a trial year, but that commitment was later rescinded as though it had never been made.

That, combined with another significant factor, a downturn in my health, led me to decide to leave.

Facing both professional disappointment and a relapse in my health, I knew it was time to move on.

At a Restaurant in San Pedro de Atacama

(Pachamama By Bus)

A Return to the USA after 25 Years Abroad

After more than two decades living overseas, I decided to return to the United States. I left Antofagasta and spent some time traveling within Chile before flying to the U.S. for a brief visit. From there, I went to Japan to see my wife and son—who, despite earlier plans, had not joined me in Chile.

After Japan, I traveled through Bali to Australia to sell a property I had purchased there a decade earlier. Before returning to the States, I stopped in Thailand for a refresher course in Thai massage at ITM. Toward the end of my stay, however, I contracted dengue fever and had to delay my departure. My case was relatively mild, which I attribute to having taken a homeopathic prophylactic for dengue before leaving Australia.

Once back in the U.S., I settled in Santa Cruz, California, where I purchased a townhouse. I remodeled it using natural, non-toxic materials and painted the interior with **Y-shield paint** to block radiofrequency (RF) electromagnetic fields—creating a sanctuary tailored to my health needs.

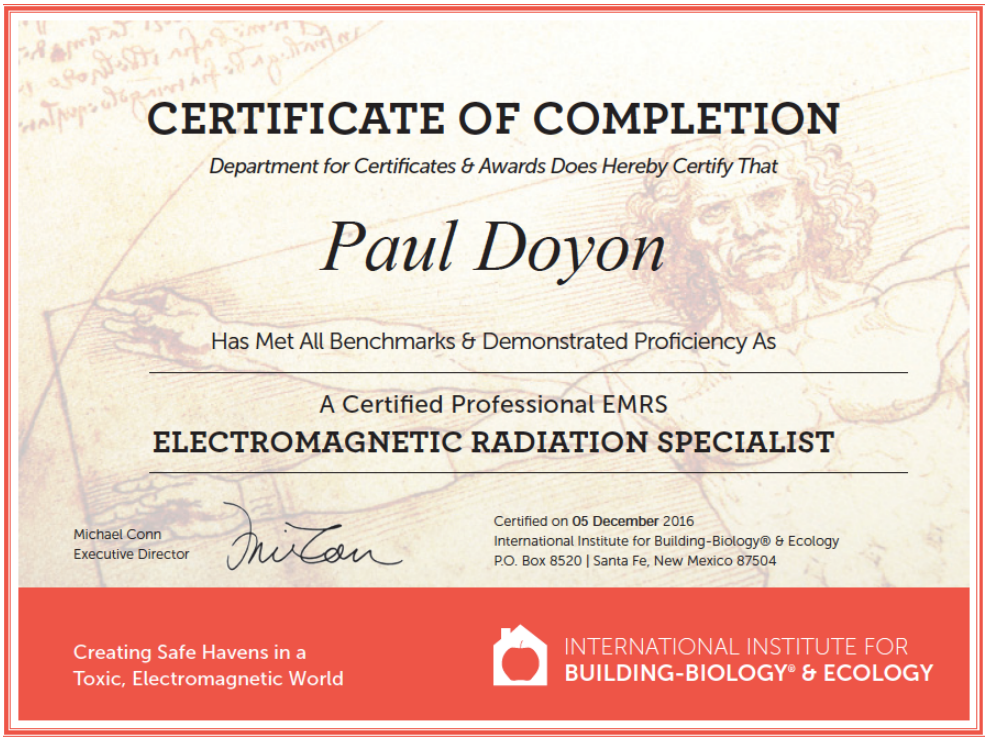
Remodeled Townhouse

The International Institute for Building Biology and Ecology: Electromagnetic Radiation Specialist (EMRS)

Along my journey, I began learning about **Building Biology**—also known as *Bau-biologie*—a discipline focused on creating healthy, natural, and environmentally responsible living spaces. While back in Japan in 2010, I subscribed to their newsletters and later attended a presentation by **Larry Gust**, whose depth of knowledge on EMFs greatly impressed me.

This inspired me to inquire about formal training. The institute's program director, **Michael Conn**, informed me they were developing a new **Electromagnetic Radiation Specialist (EMRS)** certification track. In January 2014, shortly after returning to the United States, I enrolled in their foundational online course to become a **Building Biology Practitioner (BBP)**.

After completing the BBP certification, I advanced to the **EMRS course** in 2015, which I finished in December 2016. This training equipped me with the technical knowledge and diagnostic tools to assess electromagnetic exposures—and to help others create healthier, lower-EMF living and working environments.



Building Biology EMRS Certification

EMRS Students for the IBE 312 Course: Advanced Electromagnetics

Professional Practice: Identifying the Invisible

I was now qualified as an Electromagnetic Radiation Specialist to assess buildings for several forms of EMF pollution:

1. **Radiofrequency Radiation** (from Wi-Fi, cell networks, cordless phones, and radar).

2. **Extremely Low-Frequency Magnetic Fields** (often from wiring errors).
3. **Extremely Low-Frequency Electric Fields** (from building wiring and appliances).
4. **Dirty Electricity** (high-frequency noise on electrical circuits).
5. **Body Voltage** (induced voltage on the body from ambient electric fields).

My work doing this had involved measuring these exposures, making tailored recommendations, and planning remediation. My clients typically fell into three categories:

1. Individuals looking to purchase or rent a property.
2. People seeking to reduce EMF exposure in their current home or workplace.
3. Those determining whether their health symptoms necessitate moving.

Out of Sight, Out of Mind

A fundamental challenge in this field is the invisible nature of the threat. Microwave radiation is imperceptible to our senses — it has no sight, taste, smell, or touch. This makes it difficult for society, and even most doctors, to recognize it as a potential factor in chronic illness. However, a growing number of people worldwide are beginning to connect their mysterious symptoms — fatigue, insomnia, cognitive issues, and more — to their environment. Many find that their health declines noticeably in highly electropolluted areas. It is also becoming clear that individuals with high levels of metal toxicity appear to be particularly susceptible.

Connecting the Dots: A Pattern of Illness

My personal experience led me to observe a broader pattern. As ambient electromagnetic pollution has increased, so too have a range of serious health conditions among people I've known. I've witnessed suicides, cancers, brain tumors, and diagnoses of autism, ADHD, Crohn's disease, colitis, vision problems, strokes, and epilepsy. I've known women who suffered miscarriages due to fetal deformity. While these tragedies are often viewed as isolated, their concurrence with rising EMF levels is striking.

Consider these observable shifts:

- **Weakened Immunity:** When I first arrived in Japan in the late 1980s, it was unheard of for a young child to die from influenza. Today, such tragedies are more common, and common colds often linger for weeks instead of days. The narrative focuses on "stronger bugs," but we must consider that our immune systems are being weakened by constant electromagnetic exposure.
- **Autonomic Dysfunction:** In Japan, Chronic Fatigue Syndrome is tellingly diagnosed as "Autonomic Nervous System Disorder." The autonomic system regulates critical functions like circulation, respiration, and temperature control — all of which are shown to be affected by microwave radiation. For instance, deaths from heatstroke, once rare, are now a regular summer occurrence in Japan.
- **Personal Experience:** Living in an EMF-free "white zone," I observed my body's thermoregulation was more effective. Despite cooler mountain temperatures, I felt colder in the warmer but electropolluted city of Fukuoka, a phenomenon described in W. Bergman's 1965 research on microwaves affecting the central nervous system.

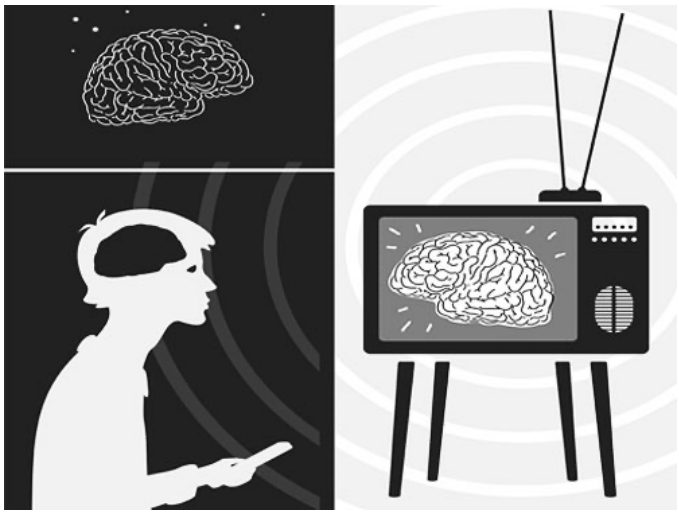
A New Lens on Disease

When one reviews the scientific literature, a disturbing picture emerges. EMFs have been shown to:

- Weaken the immune and endocrine systems.
- Disrupt the autonomic nervous system and alter neurotransmitters.
- Increase the permeability of the blood-brain barrier.
- Cause oxidative stress, damage DNA, and generate harmful free radicals.

Viewing the modern epidemic of chronic illness through this lens is not alarmist—it is a rational interpretation of both personal experience and a growing body of evidence. What we accept as the "new normal" in public health is anything but normal. It is a sign that we must seriously reconsider the invisible environment we have created.

A Shifting Narrative



For decades, the wireless industry has used its financial power to shape legislation, influence research, and control the media narrative. Those who questioned the safety of wireless radiation were routinely dismissed as "tinfoil-hat-wearing conspiracy theorists."

However, over the past ten years, I have started to sense a noticeable shift — (though we were presented with a new threat with the COVID vaccines). Media coverage is beginning to change, and public awareness is growing. There is increasing acknowledgment that wireless radiation may indeed be a serious pollutant — one potentially linked to rising rates of autism, ADHD, chronic fatigue syndrome, MS, diabetes, Parkinson's, Alzheimer's, epilepsy, and cancer, as well as the alarming decline of insects, amphibians, and birds.

The Simple Truth: It's Time to Wake Up and Fight Back

Thirty years ago, Dr. Robert O. Becker warned in *The Body Electric*:

> *"The dangers of electropollution are real and well documented. It changes, often pathologically, every biological system. What we don't know is exactly how serious these changes are, for how many people. The longer we as a society put off a search for that knowledge, the greater the damage is likely to be and the harder it will be to correct." (p. 304)*

His words resonate more urgently today. Now, the industry has pushed forward with 5G, deploying “small cell” Distributed Antenna Systems (DAS) on nearly every street corner. These antennas have blanketed our communities with extremely high-frequency radiation (6 GHz to 100 GHz) at unprecedented densities — a large-scale experiment with unknown health consequences.

While we cannot yet name every illness this new exposure will cause, we can be certain it will cause harm. The time for passive acceptance is over. It is time to demand transparent research, protective regulations, and our right to a safe environment.

Finding My Frequency: Letting Go and Moving Forward in Asia

After returning to California in 2013, I tried to piece together a living teaching English as a Second Language — first as an adjunct at junior colleges, then in adult education — while slowly building an EMF consulting practice on the side.

But the California I returned to was not the place I remembered from 1988. Conversations often felt more like debates, and workplaces carried a new kind of friction — what I saw as a blend of Wokism and sharp-elbowed Machiavellian politics. It often seemed less about understanding the problem and more about winning the argument.

Even within the EMF awareness community, I noticed a different vibe than what I’d experienced in Japan and Europe. Here, collaboration often took a back seat to personal branding, with many positioning themselves as influencers or gurus rather than uniting behind a shared cause.

By 2018, feeling worn down and saddled with debt, I made the decision to leave with an offer to teach at Jack Ma’s Yungu School in China. My final role ended under difficult circumstances, and I knew it was time for a change. When I moved to China and was required to buy a cellphone — becoming perhaps the last person on Earth to finally carry one — and it felt like a symbolic turn in a long journey. But I was determined not to look back in defeat.

These days, I no longer experience electrical sensitivity. I've left that chapter of advocacy behind — not with bitterness, but with clarity. I spent years trying to open people's eyes to something many couldn't or didn't want to perceive, and while it was often frustrating, it also deepened my purpose.

I now live contentedly in Asia, enriched by the experiences and connections I've made here. To those still navigating sensitivity or disbelief, I say: recovery is possible. It wasn't easy, but my path taught me resilience — and today, I carry not just scars, but also strength, perspective, and quiet hope.

And I'm not alone in choosing a life abroad. Most expats I meet here share a similar refrain: sometimes moving forward means finding a new place to belong.

That is the heart of it. It's about choosing health — the health of people, ecosystems, and the living planet — over unchecked profit. Too many have internalized a trickle-down mindset that rewards exploitation and ignores suffering. It's a worldview that puts the economy before life itself.

The shift begins when we stop seeing nature — and our own bodies — as resources to be mined, and instead as living systems to be preserved. It's not just a policy change. It's a spiritual and ethical realignment.

And it starts with each of us, wherever we are, choosing to value well-being over want, care over carelessness, and the common good over private gain.

We may not see the change overnight. But we can live by that principle today.