



Karolinska Institutet
Department of Neuroscience
Experimental Dermatology Unit

Stockholm, November 11, 2014

Dear All on my mailing list,

As many of you already know, I had the great honour to visit the recent European Economic and Social Committee (EESC) "Electromagnetic Hypersensitivity" meeting in Brussels, November 4, 2014. [For an extensive summary of it, see <http://www.powerwatch.org.uk/news/2014-11-04-eesc-ehs.asp> .]

I was there together with, among many, dr. Isaac Jamieson, member of the group of stakeholders on electromagnetic fields for DG SANCO, and Mr. Marc Cendrier, Robin des Toits (Association Nationale pour la Sécurité Sanitaire dans les Technologies sans fil).

I felt that our presentations were very well received and afterwards we were interviewed/questioned for more information. In addition, we could draw the committee's interest to various research references and other types of valuable summarizing reports.

+++

After this meeting, I have had the time to formulate a few humble thoughts which I hereby want to send you. (N.B. There is absolutely no need to send me any detailed criticism or 'corrections'; the personal thoughts below are only mine, and it is to the primary stakeholders any constructive suggestions of yours shall be sent.)

To me it is very clear that the EHS community worldwide now must act in unison, this is definitely a golden opportunity for change; persons with the functional impairment electrohypersensitivity and their relatives have suffered enough! --- So, for instance, many members of the EESC were not at all sure where to go for information - as well as to whom to send information - and also not in which exact direction to head with their work. It is also clear that the industry tries to steer them towards a psychiatric/psychologic explanatory model for EHS, and away from the environment as a cause for electrohypersensitivity (as well as a cause for the various diseases associated with EMF exposure). So it is high time to act!

Therefore, I strongly believe the following:

The EHS community **MUST** make up their mind if they are to be regarded as a disease with a psychiatric and/or medical diagnosis, thus to be treated as patients with behavioural therapy, (psycho)pharmaca and/or corrective (psycho)surgery *OR* if they shall be regarded as having a functional impairment, thus having their home, work and general life environment 'treated' by technical/practical measures to make it completely accessible.

The EHS community **MUST** - to be viewed as in unison - agree on the term to describe/label them. Personally, based on the above, I would go for "the functional impairment electro-

Mailing address
Experimental Dermatology Unit
Department of Neuroscience
Karolinska Institutet
171 77 Stockholm
Sweden

Visiting address
Retziuslaboratoriet
Retzius väg 8
Solna

Telephone
Direct 468-52 48 70 58
Switchboard 468-52 48 64 00
Fax 468-30 39 04
Fax (KI) 468-31 11 01



Karolinska Institutet

Department of Neuroscience
Experimental Dermatology Unit

hypersensitivity", nothing else.

The EHS community MUST stop mixing different scientific discussions with each other. For instance, statistical/epidemiological associations of ELF-EMFs with childhood leukemia is (today) not the same as the functional impairment electrohypersensitivity; so-called chem.-trials and EHS/health effects of EMFs do not (today) belong to the same category; such mix-ups will only badly blur the image. (It was very interesting - and maybe telling (?) - to hear that most of the EU/EESC presentations in Brussels did not cover the functional impairment electrohypersensitivity but instead discussions about EMF exposure risk assessments and risk management, health effects of EMFs [particularly the association of mobile phone use and certain brain tumours], as well as legal aspects of such diseases, exposure guidelines of technical nature [incl. SAR, ICNIRP, etc.], geographical mapping of exposures, the Precautionary Principle, etc. That - in my eyes - definitely drew the focus away from the functional impairment electrohypersensitivity and also away from the much larger legal 'umbrella' that covers such impairments, something actually pointed out by one of the EESC members (!) in the discussion.)

The EHS community MUST demand the right to have at least one scientific expert of their own inside of the EESC Working Group, especially since the current working document needs to be updated/changed/corrected to quite a high degree. He/she should, of course, be there as an independent expert but with His/Her ears directed towards the EHS community representatives world-wide.

The EHS community MUST stop fighting each other as well as stop fighting supportive persons/organizations. Various campaigners and activists, as well as their organizations, MUST start working only in unison, with one defined final goal at hand. Personally, based on the above, I would go for *complete accessibility*, and *to live an equal life in a society based on equality* (as a consequence of the UN Universal Declaration of Human Rights).

The EHS community MUST identify - inside their very own ranks - individuals working against them and for the 'other side', and respectfully neutralize them once and for all. These persons very often drain the actions of the EHS community down to a trickle, and obscure as well as haze the clear sight. Do not allow it any longer, but act with respect and love for your fellow man/woman.

+++

I repeat. --- Just remember: Treating members of the community equally is not something that should be done as a favour; nor is it something that any parliament or government should politely request other inhabitants to provide others with. Equality is not something to be done "out of the goodness of one's heart". It is something one does because it is expected of every citizen, because inaccessibility and discrimination are prohibited by law. Thus, it is not alright to deliberately make EHS persons' symptoms worse.

Mailing address
Experimental Dermatology Unit
Department of Neuroscience
Karolinska Institutet
171 77 Stockholm
Sweden

Visiting address
Retziuslaboratoriet
Retzius väg 8
Solna

Telephone
Direct 468-52 48 70 58
Switchboard 468-52 48 64 00
Fax 468-30 39 04
Fax (KI) 468-31 11 01



Karolinska Institutet

Department of Neuroscience
Experimental Dermatology Unit

The electrically hypersensitive must therefore, in every situation and by all available means, demand respect, representation and power. They shall very clearly reject all approaches which reflect a mentality of “feeling pity for them” or “caring for them”. Inaccessibility is not a personal problem. It is a problem for society. Inaccessibility is not about attitudes. It is about discrimination. And discriminatory actions and conduct shall not be dealt with by well-meaning talk about treatment. Discrimination is already illegal!

At times, the view taken of the electrohypersensitive persons has resembled a medical pogrom with frightening overtones. Even more frightening is that the situation today, is and is allowed to be much the same. The entire public debate has been characterized by grand words, commitments and far-reaching promises, which have often been shown to lack the necessary effect. This nonchalance and lack of commitment has per se been particularly insulting. Is all this something that we should be proud about? How much simpler, cheaper and more creditable it would have been to have provided the electrohypersensitive persons immediately with the assistance and solidarity that we like to boast about. An immediate decision on a housing adaptation grant, disability allowance, etc., would have been self-evident. Now we have instead endured almost 30 years of hostilities with big losers, namely the electrohypersensitive persons and their next-of-kin.

I say, there must be an end to nonchalance, lack of consideration, indifference and lack of respect on the part of society. Never accept discriminatory treatment or an insulting special treatment. Stand up for other's rights and in this way you'll stand up for your own future!

I would like to quote the very wise words of the late Jan Åberg, a freelance writer in Trollhättan, Sweden, “*Everything that happens to us human beings only happens as long as we accept it*”. For how long will your authorities and their civil servants accept it? Would they demand the same type of proofs if it was about themselves, their children, their mother, their father...?

Remember we *all* must adhere to and follow all the handicap laws and regulations. To do the opposite is a serious violation and should immediately be reported/filed as an official legal complaint to your local authorities, parliament, government, the EU and the UN. This is of particular importance since Katri Linna, the previous Swedish Diskrimineringsombudsman (=the Equality Ombudsman), clearly stated in the newspaper Sydsvenskan (January 23-26, 2009; <http://sydsvenskan.se/chattarkiv/article408013.ece>) that “electrohypersensitivity is – according to the law – a functional impairment and I recommend EHS persons that are discriminated to file a complaint”.

[These views can fully be motivated in relation to national and international handicap laws and regulations, including The UN 22 Standard Rules on the Equalization of Opportunities for People with Disabilities, since 2007 upgraded into The UN Convention on Human Rights for Persons with Functional Impairments, and the Swedish Action Plan for Persons with

Mailing address
Experimental Dermatology Unit
Department of Neuroscience
Karolinska Institutet
171 77 Stockholm
Sweden

Visiting address
Retziuslaboratoriet
Retzius väg 8
Solna

Telephone
Direct 468-52 48 70 58
Switchboard 468-52 48 64 00
Fax 468-30 39 04
Fax (KI) 468-31 11 01



Karolinska Institutet
Department of Neuroscience
Experimental Dermatology Unit

Impairments (prop. 1999/2000:79 “Den nationella handlingplanen för handikappolitiken – Från patient till medborgare”; Proposition 1999/2000:79, 1999/2000:SoU14). Also, the Human Rights Act in the EU and the UN Universal Declaration of Human Rights fully applies.]

Finally, do not misunderstand me: the medical *symptoms* of the functional impairment electrohypersensitivity are already classified as an occupationally-related symptom-based diagnosis (code ICD-10) by the Nordic Council of Ministers since 2000. DIVS: 2000:839; ISBN: 92-893-0559-2 http://www.nordclass.uu.se/verksam/yrke_s.htm. In effect this means that anyone in need for symptom-relieving medicines shall have them, just as a person with a movement disorder shall have e.g. painkillers for His/Her backpain He/She has got due to spending their days in a wheelchair. This does not take anything from the impairment; the complete accessibility principle is still 100% in action.

+++

Anything else decided by you - than the above - will, of course, be duly respected by everyone, but may result in more difficult avenues to follow.

With my very best regards
Yours sincerely

(Olle Johansson, associate professor
The Experimental Dermatology Unit
Department of Neuroscience
Karolinska Institute
171 77 Stockholm
Sweden)

Mailing address
Experimental Dermatology Unit
Department of Neuroscience
Karolinska Institutet
171 77 Stockholm
Sweden

Visiting address
Retziuslaboratoriet
Retzius väg 8
Solna

	Telephone
Direct	468-52 48 70 58
Switchboard	468-52 48 64 00
Fax	468-30 39 04
Fax (KI)	468-31 11 01