

Boycott by WHO

Here a formal reservation - regarding electrohypersensitivity - that Olle Johansson wrote to the WHO on April 26, 2005.

Dear All,

I am very sorry to inform you that the WHO, after its "Workshop on EMF Hypersensitivity", 25-27 October 2004, in Prague, completely has denied me - after all being a participant of the workshop - the democratic right to have a formal reservation included in the summary (the latter can be found at http://www.who.int/peh-emf/meetings/hypersensitivity_prague2004/en).

The persons behind this decision are Michael Repacholi (WHO), Norbert Leitgeb (Institute of Clinical Engineering and PMG, Medical Devices European Notified Body 0636, Graz, Austria), Emilie van Deventer (WHO) and Sarah Bullock (WHO).

For your information, and for public dissemination, please find the reservation below:
(START OF FORMAL RESERVATION)

To my understanding, the present WHO text violates at several points the Swedish and international regulations, human rights acts and handicap laws for persons with impairments.

FORMAL RESERVATION

In Sweden, electrohypersensitivity (EHS) is an officially fully recognized physical impairment (i.e., it is not regarded as a disease). Survey studies show that somewhere between 230,000 - 290,000 Swedish men and women report a variety of symptoms when being in contact with electromagnetic field (EMF)-sources.

The EHS persons have their own handicap organisation; The Swedish Association for the ElectroSensitive; <http://www.feb.se> (the website has an English version). This organisation is included in the Swedish Disability Federation (Handikappförbundens SamarbetsOrgan; HSO). HSO is the unison voice of the Swedish disability associations towards the government, the parliament and national authorities and is a cooperative body that today consists of 43 national disability organisations (where The Swedish Association for the ElectroSensitive is 1 of these 43 organisations) with all together about 500,000 individual members. You can read more on <http://www.hso.se> (the site has an English short version).

Swedish municipalities, of course, have to follow the UN 22 Standard Rules on the equalization of opportunities for persons with disabilities ("Standardregler för att tillförsäkra människor med funktionsnedsättning delaktighet och jämlikhet"; about the UN 22 Standard Rules, see website: <http://www.un.org/esa/socdev/enable/dissre00.htm>). All persons with disabilities shall, thus, be given the assistance and service they have the right to according to the Swedish Act concerning Support and Service for Persons with Certain Functional Impairments (LSS-lagen) and the Swedish Social Services Act (Socialtjänstlagen). Persons with disabilities, thus, have many different rights and can get different kinds of support. The purpose of those rights and the support is to give every person the chance to live like everyone else. Everyone who lives in the Swedish municipalities should be able to lead a normal life and the

municipalities must have correct knowledge and be able to reach the persons who need support and service. Persons with disabilities shall be able to get extra support so that they can live, work, study, or do things they enjoy in their free time.

The municipalities are responsible for making sure that everyone gets enough support. Everyone shall show respect and remember that such men and women may need different kinds of support.

In Sweden, impairments are viewed from the point of the environment. No human being is in itself impaired, there are instead shortcomings in the environment that cause the impairment (as the lack of ramps for the person in a wheelchair or rooms electrosanitized for the person with EHS). This environment-related impairment view, furthermore, means that even though one does not have a scientifically-based explanation for the impairment EHS, and in contrast to disagreements in the scientific society, the person with EHS shall always be met in a respectful way and with all necessary support with the goal to eliminate the impairment. This implies that the person with EHS shall have the opportunity to live and work in an electrosanitized environment.

This view can fully be motivated in relation to the present national and international handicap laws and regulations, including the UN 22 Standard Rules and the Swedish action plan for persons with impairments (prop. 1999/2000:79 "Den nationella handlingplanen för handikappolitiken - Från patient till medborgare"). Also the Human Rights Act in the EU fully applies.

A person is disabled when the environment contains some sort of impediments. It means that in that moment a man or woman in a wheelchair can not come onto the bus, a train, or into a restaurant, this person has a disability, he or she is disabled. When the bus, the train or the restaurant are adjusted for a wheelchair, the person do not suffer from his disability and are consequently not disabled. An EHS-person suffers when the environment is not properly adapted according to their personal needs.

Strategies to enable a person with this disability to attend common rooms such as libraries, churches and so on, are for instance to switch off the high-frequency fluorescent lamps and instead use ordinary light bulbs. Another example is the possibility to switch off - the whole or parts of - the assistive listening systems (persons with EHS are often very sensitive to assistive listening systems).

In the Stockholm municipality - were I live and work as a scientist with the responsibility to investigate comprehensive issues for persons with EHS - such persons have the possibility to get their home sanitized for EMFs.

It means for example that ordinary electricity cables are changed to special cables. Furthermore, the electric stove can be changed to a gas stove and walls, roof and floors can be covered with special wallpaper or paint with a special shelter to stop EMFs from the outside (from neighbours and mobile telephony base stations). Even the windows can be covered with a thin aluminum foil as an efficient measure to restrain EMFs to get into the room/home. If these alterations turn out not to be optimal they have the possibility to rent small cottages in the countryside that the Stockholm municipality owns. These areas have lower levels of irradiation than others.

The Stockholm municipality also intend to build a village with houses that are specially designed for persons who are electrohypersensitive. This village will be located in a low-level irradiation area.

Persons with EHS also have a general (legal) right to be supported by their employer so that they can work despite of this impairment. For instance, they can get special equipment such as computers that are of low-emission type, that high-frequency fluorescent lamps are changed to ordinary light bulbs, no wireless DECT telephones in their rooms, and so on.

Some hospitals in Sweden (e.g. in Umeå, Skellefteå and Karlskoga) also have built special rooms with very low EMFs so that persons who are hypersensitive can get medical care. Another example is the possibility for persons who are electrohypersensitive to get a specially designed car so that the person can transport himself/herself between his/her home and their workplace.

Recently, some politicians in the Stockholm municipality even proposed to the politicians responsible for the subway in the Stockholm City that a part of every trainset should be free from mobile phones; that the commuters have to switch of the phones in these selected parts to enable persons with EHS to travel with the subway (compare this with persons who have an allergy for animal fur whereupon people consequently is prohibited to have animals, such as dogs or cats, in selected parts of the trainset).

In addition, when the impairment EHS is discussed it is also of paramount importance that more general knowledge is needed with the aim to better adapt the society to the specific needs of the persons with this impairment.

The Swedish "Miljöbalk" (the Environmental Code) contains an excellent prudence avoidance principle which, of course, most be brought into action also here, together with respect and willingness to listen to the persons with EHS.

Naturally, all initiatives for scientific studies of the impairment EHS must be characterized and marked by this respect and willingness to listen, and the investigations shall have the sole aim to help the persons with this

particular impairment. The presently proposed WHO initiative seem to lack this aim and the suggested research programme rather seems to question, throw suspicion on, and - on very flimsy grounds - psychologize the impairment EHS. This is a set-up that completely is in contrast to Rule 13 in the UN 22 Standard Rules which clearly says that scientific investigations of impairments shall, in an unbiased way - and without any prejudice - focus on cause, occurrence and nature and with the sole and explicit purpose to help and support the person with the impairment.

Nothing else!

In addition, it must also be mentioned that quite recently, by the end of 2004, The Irish Doctors' Environmental Association (IDEA) has announced that "they have identified a sub-group of the population who are particularly sensitive to exposure to different types of electromagnetic radiation. The safe levels currently advised for exposure to this non-ionising radiation are based solely on its thermal effects. However, it is clear that this radiation also has non-thermal effects, which need to be taken into consideration when setting these safe levels. The electrosensitivity experienced by some people results in a variety of distressing symptoms which must also be taken into account when setting safe levels for exposure to non-ionising radiation and when planning the siting of masts and transmitters. (The Irish Doctors' Environmental Association (IDEA), 2004, "IDEA position on electro-magnetic radiation"; <http://www.ideaireland.org/emr.htm>)

Furthermore, the IDEA also points out the following:

“1. An increasing number of people in Ireland are complaining of symptoms which, while they may vary in nature, intensity and duration, can be demonstrated to be clearly related to exposure to electro-magnetic radiation (EMR).

2. International studies on animals over the last 30 years have shown the potentially harmful effects of exposure to electro-magnetic radiation. In observational studies, animals have shown consistent distress when exposed to EMR. Experiments on tissue cultures and rats have shown an increase in malignancies when exposed to mobile telephone radiation.

3. Studies on mobile telephone users have shown significant levels of discomfort in certain individuals following extensive use or even, in some cases, following regular short-term use.

4. The current safe levels for exposure to microwave radiation were determined based solely on the thermal effects of this radiation. There is now a large body of evidence that clearly shows that this is not appropriate, as many of the effects of this type of radiation are not related to these thermal effects.” (The Irish Doctors’ Environmental Association (IDEA), 2004, “IDEA position on electro-magnetic radiation”; <http://www.ideaireland.org/emr.htm>).

Finally, The Irish Doctors’ Environmental Association “believes that the Irish Government should urgently review the information currently available internationally on the topic of the thermal and non-thermal effects of exposure to electro-magnetic radiation with a view to immediately initiating appropriate research into the adverse health effects of exposure to all forms of non-ionising radiation in this country, and into the forms of treatment available elsewhere. Before the results of this research are available, an epidemiological database should be initiated of individuals suffering from symptoms thought to be related to exposure to non-ionising radiation. Those claiming to be suffering from the effects of exposure to electro-magnetic radiation should have their claims investigated in a sensitive and thorough way, and appropriate treatment provided by the State.

The strictest possible safety regulations should be established for the installation of masts and transmitters, and for the acceptable levels of potential exposure of individuals to electro-magnetic radiation, in line with the standards observed in New Zealand.” (The Irish Doctors’ Environmental Association (IDEA), 2004, “IDEA position on electro-magnetic radiation”; <http://www.ideaireland.org/emr.htm>).

Of course, these very recent findings must also be taken into serious consideration for any research proposal.

With my very best regards
Yours sincerely
Olle Johansson

P.S. The text about my presentation in the Rapporteur’s (=professor Kjell Hansson Mild, National Institute for Working Life, Umeå, Sweden) report is not correct either. It should instead read (in its present, very short (!), form)*:

Dr Olle Johansson, Karolinska Institute, Stockholm, Sweden, provided scientific data as well as general information on Swedish men and women seeking medical care for skin symptoms in conjunction with VDT work. He informed us about the fact that persons with electrohypersensitivity has been fully recognized as an physical impairment, and that The Swedish Association for the ElectroSensitive has been likewise officially recognized as a handicap organization, both since 1993. The latter receives financial support from the government for its activities.

Dr Johansson has been studying skin biopsies from persons with the impairment electrohypersensitivity and reported that, in their skin, PGP 9.5-positive nerve fibres are scarce and short, and this might, in some way, lead to each nerve terminal having to work more and thus become supersensitive. He also found an increased number of mast cells in facial skin samples from persons with electrohypersensitivity. In addition to this, he also summarized a large number of other observations, both in persons with electrohypersensitivity as well as in normal healthy volunteers subjected to VDTs, mobile phones, etc.

[*At the moment, I know that professor Mild is considering my alterations, so hopefully at least the Rapporteur's report will finally come out correct regarding my contribution.]

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(END OF FORMAL RESERVATION)

--- N.B. The newest one appears at the top, the oldest at the very bottom, so, please, start your reading from down below and move upwards.

Dear All,