

To: OneName@groups.io <OneName@groups.io>
From: "Susan Foster"
Sent: Thursday, February 22, 2024 6:26:08 AM
Subject: [OneName] Post from professor Olle Johansson

Greetings to All,

This is a noble effort. I wanted to hop on to share a few thoughts.

In 2000 I was asked to lead the neighborhood fight against a cell tower permitted for a common area around our neighborhood. That's when I asked the person who tapped me to be in charge: "What is a cell tower?" I have been working in this arena ever since. Over the last 24 years, there have been multiple attempts to come up with a common name. As you have well observed, there has been no global consensus or even American consensus.

I work at McCollough Law Firm and I asked Scott McCollough what he thought. He reminded me that for the RF Standards case [Environmental Health Trust *et al* v. FCC], he used Radiation Sickness for his brief. From page 16 of PETITIONERS' FINAL JOINT OPENING BRIEF:

The California Medical Association, in a 2014 Resolution, highlighted conditions consistent with Radiation Sickness and asserted that current limits are outdated and inadequate.

Footnote 42:

Radiation Sickness is also sometimes called "Microwave Sickness," "Electro-sensitivity", or "Electromagnetic Hyper-Sensitivity" ("EHS"). All these describe a syndrome where the injured develop symptoms as a result of RF/EMF exposure.

This brief predominantly uses "Radiation Sickness," which is the Centers for Disease Control's usage.

Scott chose Radiation Sickness for the reasons described; in the footnote he acknowledged other names that can be used.

I'm replying on this February 14 email Andrew Molnar sent to the group with Olle Johansson's preference for "functional impairment electrohypersensitivity."

I know most groups and most countries are trying to stay away from the term "hyper." Sensitivity is sensitivity and the "hyper" part can complicate matters for several reasons.

The telecommunications industry prefers that we use the term "hyper" so that, to me, is a caution sign to stay away.

I know you, Olle, have been promoting the term "functional impairment" for a very long time. I disagree with its usage for electrosensitivity, and I will explain why, but first let me address the specific paragraph from the post below in which you wrote:

Furthermore, the moment you - as a group - start to slide ... then you are toast. The political and medical establishments eagerly want you to come 'back' into the haven of medicine and psychiatry. Don't give them that opportunity by using several home-made terms, demeaning the UN impairment status, "popularizing" the functional impairment, etc. Always remember that persons with functional impairments, like electrohypersensitivity, are NOT here "to teach us empathy or to be considerate". They are not to be dependent on any "passionate" Olle Johansson*. 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 citizens to provide others with. No pressure should be needed to have the "Powers" to do their job. Equality is not something to be done "out of the goodness of one's heart". It is something one does since it is expected of every citizen because inaccessibility and discrimination are prohibited by international law.

I asked Scott McCollough about the above statement underlined and in italics at the end of this paragraph. He said that phrase has no legal significance in the United States.

In terms of your preference for Functional Impairment, Olle, you paint a positive picture of how people with radiation sickness/EMS disability are received and treated in Sweden under the category of "Functional Impairment." Because I believe ICD codes are very important, and because I see inherent risks in the term "functional impairment", I turned to two of your fellow Swedes, science writer Mona Nilsson and esteemed Epidemiologist/Oncologist Lennart Hardell, MD, PhD, for their opinions.

They both agreed that those with electrosensitivity in Sweden, unless they receive a medical diagnosis from a doctor, are NOT treated well in your country. Both disagree with the underlying assumptions in the paper you published in 2015. I'm not speaking from experience here because I have never been to Sweden. But it is clear to me that both Mona and Lennart have very different opinions of the term Functional Impairment and what happens to those in Sweden whose only protection is the term "functional impairment"; both cautioned **against** using the term.

Olle, I would ask you:

Why *not* use the term "disability" when we have US laws that are supposed to protect the disabled: Americans with Disabilities Act, the Fair Housing Act, the Rehabilitation Act. The question is how are we going to get enforcement of these rights for those with radiation sickness/EMS disability? We will get there, but we are not there yet. I absolutely believe we should be using the term disability.

Why are you saying disruption of sleep, headaches, cognitive impairment, vertigo, skin rashes and tinnitus, among other symptoms that make up the constellation of neurological and immunological problems that may result from RF/EMF exposure, should *not* be recognized as medical conditions? Who benefits from that? Only the industry benefits from that way of thinking.

The same year you wrote your paper promoting functional impairment, you attended the 5th Paris Appeal Congress that took place on the May 18, 2015 at the Royal Academy of Medicine, Brussels, Belgium. Here's part of the joint statement from all the invited medical doctors and experts, including Dr. Belpomme, David Carpenter, MD, Yuri Grigoriev, Lennart Hardell, MD, PhD and other luminaries. The statement is one I agree with and I would imagine almost everybody else on this credible list of advocates and experts would agree with, as well:

"In view of our present scientific knowledge, we thereby stress all national and international bodies and institutions, more particularly the World Health organization (WHO), to recognize EHS and MCS as true medical conditions which acting as sentinel diseases may create a major public health concern in years to come worldwide i.e. in all the countries implementing unrestricted use of electromagnetic field-

based wireless technologies and marketed chemical substances.

<http://appel-de-paris.com/wp-content/uploads/2015/09/Statement-EN.pdf>

You refused to sign this even though you attended the Congress. Instead you published a paper on functional impairment, a view that is more aligned with the industry than with your colleagues at the Congress. I find that curious.

I believe your view of radiation sickness/EMS disability is very different from mine. I would like to offer what science writer Mona Nilsson has to say about functional impairment. In an open letter dated July 31, 2021, Mona addresses your promotion of the term Functional Impairment with a very different view of the reality in Sweden. [See attached] I have communicated with Lennart Hardell about this issue, as well, and he concurs with Mona Nilsson.

As everyone who was part of this wide arena in May 2011 may recall, if it were not for Mona Nilsson's incredible investigative reporting about the conflict-of-interest by Anders Ahlbom, head of the science committee for IARC's review of everything on the RF-EMF spectrum, and had it not been for Lennart Hardell, MD, PhD's brilliant epidemiological science, we would not have a 2B classification for everything on the RF-EMF spectrum.

<https://microwavenews.com/news-center/iarc-drops-anders-ahlbom-rf%E2%80%93cancer-panel>

I do not know what I would choose for the "OneName" ... perhaps Scott McCollough is right that radiation sickness makes the most sense. I often use EMS disability because electromagnetic sensitivities is the term the US Access Board (since 2002) has given to this constellation of neurological and immunological symptoms triggered by exposure to RF-EMF. The US Access Board is the independent federal agency which advises all other branches of the federal government on how to accommodate people with disabilities.

Regardless, I know I do not want to mislead this group of very well intended (largely) Americans in their quest to find a common name, so I will clearly state what the name should NOT be: the name should *not* be "Functional Impairment."

My best to all,

Susan Foster

Date: On Wednesday, February 14th, 2024 at 3:26 PM
Subject: [OneName] Post from professor Olle Johansson
To: OneName@groups.io <OneName@groups.io>

Recently, I was contacted by a dear friend of mine, Ms Tanja Rebel (cc:ed), and she has asked me to summarize - for you - my stance on the idea of a new name for the functional impairment electrohypersensitivity. So, here I go:

Please, first you must understand this:

- 1) The term "handicap" is NOT any longer in official use.
- 2) The term "disability" is NOT any longer in official use.
- 3) Until recently, the term "functional impairment" has been the official one, but...
- 4) ...it is, actually, now going to be changed into "functional variation", "functional variability", or "functional diversity", which are the politically and socially correct terms for special needs, previously called handicap, disability, or functional impairment.
- 5) The ONLY correct term for what we talk about is - today - the functional impairment, or functional variation/variability/diversity, electrohypersensitivity.
- 6) Electrohypersensitivity is NOT an illness. It is a relevant, correct and completely right avoidance reaction to an inferior environment. People with the functional impairment electrohypersensitivity are NOT patients, they do NOT have a medical diagnosis, and they should NOT be treated as such. The 'patient' is only the inferior environment, and the 'treatment' comes in the form of accessibility measures, such as distance, shielding, electrosanitation, etc.
- 7) Remember that a functional impairment as such never goes under the ICD classifications, only - also in the case of electrohypersensitivity - the

symptoms do so, and they were already in the year 2000 classified as an occupationally-related symptom-based diagnosis (code ICD-10) by the Nordic Council of Ministers. This means that a subjective symptom of a functionally impaired can be treated by a physician, and get sick-leave from their workplace, as well as economic compensation. *But the underlying cause still remains only the toxic environment; it is this environment which is the 'patient' with the 'diagnosis', and with accessibility measures as the 'treatment'* (cf. above).

All of this can be found in my 2015 paper [Johansson O, "Electrohypersensitivity: a functional impairment due to an inaccessible environment", Rev Environ Health 2015; 30: 311–321].

Furthermore, the moment you - as a group - start to slide ... then you are toast. The political and medical establishments eagerly want you to come 'back' into the haven of medicine and psychiatry. Don't give them that opportunity by using several home-made terms, demeaning the UN impairment status, "popularizing" the functional impairment, etc.

Always remember that persons with functional impairments, like electrohypersensitivity, are NOT here "to teach us empathy or to be considerate". They are not to be dependent on any "passionate" Olle Johansson*. 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 citizens to provide others with. No pressure should be needed to have the "Powers" to do their job. Equality is not something to be done "out of the goodness of one's heart". It is something one does since it is expected of every citizen because inaccessibility and discrimination are prohibited by international law.

[*N.B. This is NOT a personal "passion" of mine. This is just the current legal framework, and every citizen - by law - must know this.]

The biggest problem, as I see it, is that the world-wide electrohypersensitive community doesn't act like ONE United School of

Fish, bewildering and scaring the 'predators'. Instead you divide yourself into smaller and ever smaller groups, making it so easy for the fox to eat every hen...I see it all over the world, and every day, and the current OneName campaign is yet another example.

The moment you instead unite under the UN Convention on the Rights of Persons with Disabilities (aka the UN Special Human Rights Act for Persons with Functional Impairments) and stop all this nonsense, then you will be unbeatable. So, work to get to that - and only to that - end station instead.

And, again, remember, it is ONLY about the strict factual formalities. I repeat once more: inaccessibility and discrimination are prohibited by international law. So if anyone is being discriminated against, you file a legal complaint to the police, and take it from there. You do NOT change any terms or names, and "ignorance amongst the general population" is of no interest in a court of law.

The "attention from the world at large" is regulated in the various human rights acts, and many more similar documents, so no reason to invent the wheel again. Instead, use the enormous legal umbrella that is provided for you as a group of functionally impaired people. (And I am not naive, it will take some time, but if you continue to back off, instead of forming a united front, then nothing will change ... except you will slide backwards ... into a medical/psychiatric establishment that only so well wants to treat you instead of the inferior, inaccessible environment.)

Finally, please, note that in any democracy you are - of course - entitled to work for or against yourselves, as well as for or against the group you represent, i.e. the functionally impaired electrohypersensitive people. --- But my firm advice is: no more of this new nomenclature, it may potentially cost everyone more than you can imagine.

Instead use all your time and efforts, currently spent on this new name, on the actual group of functionally impaired electrohypersensitive persons. One new lead, based on suggestions via Ms Tanja Rebel, is to look closer at the brain fog phenomena of the functional impairment

electrohypersensitivity, on the occurrence of possible brain inflammation episodes, and the use of volumetric MRI scans, as a way to show some objective or “hard evidence” of the impact of EMFs. Along those very interesting lines of science, I would suggest doing the scans before and after a significant EMF exposure (and of both normal healthy volunteers and of subjects with the functional impairment electrohypersensitivity), as well as scans of electrohypersensitive people compared to those who are not (=normal healthy volunteers, age- and sex-matched, with the same inclusion and exclusion criteria, etc.).

For these, we then need funding to be able to get this done *lege scientificus*, money that you currently spend in another corner of our common reality. But I leave the decisions to you, and hereby rest my case.

Have a lovely day!

With my very best regards

Yours sincerely

Olle Johansson, professor, retired - but still active - from the Karolinska Institute and the Royal Institute of Technology, both in Stockholm, Sweden