

het beetje

November 2006



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English Version

Spotlight on:

Olle Johansson

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Colodings & else

In the October issue Paul Moller of Motorola went to their vaults in order to find some reports that should show the harmfulness of mobile phone technology. The mobile phone operators always claim that they have some 20.000 of such reports.

But till now, Paul Moller did not show up. He is obviously lost in the Motorola vaults, or he did not find those reports.

However, there are a lot of reports that show, that HF radiation may have health effects.

A scientist that has investigated, researched and written many reports about this is the Swedish professor Olle Johansson.

He is assoc. prof. , The Experimental Dermatology Unit, Department of Neuroscience Karolinska Institute, 171 77 Stockholm, Sweden

It is my opinion that he should be placed in the spotlights now.

Because a lot of these articles are in the Swedish language, does not mean that they do not exist. They just are not commonly known.

When I look at the amount of studies and publications, and also looking at what this Örjan Hallberg has published, I get very angry every time those liars of the WHO say that mobile phones are harmless, because there are no studies that prove otherwise.

This issue of *het bitje* may be of interest for the dutch Gezondheidsraad, who base their opinions and advises to the dutch government only on literature studies.

They have obviously forgotten to study these publications.

Together with Örjan Hallberg he wrote *1997 - A curious year in Sweden*, an article published in the European Journal of Cancer Prevention 2004, 13:535-538.

In this article it is mentioned, that since 1997 in Sweden the health of the population is declining every year. This started abruptly in the autumn of 1997.

The Swedish authorities provide plenty of valuable statistics via the Internet. The National Board of Health and Welfare (<http://www.sos.se>) has a database covering the incidence and mortality of most diseases. There are data showing how a disease is distributed over all countries or even municipalities in the country.

Of special interest is the development of the number of long-term sick people (i.e. registered as sick for more than one year). From a record low level of around 40 000 in 1997 the number increased in just 6 years by 100 000, giving a total close to 140 000 long-term sick.

One of the most commonest reasons for sickness registration is load injury (i.e. pain in the neck, shoulders, back, etc.). It turns out that this type of problem also started to increase in 1997.

In the year 2001 the number of registered people who were ill due to load injuries had increased by 100%. Perhaps the ability to recover from normal workloads has been reduced?

Depression and other psychological diseases also increased since 1997. The number of suicide attempts among young people has increased by 30% between 1998 and 2001.

They noticed that cancers have also increased during recent years. For prostate cancer, for example, the number of verified new cases in Sweden has increased by 32% since 1997.

So, what happened in 1997?

In August 1997 the first digital TV transmitter was launched. This autumn the first 'hot-spots' for mobile connection to the Internet were also introduced to serve travelling executives in hotels, train stations, airports, some petrol stations, etc. But the real big thing that came into practical use by the whole population was the introduction of the dual-band mobile system.

In 1997 many large companies introduced wireless office phone systems.

They have noticed that the increase in the number of long-term sick people also fits very well with the annual length of GSM speech time. The number of traffic-injured people in Stockholm follows a similar pattern.

In conclusion, they note that 1997 was a very curious year in that a large number of health-related measures suddenly started to indicate a fast degradation in the health of the Swedish population. Several health characteristics and diseases seem to correlate with the Swedish introduction of the GSM 1800MHz system both in time and place.

All health-related data are available at official national registries.

This interesting article can be acquired at:

<http://www.eurjcancerprev.com>

1997 - A curious year in Sweden

Olle Johansson

List of Publications

Here follows a list of publications.

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Johansson O, Hilliges M, Bjornhagen V, Hall K, "Skin changes in patients claiming to suffer from "screen dermatitis": a two-case open-field provocation study", *Exp Dermatol* 1994; 3: 234-238

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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, must 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 a 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.]

(Olle Johansson, assoc. prof. The Experimental Dermatology Unit, Department of Neuroscience Karolinska Institute, 171 77 Stockholm, Sweden)

(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,

Some E-mails

For those of you that can read and understand Swedish, or get automatic translations, please note the following brand new article:

Johansson O, "Hur ska vi bemöta den ökade mängden luftburen strålning?" (= "How shall we cope with the increased amount of airwave radiation?", in Swedish), Medicinsk Access 2006; 2 (5): 76-78
http://www.medicinskaccess.se/nr5_2006/debatt_5_2006.pdf

Best regards
 Yours
 Olle J.

Dear All,

N.B. A unique conference was recently held in Stockholm in May, 2006.

The theme for the conference was "The right for persons with the impairment electrohypersensitivity to live in a fully accessible society". The conference was organized by the Stockholm City municipality and the Stockholm County Council and dealt with the most recent measures to make Stockholm fully accessible for persons with the impairment electrohypersensitivity. Among such measures are to offer home equipment adjustments, ban mobile phones from certain underground cars as well as certain public bus seats, and through electrosanitized hospital wards.

The conference was documented on film. It has now been translated into English and made available on a double-DVD. It is sold and distributed by the Stockholm City. The prize (incl. postage) is 25 euro. An invoice will be sent out after you have received the DVD.

To order the DVD - and for questions regarding the conference - please, contact Mr. Johan Bonander at Stockholm City's Social Welfare Administration on the e-mail address johan.bonander@sot.stockholm.se, or call to order your own DVD copy from the conference bureau at the Stockholm City's Social Welfare Administration on tel. no. +468-508 25 003.

With my very best regards
 Yours sincerely
 Olle J.

Dear All,

Yet a new paper has arrived:

Rajkovic V, Matavulj M, Johansson O, "Light and electron microscopic study of the thyroid gland in rats exposed to power-frequency electromagnetic fields" J Exp Biol 2006; 209: 3322-3328

Best regards
Yours
Olle J.

Dear All,

The wireless society - is it a dangerous trap?

In February 2006 Götene's municipality in Västergötland, Sweden, put its wireless internet system into use. Right after this, 8 citizens got ill (heart palpitations, breathing problems, nausea, headache, dizziness, etc.) and some of them had to leave their home and settle down in the woods, in small cottages. Against this background the question of wireless internet radiation was discussed in the public service prime time TV program "Debatt", Tuesday May 23rd, 2006 by Hans Wiksell, professor at the Karolinska Institute, Olle Johansson, assoc. prof. at the Karolinska Institute, Lars Mjönes at the Swedish Radiation Protection Authority, and Mona Nilsson, freelance writer. Host: Lennart Persson.

Two main focuses were identified, one being about the handicap perspective of electrohypersensitivity and the role of municipalities regarding accessibility measures for persons with this functional impairment. A second focus dealt with the scientific background, the build-up of various official authorities, like the ICNIRP and the Swedish Radiation Protection Authority, and the fact that the experts who are critical - and are in majority in Sweden - are not allowed to participate in scientific committees as well as writing reviews about this issue. Hans Wiksell told the public that his personal opinion is that there are no non-thermal effects, and Lars Mjönes claimed that there are no studies showing any medical effects like those that people are experiencing. Arguments challenging these views were given by Mona Nilsson and Olle Johansson.

The program can be viewed via this page until June 22nd:
<http://svt.se/svt/jsp/Crosslink.jsp?d=28904&a=593791>

Best regards
Yours
Olle

FYI

Yet another splendid interview by Layna Berman at "Your Own Health and Fitness", KPFA FM, San Francisco Bay Area, is now on-line for one week:
<http://www.YourOwnHealthandFitness.org/radioshow.html?server=www.yourownhealthandfitness.org&port=80&file=dummy.m3u&mount=/SA/LatestShow.mp3>

Tuesday, April 25th

“The Science of RFR Health Risks --- Olle Johansson, PhD, associate professor at the Experimental Dermatology Unit, Department of Neuroscience, Karolinska Institute, Stockholm, Sweden, discusses new research about the dangers of exposure to radiofrequency radiation from cell phones and wireless technologies.”

Best regards

Yours

Olle

Dear All,

For those of you that can read and understand Norwegian and Swedish, or get automatic translations, please note the following two articles:

1) Läs gärna - i dagens (21/4 2006) nummer av den norska avisen Aftenposten - denna intervju “Plagsom el-hverdag” av Lars-Ludvig Røed:

<http://www.aftenposten.no/helse/article1286798.ece>

2) Även undertecknad har en insändare införd idag (21/4 2006) i tidningen Metro. För de som ej har tillgång till den återges texten nedan:

VI VILL STUDERA KOPPLINGEN MELLAN OHÄLSA OCH STRÅLNING

Signaturen “Kenneth, 37” (19/4) skriver att den största sjukfrånvaron hittar man inte i Stockholm - trots alla avgaser och dubbdäck - utan på landsbygden. Han efterfrågar kunskap rörande andra fenomen som kan orsaka denna ohälsa.

Jag och min medarbetare har publicerat flera arbeten som berör just detta faktum, bland annat “Alzheimer mortality - why does it increase so fast in sparsely populated areas?” samt “Glesbygd är en sjuk miljö, nu börjar även friska dö”.

I dessa arbeten undersökte vi huruvida dödlighet i sjukdomar i nervsystemet i olika delar av Sverige, samt annan form av ohälsa, korrelerar till mobiltelefoners uteffekt, som är större på landsbygden. Det visade sig att en statistiskt signifikant koppling finns mellan ohälsan och uteffekten av mobiltelefoner. Jag uppmanar därför ansvariga myndigheter, riksdag och regering till en djupare analys av denna komplexa fråga.

Vi själva skulle gärna vilja göra en detaljerad studie av kopplingen mellan ohälsa och strålning, men vi har ännu inte lyckats få pengar till det. Vill man kanske inte veta? 2006-04-21

Olle Johansson, docent i neurovetenskap vid Karolinska Institutet

Best regards

Yours

Olle J.

www.milieuziekten.nl

het bitje November 2006

Dear All,

For those of you that can read and understand Swedish, or get automatic translations, please note the following very well written interview:

“Dagens forskning - morgondagens sanning: Forskningen visar att den elektromagnetiska strålningen från bland annat mobiltelefoner har långt mycket större påverkan på oss människor än vad som är känt för den stora allmänheten. Även stråldoser långt under de rekommenderade gränsvärden kan vara farliga” by Ola Blomkvist (from yesterday 2006-04-10):
<http://www.arbetsmiljoupplysningen.se/AFATemplates/Page.aspx?id=7462>

Best regards
 Yours
 Olle J.

Dear All,

Yet another thing: For those of you that can read and understand Swedish, or get automatic translations, please note that also “Miljömagasinet” now has printed my commentary:

“TV-tittande och Alzheimers”, Miljömagasinet, 2006-04-07

[As far as I know, the journal can not be accessed via the Internet.]

Best regards
 Yours
 Olle J.

Dear All,

One thing more... For those of you that can read and understand Swedish, or get automatic translations, please note that I today - as well as March 31 - have a commentary in several of the Swedish newspapers. It is about the connection between watching TV and Alzheimer's disease --- is it only because of the passivity of the situation or could the electromagnetic fields play a role?:

“Kan TV-tittande leda till Alzheimer?”, Sourze., 2006-03-31
<http://www.sourze.se/default.asp?itemId=10524898>

“Alzheimers sjukdom och TV-tittande”; Dagbladet, 2006-04-05
http://www.dagbladet.se/artikel.php?id=336193&avdelning_1=108&avdelning_2=0&sok-datum=

“Vem vågar undersöka strålningens effekter?”; Sundsvalls Tidning, 2006-04-05
http://www.st.nu/asikter/debatt.php?action=visa_artikel&id=545201

Best regards
 Yours

Olle J.

Dear All,

For those of you that can read and understand Swedish, or get automatic translations, please note that we today have yet a paper printed:

Hallberg Ö, Johansson O, "Glesbygd är en sjuk miljö, nu börjar även friska dö" (= "Say to countryside goodbye, when even healthy people die"; in Swedish, with a short backside abstract in English), The Experimental Dermatology Unit, the Karolinska Institute, Stockholm, Report no. 6, 2004, 45 pages, ISSN 1400-6111.

I know that many have waited for this publication, the reason for the delay is lack of money to pay for the printing. But here, finally, it is!

Best regards
Yours
Olle J.

Dear All,

Please, note that a new Swedish political party has been registered for the next election to Parliament. The name is "Folkets Vilja" (<http://www.folketsvilja.se>), and it shall act for freedom of speech for those that are concerned about health risks with 3G, TETRA, etc., and who does not want to allow further spread of wireless communication before it has been proven that the radiation is truly harmless.

Best regards
Yours
Olle

Dear All,

Please, see the Norwegian newspaper article "Forbud mot mobiltelefon" <http://www.dagbladet.no/nyheter/2006/02/08/457180.html> which, in short, is about a public beach made accessible - through the ban of mobile phones - to people with the functional impairment electrohypersensitivity! What a treat; the Norwegians are surely going in the right direction (in contrast to WHO?), following i.a. the UN 22 Standard Rules on the equalization of opportunities for persons with disabilities.

Best regards
Yours
Olle

Dear All,

www.milieuziekten.nl
bet bitje November 2006

For those of you that can read and understand Swedish, or get automatic translations, please note the following very well written interview:

“Mobiltelefonstrålning ofarlig?” from “Äventyrliga Föräldrar” 5/2005
<http://www.aventyrliga.se/spec-artikel.php?id=8>

Best regards
 Yours
 Olle J.

Dear All,

Yet two papers have now been published:

Hallberg Ö, Johansson O, “Alzheimer mortality - why does it increase so fast in sparsely populated areas?”, Europ Biol Bioelectromag 2005; 1: 225-246

To access go to <http://www.ebab.eu.com/>, click on “Volume 1 Issue 3”, click on the title of the paper, write “olle.johansson@ki.se” as e-mail address and “ollejo” as password.

Guan X, Johansson O, “The sun-shined health”, Europ Biol Bioelectromag 2005; 1: 420-423

To access go to <http://www.ebab.eu.com/>, click on “Volume 1 Issue 4”, click on the title of the paper, write “olle.johansson@ki.se” as e-mail address and “ollejo” as password.

Best regards
 Yours
 Olle J.

Dear All,

For those of you that can read and understand Swedish, or get automatic translations, please note that I today have a commentary in one of the Swedish newspapers (“Motala & Vadstena Tidning”, December 7, 2005). It is about the “1997” phenomenon (cf. Hallberg Ö, Johansson O, “1997 - A curious year in Sweden”, Eur J Cancer Prev 2004; 13: 535-538):

<http://www.motalatidning.se/>, press “Insändare” to the left (under the headline “Åsikter”), move down to my text:

(START OF COPY)

Flera symptom efter utbyggnad av mobilnät - SVAR DIREKT - Replik till Stellan Gustafssons insändare “Oroande trötthetstendens” i MT&VT den 30/11.

Stellan Gustafsson avslutar sin utomordentligt intressanta insändare med frågan “Är det en tillfällighet att utbyggnaden av mobilnätet tidsmässigt sammanfaller med ökande ohälsa?”. Tiden som avses är år 1997 då det skedde en kraftig uppbyggnad av GSM-nätet här i Sverige. Mitt svar är: “Nej, det behöver inte vara en tillfällighet”. Min medarbetare Örjan Hallberg och jag har nämligen år 2004 publicerat ett vetenskapligt arbete med titeln “1997 - A curious year in Sweden” i tidskriften *European Journal of Cancer Prevention* (volym 13, sidorna 535-538).

Bakgrunden till vår studie var den hastiga kostnadsökningen i Sverige sedan 1997 för primär hälso- och sjukvård samt sjukskrivning/sjukpension. Vi beslöt därför att titta på de tidsmässiga och geografiska sambanden för en rad hälsoparametrar.

Vi fann då en mycket god korrelation mellan sjukdomsutveckling, sjukskrivning samt andra liknande parametrar och uppbyggnaden av det nya GSM 1800 mobiltelefonsystemet. Det intressanta var att sjukdomsutvecklingen i Sverige länsvis hastigt ökade under perioden oktober 1997 till januari 1998. Långtidssjukskrivning, belastningsskador, depression, självmordsförsök, frekvensen av bilolyckor (både för privatbilister samt yrkesförare), sjukskrivningsprocenten (speciellt i större företag), återhämtningstiden efter kirurgiska ingrepp, dödsfall på grund av yttre orsaker, arbetsplatsolyckor samt dödligheten i Alzheimers åldersdemens ökade alla. Vi kunde se att denna försämring sammanföll i tiden med påslaget av det nya mobiltelefonsystemet samt att det länsvis korrelerade med den genomsnittliga styrkan av mobilstrålningen. I län med stora avstånd till basstationerna, alltså med höga uteffekter på telefonerna, där var hälsan som sämst.

Precis som Stellan Gustafsson säger i sin insändare så sover svenskarna allt sämre. Ohälsan ökar och svenskarna är tröttare, betydligt tröttare än för 20 år sedan och sämst är utvecklingen för unga. Vi forskare har förvånats över att även grupper utanför arbetslivet visar samma försämringar som de som arbetar. Forskarlaget Söderström, Ekstedt, Åkerstedt, Nilsson och Axelsson visade förra året att personer i riskzonen för utbrändhet inte återhämtade sig över helgedigheten. Stellan Gustafsson frågar sig då “Är det bristande återhämtning som leder till utbrändhet så blir givetvis frågan varför vi inte återhämtar oss.” Svaret ligger kanske i alla de många studier som visat att mobilstrålning förändrar det regionala blodflödet i hjärnan, hjärnans EEG samt påverkar längd och kvalitet av drömsönnen, den del av sömnen där mycket av den normala återhämtningen skall ske.

I dagsläget vet vi inte om strålningen försämrat vårt immunförsvar, om det är tröttheten i sig som orsakar problemen eller vad som står på. Däremot är det solklart att något allvarligt har hänt och håller på att hända. Detta kan vi inte längre blunda för och jag och mina medarbetare har därför många gånger uppmanat ansvariga myndigheter och politiker att agera. Sant oberoende forskningsprojekt måste genast igångsättas för att säkerställa folkhälsan! Dessa projekt och forskargrupper måste vara helt fria från alla former av kommersiella intressen, folkhälsan kan inte ges en prislapp!

Detta är varje lands valda församlingars absoluta ansvar!

Svenska folket bestrålas alltmer. Jag oroar mig för att det kan vara orsaken till den hastigt ökande tröttheten i vårt samhälle. Allra mest oroar jag mig dock för att ansvariga - just nu - sover en ansvarslös Törnrosasömn!

Olle Johansson,
 docent i neurovetenskap vid Karolinska Institutet
 (END OF COPY)

Best regards
 Yours
 Olle J.

Dear All,

The story continues...with yet a new paper:

Rajkovic V, Matavulj M, Johansson O, "The effect of extremely low-frequency electromagnetic fields on skin and thyroid amine- and peptide-containing cells in rats: An immunohistochemical and morphometrical study", *Environ Res* 2005; 99: 369-377

This paper is the continuation of a very fruitful collaboration between the Department of Biology, Faculty of Sciences, Novi Sad, Serbia and Montenegro, and my own research group at the Karolinska Institute, Stockholm, Sweden.

Again, this paper goes back to early observations in persons with the impairment electrohypersensitivity where large increases in the cutaneous mast cell count could be demonstrated as compared to normal healthy volunteers. A corresponding effect on cutaneous mast cells from normal healthy volunteers placed in front of ordinary TVs/PCs could also be shown. As pointed out in one of my most recent mail-outs, my working hypothesis since then is that electrohypersensitivity is a kind of irradiation damage, since the observed cellular changes are very much the same as the ones you would find in tissue subjected to UV-light or ionizing radiation.

One very fierce criticism from certain 'opponents' has been that such mast cell alterations in persons with electrohypersensitivity (or in normal healthy volunteers!) can not be due to the action of electromagnetic fields (EMFs) and/or airborne chemicals, but must be due to psychological or psychiatric personality disturbances, cognitive malfunction, or likewise.

The aim of this latest study was therefore to investigate the influence of extremely low-frequency electromagnetic fields (ELF-EMFs) on mast cells, parafollicular cells, and nerve fibers in rat skin and thyroid gland. The experiment was performed on 2-month-old Wistar male rats exposed for 4h a day, 7 days a week for 1 month to power-frequent (50 Hz) EMFs. After sacrifice, samples of skin and thyroid were processed for indirect immunohistochemistry or toluidine blue staining and then were analyzed using the methods of stereology. Antibody markers to serotonin, substance P, calcitonin gene-related peptide (CGRP), and protein gene product 9.5 (PGP) were applied to skin sections and PGP, CGRP, and neuropeptide Y (NPY) markers to the thyroid. A significantly increased number of serotonin-positive mast cells in the skin ($p < 0.05$) and NPY-containing nerve fibers in the thyroid ($p < 0.01$) of rats exposed to ELF-EMF was found compared to controls, indicating a direct EMF effect on skin and thyroid vasculature.

Again, please note that the obtained animal results can not be understood by psychological or psychiatric theories, but are claimed to be due only to the EMF exposure.

Best regards
Yours
Olle J.

FYI

Yesterday's interview by Layna Berman at "Your Own Health and Fitness", KPFA FM, San Francisco Bay Area, is now on-line for one week:

<http://www.kpfa.org/archives/index.php?arch=11398>

Tuesday, November 29th

"Researcher Olle Johansson, associate professor at the Department of Neuroscience, Karolinska Institute, Stockholm, Sweden, discusses long-term studies showing the adverse health effects of exposure to radiofrequency radiation from wireless technologies. Activist Doug Loranger discusses his film Bad Reception: The Wireless Revolution in San Francisco and community activism against citywide wireless broadband Internet access."

Best regards
Yours
Olle

Dear All,

Here is the web link to the video files of the two CBC TV programmes - about health effects of mobile telephony as well as the impairment electrohypersensitivity - that was aired yesterday in Canada:

http://216.239.39.104/translate_c?hl=en&u=http://www.radio-canada.ca/actualite/v2/decouverte/niveau_5587.shtml

Best regards
Yours
Olle

Dear All,

Re: Johansson O, "The effects of radiation in the cause of cancer", The Charity Canceractive, Nov 6, 2005 <http://www.canceractive.com/page.php?n=967>

Don Maisch have noticed that the url for my paper leads to an apparently blank page until you scroll well down to get to it. He therefore have copied and pasted the paper below for your easy access.

(START OF COPY)

The Effects Of Radiation In The Cause Of Cancer

By Olle Johansson, Assoc. prof.

The Experimental Dermatology Unit, Department of Neuroscience, Karolinska Institute, 171 77 Stockholm, Sweden

Cancer is, unfortunately, spreading in the modern society. Nearly all cancer forms are increasing when it comes to incidence, i.e. new cases/year (cf. Hallberg & Johansson 2002a). It could recently be read in the BBC News that skin cancer is rising in young adults, and Sara Hiom, head of the health information at Cancer Research UK said, when interviewed, that “Non-melanoma cancers are rising at an alarming rate”.

More and more research efforts goes into understanding the molecular mechanisms behind these various progressive cancer forms, and much more money is spent on finding new drugs to treat patients. However, oddly enough, very little is spent on understanding the actual causes for cancer. Among such possible causative agents, more and more focus is nowadays put on modern gadgets, such as mobile telephones and computers, and their chemical and physical emissions, including flame retardants and electromagnetic non-ionising radiation.

Childhood leukemia was early connected to power-frequent magnetic fields already in the pioneering work by Wertheimer and Leeper (1979), and more recently Scandinavian scientists have identified an increased risk for acoustic neuroma (i.e., a benign tumor of the eighth cranial nerve) in cell phone users, as well as a slightly increased risk of malignant brain tumors such as astrocytoma and meningioma on the same side of the brain as the cell phone was habitually held (Hardell et al. 1999, 2004, 2005; Lonn et al. 2004). In addition, a clear association between adult cancers and FM radio broadcasting radiation has been noticed, both in time and location (Hallberg & Johansson 2002b, 2004, 2005a). Initial studies on facial nevi indicates that nowadays also young children can have a substantial amount of these. If it can be shown that radiofrequent radiation is not correlated with child cancers the current focus on low-frequency electromagnetic fields can continue. If there is also a radiofrequent and/or microwave correlation then this must be considered in future research as well as in today's preventive work.

Most recently, Dr. Djemal Beniashvili and other scientists at the Edith Wolfson Medical Center in Holon, Israel, have demonstrated a possible link between exposure to power-frequent electromagnetic fields and breast cancer in elderly women (Beniashvili et al. 2005). They compared the breast cancer rates in elderly women from an earlier period (1978-1990) to a more recent period (1991-2003), which has been characterized by a much more extensive use of personal computers (more than 3 hours a day), mobile telephones, TV sets, and other household electrical appliances. They used available medical records extending over a period of 26 years, involving the analysis of more than 200,000 samples.

Among the elderly women who developed breast cancer in the first time frame, 20 percent were regularly exposed to power-frequent fields. But in the more modern period 51 percent were so exposed, mainly through the use of personal computers. The authors concluded: “There was a statistically significant influence of electromagnetic fields on the formation of all observed epithelial mammary tumours in the second group.” This represented a more than two-fold increase, which was considered highly significant (cf. Beniashvili et al. 2005).

Of course, many other environmental factors have changed during the period 1978-1990, but increased environmental exposure to power-frequent fields is among the more conspicuous changes to have taken place. Naturally, there are many aspects of this question that remain to be clarified, and, from a scientific point of view, it is far from conclusively settled.

During the second half of the 20th century an increasing rate of lung cancer was noticed in Sweden. Since mid 1960 tobacco smoking has been associated with this cancer and believed to be the main cause. Less noticed, though, is the fact that no connection between smoking and lung cancer was noticed before 1955. Together with my coworker Arjan Hallberg we have therefore initiated a project with the intention to review facts that may shed new light on this sudden increase in getting lung cancer after 1955 in Sweden.

A large number of scientific reports point at tobacco smoking as being the main cause to the increasing rate of lung cancer in the world. These reports have mainly been produced during the second half of the 20th century. The Swedish National Board of Health and Welfare (Sw. "Socialstyrelsen") states that 80-90% of the lung cancer deaths are caused by smoking. The main part of the victims are also smokers. About 10% of the lung cancer deaths have been non-smokers. This has led to the suspicion that also passive smoking can cause lung cancer. Other environmental factors such as radon and asbestos are believed to cause a number of lung cancer deaths per year, and especially if combined with smoking.

As pointed out above, Hallberg and Johansson have earlier reported about a strong association between body-resonant non-ionising radiation (FM-radio, 100 MHz) and the existence of malignant melanoma of the skin (Hallberg & Johansson 2002b, 2004, 2005a). Since this frequency range has a penetration depth of about 10 cm into the human body there is a suspicion that resonant currents may affect the immune defense system also when it comes to beating cancer cells in the lungs. Due to that it is well motivated to study in detail how the presence and rate of lung cancer have changed in Sweden, in the U.K., and in other countries as this new environmental factor was added.

In a yet unpublished report (Hallberg & Johansson 2005b), we have shown how the rate of lung cancer can accelerate in connection with a sudden exposure of a population to such body-resonant radiation. From this work, it can be noticed that persons, who have been smoking for many years, suddenly could get lung cancer relatively short after the introduction of the FM-radio.

This abrupt increase was not noticed in counties where the FM-radio still was not rolled out. It is also noticeable that deaths due to asbestosis have not been known until after the 1960's despite the fact that asbestos has been used as a building material since the end of the 19th century. In our work it is also shown how weak the connection is between lung cancer and cigarette consumption in a number of countries. But if the lung cancer mortality is normalized to the melanoma of skin mortality in the same countries, all of a sudden a very strong correlation appears. This indicates that there is a common factor behind the fast increasing mortality of skin and lung cancer that we have noticed e.g. in Sweden.

An automated computer analysis of the age-specific incidence of lung cancer among men in Sweden points at year 1955 as the starting year for a sudden environmental change in Sweden and that this disturbance mainly affects men over 60 years of age. This method of analysis has successfully been applied to study the development of melanoma of skin in Sweden, Norway, Denmark, Finland, and the USA.

Authorities responsible for the health of the general population should have a big interest in causative factors behind such major cancer types.

Doctors and specialists should know more about the real causes behind lung cancer. Epidemiologists in general might get inspired to test new methods and to look at population health problems from a new perspective. Only the future, however, will know the answer to these medical hypotheses.

Beniashvili D, Avinoach'm I, Baasov D, Zusman I, "The role of household electromagnetic fields in the development of mammary tumors in women: clinical case-record observations", Med Sci Monit 2005; 11: CR10-13

Hallberg Ö, Johansson O, "Cancer trends during the 20th century", J Aust Coll Nutr & Env Med 2002a; 21: 3-8

Hallberg Ö, Johansson O, "Melanoma incidence and frequency modulation (FM) broadcasting", Arch Environ Health 2002b; 57: 32-40

Hallberg Ö, Johansson O, "Malignant melanoma of the skin - not a sunshine story!", Med Sci Monit 2004; 10: CR336-340

Hallberg Ö, Johansson O, "FM broadcasting exposure time and malignant melanoma incidence", Electromag Biol Med 2005a; 24: 1-8

Hallberg Ö, Johansson O, "Lung cancer may accelerate during exposure to body-resonant FM-broadcasting radiation", 2005b; submitted

Hardell L, Näsman Å, Pahlson A, Hallquist A, Hansson Mild K, "Use of cellular telephones and the risk for brain tumours: A case-control study", Int J Oncol 1999; 15: 113-116

Hardell L, Mild KH, Carlberg M, Hallquist A, "Cellular and cordless telephone use and the association with brain tumors in different age groups" Arch Environ Health 2004; 59: 132-137

Hardell L, Carlberg M, Mild KH, "Case-control study on cellular and cordless telephones and the risk for acoustic neuroma or meningioma in patients diagnosed 2000-2003", Neuroepidemiology 2005; 25: 120-128

Lonn S, Ahlbom A, Hall P, Feychting M, "Mobile phone use and the risk of acoustic neuroma", Epidemiology 2004; 15: 653-659

Wertheimer N, Leeper E, "Electrical wiring configurations and childhood cancer", Am J Epidemiol 1979; 109: 273-284
(END OF COPY)

Best regards

Yours

Olle

Dear All,

Please, see enclosed reports provided by Eileen O'Connor and myself for the Charity Cancer-active:

“Mobile Phone And Mast Radiation - How Dangerous Are These” by Eileen O'Connor
<http://www.canceractive.com/page.php?n=970>

“The Effects Of Radiation In The Cause Of Cancer” by Olle Johansson
<http://www.canceractive.com/page.php?n=967>

With my very best regards
 Yours sincerely
 Olle J.

Dear All,

Please, note that my coworkers and I have got yet another article published:

Rajkovic V, Matavulj M, Johansson O, “Histological characteristics of cutaneous and thyroid mast cell populations in male rats exposed to power-frequency electromagnetic fields”, *Int J Radiat Biol* 2005; 81: 491-499

This paper emanates from a very fruitful collaboration between the Department of Biology, Faculty of Sciences, Novi Sad, Serbia and Montenegro, and my own research group at the Karolinska Institute, Stockholm, Sweden. We have actually already presented some of the data at two conferences:

Rajkovic V, Matavulj M, Johansson O, “Histological and stereological analysis of cutaneous mast cells in rats exposed to 50 Hz EMF”, 6th International Congress of the European Bioelectromagnetics Association (EBEA), Budapest, Hungary, November 13-15, 2003 (abstr.)

Rajkovic V, Matavulj M, Johansson O, “An immunohistochemical and morphometrical study of the power-frequency electromagnetic field influence on skin and thyroid amine- and peptide-containing cells in rats”, *BioEM* 2005, Dublin, Ireland, June 19-24, 2005 (abstr.)

...and we also have further papers to be finalized.

As most of you already know, several years ago I and Peng-Yue Liu could, i.a., demonstrate a large increase in the cutaneous mast cell count in persons with electrohypersensitivity as compared to normal healthy individuals [cf. e.g. Johansson & Liu, “Electrosensitivity”, “electrosupersensitivity” and “screen dermatitis”: preliminary observations from on-going studies in the human skin”, In: *Proceedings of the COST 244: Biomedical Effects of Electromagnetic Fields - Workshop on Electromagnetic Hypersensitivity* (ed. D Simunic), EU/EC (DG XIII), Brussels/Graz, 1995, pp 52-57]. In addition, also an effect on cutaneous mast cells from normal healthy volunteers in front of ordinary TVs/PCs could be shown [Johansson et al., “Cutaneous mast cells are altered in normal healthy volunteers sitting in front of ordinary TVs/PCs - results from open-field provocation experiments”, *J Cutan Pathol* 2001; 28: 513-

519]. Based on these findings, Shabnam Gangi and I could summarize this “mast cell hypothesis” in two papers [Gangi & Johansson, “Skin changes in “screen dermatitis” versus classical UV- and ionizing irradiation-related damage--similarities and differences. Two neuroscientists’ speculative review”, *Exp Dermatol* 1997; 6: 283-291; Gangi & Johansson, “A theoretical model based upon mast cells and histamine to explain the recently proclaimed sensitivity to electric and/or magnetic fields in humans”, *Med Hypotheses* 2000; 54: 663-671]. My working hypothesis since then is that electrohypersensitivity is a kind of irradiation damage, since the observed cellular changes are very much the same as the ones you would find in tissue subjected to UV-light or ionizing radiation [see e.g. Johansson, “Elöverkänslighet - en form av strålskada” (=“Electrohypersensitivity - a kind of irradiation damage”, in Swedish), *Tf-bladet* 2004; (3): 12-13].

One very fierce criticism from certain ‘opponents’ has been that such mast cell alterations in persons with electrohypersensitivity (or in normal healthy volunteers!) can not be due to the action of electromagnetic fields (EMFs) and/or airborne chemicals, but must be due to psychological or psychiatric personality disturbances, cognitive malfunction, or likewise. The purpose and objective of the present study was - therefore - to determine whether rat mast cells in skin and thyroid gland, as well as cutaneous nerve fibers and eosinophils, are sensitive to the influence of power-frequent EMFs.

In summary, it turned out that the numerical and volume densities of intact type A mast cells in the thyroid of the exposed group of rats were significantly higher as compared to the control ($p < 0.05$ for both). [N.B. The obtained animal results can not be understood by psychological or psychiatric theories, but are claimed to be due only to the EMF exposure.]

As usual, we are eagerly hoping for some funding to be able to continue our research efforts. We would be very happy to also include microwaves of mobile phone character in future studies.

Best regards
Yours
Olle J.

Sweden)

Dear All,

I have now made a short summary of our recent article:

Holmboe G, Johansson O, “Symptombeskrivning samt förekomst av IgE och positiv Phadiatop Combi hos personer med funktionsnedsättningen elöverkänslighet”, (=“Description of symptoms as well as occurrence of IgE and positive Phadiatop Combi in persons with the physical impairment electrohypersensitivity”, in Swedish), *Medicinsk Access* 2005; 1 (5): 58-63 <http://www.medicinskaxess.se/nr5/eloverkanslighet5.pdf>

SUMMARY

In this paper, the functional impairment electrohypersensitivity is investigated. The aim of the study was to characterize the complex set of symptoms and to order them according to the WHO’s ICQ10 register of diagnoses. Furthermore, we also tested for the presence of in-

creased levels of IgE or signs of a positive Phadiatop Combi (which is a screening test for allergies towards certain articles of food, pollen, insects and other animals) which both would be indicators of an immune system alert. If such increases would be found, they could then be used in the diagnosis of electrohypersensitivity.

Twenty-two persons (5 men, 17 women) participated. The age range was between 25 and 79 years. The symptoms were given in a ranked scale where the symptoms were attributed points according to the following: 0 = no symptoms at all, 1 = occasional, mild symptoms 2 = occasional, severe symptoms 3 = regular, mild symptoms 4 = regular, severe symptoms.

Symptoms of the skin and the nervous systems dominated the picture. The most frequent ones were skin redness, eczema and sweating, loss of memory, concentration difficulties, sleep disturbances, dizziness as well as muscular and joint-related pain, and muscular and joint-related weakness. Headache, faintness, nose blockade and fatigue were also common. In addition, 19 of the persons had symptoms from the gastrointestinal tract. All (!) the persons with the impairment electrohypersensitivity had tinnitus.

No connection between IgE blood levels and symptoms could be found, all the persons with electrohypersensitivity had normal values (<122 kU/l). Only 3 persons had a positive Phadiatop Combi.

In summary, it is of paramount importance to continue the investigation of persons with the impairment electrohypersensitivity. We would favour studies of electromagnetic fields' interaction with mast cell release of histamine and other biologically active substances, studies of lymphocyte viability as well as studies of the newly described serotonin-containing melanocytes. Also, continued analysis of the intraepidermal nerve fibers and their relations to these mast cells and serotonin-containing melanocytes are very important. Finally, not to be forgotten, a general investigation - of persons with the impairment electrohypersensitivity versus normal healthy volunteers - regarding the above markers as well as other markers for cell traffic, proliferation and inflammation is very much needed.

Such scientific work may lay a firm foundation for necessary adjustment of accessibility, thus helping and supporting all persons with the impairment electrohypersensitivity.

Best regards

Yours

Olle

Dear All,

Please, note that I have got yet another article published - in Swedish only, I am afraid [the title is translated below into English]:

Holmboe G, Johansson O, "Symptombeskrivning samt förekomst av IgE och positiv Phadiatop Combi hos personer med funktionsnedsättningen elöverkänslighet", (= "Description of symptoms as well as occurrence of IgE and positive Phadiatop Combi in persons with the physical impairment electrohypersensitivity", in Swedish), Medicinsk Access 2005; 1 (5): 58-63

<http://www.medicinskaxess.se/nr5/eloverkanslighet5.pdf>

Best regards
Yours
Olle J.

Hello!

A lot of a scientist's work is about standardization, controls, "check-ups", etc. Such work is very time-consuming, very accurate and detailed, but is rarely published.

However, right now we have actually been able to publish a very important paper, dealing with the standardization of skin biopsies for investigations of nerve damage/nerve alterations:

Lauria G, Cornblath DR, Johansson O, McArthur JC, Mellgren SI, Nolano M, Rosenberg N, Sommer C, "EFNS guidelines on the use of skin biopsy in the diagnosis of peripheral neuropathy", Europ J Neurol 2005; 12: 1-12

This paper is of extra importance to me, since it's content directly can be applied to future analyses of skin biopsies from electrohypersensitive persons (and similar groups). Preliminary findings have, namely, shown a marked reduction in nerve fiber number in facial skin taken from persons being harmed in front of computer screens. In this context, I have often received comments about the precious need for such standardization regarding skin biopsies from electrohypersensitive persons.

Best regards
Yours
Olle J.

Hi!

After the dreadful attacks in London I would like to send you some happy news:

One of my graduate students, Eva-Rut Lindberg (KTH, KI) - who I co-supervise - has on June 21 happily done her halftime control regarding her thesis project "construction of buildings for persons with the impairment electrohypersensitivity". The doctoral dissertation is planned to the end of this year, right now we are searching for a proper opponent and committee members.

Eva-Rut Lindberg has, as some of you may know, worked very hard on this project, and I have also tried to add as much as I can into it. It is, therefore, now very rewarding to see her thesis* coming to a completion.

[*In Swedish, with an English summary.]

Best regards
Yours
Olle J.

www.milieuziekten.nl
het bitje November 2006

Please, note that I have got yet another article published:

Hallberg Ö, Johansson O, "FM broadcasting exposure time and malignant melanoma incidence", Electromag Biol Med 2005; 24: 1-8

Best regards
Yours
Olle J.

P.S. Please, note that I have got yet another article published, however, this time only in Swedish:

Johansson O, "Funktionsnedsättningen elöverkänslighet och samhället: kollision eller kyss?" (= "The physical impairment electrohypersensitivity and society: collision or kiss", in Swedish), Medicinsk Axess 2005; 1 (2): 68-71

It can be downloaded from: <http://www.medicinskaxess.se/eloverkanslighet.pdf>

Best regards
Yours
Olle

het bitje November 2006 www.milieuziekten.nl



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